

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)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/foi/m990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

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
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 3075 HIGHLAND PARKWAY SUITE 600
 City or town, state or province, country, and ZIP or foreign postal code: DOWNERS GROVE, IL 60515

D Employer identification number: 36-2169147
E Telephone number: (630) 572-9393
G Gross receipts \$ 5,194,235,751

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

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 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 2015 (Part V, line 2a)	5	30,395
6 Total number of volunteers (estimate if necessary)	6	4,747
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	56,597,672
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	24,370,687	30,387,679
9 Program service revenue (Part VIII, line 2g)	4,075,372,322	4,136,066,656
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	214,590,661	-4,709,394
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,405,139	21,687,820
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,332,738,809	4,183,432,761
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,301,251	5,074,721
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)	2,005,401,718	2,112,482,857
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 364,335		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,967,277,840	1,936,979,883
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,977,980,809	4,054,537,461
19 Revenue less expenses Subtract line 18 from line 12	354,758,000	128,895,300

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	7,251,361,082	7,308,192,927
21 Total liabilities (Part X, line 26)	3,509,146,769	3,629,393,998
22 Net assets or fund balances Subtract line 21 from line 20	3,742,214,313	3,678,798,929

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: 2016-11-11
 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:	Check <input type="checkbox"/> if self-employed	PTIN: P01266026
Firm's name: ▶ ERNST & YOUNG US LLP	Firm's EIN: ▶		Phone no: (312) 879-2000	
Firm's address: ▶ 155 N Wacker Drive Chicago, IL 60606				

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission

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 \$ 2,088,536,298 including grants of \$ 5,074,721) (Revenue \$ 2,808,636,180)
SEE SCHEDULE O

4b (Code) (Expenses \$ 835,097,952 including grants of \$ 0) (Revenue \$ 830,481,330)
SEE SCHEDULE O

4c (Code) (Expenses \$ 95,826,223 including grants of \$ 0) (Revenue \$ 22,329,810)
SEE SCHEDULE O

4d Other program services (Describe in Schedule O)
(Expenses \$ 400,284,313 including grants of \$ 0) (Revenue \$ 474,619,336)

4e Total program service expenses ▶ 3,419,744,786

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>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	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>		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>	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>		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>		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>		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>		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>		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>		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>	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>	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>		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>		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>	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>		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>		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>	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>	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>		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>		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)		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>		No
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>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	

Part IV Checklist of Required Schedules (continued)

<p>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></p>	<p>21</p>	<p>Yes</p>	
<p>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></p>	<p>22</p>		<p>No</p>
<p>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></p>	<p>23</p>	<p>Yes</p>	
<p>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></p>	<p>24a</p>	<p>Yes</p>	
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p>24b</p>		<p>No</p>
<p>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?</p>	<p>24c</p>		<p>No</p>
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p>24d</p>		<p>No</p>
<p>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></p>	<p>25a</p>		<p>No</p>
<p>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></p>	<p>25b</p>		<p>No</p>
<p>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></p>	<p>26</p>	<p>Yes</p>	
<p>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></p>	<p>27</p>		<p>No</p>
<p>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)</p>			
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28a</p>		<p>No</p>
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28b</p>	<p>Yes</p>	
<p>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></p>	<p>28c</p>		<p>No</p>
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i></p>	<p>29</p>		<p>No</p>
<p>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></p>	<p>30</p>		<p>No</p>
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p>	<p>31</p>		<p>No</p>
<p>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></p>	<p>32</p>		<p>No</p>
<p>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></p>	<p>33</p>		<p>No</p>
<p>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></p>	<p>34</p>	<p>Yes</p>	
<p>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p>35a</p>	<p>Yes</p>	
<p>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></p>	<p>35b</p>	<p>Yes</p>	
<p>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></p>	<p>36</p>		<p>No</p>
<p>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></p>	<p>37</p>		<p>No</p>
<p>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</p>	<p>38</p>	<p>Yes</p>	

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, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, charitable contributions, and health insurance issuers.

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 5 main rows and sub-rows (1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9). Columns include question text, a small table for 1a/1b, and Yes/No columns.

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

Table with 16 rows (10a-16b) for policy questions. Columns include question text and Yes/No columns.

Section C. Disclosure

Table with 4 rows (17-20) for disclosure questions. Columns include question text and Yes/No columns.

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			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							37,358,461	813,281	5,991,645	

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 **▶ 2,799**

	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 SCHAUMBURG, IL 601733818	CONSTRUCTION CONTR	101,947,343
ARAMARK HEALTHCARE SUPPORT SERVICES, 25271 NETWORK PLACE CHICAGO, IL 606731252	HOSPITAL SERVICES	20,419,860
FORWARD SPACE LLC, 1142 N NORTH BRANCH CHICAGO, IL 60642	ASSET MANAGEMENT	8,981,926
ALLSCRIPTS HEALTHCARE LLC, 24630 NETWORK PLACE CHICAGO, IL 606731246	MEDICAL SOFTWARE	8,718,131
RIVER CITY CONSTRUCTION LLC, 101 HOFFER LANE EAST PEORIA, IL 61611	CONSTRUCTION CONTR	8,125,312

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 **▶ 139**

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		0				
	d Related organizations 1d		21,989,060				
	e Government grants (contributions) 1e		3,774,049				
	f All other contributions, gifts, grants, and similar amounts not included above 1f		4,624,570				
	g Noncash contributions included in lines 1a-1f \$		0				
	h Total. Add lines 1a-1f ▶		30,387,679				
Program Service Revenue		Business Code					
	2a BLUE CROSS/MANAGED CARE	622110	1,429,750,820	1,429,750,820	0	0	
	b MEDICARE/MEDICAID	622110	1,278,979,069	1,278,979,069	0	0	
	c PATIENT SERVICE REVENUE	622110	687,606,990	687,606,990	0	0	
	d PHARMACY	446110	407,558,613	407,208,300	350,313	0	
	e LABORATORY	621511	332,171,164	277,363,041	54,808,123	0	
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶		4,136,066,656				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		-82,789,047	15,698,791	-15,698,791	-82,789,047	
	4 Income from investment of tax-exempt bond proceeds ▶		0				
	5 Royalties ▶		250,165			250,165	
	6a Gross rents	(i) Real	9,602,892				
		(ii) Personal					
		b Less rental expenses	9,287,255				
		c Rental income or (loss)	315,637	0			
	d Net rental income or (loss) ▶		315,637			315,637	
	7a Gross amount from sales of assets other than inventory	(i) Securities	1,076,875,547				
		(ii) Other		2,716,615			
		b Less cost or other basis and sales expenses	998,862,769		2,649,740		
		c Gain or (loss)	78,012,778	66,875			
	d Net gain or (loss) ▶		78,079,653			78,079,653	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	6,737				
		b Less direct expenses b	3,226				
		c Net income or (loss) from fundraising events ▶		3,511			3,511
	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 MISCELLANEOUS	621999	10,237,909	0	0	10,237,909		
b CAFETERIA REVENUE	722514	9,864,980	0	0	9,864,980		
c GIFT SHOP REVENUE	812930	931,740	0	0	931,740		
d All other revenue		83,878	0	0	83,878		
e Total. Add lines 11a-11d ▶		21,118,507					
12 Total revenue. See Instructions ▶		4,183,432,761	4,079,468,984	56,597,672	16,978,426		

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	5,074,721	5,074,721		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	21,317,770	19,603,559	1,712,096	2,115
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,010,737	1,010,737	0	0
7	Other salaries and wages	1,695,005,212	1,558,624,664	136,212,245	168,303
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	62,177,781	55,601,883	6,569,737	6,161
9	Other employee benefits	221,676,156	206,605,985	15,048,206	21,965
10	Payroll taxes	111,295,201	102,775,895	8,508,278	11,028
11	Fees for services (non-employees)				
a	Management	16,234,429	0	16,234,429	0
b	Legal	8,462,639	0	8,462,639	0
c	Accounting	857,422	0	857,422	0
d	Lobbying	678,078	0	678,078	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	12,889,279	0	12,889,279	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	345,348,169		345,348,169	
12	Advertising and promotion	17,937,827	1,403,519	16,534,308	0
13	Office expenses	40,055,198	37,034,445	3,020,753	0
14	Information technology	99,694,840	93,446,745	6,248,095	0
15	Royalties	0	0	0	0
16	Occupancy	84,898,302	80,343,723	4,554,579	0
17	Travel	7,017,169	5,170,018	1,847,151	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	7,464,246	6,225,689	1,238,557	0
20	Interest	42,918,499	42,918,499	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	191,946,902	158,027,891	33,919,011	0
23	Insurance	95,589,512	94,594,368	995,144	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	INCOME TAXES	-2,463,120	-2,463,120	0	0
b	MEDICAL SUPPLIES	530,554,942	533,378,253	-2,823,311	0
c	BAD DEBT	148,548,619	148,548,619	0	0
d	PUBLIC ASSESSMENT FEE	104,002,901	104,002,901	0	0
e	All other expenses	184,344,030	167,815,792	16,373,475	154,763
25	Total functional expenses. Add lines 1 through 24e	4,054,537,461	3,419,744,786	634,428,340	364,335
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)	0	0	0	0

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	148,084,260	1	120,698,045
	2 Savings and temporary cash investments	396,140	2	196,186
	3 Pledges and grants receivable, net	1,540,021	3	1,924,150
	4 Accounts receivable, net	482,355,852	4	477,254,766
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	102,368	5	581,262
	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	161,414,318	7	166,162,270
	8 Inventories for sale or use	47,800,917	8	55,039,994
	9 Prepaid expenses and deferred charges	59,340,897	9	47,284,504
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,131,461,016		
	b Less accumulated depreciation	10b 2,158,726,551	1,734,305,871	10c 1,972,734,465
	11 Investments—publicly traded securities	2,220,620,864	11	1,948,342,213
	12 Investments—other securities See Part IV, line 11	2,144,112,484	12	2,246,299,832
	13 Investments—program-related See Part IV, line 11	38,487,901	13	32,588,718
	14 Intangible assets	24,860,715	14	22,110,642
	15 Other assets See Part IV, line 11	187,938,474	15	216,975,880
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,251,361,082	16	7,308,192,927	
Liabilities	17 Accounts payable and accrued expenses	706,530,901	17	729,268,205
	18 Grants payable	0	18	0
	19 Deferred revenue	3,833,798	19	2,029,739
	20 Tax-exempt bond liabilities	1,572,310,991	20	1,646,360,716
	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	1,226,471,079	25	1,251,735,338
	26 Total liabilities. Add lines 17 through 25	3,509,146,769	26	3,629,393,998
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	3,711,636,595	27	3,648,294,177
	28 Temporarily restricted net assets	30,577,718	28	30,504,752
	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	3,742,214,313	33	3,678,798,929	
34 Total liabilities and net assets/fund balances	7,251,361,082	34	7,308,192,927	

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	4,183,432,761
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,054,537,461
3	Revenue less expenses Subtract line 2 from line 1	3	128,895,300
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,742,214,313
5	Net unrealized gains (losses) on investments	5	-158,640,676
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-33,670,008
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,678,798,929

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			
James Skogsbergh PRESIDENT & CEO, DIRECTOR	40 0	X		X				5,938,747	0	1,549,940
Michele Baker Richardson Chairperson, Director	1 0 3 0	X						0	0	0
John Timmer Vice Chairperson, Director	1 0 3 0	X						0	0	0
Gail D Hasbrouck SVP, Gen Counsel & Corp Sec	40 0 9 0	X		X				1,132,499	0	134,928
David Anderson Director	1 0 3 0	X						0	0	0
Rev Dr Nathaniel Edmond Director	1 0 5 0	X						0	5,250	0
Ron Greene Director	1 0 3 0	X						0	0	0
Mark Harris Director	1 0 3 0	X						0	0	0
Lynn Crump-Caine Director	1 0 3 0	X						0	0	0
Clarence Nixon Jr PhD Director	1 0 3 0	X						0	0	0

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			
Rick Jakle Director	1 0	X						0	5,500	0
Gary Stuck DO Director	1 0	X						0	0	0
William P Santulli Exec VP, COO	40 0			X				2,527,155	0	579,977
Lee B Sacks MD EXEC VP, CHIEF MEDICAL OFFICER	40 0			X				1,854,798	0	225,447
James Doheny VP, Sys Contr & Asst Treasurer	40 0			X				444,538	0	57,072
James Dan MD PRES PHYSICIAN/AMBULATORY SVCS	40 0			X				1,332,087	0	175,360
Rev K Bender Schwich SVP, Mission & Spintual Care	40 0			X				511,062	0	178,887
Kevin Brady SVP, Chf Human Resources offc	40 0			X				1,183,424	0	178,528
Vincent Bufalino MD SVP, CARDIO/SR MED DIR CARDIO	40 0			X				881,705	0	262,234
Susan Campbell SVP OF PATIENT CR-CHF NRS OFFC	40 0			X				589,152	0	183,649

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			
Kelly Jo Golson SVP, Chief Marketing Officer	40 0 3 0			X				786,782	0	83,043
Dominic J Nakis SVP, CFO & TREASURER	40 0 7 0			X				1,745,343	0	230,358
Scott Powder SVP, Chief Strategy Officer	40 0 3 0			X				873,088	0	122,934
Bruce D Smith SVP, Information Systems, CIO	40 0 3 0			X				1,116,262	0	144,466
Don Calcagno SVP, Oper Integration/Optim	40 0 2 0			X				853,454	0	135,121
Rishi Sikka MD SVP, Clinical Operations	40 0 3 0			X				860,098	0	144,547
Michael Farrell PRESIDENT -ADV CHILDREN'S HOSP	40 0 0 0				X			1,339,339	0	398,634
David Fox President, Good Samaritan Hosp	40 0 0 0				X			1,084,474	0	151,899
Michelle Gaskill-Hames President, Trinity Hospital	40 0 0 0				X			537,411	0	90,926
Richard Heim President, South Suburban Hosp	40 0 0 0				X			702,081	0	114,809

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			
Colleen Kannaday President, BroMenn Medical Ctr	40 0 0 0				X			1,210,845	0	127,994
Karen Lambert President, Good Shepherd Hosp	40 0 1 0				X			967,436	0	140,113
Kenneth Lukhard Mkt President, Chnst Med Ctr	40 0 0 0				X			1,365,257	0	180,101
Rick Floyd President, Lutheran Gen Hosp	40 0 1 0				X			1,670,636	0	186,951
Hamad Farhat Neurosurgeon	40 0 0 0					X		1,705,657	0	38,639
Egon Doppenberg Neurosurgeon	40 0 0 0					X		1,100,421	0	36,327
Dean Karahalios Neurosurgeon	40 0 0 0					X		1,096,126	0	42,598
Thomas Grobelny Physician-Neuroint Radiology	40 0 0 0					X		1,046,969	0	43,794
Michel Ibawi Pediatric CV Surgery	40 0 0 0					X		901,615	0	11,992
Michael Englehart Fmr President S Suburban Hosp	0 0 41 0						X	0	802,531	40,377

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2015

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 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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
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...
10 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2015. 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—2014. 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—2015. 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—2014. 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
b 33 1/3% support tests—2014. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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

- 1** 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 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013. _____			
e From 2014. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013. _____			
d From 2014. _____			
e From 2015. _____			

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

2015 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.

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on 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" on 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" on 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 For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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?														

 Y e s **N o****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) 2012	(b) 2013	(c) 2014	(d) 2015	(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)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity</i>			
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	0
d Mailings to members, legislators, or the public?	Yes		4,938
e Publications, or published or broadcast statements?		No	0
f Grants to other organizations for lobbying purposes?		No	0
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		442,497
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i Other activities?	Yes		639,129
j Total Add lines 1c through 1i			1,086,564
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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Advocate Health and Hospitals Corp

Employer identification number
36-2169147

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

	(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

Table with columns for Amount and rows for 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.

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows 1a-1g for balance and expenses

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

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

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

Small table for 3a(i), 3a(ii), 3b with Yes/No columns

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

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

Part VI Land, Buildings, and Equipment.

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

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	2,246,229,832	F
(3) Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	2,246,229,832	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
Federal income taxes	0
See Additional Data Table	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,251,735,338

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' on 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' on 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

Part XIII Supplemental Information *(continued)*

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	763,995,619
3RD PARTY SETTLEMENTS	212,920,635
OBLIGATION TO RETURN COLLATERAL	18,267,162
PENSION PLAN BENEFITS	19,937,935
EXECUTIVE PENSION LIAB & DEF COMP	94,794,899
LONG TERM DISABILITY	19,702,000
INTEREST RATE SWAP MTM SERIES	88,842,756
REMEDIATION COST ACCRUAL	13,730,364
UNFUNDED HRA/DRA	18,419,715
DEACONESS RESIDENCE LIABILITY	364,676
DEFERRED CONTRACTS	759,577

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2015

**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** Activites 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
See Add'l Data					
3a Sub-total	1	1			1,630,433,106
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	1			1,630,433,106

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)

- 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 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	22,878,802
East Asia and the Pacific	0	0	Program Services	Conference	1,660
Europe (Including Iceland and Greenland)	0	0	Program Services	Conference	6,123

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	17,488
Central America and the Caribbean	0	0	Investments		1,128,062,639
East Asia and the Pacific	0	0	Investments		91,578,622

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		352,668,630
Middle East and North Africa	0	0	Investments		2,306,856
North America	0	0	Investments		27,824,230

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		4,821,132
South Asia	0	0	Investments		266,924

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on 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.**

OMB No 1545-0047

2015

Open to Public Inspection

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

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
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		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 600 %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or 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"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b 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	6b Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			43,161,928	12,621	43,149,307	1 100 %
b Medicaid (from Worksheet 3, column a)			718,280,625	546,683,544	171,597,081	4 390 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			761,442,553	546,696,165	214,746,388	5 490 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			7,688,268	0	7,688,268	0 200 %
f Health professions education (from Worksheet 5)			120,208,171	22,329,810	97,878,361	2 510 %
g Subsidized health services (from Worksheet 6)			38,647,489	31,840,501	6,806,988	0 170 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,798,195	0	3,798,195	0 100 %
j Total. Other Benefits			170,342,123	54,170,311	116,171,812	2 980 %
k Total. Add lines 7d and 7j			931,784,676	600,866,476	330,918,200	8 470 %

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.

Table with 7 columns: (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. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A with columns Yes/No. Row 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? (1) No. Row 2: Enter the amount of the organization's bad debt expense. (2) 148,548,619. Row 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. (3) 8,222,089. Row 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

Table for Section B. Row 5: Enter total revenue received from Medicare (including DSH and IME). (5) 1,005,853,199. Row 6: Enter Medicare allowable costs of care relating to payments on line 5. (6) 1,150,250,936. Row 7: Subtract line 6 from line 5. This is the surplus (or shortfall). (7) -144,397,737. Row 8: Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: [] Cost accounting system, [x] Cost to charge ratio, [] Other.

Section C. Collection Practices

Table for Section C. Row 9a: Did the organization have a written debt collection policy during the tax year? (9a) Yes. Row 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)

Table with 5 columns: (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 %. Rows 1 through 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	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
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
6b	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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on 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)

Financial Assistance Policy (FAP)

CHRIST HOSP INCL HOPE CHILDREN'S HOSP

Name of hospital facility or letter of facility reporting group

		Yes	No
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?	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>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C</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 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 19 (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	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
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
6b	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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on 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)

Financial Assistance Policy (FAP)

LUTHERAN GEN HOSP INCL LUTH GEN CHILD

Name of hospital facility or letter of facility reporting group

		Yes	No
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?	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>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C</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 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 19 (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	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
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
6b	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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on 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)

Financial Assistance Policy (FAP)

GOOD SAMARITAN HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
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?	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>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C</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 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 19 (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	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
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	Yes	
6b	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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on 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)

Financial Assistance Policy (FAP)

GOOD SHEPHERD HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
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?	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>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C</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 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 19 (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)
 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	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
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
6b	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 <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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on 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)

Financial Assistance Policy (FAP)

SOUTH SUBURBAN HOSPITAL & ICU

Name of hospital facility or letter of facility reporting group

		Yes	No
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 200 % and FPG family income limit for eligibility for discounted care of 600 %		
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) SEE SECTION C		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C		
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 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 19 (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 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	Yes	
6b	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 <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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on 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)

Financial Assistance Policy (FAP)

BROMENN MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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 Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 600 %

b Income level other than FPG (describe in Section C)

c Asset level

d Medical indigency

e Insurance status

f Underinsurance discount

g Residency

h Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients?

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)

a Described the information the hospital facility may require an individual to provide as part of his or her application

b Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application

c Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process

d Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications

e 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)

a The FAP was widely available on a website (list url)

b The FAP application form was widely available on a website (list url)

SEE SECTION C

c A plain language summary of the FAP was widely available on a website (list url)

SEE SECTION C

d The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

e The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)

f 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 Notice of availability of the FAP was conspicuously displayed throughout the hospital facility

h Notified members of the community who are most likely to require financial assistance about availability of the FAP

i 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?

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 Reporting to credit agency(ies)

b Selling an individual's debt to another party

c Actions that require a legal or judicial process

d Other similar actions (describe in Section C)

e None of these actions or other similar actions were permitted

	Yes	No
13	Yes	
14	Yes	
15	Yes	
16	Yes	
17	Yes	

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 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 19 (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	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
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
6b	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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on 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)

Financial Assistance Policy (FAP)

TRINITY HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
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?	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>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C</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)

TRINITY HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other authorized 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 19 (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	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
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	Yes	
6b	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 <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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on 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)

Financial Assistance Policy (FAP)

EUREKA HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
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?	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>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C</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 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 19 (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

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? 195

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 THE 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 7H 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 2015 FORM 990, SCHEDULE H PART I, LINE 7, COLUMN (F) \$148,548,619 OF BAD DEBT EXPENSE WAS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT WAS REMOVED FROM THE DENOMINATOR FOR PURPOSES OF SCHEDULE H, PART I, LINE 7, COLUMN (F) PART 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 2015, FOR AHHC, THE ALLOWANCE FOR DOUBTFUL ACCOUNTS COVERED 24.78% 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 DEEMED 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</p>

Form and Line Reference	Explanation
1 REQUIRED DESCRIPTIONS	<p>ACCOUNTING 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 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 \$144,397,737 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 HOSPITALS CORPORATIONS 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, A CMCA 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 YEARS 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 A CMCA 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, PATIENT ROUNDING AND CAREGIVER INTERACTIONS, MIDAS PATIENT COMPLAINT REPORTING, ACCREDITATION SURVEY REPORTS, PATIENT SURVEYS, LEADERSHIP PARTICIPATION IN COMMUNITY ORGANIZATIONS, INPUT BY CARE MANAGERS WHO ARE HELPING PATIENTS AND FAMILIES TRANSITION FROM HOSPITAL TO HOME, DELIBERATIONS OF THE HOSPITALS COUNCILS OF ADVISORS, AND COMMENTS RECEIVED THROUGH LETTERS, PHONE CALLS AND SOCIAL MEDIA POSTS IN ADDITION, MORE FORMAL PRIMARY DATA COLLECTION HAS BEEN A PART OF THE HEALTHIER PARK RIDGE SURVEY AND PROJECT AND HEALTHIER NILES SURVEY AND PROJECT (2014), THE KOREAN COMMUNITY ASSESSMENT NOTED UNDER #11 ABOVE, AND IN 2015, THE HEALTHIER DES PLAINES AREA SURVEY AND PROJECT HEALTHIER DES PLAINES AREA SURVEY AND PROJECT AS NOTED, SIMILAR TO THE HEALTHIER PARK RIDGE AND NILES SURVEYS AND PROJECTS IN 2013 AND 2014 RESPECTIVELY, ADVOCATE LUTHERAN GENERAL HOSPITAL CHAIRED THE HEALTHIER DES PLAINES AREA SURVEY AND PROJECT IN 2015 WITH OVER 30 PARTICIPATING ORGANIZATIONS, THIS COALITION MET CONSISTENTLY THROUGHOUT 2015 TO ADAPT THE SURVEY TO THE UNIQUE NEEDS OF THE DES PLAINES AREA THE COALITION WAS COMPRISED OF MULTIPLE STAKEHOLDERS INCLUDING REPRESENTATIVES FROM LOCAL GOVERNMENT, POLICE/FIRE/PARAMEDICS, COMMUNITY-BASED AGENCIES, FAITH COMMUNITIES AND SCHOOLS THE SURVEY WAS COMPLETED IN 2015 WITH DISTRIBUTION AND ANALYSIS TO TAKE PLACE IN 2016 ADVOCATE GOOD SAMARITAN HOSPITAL GOOD SAMARITAN HOSPITAL HAS BEEN ACTIVELY PARTICIPATING IN THE IMPACT DUPAGE STEERING COMMITTEE, WHICH IDENTIFIES AND ADDRESSES THE COUNTY'S HEALTH NEEDS THROUGH VARIOUS PARTNERSHIPS AND PROGRAMS IMPACT DUPAGE'S TARGET COMMUNITIES OVERLAP WITH THE HOSPITALS PRIMARY SERVICE AREA, THEREFORE THE HEALTH NEEDS AND PRIORITIES ADDRESSED THROUGH IMPACT DUPAGE ALSO ADDRESS SOME OF THE HEALTH NEEDS OUTLINED IN THE HOSPITALS CHNA ADVOCATE GOOD SAMARITAN HOSPITAL ALSO CONTINUES TO PARTICIPATE IN THE FORWARD (FIGHTING OBESITY REACHING HEALTHY WEIGHT AMONG RESIDENTS OF DUPAGE) COALITION, WHICH ADDRESSES OBESITY AND HEALTHY LIFESTYLES AMONG RESIDENTS LIVING IN DUPAGE COUNTY THE HOSPITAL IS A MEMBER OF FORWARD'S HEALTHY HOSPITALS COALITION, WHICH IS A GROUP OF DUPAGE COUNTY HOSPITALS WORKING TO IMPROVE THE HEALTH AND WELLNESS OF EMPLOYEES, PATIENTS AND THEIR FAMILIES THROUGH CREATION OF A HEALTHIER HOSPITAL ENVIRONMENT LASTLY, GOOD SAMARITAN HOSPITAL WAS AT THE TABLE FOR COMMUNITY MEMORIAL FOUNDATIONS 2015 COMMUNITY HEALTH NEEDS ASSESSMENT THIS PROVIDED SOME VALUABLE INTELLIGENCE ON THE HOSPITALS SERVICE AREA HEALTH NEEDS CONSIDERING THE ASSESSMENT FOCUSED ON DUPAGE AND WEST COOK COUNTIES AS IMPLEMENTATION OF COMMUNITY PROGRAMMING FROM THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT CONTINUES, GOOD SAMARITAN HOSPITAL WILL BE WORKING TO IMPROVE PROGRAM IMPLEMENTATION AND EFFECTIVENESS WHILE LEARNING MORE ABOUT ITS COMMUNITIES SOCIAL AND ECONOMIC BARRIERS IN ADDITION TO ITS HEALTH NEEDS 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</p>

Form and Line Reference

Explanation

PART III, LINE 9B

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, DIABETES MANAGEMENT OR OTHER HEALTH ISSUES THE HOSPITAL WORKS WITH THESE CONGREGATIONS AND OTHER COMMUNITY GROUPS TO COORDINATE 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 TRINITY HOSPITAL IN ADDITION TO THE NEEDS ASSESSMENTS PREVIOUSLY REPORTED, IN 2014 THE HOSPITAL IMPLEMENTED ADVOCATES CENTER FOR FAITH AND HEALTH TRANSFORMATIONS CONGREGATIONAL HEALTH SURVEY, WHICH ASSESSES THE COMMUNITY HEALTH NEEDS OF CONGREGATIONS AND SPECIFIC POPULATIONS SURROUNDING THEM THE SURVEY WAS CONDUCTED AT FIVE FAITH ORGANIZATIONS THAT WERE MEMBERS OF THE PARTNERS FOR FAITH AND HEALTH NETWORK, A COLLABORATIVE WITHIN THE TRINITY HOSPITAL SERVICE AREA THE SURVEYS RESULTED IN THE IDENTIFICATION OF SEVERAL HEALTH NEEDS INCLUDING THE TOP THREE HEALTH CONCERNS OF HYPERTENSION, OBESITY AND DIABETES THE FINDINGS ARE CONSISTENT WITH THE FINDINGS OF THE COMMUNITY HEALTH NEEDS IDENTIFIED IN THE 2011-2013 TRINITY HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT THE SURVEY ALSO PROVIDED INFORMATION REGARDING HEALTH EDUCATION NEEDS AND PROGRAMMATIC NEEDS TO ADDRESS CHRONIC HEALTH ISSUES TRINITY HOSPITAL USES THIS VALUABLE INFORMATION TO DESIGN AND DEVELOP SPECIFIC COMMUNITY HEALTH OUTREACH EFFORTS TO IMPACT THE HEALTH OF THE COMMUNITY ADVOCATE BROMENN MEDICAL CENTER BROMENN MEDICAL CENTERS COMMUNITY HEALTH LEADER AND ANOTHER MEMBER OF THE LEADERSHIP TEAM WERE A PART OF THE MCLEAN COUNTY COMMUNITY HEALTH ADVISORY COMMITTEE (CHAC) AND HELPED IN THE DEVELOPMENT OF THE 2012-2017 COMMUNITY HEALTH PLAN (CHP) FOR MCLEAN COUNTY THE PLAN WAS CREATED USING THE HANLON METHOD THE HANLON METHOD WAS UTILIZED TO ESTABLISH PRIORITIES BASED ON THE SIZE AND SERIOUSNESS OF THE HEALTH PROBLEM AS WELL AS THE EFFECTIVENESS OF THE AVAILABLE INTERVENTIONS ON APRIL 19, 2012, THE CHAC APPROVED THE CHP BROMENN MEDICAL CENTERS COMMUNITY HEALTH LEADER ALSO PARTICIPATED IN OSF SAINT JOSEPH MEDICAL CENTERS COLLABORATIVE CHNA TEAM IN FEBRUARY 2013 ADVOCATE EUREKA HOSPITAL ADVOCATE EUREKA HOSPITAL HAS A STRONG PARTNERSHIP WITH THE WOODFORD COUNTY HEALTH DEPARTMENT THE ADMINISTRATOR OF THE HOSPITAL PARTICIPATED IN THE IPLAN MEETINGS WHICH WERE 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 GROUP APPROVED THREE HEALTH PRIORITIES FOR WOODFORD COUNTY 1 ACCESS TO MENTAL HEALTH SERVICES 2 OBESITY 3 SUBSTANCE ABUSE IN THE OVER AGE 18 POPULATION EUREKA HOSPITAL SELECTED ACCESS TO MENTAL HEALTH SERVICES AS THE PRIMARY HEALTH NEED AS DETERMINED THROUGH ITS CHNA MENTAL HEALTH ALIGNS WITH THE HEALTH PRIORITIES SELECTED FOR THE WOODFORD COUNTY HEALTH DEPARTMENT 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE AHHC ASSISTS PATIENTS WITH ENROLLMENT IN GOVERNMENT-SUPPORTED PROGRAMS FOR WHICH THEY ARE ELIGIBLE AND IN SECURING REIMBURSEMENT FROM AVAILABLE THIRD PARTY RESOURCES FINANCIAL COUNSELING IS PROVIDED TO HELP PATIENTS IDENTIFY AND OBTAIN PAYMENT FROM THIRD PARTIES, INCLUDING ILLINOIS MEDICAID, ILLINOIS CRIME VICTIMS FUND, ETC, AS WELL AS TO DETERMINE ELIGIBILITY UNDER AHCS HOSPITAL FINANCIAL ASSISTANCE POLICY ADVOCATE UTILIZES 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 REGISTRATION OR AS SOON AS PRACTICABLE THEREAFTER IN ADDITION, HEALTH ADVISOR, ADVOCATE'S EDUCATION REGISTRATION AND PHYSICIAN REFERRAL TELEPHONE CENTER, SERVES AS A COMMUNITY RESOURCE PROVIDING

Form and Line Reference	Explanation
4 COMMUNITY INFORMATION	<p>ADVOCATE CHRIST MEDICAL CENTER DEFINITION OF COMMUNITY FOR ITS CHNA, ACMCS COMMUNITY WAS DEFINED AS ITS TOTAL SERVICE AREA (TSA), WHICH INCLUDES THE PRIMARY SERVICE AREA (PSA) AND SECONDARY SERVICE AREA (SSA) 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 CENTERS 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 CENTERS 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 CENTERS 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 CHILDRENS 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 COMMUNITY HEALTH COUNCIL ULTIMATELY SETS THE DIRECTION FOR THE HOSPITALS COMMUNITY HEALTH INITIATIVES FOR THE PURPOSES OF THIS COMMUNITY ASSESSMENT, LUTHERAN GENERAL HOSPITALS COMMUNITY HEALTH COUNCIL DEFINED THE COMMUNITY FOR ITS LAST CHNA CYCLE, 2011-2013, 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 HOSPITALS 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 HOSPITALS HOME CITY OF PARK RIDGE, AND (3) DATA FOR SPECIFIC ETHNIC POPULATIONS THAT THE COUNCIL RECOGNIZED AS GROWING POPULATIONS WITHIN THE HOSPITALS 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 COU</p>

Form and Line Reference	Explanation
4 COMMUNITY INFORMATION	<p>NTY MOST HOUSEHOLDS 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 HOSPITALS 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 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 GENERALS PRIMARY SERVICE AREA IS PREDOMINANTLY WHITE, NON-HISPANIC (66.0%), THE POPULATION ALSO INCLUDES 18.1% HISPANIC, 1.12% 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. 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). SINCE THESE 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 GREAT 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 HOSPITALS 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 GENERALS 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 GENERALS PRIMARY SERVICE AREA 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 (MONTPROSPECT), AND 60068 (PARK RIDGE). EDUCATIO</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 COMMUNITY FIRST 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 OBSTETRIC & 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 DES 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 HOSPITALS PRIMARY SERVICE AREA (PSA) CONSISTS OF 15 COMMUNITIES IN WESTERN SUBURBAN DUPAGE COUNTY, 2 COMMUNITIES IN WILL COUNTY AND 1 COMMUNITY IN SUBURBAN COOK COUNTY THE HOSPITAL SERVES AN ADDITIONAL 13 COMMUNITIES IN ITS SECONDARY SERVICE AREA (SSA) THE TOTAL SERVICE AREA (TSA) REFERS TO GOOD SAMARITAN HOSPITALS COMBINED PRIMARY AND SECONDARY SERVICE AREA A REVIEW OF THE DEMOGRAPHIC DATA (2010) FOR THE HOSPITALS 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 BACHELORS 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 HOSPITALS 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 (18% 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 HOSPITALS PSA HOSPITALS AND HEALTH RESOURCES THERE ARE FIVE HOSPITALS LOCATED WITHIN GOOD SAMARITAN HOSPITALS 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 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 FORMIDABLE ISSUE ADVOCATE GOOD SHEPHERD HOSPITAL PRIMARY SERVICE AREA ADVOCATE GOOD SHEPHERD HOSPITALS PRIMARY SERVICE AREA (P</p>

Form and Line Reference	Explanation
HEALTH RESOURCES IN THE DEFINED COMMUNITY	<p>SA) INCLUDES THE 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 POPULATION GROWTH RATE IN THE HOSPITALS PSA HAS BEEN SLOWING IN THE PAST FEW YEARS AS EVIDENT WHEN 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 \$91,118, 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 SHEPHERDS 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 LAKES POPULATION, 11% OF THE 60050 MCHENRY ZIP CODE, 13% OF ISLAND LAKES POPULATION AND 18% OF WAUCONDAS 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 SHEPHERDS 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 LOWER OVERALL SOCIO-ECONOMIC LEVEL THAN THE PSA, WITH A MEDIAN HOUSEHOLD INCOME OF \$70,933, WHICH IS 8.4% BELOW THE SIX COUNTY METROPOLITAN CHICAGO AREA THE PERCENTAGE OF HOUSEHOLDS IN 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 HOSPITALS SSA, WOODSTOCK HAS THE HIGHEST PROPORTION OF UNINSURED AT 8.6% AND CARPENTERSVILLE HAS THE HIGHEST MEDICAID AT 12.9% ADVOCATE SOUTH SUBURBAN HOSPITAL FOR THE PURPOSES OF THIS ASSESSMENT, THE COMMUNITY HEALTH COUNCIL HAS DEFINED "THE COMMUNITY" AS SOUTH SUBURBAN HOSPITALS PRIMARY SERVICE AREA (PSA), WHICH INCLUDES TWENTY-TWO ZIP CODES IN SOUTH COOK COUNTY WITH PARTS OF PARK FOREST AND FRANKFORT IN WILL COUNTY SOUTH SUBURBAN HOSPITALS 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-OLAK 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 HOSPITALS PRIMARY SERVICE AREA IS 47 PERCENT AFRICAN 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 PERCENT 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 PERCENT, RESPECTIVELY) AGE & GENDER RESIDENTS AGES WITHIN SOUTH SUBURBAN HOSPITALS PSA SPAN 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 THE PRIMARY SERVICE AREA ARE TINLEY PARK, CHICAGO HEIGHTS, MIDLOTHIA</p>

Form and Line Reference	Explanation
POVERTY	<p>ACCORDING TO COMMUNITY PROFILES, SOUTH DISTRICT, COOK COUNTY DEPARTMENT OF PUBLIC HEALTH, 2006-2008, 8 5 PERCENT OF INDIVIDUALS IN SUBURBAN COOK COUNTY HAVE INCOMES THAT ARE BELOW 100 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 WITHIN SOUTH SUBURBAN HOSPITALS 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 SUBURBAN HOSPITALS PSA 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 BETWEEN POVERTY AND DISEASE, AS COMMUNITIES CONSIDERED UNDERPRIVILEGED EXHIBIT HIGHER MORTALITY 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 NATIONALLY AND THE RISK OF DEATH AMONG AFRICAN AMERICANS IS THREE TIMES GREATER THAN AMONG CAUCASIANS 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 UNINSURED AND A DECREASE IN LIKELIHOOD TO RECEIVE MEDICAL TREATMENT UNTIL DISEASE IS EXACERBATED AREAS WITH INCREASED POVERTY OFTEN LACK POLICIES, SYSTEMS AND ENVIRONMENTS THAT PROMOTE HEALTHY LIVING AND MAKE CHOOSING HEALTHY LIFESTYLES DIFFICULT WHILE RESIDENTS OF SOME COMMUNITIES WITHIN SOUTH SUBURBAN HOSPITALS PSA ARE AMONG THE POOREST IN THE NATION, OTHERS 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 FLOSSMOORS AVERAGE HOUSEHOLD INCOME OF \$114,131 ADDITIONALLY, ALMOST 40 PERCENT OF HARVEYS RESIDENTS MAKE LESS THAN \$25,000 A YEAR, COMPARED TO THE 40 PERCENT OF FLOSSMOORS RESIDENTS THAT MAKE \$100,000 OR MORE WHEN COMPARING EDUCATIONAL ATTAINMENT, 10 PERCENT OF HARVEYS RESIDENTS HAVE A BACHELORS DEGREE OR HIGHER, AND FLOSSMOORS PERCENTAGE IS SLIGHTLY MORE THAN 50 PERCENT APPROXIMATELY 41 PERCENT OF THE PRIMARY SERVICE AREA POPULATION 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 THAT 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 HEALTH, AND INCLUDING SOUTH SUBURBAN HOSPITALS PSA, EXPERIENCES SOME OF THE HIGHEST RATES OF POOR HEALTH OUTCOMES WITHIN COOK COUNTY, INCLUDING CHRONIC DISEASES SUCH AS ASTHMA, CARDIOVASCULAR DISEASE AND CANCER FOR EXAMPLE, ACCORDING TO THE COOK COUNTY DEPARTMENT OF PUBLIC HEALTH DURING THE COMBINED YEARS OF 2005-2007, CORONARY HEART DISEASE MORTALITY WAS HIGHEST AMONG THE AFRICAN AMERICAN POPULATION IN THE SOUTH DISTRICT AT OVER 250 0 PER 100,000 RESIDENTS, AS COMPARED TO THE ILLINOIS RATE OF THE SAME GROUP AT SLIGHTLY LESS THAN 150 0 PER 100,000 RESIDENTS WITHIN ADVOCATE SOUTH SUBURBAN HOSPITALS PSA, THERE ARE FOUR HOSPITALS, THREE FQHC FACILITIES AND ONE COUNTY CLINIC FOLLOWING ARE THE HEALTH FACILITIES/ORGANIZATIONS AND THE COMMUNITY WHERE EACH RESIDES INGALLS MEMORIAL HOSPITAL, HARVEY, IL, ST JAMES HOSPITAL OLYMPIA FIELDS, OLYMPIA FIELDS, IL, ST JAMES HOSPITAL CHICAGO HEIGHTS, CHICAGO HEIGHTS, IL, METRO SOUTH MEDICAL CENTER, BLUE ISLAND, IL, AUNT MARTHAS COMMUNITY HEALTH CENTER, FQHC, SITES IN HARVEY, HAZEL CREST AND CHICAGO HEIGHTS, IL, ACCESS COMMUNITY HEALTH NETWORK, FQHC, CHICAGO HEIGHTS, IL, FAMILY CHRISTIAN HEALTH CENTER, FQHC, HARVEY, IL, AND OAK FOREST HEALTH CENTER, COOK COUNTY OUTPATIENT HEALTHCARE FACILITY, OAK FOREST, IL ADVOCATE TRINITY HOSPITAL DESCRIPTION OF COMMUNITY THE COMMUNITY HEALTH COUNCIL (CHC) SETS THE DIRECTION FOR THE COMMUNITY HEALTH INITIATIVES WITHIN TRINITY HOSPITALS TOTAL SERVICE AREA FOR PLANNING PURPOSES, THE COUNCIL DEFINES THE COMMUNITY AS THE HOSPITALS PRIMARY AND SECONDARY SERVICE AREAS CONSISTENT WITH THE FOLLOWING ZIP CODES 60617, 60619, 60620, 60628, 60643, AND 60649 (PRIMARY), AND 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 HOSPITALS COMMUNITY LIES WITHIN COOK COUNTY AND THE CHICAGO CITY LIMITS WITH</p>

Form and Line Reference	Explanation
POVERTY	<p>TH THE EXCEPTION OF CALUMET CITY, ILLINOIS, ZIP CODE 60827, WHICH LIES JUST SOUTH OF THE C HICAGO CITY LIMIT DEMOGRAPHICS AGE ACCORDING TO THE 2012 U S CENSUS, THE MEDIAN AGE IN T RINITY HOSPITALS PRIMARY SERVICE AREA IS 35 WITH THE LARGEST POPULATION BETWEEN THE AGES O F 18-44 THIS AGE GROUP, HOWEVER, IS EXPECTED TO DECLINE AND THE 65+ POPULATION IS EXPECTE D TO INCREASE THE COMMUNITIES WITH THE LARGEST POPULATION ARE CHATHAM, AVALON PARK, CALUM ET HEIGHTS, ROSELAND, AND GREAT GRAND CROSSING TRINITY HOSPITALS SECONDARY SERVICE AREA M IRRORS THE PRIMARY SERVICE AREA WITH A MEDIAN AGE OF 32 4 A DECLINE IS PROJECTED IN ALL A GE 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 ENGL EWOOD, WASHINGTON HEIGHTS, MORGAN PARK, CALUMET CITY AND HEGEWISCH EXPECTED GROWTH OF THE SENIOR POPULATION IN THESE COMMUNITIES MAY PRESENT OPPORTUNITIES FOR TRINITY TO PROVIDE I N SENIOR HEALTH PROMOTION PROGRAMS RACE AND ETHNICITY THE POPULATION IN TRINITY HOSPITALS TOTAL SERVICE AREA IS 81 PERCENT AFRICAN AMERICAN, 10 PERCENT HISPANIC, 8 PERCENT WHITE A ND 2 PERCENT ASIAN ALTHOUGH THE OVERALL POPULATION HAS DECLINED BETWEEN 2000 AND 2012, TH E HISPANIC POPULATION HAS INCREASED WITHIN THE PRIMARY SERVICE AREA ACCORDING TO DATA REV IEWED BY COMMUNITY, THE HISPANIC POPULATION IS PRIMARILY LOCATED IN FOUR SPECIFIC COMMUNIT IES INCLUDING EASTSIDE, SOUTH CHICAGO, SOUTH DEERING AND HEGEWISCH POVERTY THE AVERAGE PO VERTY RATE IN TRINITY HOSPITALS PRIMARY SERVICE AREA INDICATED THAT 20 4 PERCENT ARE LIVIN G BELOW 100 PERCENT OF THE FEDERAL POVERTY LEVEL WHICH IS HIGHER THAN THE ILLINOIS RATE OF (13 1 PERCENT) AND NATIONAL RATE (14 3 PERCENT) THE AVERAGE POVERTY LEVEL RATE IN TRINIT Y HOSPITALS SECONDARY SERVICE AREA IS 28 6 PERCENT - MORE THAN TWICE THE STATE AND NATIONA L POVERTY LEVEL RATES IN TRINITY HOSPITALS TOTAL SERVICE AREA, POVERTY RATE TRENDS INCREA SE AS THE AGE OF THE POPULATION DECREASES RESEARCH HAS DEMONSTRATED THAT POVERTY AND DISE ASE ARE LINKED POORER COMMUNITIES EXHIBIT HIGHER MORTALITY AND MORBIDITY RATES, AND INCRE ASED 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 POPULATIONS HEALTH STATUS HEALTH RESOURCES TRINITY HOSPITALS TOTAL SERVICE AREA IS SERVED BY A VARIETY OF HEALTH RESOURCES THESE RE SOURCES, HOWEVER, ARE LIMITED AND DO NOT MEET THE TOTAL POPULATIONS DEMAND FOR HEALTH SERV ICES A LARGE NUMBER OF PEOPLE IN THE COMMUNITY SEEK HEALTH SERVICES OUTSIDE OF TRINITY HO SPITALS 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, INCL UDING TRAUMA CARE AND COMPLEX SURGICAL PROCEDURES OR TREATMENTS HEALTH RESOURCES IN THE A REA INCLUDE A VARIETY OF SAFETY NET PROVIDERS, INCLUDING 7 COMMUNITY HOSPITALS, 2 FREE COM MUNITY CLINICS, 8 FEDERALLY QUALIFIED HEALTH CENTERS, 1 SCHOOL-BASED HEALTH CENTER, 1 COUN TY-BASED HEALTH CENTER, 2 CITY-BASED HEALTH CENTERS, AS WELL AS PRIVATE PRIMARY CARE FACIL ITIES ADVOCATE BROMENN MEDICAL CENTER COMMUNITY DEFINITION BROMENN MEDICAL CENTERS COMMUN ITY HEALTH COUNCIL DEFINED THE COMMUNITY AS MCLEAN COUNTY, THE PRIMARY SERVICE AREA (PSA) FOR BROMENN MEDICAL CENTER THIS AREA INCLUDES THE FOLLOWING CITIES AND TOWNS ANCHOR, ARR OWSMITH, BELLFLOWER, BLOOMINGTON, CARLOCK, CHENOA, COLFAX, COOKSVILLE, DANVERS, DOWNS, ELL SWORTH, GRIDLEY, HEYWORTH, HUDSON, LE ROY, LEXINGTON, MCLEAN, MERNA, NORMAL, SAYBROOK, STA NFOR D AND TOWANDA THE COMMUNITY CONSISTS OF A TOTAL POPULATION OF 169,572 ACCORDING TO TH E 2010 US CENSUS BUREAU BLOOMINGTON HAS THE LARGEST POPULATION IN THE 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</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 BACHELORS DEGREE OR HIGHER THE STATE AVERAGE FOR A BACHELORS 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 CLINIC WITHIN THE MCLEAN COUNTY HEALTH DEPARTMENT AND A NEWLY OPENED CRISIS STABILIZATION UNIT WHICH IS A PART OF CHESTNUT HEALTH SYSTEMS ADVOCATE EUREKA HOSPITAL THE COMMUNITY IS DEFINED AS ADVOCATE EUREKA HOSPITALS PRIMARY SERVICE AREA WHICH IS RURAL WOODFORD COUNTY IN CENTRAL ILLINOIS THE FOLLOWING TOWNS ARE IN WOODFORD COUNTY BAY VIEW GARDENS, BENSON, CONGERVILLE, EL PASO, EUREKA, GERMANTOWN HILLS, GOODFIELD, KAPPA, LOWPOINT, METAMORA, MINONK, PANOLA, ROANOKE, SECOR, SPRING BAY AND WASHBURN WOODFORD COUNTY CONSISTS OF A TOTAL POPULATION OF 38,971, REPRESENTING NEARLY A 10 PERCENT INCREASE FROM 2000 ACCORDING 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 BEING FEMALE AND 49 5 PERCENT BEING MALE TWENTY-TWO PERCENT OF WOODFORD COUNTY RESIDENTS ARE 25 TO 44 YEARS OF AGE, 28 PERCENT OF RESIDENTS ARE 45 TO 64 YEARS OF AGE AND 16 PERCENT OF RESIDENTS ARE 65 YEARS AND OLDER RACE AND ETHNICITY WOODFORD COUNTY IS 97 6 PERCENT WHITE, 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 ACCORDING TO THE AMERICAN COMMUNITY SURVEY 20072010, THE PERCENT OF RESIDENTS LIVING BELOW THE FEDERAL 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 THE MEDIAN HOUSEHOLD INCOME FOR ILLINOIS OF \$56,576 WOODFORD COUNTY ALSO HAS A SIGNIFICANTLY 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 PERCENT EDUCATION NINETY-THREE PERCENT OF INDIVIDUALS IN WOODFORD COUNTY OVER THE AGE OF 25 POSSESS A HIGH SCHOOL DIPLOMA OR HIGHER AND 24 3 PERCENT HAVE A BACHELORS DEGREE OR HIGHER ACCORDING TO THE AMERICAN COMMUNITY SURVEY 20072010 EUREKA COLLEGE IS LOCATED IN WOODFORD 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 HOSPITAL, IS THE ONLY HOSPITAL IN WOODFORD COUNTY THERE IS ALSO A HEALTH CLINIC AT THE WOODFORD 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 COMMUNITYS HEALTH A KEY PRIORITY IN 2015, THE HOSPITAL PROVIDED OVER 26,000 COMMUNITY HEALTH SERVICES TO OVER 400,000 LOCAL RESIDENTS FOR A TOTAL EXPENSE OF OVER \$1 2 MILLION SOME OF THESE SERVICES INCLUDED HEALTH AND DISEASE PREVENTION PROGRAMS AND SCREENINGS, NURSING CAMPS, HEALTH FAIR EXHIBITS, COMMUNITY LECTURES AND SUPPORT GROUPS ALSO INCLUDED IS THE MEDICAL CENTERS PARTNERSHIP WITH THE MUSEUM OF SCIENCE AND INDUSTRY TO PROVIDE "LIVE FROM THE HEART" - A VIDEO CONFERENCE-BASED CARDIOVASCULAR EDUCATION PROGRAM FOR HIGH SCHOOL STUDENTS IN 2015 OVER 1,200 STUDENTS WERE TRAINED IN THE ACCREDITED MEDICAL AND OTHER HEALTH PROFESSIONS PROGRAMS AND A RANGE OF SPECIALTIES TOTALING OVER 36,000 HOURS OF EDUCATION TO ENSURE THAT ACMCS DIVERSE PATIENT POPULATION FULLY UNDERSTANDS AND IS ENGAGED IN THEIR HEALTH CARE, THE HOSPITAL PROVIDED OVER \$678,506 IN LANGUAGE ASSISTANCE SERVICES CHRIST MEDICAL CENTER HAS ALSO PARTNERED WITH THE BEN CARSON FOUNDATION TO PROMOTE HIGHER LEARNING IN ELEMENTARY AND HIGH SCHOOLS, INCLUDING AN OAK LAWN SCHOOL DISTRICT PROJECT TO IMPROVE READING SCORES AND PROMOTE READING FOR PLEASURE ACMC HAS ONE OF THE BUSIEST LEVEL I TRAUMA CENTERS IN ILLINOIS PROVIDING EMERGENCY CARE TO MORE T</p>

Form and Line Reference	Explanation
EDUCATION	<p>HAN 95,000 PATIENTS ANNUALLY ACMC IS ALSO THE REGIONAL HEALTHCARE COORDINATION CENTER HOSPITAL FOR DISASTER COMMUNICATION/MEDICAL RESOURCES FOR A SEVEN-COUNTY AREA AND IS INVOLVED IN EMERGENCY PREPAREDNESS ACTIVITIES BOTH NATIONALLY AND LOCALLY ACMC TRAINS MORE THAN 2,500 EMERGENCY MEDICAL TECHNICIANS, PARAMEDICS AND OTHER EMERGENCY CARE PROVIDERS THROUGH THE EMERGENCY MEDICAL SERVICES (EMS) ACADEMY, WHICH IS ONE OF THE LARGEST EMS TRAINING PROGRAMS IN ILLINOIS FAMILY PRACTICE MEDICAL STUDENTS PARTICIPATED WITH THE "SHADOW THE CHAPLAIN PROGRAM" ON FRIDAYS THE PROGRAMS EDUCATION INVOLVED EXPOSING MEDICAL STUDENTS TO MISSION AND SPIRITUAL CARE ISSUES RELATED TO THE ROLE OF CHAPLAINS AND THEIR ROLE AS DOCTORS THIS EXPERIENCE IS ALSO MEANT TO DEEPEN THE MEDICAL STUDENT'S APPRECIATION FOR THE CHALLENGES AND NEEDS OF PATIENTS, FAMILIES AND MEDICAL STAFF, AND HOW THE CHAPLAIN OFFERS MEANINGFUL PASTORAL/SPIRITUAL SUPPORT IN A MANNER THAT ENHANCES THE MEDICAL STUDENT'S PERSPECTIVE AS A DOCTOR THE 20 STUDENTS THAT PARTICIPATED IN 2015 REPORTED THIS ACTIVITY TO BE A MEANINGFUL EXPERIENCE IN THEIR DEVELOPMENT AS DOCTORS THE MISSION AND SPIRITUAL CARE DEPARTMENT PRESENTED - "THE ART OF PASTORAL/SPIRITUAL CARE DURING GRIEF AND LOSS" PROGRAM THIS IS AN IN-SERVICE PROGRAM PRESENTED TO 200 HIGH SCHOOL EDUCATORS AND COUNSELORS AT ST LAURENCE HIGH SCHOOL THE MISSION OF THE ART OF PASTORAL CARE PROGRAM IS TO INTRODUCE PEOPLE TO THE HEALING PRESENCE WITHIN THEM SO THAT THEY MIGHT EXTEND IT TO OTHERS WITH COMPETENCE AND COMPASSION IN THE ART OF PASTORAL CARE COURSE, PARTICIPANTS WERE TAUGHT HOW TO MINISTER TO THE WHOLE PERSON, RECOGNIZING A PERSON'S PHYSICAL, EDUCATIONAL, SPIRITUAL AND RELIGIOUS NEEDS, AND HOW TO RESPOND WITH HELP THAT HELPS PATIENT CARE IS A VERY IMPORTANT PART OF CHRIST MEDICAL CENTERS MISSION TWO MAJOR INVESTMENTS WERE CONDUCTED IN 2015 IN TO IMPROVE PATIENT CARE 1 CHRIST MEDICAL CENTER IS DESIGNATED AT THE HIGHEST LEVEL OF PERINATAL CARE IN ILLINOIS IN ORDER TO ENHANCE A FAMILY-CENTERED CARE CONCEPT, CHRIST MEDICAL CENTER BUILT A STATE OF THE ART BIRTHING CENTER IN 2013 THIS CENTER ENABLES CHRIST MEDICAL CENTER TO OFFER AN OVERALL ENHANCEMENT OF THE CHILDBIRTH EXPERIENCE FOR BOTH LOW-RISK MOTHERS AND THOSE MOMS WHO MAY EXPERIENCE HIGH-RISK PREGNANCY THIS ENHANCEMENT IS EXPECTED TO LEAD TO OTHER RELATED SERVICES, INCLUDING EXPANSION OF THE MEDICAL CENTERS NEONATAL INTENSIVE CARE UNIT (NICU) 2 CHRIST MEDICAL CENTER IS THE ONLY LEVEL I TRAUMA CENTER THAT SERVES THE SOUTHLAND, THE SOUTH AND SOUTHEAST SIDES OF CHICAGO AND NORTHWEST INDIANA IN ORDER TO TREAT THE SEVEREST INJURIES, CHRIST MEDICAL CENTER IS EXPANDING THE PHYSICAL SPACE OF THE CURRENT EMERGENCY ROOM IN ORDER TO IMPROVE PATIENT ACCESS TO EMERGENCY SERVICES, HELP REDUCE THE NUMBER OF HOURS CHRIST HOSPITAL MAY BE ON BYPASS, ENHANCE PATIENT PRIVACY AND PROVIDE SEGREGATED SPACE TO ADDRESS THE SPECIAL, EMERGENT NEEDS OF SPECIFIC PATIENT POPULATIONS THE GOVERNING COUNCIL AT ADVOCATE CHRIST MEDICAL CENTER IS COMPRISED OF LOCAL COMMUNITY LEADERS AND PHYSICIANS GOVERNING COUNCIL MEMBERS SUPPORT HOSPITAL LEADERSHIP IN THEIR PURSUIT OF THE HOSPITALS GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY 68 PERCENT OF THE CURRENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES ADVOCATE LUTHERAN GENERAL HOSPITAL ADVOCATE LUTHERAN GENERAL HOSPITAL PROMOTES THE HEALTH OF THE COMMUNITY IN A VARIETY OF ADDITIONAL WAYS THE HOSPITALS GOVERNING COUNCIL WITH 18 MEMBERS INCLUDES 67% OF MEMBERS WHO REPRESENT COMMUNITY ORGANIZATIONS BEYOND THE HOSPITAL, INCLUDING MEMBERS THAT ARE FROM FAITH COMMUNITIES, SCHOOL DISTRICTS, THE STATE LEGISLATURE, OTHER BRANCHES OF STATE GOVERNMENT AS WELL AS FROM THE BANKING AND LEGAL SECTORS OF THE COMMUN</p>

Form and Line Reference	Explanation
ADVOCATE GOOD SHEPHERD HOSPITAL	<p>THE ADVOCATE GOOD SHEPHERD HOSPITAL COMMUNITY HEALTH COUNCIL IS COMPRISED OF 11 COMMUNITY MEMBERS, REPRESENTING 50% OF THE COUNCILS TOTAL MEMBERSHIP. NON-ADVOCATE-AFFILIATED MEMBERS REPRESENT THE MCHENRY COUNTY AND LAKE COUNTY HEALTH DEPARTMENTS, A FREE CLINIC IN MCHENRY COUNTY, FAITH-BASED ORGANIZATIONS, AREA SCHOOL DISTRICTS, THE AMERICAN CANCER SOCIETY AND SOCIAL SERVICE AGENCIES. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES. ADVOCATE GOOD SHEPHERD HOSPITAL ALSO DONATES STAFF TIME AND EXPERTISE TO A NUMBER OF LOCAL COUNCILS AND BOARDS. IN ADDITION, THE HOSPITAL ROUTINELY MAKES CASH AND IN-KIND DONATIONS TO PARTNERS, SUCH AS THE PIONEER CENTER, TO FURTHER THE HEALTH OF THE COMMUNITY INCLUDING AND THE DONATION OF MEDICAL SUPPLIES, THROUGH COMMUNITY ORGANIZATIONS. DETAILED INFORMATION ON KEY COMMUNITY HEALTH INITIATIVES IMPLEMENTED BY ADVOCATE GOOD SHEPHERD HOSPITAL ARE DESCRIBED ABOVE IN PART V, SECTION B, LINE 11.</p> <p>ADVOCATE SOUTH SUBURBAN HOSPITAL IS AN ACUTE-CARE FACILITY PROVIDING A WIDE RANGE OF COMPREHENSIVE INPATIENT, OUTPATIENT, DIAGNOSTIC AND AMBULATORY MEDICAL SERVICES. IN ADDITION TO OFFERING AN ARRAY OF HOSPITAL SERVICES, THIS NOT-FOR-PROFIT FACILITY PROVIDES FREE SCREENINGS AND A VARIETY OF OTHER OUTREACH SERVICES THROUGHOUT THE COMMUNITY, INCLUDING SENIOR SERVICES. SOUTH SUBURBAN HOSPITAL 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 PROGRAMS, THE ANNUAL ACTIVE SENIOR EXPO, A PREMIER EVENT DESIGNED ESPECIALLY FOR SENIORS, AND PARTICIPATION IN A NUMBER OF SENIOR HEALTH FAIRS THROUGHOUT THE YEAR. SUPPORT GROUPS: THE HOSPITAL ALSO HOSTS A NUMBER OF SUPPORT GROUPS FOR THE COMMUNITY DESIGNED FOR INDIVIDUALS LIVING WITH A PARTICULAR ILLNESS. THE HOSPITAL PROVIDES COMPLIMENTARY MEETING SPACE WHEREBY COMMUNITY MEMBERS CAN FIND SUPPORT GROUPS FOR ALZHEIMERS DISEASE, DIABETES, PARKINSONS DISEASE, EASY BREATHERS, LUPUS, NATIONAL ALLIANCE FOR MENTAL ILLNESS (NAMI) AND STROKE AT THE HOSPITAL ALL FREE OF CHARGE TO THE COMMUNITY. LIFESTYLE CLASSES TO AID THE COMMUNITY WITH LIFESTYLE CHANGES, 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 SHOPPING. THE HOSPITAL ALSO HAS STRONG PARTNERSHIPS WITH THE AMERICAN CANCER SOCIETY AND THE CANCER 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 PATIENTS 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. EXPERIENCED SANES EXTEND THEIR PRACTICE INTO THE CARE OF VICTIMS OF DOMESTIC VIOLENCE AS WELL. THESE SPECIALLY-EDUCATED NURSES CAN BE A VALUABLE RESOURCE TO PROSECUTORS, PARTICULARLY IN 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 TO JAIL.</p> <p>ADVOCATE SOUTH SUBURBAN HOSPITAL HAS A DIVERSE GOVERNING COUNCIL THAT INCLUDES SEVEN PHYSICIANS, TWO CLERGY AND NINE COMMUNITY MEMBERS FROM SURROUNDING AREAS AND BUSINESSES. TWO-THIRDS OF THE 2015 GOVERNING COUNCIL MEMBERS ARE REPRESENTATIVES OF THE COMMUNITY. THE ORGANIZATION ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES. IN ADDITION, THE HOSPITAL CONTINUES TO REINVEST IN ITS FACILITIES AND PROGRAMS EVERY YEAR. IN 2015 THERE WERE RENOVATIONS AND UPGRADES TO THE PATIENT CARE UNITS AND A REPLACEMENT OF THE HVAC AIR HANDLING/VENTILATION SYSTEM OF THE NORTH/SOUTH BUILDINGS ON THE SECOND, THIRD AND FOURTH FLOORS OF THE HOSPITAL.</p> <p>ADVOCATE 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 HEALTH OUTREACH PROGRAMS AND QUALITY CARE INITIATIVES. INCLUDE EDUCATION AND MANAGEMENT PROGRAMS FOR ASTHMA AND DIABETES, STROKE PREVENTION AND TREATMENT, AND A CHRONIC DISEASE MANAGEMENT PROGRAM INVOLVING THE USE OF COMMUNITY HEALTH WORKERS. THE HOSPITAL'S STRENGTHS IN CLINICAL CARE AND HEALTH EDUCATION ARE COMPLEMENTED BY AN ACTIVE MISSION AND SPIRITUAL CARE OFFICE THAT WORKS WITH OVER 35 CHURCHES TO IDENTIFY COMMUNITY HEALTH NEEDS AND CONNECT PARISHIONERS WITH THE RESOURCES OF ADVOCATE HEALTH CARE AND OTHER COMMUNITY-BASED PROVIDERS. ADVOCATE TRINITY HOSPITAL HAS A DIVERSE GOVERNING COUNCIL WITH MEMBERSHIP THAT IS 66% COMMUNITY MEMBERS AND 33 PERCENT ADVOCATE ASSOCIATES AND PHYSICIANS. THE HOSPITAL IS ALSO COM</p>

Form and Line Reference	Explanation
ADVOCATE GOOD SHEPHERD HOSPITAL	<p>MITTED TO REINVESTMENT IN THE HOSPITALS HEALTH CARE MINISTRY. EXAMPLES INCLUDE RENOVATIONS TO PATIENT CARE UNITS SUCH AS THE NEW 12 BED INTENSIVE CARE UNIT AND NEW INFUSION CENTER. ADVOCATE BROMENN MEDICAL CENTER ADVOCATE BROMENN MEDICAL CENTERS DEDICATION TO PROMOTING THE HEALTH OF THE COMMUNITY IS EXEMPLIFIED IN NUMEROUS WAYS. A VAST MAJORITY OF THE HOSPITALS 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, COMMUNITY HEALTH CARE CLINIC, FOUR SEASONS, YWCA, AMERICAN RED CROSS, MCLEAN COUNTY CHAMBER OF COMMERCE 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 BENEFIT ADVANTAGE LEADERSHIP COUNCIL, CIRA AIRPORT AUTHORITY, HEARTLAND COMMUNITY COLLEGE FOUNDATION BOARD OF DIRECTORS, THE GIRL SCOUTS OF CENTRAL ILLINOIS AND THE COMMUNITY CANCER CENTER. THE PRESIDENT AND OTHER MEMBERS OF THE EXECUTIVE TEAM PROVIDE LEADERSHIP TRAINING IN THE COMMUNITY TO GROUPS SUCH AS THE MULTICULTURAL LEADERSHIP PROGRAM AND LEADERSHIP MCLEAN COUNTY. IN ADDITION, A MEMBER OF BROMENN MEDICAL CENTERS LEADERSHIP TEAM TRAIN STUDENTS FROM THE BLOOMINGTON AREA CAREER CENTER TO TAKE THE CERTIFIED NURSING ASSISTANT EXAM. THE HOSPITAL FURTHERS ITS EXEMPT PURPOSE BY EXTENDING MEDICAL PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES. THE HOSPITAL ALSO ENSURES THAT A MAJORITY OF THE MEMBERS OF ITS GOVERNING COUNCIL ARE REPRESENTATIVES FROM THE COMMUNITY. THE GOVERNING COUNCIL IS COMPRISED OF EIGHTEEN MEMBERS, SIXTEEN OF WHICH ARE COMMUNITY MEMBERS REPRESENTING THE INTERESTS OF THE COMMUNITY. THE TITLES AND AFFILIATIONS OF THE CURRENT MEMBERS ARE AS FOLLOWS: * RETIRED PRESIDENT OF ILLINOIS STATE UNIVERSITY * ASSISTANT ADMINISTRATOR, MCLEAN COUNTY HEALTH DEPARTMENT * DIRECTOR, AMERICAN RED CROSS OF THE HEARTLAND * EXECUTIVE DIRECTOR, MCLEAN COUNTY REGIONAL PLANNING COMMISSION * MD - INDEPENDENT PHYSICIAN * MD - INDEPENDENT PHYSICIAN * FINANCIAL ADVISOR, MERRILL LYNCH * 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 MEDICAL 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 SERVICES 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 INDIVIDUAL MUST HAVE A TOTAL HOUSEHOLD INCOME LESS THAN 185 PERCENT OF FEDERAL POVERTY GUIDELINES, HAVE NO ACCESS TO THIRD PARTY INSURANCE (MEDICAID, MEDICARE, ALL KIDS, VETERANS BENEFITS, DISABILITY OR EMPLOYER-SPONSORED INSURANCE) AND RESIDE IN MCLEAN COUNTY. ALL EMERGENCY ROOM VISITS, DIAGNOSTIC TESTING AND HOSPITAL SERVICES ARE PROVIDED FREE OF CHARGE BY BROMENN MEDICAL CENTER AND OSF ST JOSEPH MEDICAL CENTER. THE COMMUNITY HEALTH CARE CLINIC SAW 1100 PATIENTS IN 2015, PROVIDED 8163 PATIENT VISITS AND PRESCRIBED OVER 19,647 PRESCRIPTION MEDICATIONS AT NO CHARGE TO UNINSURED INDIVIDUALS. THE CLINIC IS IN A BUILDING OWNED BY BROMENN MEDICAL CENTER, FOR WHICH THE HOSPITAL PAID \$10,948 FOR THE MAINTENANCE AND UPKEEP OF THE FACILITY. IN 2015 ENVIRONMENTAL IMPROVEMENT EFFORTS ARE ANOTHER AVENUE IN WHICH ADVOCATE BROMENN MEDICAL CENTER FURTHERS ITS EXEMPT PURPOSE AND SIMULTANEOUSLY PROMOTES THE HEALTH OF THE COMMUNITY. SOME EXCELLENT EXAMPLES OF THIS INCLUDE THE DONATION</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 PATIENTS CONDITION REQUIRES ADVANCED CARE, EUREKA HOSPITAL IS AVAILA BLE TO STABILIZE THE CONDITION AND SEAMLESSLY TRANSITION THE PATIENT TO ANOTHER FACILITY IN EARLY 2016, THE HOSPITAL COMPLETED A 28,000 SQUARE FOOT ADDITION TO THE HOSPITAL THE E XPANSION INCLUDED TWO STATE-OF-THE-ART OPERATING ROOMS, AS WELL AS 11 MODERN, PRIVATE PATI ENT ROOMS THE BUILDING WAS CONSTRUCTED WITH ENVIRONMENTAL STEWARDSHIP IN MIND THIS INCLU DED PLACEMENT OF WHITE REFLECTIVE ETHYLENE PROPYLENE DIENE TERPOLYMER (EDPM) ROOF WITH HIGH SRI VALUE, ENERGY EFFICIENT LED LIGHTING THROUGHOUT THE BUILDING CONTROLLED BY OCCUPANCY /DAYLIGHT SENSORS AND AIR HANDLING UNITS OUTFITTED WITH ENERGY RECOVERY WHEELS A CHERISHE D COMMUNITY INSTITUTION, EUREKA HOSPITAL HAS SET NEW STANDARDS FOR WHAT A RURAL HOSPITAL C AN ACCOMPLISH WHILE PATIENTS APPRECIATE THE SMALL-TOWN TOUCH OF ONE-ON-ONE CARE, THEY ALS O KNOW THAT ITS BACKED BY SERVICES AND TECHNOLOGY TYPICALLY UNAVAILABLE AT A SMALL HOSPITA L EMERGENCY CARE, INPATIENT AND OUTPATIENT SURGERIES, REHABILITATION AND ADVANCED RADIOLO GY ARE ONLY A FEW OF THE SERVICES OFFERED THESE SERVICES ARE PROVIDED BY A SKILLED AND CA RING 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 PRO MOTES THE HEALTH OF THE COMMUNITY THROUGH ITS RECYCLING EFFORTS USED PRINTER CARTRIDGES A RE COLLECTED AND DONATED DIRECTLY TO SPECIAL OLYMPICS IN ADDITION, THE HOSPITAL DONATES U SED MEDICAL EQUIPMENT AND FURNITURE AND HAS MADE IMPROVEMENTS TO REDUCE ENERGY, SOLID AND MEDICAL WASTE USAGE THE HOSPITAL ALSO SPONSORS COMMUNITY RACES TO PROMOTE HEALTH AWARENES S AND ENGAGES IN FUNDRAISING EFFORTS TO IMPROVE THE HEALTH OF THE COMMUNITY AT THE END OF 2015, THE HOSPITAL BEGAN SERVING ANTIBIOTIC FREE MEATS IN PATIENT MEALS THE HOSPITAL FUR THERS ITS EXEMPT PURPOSE BY EXTENDING MEDICAL PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN IT S COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES THE HOSPITAL ALSO ENSURES THAT A MAJORITY OF THE MEMBERS OF ITS GOVERNING COUNCIL ARE REPRESENTATIVES FROM THE COMMUNITY THE GOVERNING COUNCIL IS COMPRISED OF EIGHTEEN MEMBERS, SIXTEEN OF WHICH ARE COMMUNI TY MEMBERS REPRESENTING THE INTERESTS OF THE COMMUNITY THE TITLES AND AFFILIATIONS OF THE CURRENT MEMBERS ARE AS FOLLOWS * RETIRED PRESIDENT OF ILLINOIS STATE UNIVERSITY * ASSIST ANT ADMINISTRATOR, MCLEAN COUNTY HEALTH DEPARTMENT * DIRECTOR, AMERICAN RED CROSS OF THE H EARTLAND * EXECUTIVE DIRECTOR, MCLEAN COUNTY REGIONAL PLANNING COMMISSION * MD - INDEPENDE NT PHYSICIAN * MD - INDEPENDENT PHYSICIAN * FINANCIAL ADVISOR, MERRILL LYNCH * COMMUNITY M EMBER, RETIRED DISTRICT COURT JUDGE * ADVOCATE MEDICAL GROUP PHYSICIAN * ADVOCATE MEDICAL GROUP PHYSICIAN * MD - INDEPENDENT PHYSICIAN * MAYOR OF EL PASO * STATE FARM AGENT * BUSIN ESSMAN, COUNTRY FINANCIAL SERVICES * BUSINESSMAN, AFNI * PROVOST, ILLINOIS STATE UNIVERSIT Y * RETIRED DIRECTOR OF THE EUREKA LIBRARY * ATTORNEY ANOTHER KEY AREA IN WHICH THE HOSPIT AL CONTRIBUTES SIGNIFICANTLY TO THE HEALTH OF THE COMMUNITY IS THROUGH ITS COMMUNITY EDUCA TION AND OUTREACH EFFORTS THE HOSPITAL OFFERS ON-GOING HEALTH PROGRAMS, SUCH AS MONTHLY BLOOD PRESSURE SCREENINGS, IN THE HOSPITAL LOBBY THE HOSPITAL ALSO HOSTS (AT LEAST QUARTER LY) COMMUNITY HEALTH EVENTS AT WHICH PHYSICIAN SPEAKERS EDUCATE THE COMMUNITY ON A VARIETY OF TOPICS, SUCH AS SUPER FOODS AND CARDIAC BENEFITS, ADVANCED CARE PLANNING AND PAIN ENVIRONMENTAL IMPROVEMENTS ADVOCATE HEALTH CARE IS COMMITTED TO GREENING HEALTH CARE BECAUSE IT IS DEEPLY CONNECTED TO OUR CORE MISSION HEALTH AND HEALING WE UNDERSTAND THAT THE HEAL TH OF THE ENVIRONMENT AND THE HEALTH OF THE PATIENTS AND COMMUNITIES WE SERVE IS INEXTRICA BLY LINKED AND THAT A HEALTHY PLANET SUPPORTS HEALTHY PEOPLE REDUCING WASTE, CONSERVING E NERGY AND WATER, MINIMIZING USE OF TOXIC CHEMICALS, AND CONSTRUCTING ECO-FRIENDLY BUILDING S FOR TODAY AND TOMORROW ALL OF THESE EFFORTS HAVE A DIRECT BENEFIT ON THE HEALTH OF LOCAL COMMUNITIES VIA CLEANER COMMUNITIES, HEALTHIER AIR QUALITY, REDUCED GREEN HOUSE GASES, AN D PRESERVATION OF NATURAL RESOURCES AS WE WORK TO REDUCING THE ENVIRONMENTAL AND HEALTH I MPACT OF HEALTH CARE, OUR ENVIRONMENTAL STEWARDSHIP PRACTICES HELP EASE THE BURDEN OF HEAL TH CARE COSTS BOTH DIRECTLY (LOWER ENERGY COSTS) AND INDIRECTLY (LOWER ENVIRONMENTALLY-REL ATED DISEASE BURDEN) 1 MENTORING AND EDUCATION A</p>

Form and Line Reference	Explanation
ADVOCATE EUREKA HOSPITAL	<p>S WE WORK TO SERVE THE HEALTH NEEDS OF TODAYS PATIENTS AND FAMILIES WITHOUT COMPROMISING T HE NEEDS OF FUTURE GENERATIONS, ADVOCATE HAS COMMITTED RESOURCES TO SHARING LESSONS LEARNE D AND BEST PRACTICES WITH OTHER HOSPITALS AND HEALTH SYSTEMS, BOTH LOCALLY AND NATIONALLY, AND DO SO IN A VARIETY OF WAYS IN 2011, ADVOCATE BECAME ONE OF 12 FOUNDING AND SPONSORIN G HEALTH SYSTEMS PARTNERING WITH THREE ENVIRONMENTAL NON-GOVERNMENT ORGANIZATIONS (HEALTH CARE WITHOUT HARM, PRACTICE GREENHEALTH, AND THE CENTER FOR HEALTH DESIGN) TO SPONSOR THE HEALTHIER HOSPITALS INITIATIVE, A 3-YEAR NATIONAL CAMPAIGN TO IMPLEMENT BEST PRACTICES FOC USED ON IMPROVING ENVIRONMENTAL HEALTH AND SUSTAINABILITY IN THE HEALTH CARE SECTOR HEALTH HIER HOSPITALS HAS NOW BECOME A PERMANENT PROGRAM OF PRACTICE GREENHEALTH, ENGAGING OVER 1 300 HOSPITALS IN CHALLENGES SIX CATEGORIES ENGAGED LEADERSHIP, HEALTHIER FOODS, LESS WAST E, LEANER ENERGY, SAFER CHEMICALS, AND SMARTER PURCHASING ENROLLED HOSPITALS HAVE ACCOMPL ISHED REDUCTIONS IN MEAT PURCHASING, INCREASED PURCHASING OF LOCAL AND SUSTAINABLE FOOD, R EDUCED EXPOSURE TO TOXIC CHEMICALS THROUGH GREEN CLEANING PROGRAMS AND CONVERSION OF MEDIC AL PRODUCTS FREE FROM PVC AND DEHP AND DECREASED ENERGY AND WASTE ADVOCATE CONTINUES A LE ADERSHIP AND MENTORING ROLE NATIONALLY THROUGH PARTICIPATION IN SEVERAL MARKET TRANSFORMAT ION GROUPS ADDRESSING SAFER CHEMICALS AND HEALTHIER FOOD, AS WELL AS THE HEALTH CARE CLIMA TE COUNCIL GROUPS OF HEALTH CARE ORGANIZATIONS ON THE LEADING EDGE OF THESE ISSUES THAT WO RK TO PAVE THE WAY FOR SUSTAINABLE PRACTICES FOR THE WIDER HEALTH CARE SECTOR TO ADOPT AD VOCATE COMMONLY PROVIDES MENTORING TO HEALTH CARE COMMUNITY ON SUSTAINABILITY BEST PRACTIC ES THROUGH PRESENTATIONS AND WEBINARS, AS WELL AS ON AN INDIVIDUAL BASIS 2 ADVOCATE HEAL TH CARE SYSTEM-BASED 2015 ENVIRONMENTAL INITIATIVES * REDUCED CUMULATIVE (ELEVEN HOSPITAL S) HOSPITAL ENERGY CONSUMPTION BY 5 3 PERCENT IN TWELVE MONTHS ENDING 11/30/15, AND 23 3 P ERCENT SINCE 2008 THESE ENERGY REDUCTIONS - HAVE SAVED ADVOCATE \$23,000,000 IN ENERGY CO STS SINCE 2008 - EQUATE TO ELIMINATING THE ENERGY USE OF APPROXIMATELY 18,600 AVERAGE AMERICAN HOMES OR REMOVING THE ANNUAL CARBON EMISSIONS FROM NEARLY 43,000 PASSENGER VEHICLES * RECYCLED OVER 3,535 TONS OF WASTE FROM HOSPITAL OPERATIONS * RECYCLED 88 PERCENT OF CONST RUCTION AND DEMOLITION DEBRIS * SAVED NEARLY 30 TONS OF WASTE FROM LANDFILL AND SAVED OVER \$2 2 MILLION VIA OUR SURGICAL DEVICE REPROCESSING PROGRAM * INITIATED A RELATIONSHIP WITH PROJECT C U R E , A NON-PROFIT ORGANIZATION THAT WILL RESPONSIBLY REDISTRIBUTE DONATED ME DICAL SUPPLIES AND EQUIPMENT TO UNDER-RESOURCED AREAS AROUND THE GLOBE, WITH THE INTENT TO FORMALIZE A DONATION PROGRAM FROM ALL ADVOCATE HEALTH CARE FACILITIES * 91% OF ADVOCATES SPEND ON SELECT CLEANING PRODUCT CATEGORIES (WINDOW, FLOOR, CARPET, BATHROOM, AND GENERAL PURPOSE CLEANERS) WERE THIRD-PARTY CERTIFIED "GREEN" CLEANERS * PURCHASED APPROXIMATELY 35% OF OUR OFFICE FURNITURE THAT WERE MADE WITHOUT SELECT CHEMICALS OF CONCERN, INCLUDING PERFLUORINATED COMPOUNDS, PVC (VINYL), FORMALDEHYDE, AND HALOGENATED FLAME RETARDANTS (WHE RE CODE PERMISSIBLE) * BECAME A SIGNATORY OF THE CHEMICAL FOOTPRINT PROJECT, AN INITIATIVE AIMING TO MEASURE INDUSTRIAL PROGRESS TOWARD SAFER CHEMICAL USE IN MANUFACTURING PRODUCTS THE HEALTH CARE SECTOR PURCHASES * BEGAN PURCHASING SELECT MEAT PRODUCTS (GROUND BEEF AND BEEF PATTIES) PRODUCED WITHOUT THE ROUTINE USE OF ANTIBIOTICS, SUPPORTING THE JUDICIOUS A ND RESPONSIBLE USE OF ANTIBIOTICS IN AGRICULTURE WHICH CAN HELP SLOW THE EMERGENCE OF ANTI BIOTIC-RESISTANT BACTERIA * RECOGNIZED TWENTY-FIVE STAFF MEMBERS WITH HEALTHY ENVIRONMENT AWARDS FOR DEMONSTRATING OUTSTANDING EFFORTS TOWARD PERSONAL HEALTH OR ENVIRONMENTAL STEWA RDSHIP * CONTRIBUTED TO OPENLANDS, ONE OF THE OLDEST METROPOLITAN CONSERVATION ORGANIZATIO NS IN THE NATION AND THE ONLY SUCH GROUP WITH A REGIONAL SCOPE IN THE GREATER CHICAGO REGI ON * CONTINUED TO ENGAGE STAFF TO CONSER</p>

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	<p>* REDUCED PAPER PURCHASING BY 3 PERCENT IN TWELVE MONTHS ENDING 12/31/15 * REDUCED HOSPITAL ENERGY CONSUMPTION BY 7.7 PERCENT IN TWELVE MONTHS ENDING 11/30/15 * SURPASSED ITS 2015 SURGICAL DEVICE REPROCESSING GOAL BY 144% ADVOCATE SUPPORT CENTERS * HELD A SHREDDING EVENT FOR ASSOCIATES * HELD A SHOE DONATION RECYCLING EVENT, COLLECTING ALMOST 300 PAIRS FOR REUSE OR RECYCLING * 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 * UTILIZED A 'PULL PRINT' PROCESS FOR PRINTING TO REDUCE PAPER USAGE * RECYCLED 86% OF MAJOR CONSTRUCTION AND DEMOLITION DEBRIS ADVOCATE MEDICAL GROUP * PILOTTED A NEW INTERNAL SUSTAINABLE BUILDING RATING SYSTEM, CALLED THE "HEALTHY SPACES ROADMAP" FOR TWO NEW AMG BUILDINGS OPENING IN 2016 * DONATED CONSIDERABLE MEDICAL SUPPLIES AND OLD EQUIPMENT TO PROJECT CURE * HELD A SHOE DONATION DRIVE TO BENEFIT HAITI 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 AIDS MISSION IS TO EMPOWER INDIVIDUALS WITH DISABILITIES, MENTAL ILLNESS AND SPECIAL NEEDS TO ACHIEVE INDEPENDENCE AND COMMUNITY INC LUSION * RECYCLED 81% OF MAJOR CONSTRUCTION AND DEMOLITION DEBRIS ADVOCATE CLINICAL LABORATORIES * RECYCLED, REUSED OR RECAPTURED ALL REAGENTS USED IN THE LABORATORY * REDUCED PAPER PURCHASING BY 19 PERCENT IN TWELVE MONTHS ENDING 12/31/15 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 ADVOCATES 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 PLANS BROAD GOALS AND OBJECTIVES WERE DESIGNED TO STRUCTURE SYSTEM-WIDE COMMUNITY BENEFITS ACTIVITIES WITHIN A STRATEGIC FRAMEWORK INCLUDED IN THE COMMUNITY BENEFITS PLAN ARE GOALS FOCUSED ON SYSTEM-WIDE EFFORTS TO ADDRESS THE BROADER ISSUES OF DISPARITY AND ACCESS, SUCH AS PROVIDING CHARITY CARE AND PRESCRIPTION ASSISTANCE TO THE UNDER AND UNINSURED, AND LANGUAGE ASSISTANCE SERVICES TO NON-OR LIMITED-ENGLISH SPEAKING PATIENTS AND FAMILIES ADVOCATES HOSPITALS ALSO LOOK TO ALIGN THEIR PROGRAMS AND SERVICES WITH SYSTEM STRATEGY WHEN DEVELOPING THEIR OWN COMMUNITY HEALTH PLANS AS THEY WORK TO IMPLEMENT PROGRAMS THAT POSITIVELY AFFECT THE HEALTH OF THE COMMUNITIES THEY SERVE ADVOCATES COMMUNITY BENEFITS PLAN SETS THE COURSE FOR STRENGTHENING EXISTING PARTNERSHIPS AND BUILDING NEW ONES TO LEVERAGE AND MAXIMIZE THE IMPACT OF ADVOCATES PROGRAMS IN ITS SERVICE AREAS ADVOCATES COMMUNITY BENEFITS PLAN GOALS ARE AS FOLLOWS GOAL 1 OPTIMIZE ADVOCATES 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 FOR THE ADVOCATE HOSPITALS FIRST CHNA (2011-2013) SOME 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 * DEVELOP</p>

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	<p>ED A STANDARDIZED CHNA PROCESS THAT INCLUDED DEVELOPMENT OF A COMMUNITY HEALTH COUNCIL AT EACH HOSPITAL WITH BOTH HOSPITAL AND COMMUNITY REPRESENTATION, CHARGED WITH OVERSIGHT OF THEIR SITES ASSESSMENT AND SELECTION OF KEY PRIORITIES TO ADDRESS * PURCHASED OF SURVEY RESULTS AND AN ASSESSMENT TOOL DEVELOPED BY PROFESSIONAL RESEARCH CONSULTANTS * PROVIDED A SERIES OF WORKSHOPS TO BUILD HOSPITAL LEADERS SKILLS IN CONDUCTING A CHNA, IDENTIFYING RELIABLE DATA SOURCES, PRIORITY SETTING, AND SELECTING EVIDENCE-BASED INTERVENTIONS * SET THE COMMUNITY HEALTH LEADERSHIP COUNCILS AGENDAS A COUNCIL COMPRISED OF COMMUNITY HEALTH STAKEHOLDERS FROM ACROSS ADVOCATE - TO FOCUS ON CHNA OBJECTIVES * MANAGED HOSPITAL PROGRESS AGAINST SYSTEM ANNUAL TIMELINES THROUGH CHNA PROGRESS REPORTS EACH YEAR * PROVIDED ONGOING CONSULTATION ON AN AS NEEDED BASIS THROUGHOUT THE PROCESS AND ENGAGED AN OUTSIDE CHNA CONSULTANT TO REVIEW CHNA PROGRESS AND PROVIDE ONE-ON-ONE GUIDANCE TO HOSPITAL STAFF ENGAGED IN THIS WORK * DRAFTED 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 2014-2016 CHNA CYCLE, SYSTEM-LEVEL COMMUNITY HEALTH STAKEHOLDERS GARNERED SYSTEM SENIOR MANagements SUPPORT TO PURCHASE THE HEALTHY COMMUNITIES INSTITUTES (HCI) CHNA TOOL, FOR WHICH THE ANNUAL FEES ARE PAID AT THE SYSTEM LEVEL EACH YEAR OF THE 3-YEAR CONTRACT PURCHASE OF THE TOOL HAS PROVEN TO BE IMPORTANT TO THE ADVOCATE HOSPITALS INVOLVEMENT IN COUNTY CHNA COLLABORATIVES AS ENCOURAGED AND SUPPORTED AT THE SYSTEM LEVEL, ALL ADVOCATES HOSPITALS ARE PARTICIPATING IN COLLABORATIVE ASSESSMENTS WITH OTHER ADVOCATE AND NON-ADVOCATE HOSPITALS, THEIR COUNTY AND LOCAL PUBLIC HEALTH DEPARTMENTS, AND OTHER HEALTH ORGANIZATIONS 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 AN EXAMPLE OF ONE SUCH COUNTY COLLABORATIVE IS THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY CONVENING THIS GROUP WAS INITIATED BY KEY LEADERS FROM ADVOCATE HEALTH CARE, PRESENCE HEALTH, THE ILLINOIS PUBLIC HEALTH INSTITUTE, THE COOK COUNTY DEPARTMENT OF PUBLIC HEALTH AND THE CHICAGO DEPARTMENT OF PUBLIC HEALTH ALTOGETHER, 26 HOSPITALS WHOSE SERVICE AREAS ARE IN OR OVERLAP COOK COUNTY HAVE JOINED THE COLLABORATIVE, INCLUDING 5 ADVOCATE HOSPITALS LOCATED IN COOK COUNTY GIVEN COOK COUNTYS DIVERSE POPULATION, COMMUNITY NEEDS CAN DRASTICALLY VARY FROM ONE SERVICE AREA TO THE NEXT THE COLLABORATIVE HAS SPLIT INTO THREE GROUPS NORTH, CENTRAL AND SOUTH - TO MORE SPECIFICALLY IDENTIFY THE NEEDS OF COMMUNITIES SERVED BY THE HOSPITALS ADVOCATE IS ABLE TO PROVIDE DATA TO SUPPORT THE COLLABORATIVES WORK USING THE HCI CHNA TOOL PURCHASED BY ADVOCATE WHILE A JOINT REPORT WILL BE PRODUCED FROM PARTICIPATION IN EACH COLLABORATIVE, EACH ADVOCATE HOSPITAL WILL BE RESPONSIBLE FOR DRAFTING A CHAPTER SUMMARIZING THEIR ASSESSMENT OF THEIR "DEFINED COMMUNITY" AREA THROUGH ADVOCATES 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 ADVOCATES SERVICE AREA WHICH ARE MANAGED AND FUNDED AT THE SYSTEM LEVEL THESE PROGRAMS INCLUDE THE FOLLOWING ADVOCATES HEALTHY STEPS PROGRAM SPECIALISTS TOUCHED THE LIVES OF 2,963 YOUNG CHILDREN IN 2015 THROUGH CHILDHOOD PROGRAMS WITHIN PEDIATRIC/FAMILY PRACTICE RESIDENCIES AT ADVOCATE ILLINOIS MASONIC MEDICAL CENTER, AND THE ADVOCATE CHILDREN</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 THAT ADVOCATE CONTINUES TO PROVIDE FINANCIAL ASSISTANCE TO INDIVIDUALS WHO NEED HELP, WHEN THEY NEED IT IN ADDITION, ADVOCATES 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 MARTHAS YOUTH SERVICE CENTER, A 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 JOSEPHS HOSPITAL, WHEREBY ADVOCATE BROMENN MEDICAL CENTER IS RESPONSIBLE FOR A PORTION OF THE HOSPITAL CARE FOR THE CLINIC PATIENTS HOSPITAL CARE THROUGHOUT THE YEAR BROMENN IS ALSO THE SOLE PROVIDER OF THE CLINIC'S INFORMATION TECHNOLOGY (IT) SUPPORT AND PROVIDES 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 IN ADDITION, THE HOSPITAL PARTNERS WITH THE DUPAGE COUNTY HEALTH DEPARTMENTS ENGAGE DUPAGE INITIATIVE 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 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 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 40 DIVERSE CONGREGATIONS THESE FAITH COMMUNITIES ARE WIDELY SCATTERED THROUGHOUT THE CHICAGO LAND 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 / NEWSLETTERS - A RESOURCE LIBRARY * CONGREGATIONAL HEALTH ASSESSMENT PROGRAM - MANUAL - PROGRAM COMPONENTS THE CENTER FOR FAITH AND COMMUNITY HEALTH TRANSFORMATION (THE CENTER) IS THE JOINT WORK OF ADVOCATE'S CHP AND THE NEIGHBORHOODS INITIATIVE OF THE UNIVERSITY OF ILLINOIS AT CHICAGO ADVOCATE DIRECTOR OF CONGREGATIONAL HEALTH PARTNERSHIPS IS CO-DIRECTOR OF THE CENTER 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,</p>

Form and Line Reference	Explanation
<p>GOAL 2 UNDERTAKE OR SUPPORT INITIATIVES THAT ENHANCE ACCESS TO HEALTH AND</p>	<p>RESOURCES AND IDEAS, AND KEEP IN TOUCH WITH WHAT OTHERS ARE DOING GO TO WWW.CHICAGOFAITHANDHEALTH.ORG FOR MORE INFORMATION. THE CENTER WAS HONORED TO BE 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 ALSO CONTRIBUTES LEADERSHIP TO A KEY PARTNERSHIP UNDER THE AUSPICES OF THE CHICAGO DEPARTMENT OF PUBLIC HEALTH (CDPH) ADVOCATE DIRECTOR OF CONGREGATIONAL PARTNERSHIPS AT THE SYSTEM LEVEL CO-CHAIRS THE PARTNERSHIP FOR HEALTHY CHICAGO. THE PARTNERSHIP BRINGS TOGETHER REPRESENTATIVES FROM MULTIPLE SECTORS TO CONDUCT COMMUNITY HEALTH NEEDS ASSESSMENT AND TO PLAN ONGOING COMMUNITY ENGAGEMENT STRATEGIES FOR CDPH. HEALTHADVISOR - ADVOCATE PROVIDES A SYSTEM-WIDE TELEPHONE REFERRAL AND RESOURCE INFORMATION CENTER, HEALTHADVISOR, TO ASSIST PATIENTS AND COMMUNITY MEMBERS IN FINDING HEALTHCARE PROVIDERS AND OTHER HEALTH AND WELLNESS RESOURCES. HEALTHADVISOR REPRESENTATIVES ARE AVAILABLE BY PHONE FROM 7 A.M. TO 7 P.M., MONDAY THROUGH FRIDAY, TO PROVIDE 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 2015, HEALTHADVISOR HANDLED 17,394 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 ADVOCATES 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 ADVOCATES 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 GROUPS (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 1,500 FREE ATHLETIC PHYSICALS TO SPECIAL OLYMPIANS FOR THE 17TH YEAR IN 2015, THUS ALLOWING THESE 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 WALK AND RUN EVENTS TO RAISE MONEY TO SUPPORT THE AMERICAN HEART ASSOCIATION (AHA), AMERICAN CANCER SOCIETY, ALZHEIMERS ASSOCIATION AND MARCH OF DIMES IN 2015, \$601,557 IN CHARITABLE CONTRIBUTIONS WAS RAISED TO SUPPORT THESE PARTNER ORGANIZATIONS ADVOCATE ALSO HAD THE HONOR OF BEING DESIGNATED THE #1 HEALTH CARE SYSTEM AND THE #4 COMPANY TEAM IN THE NATION BY THE AHA ADVOCATE ASSOCIATES SUPPORT IS ALSO DEMONSTRATED THROUGH THEIR OWN, PERSONAL AND GENEROUS CONTRIBUTIONS DURING THE ASSOCIATE GIVING CAMPAIGN OVERALL, ADVOCATE ASSOCIATES AND PHYSICIANS CONTRIBUTED MORE THAN \$2.6 MILLION IN 2015 - \$1.5 MILLION OF WHICH WAS DONATED BY ASSOCIATES THROUGH THE ASSOCIATE GIVING CAMPAIGN THEIR CONTRIBUTIONS SUPPORT MULTIPLE LOCAL COMMUNITY ORGANIZATIONS, PROGRAMS AND INITIATIVES, INCLUDING SOME OF ADVOCATES OWN SYSTEM-WIDE AND HOSPITAL-BASED COMMUNITY HEALTH PROGRAMS SYSTEM-LEVEL MANAGEMENT OF THESE FUNDRAISING ACTIVITIES REDUCES DUPLICATION OF EFFORT AND ASSURES THAT FUNDRAISING IS CONDUCTED WITH ORGANIZATIONS THAT ALIGN WITH ADVOCATES MISSION AND THAT ARE EFFECTIVE IN ADDRESSING ADVOCATES SERVICE AREAS 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 ADVOCATES ONGOING COMMITMENT TO SUPPORT LOCAL NON PROFIT ORGANIZATIONS AS THEY BUILD, PROMOTE AND SUSTAIN HEALTHY COMMUNITIES ON CHICAGO'S WEST SIDE THE ADVOCATE BETHANY COMMUNITY HEALTH FUND BOARD, WHICH IS COMPRISED OF EIGHT COMMUNITY MEMBERS FROM THE TARGETED COMMUNITY AREAS AND SEVEN REPRESENTATIVES FROM ADVOCATE HEALTH CARE, AWARDED MORE THAN \$750,000 IN GRANTS AND CAPACITY-BUILDING SERVICES TO 31 ORGANIZATIONS ACROSS ITS FUND COMMUNITIES IN 2015 SINCE THE BOARD'S INSTALLATION IN 2007, THE BETHANY COMMUNITY HEALTH FUND HAS AWARDED NEARLY \$6.8 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 NEW MOMS INC IS ONE OF MANY GRANTEEES THAT RECEIVE BETHANY FUND SUPPORT THE ORGANIZATION AIMS TO EQUIP STRUGGLING PARENTS AND THEIR CHILDREN WITH TOOLS TO ACHIEVE ECONOMIC INDEPENDENCE AND FAMILY STABILITY NEW MOMS WORK FORCE DEVELOPMENT PROGRAM SERVES HOMELESS AND HIGH-RISK TEEN AND YOUNG ADULT PARENTS THE PROGRAM INCLUDES CAREER PLANNING, EDUCATION SERVICES AND INTENSIVE CLASSROOM-BASED JOB SKILLS TRAINING IT CULMINATES WITH AN 8-WEEK PAID, HANDS-ON TRANSITIONAL JOB AT BRIGHT ENDEAVORS, THE ORGANIZATION'S SOCIAL ENTERPRISE THAT CREATES CANDLES AND BATH PRODUCTS PARTICIPANTS ALSO RECEIVE JOB PLACEMENT SERVICES AND COUNSELING FOCUSED ON ELIMINATING BARRIERS TO EMPLOYMENT IN 2015, WITH BETHANY FUND SUPPORT, NEW MOMS WAS ABLE TO EMPLOY OVER 90% OF PARTICIPANTS AT JOBS PAYING MORE THAN MINIMUM WAGE ADVOCATE HEALTH CARE HAS ALSO BEEN A FOUNDDING PARTNER AND LEADER IN THE NATIONAL LEARNING COLLABORATIVE, THE HEALTH SYSTEMS LEARNING GROUP (HSLG), NOW KNOWN AS THE STAKEHOLDER HEALTH GROUP 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 THIS SELF-ORGANIZED COLLABORATIVE OF MORE THAN 5</p>

Form and Line Reference	Explanation
<p>GOAL 4 LEVERAGE RESOURCES AND MAXIMIZE COMMUNITY OUTREACH EFFORTS BY</p>	<p>0 ORGANIZATIONS HAS 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, THESE ORGANIZATIONS DESIRE TO ACCELERATE THIS TRANSFORMATIONAL PROCESS THROUGH ONGOING SHARING OF INNOVATIVE PRACTICES THAT IMPROVE POPULATION HEALTH AND TO DEVELOP COORDINATED STRATEGIES THAT TAKE INNOVATION TO SCALE THE 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 AS PARTNERS, THEY CONTRIBUTED SUBSTANTIAL FINANCIAL AND IN-KIND RESOURCES TO SUPPORT THE TWO-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 THE GROUPS DEVELOPMENT CULMINATED WITH THE CONVENING OF THE STAKEHOLDER HEALTH GROUP (THEN KNOWN BY ITS FORMER NAME, HEALTH SYSTEMS LEARNING GROUP) 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 APRIL MEETING HTTP://WWW.METHODISTHEALTH.ORG/DOTASSET/9E6F77D8-DF4B-4545-B2F3-BC77B106F969.PDF ADVOCATE CONTINUED TO PARTICIPATE IN STAKEHOLDER HEALTH GROUP MEETINGS AND LEADERSHIP IN 2014 AND 2015, AND IN THE FALL OF 2015, ADVOCATE HOSTED THE GROUP IN CHICAGO FOR A THREE-DAY MEETING 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 HAVE ACHIEVED INTEGRATION, ACCOUNTABILITY AND NEW GOVERNANCE RELATIONSHIPS THROUGH IMPLEMENTATION OF THE FOLLOWING * STRENGTHENING THE ROLE/VISIBILITY OF THE COMMUNITY HEALTH COUNCIL - A KEY FOCUS FOR THE SYSTEM CORE TEAM WAS TO STRENGTHEN THE ABILITY OF THE COMMUNITY HEALTH 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 - THE CHC 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 CHLCS 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 * DEVELOPMENT OF A COMMUNITY HEALTH DEPARTMENT FOLLOWING COMPLETION OF ADVOCATES FIRST COMPREHENSIVE HOSPITAL-SPECIFIC CHNA PROCESS, THE COMMUNITY HEALTH STEERING COMMITTEE WAS DISBANDED AND A SMALL CORE TEAM OF LEADERS AT THE SYSTEM LEVEL ASSUMED RESPONSIBILITY FOR GUIDING COMMUNITY HEALTH PLANNING ACROSS ADVOCATE IN 2015 THE TEAM PLANNED COMMUNITY HEALTH COUNCIL MEETING AGENDAS AND ACTIVITIES AGAINST A TIMELINE TO ASSURE ANNUAL REPORTING OF IMPLEMENTATION PLAN PROGRESS, COMPLETION OF IRS 990S SCHEDULE H AND ILLINOIS STATE COMMUNITY BENEFITS REPORTING OCCURRED ON TIME TO FULFILL REGULATORY REQUIREMENTS IN LATE 2014, THE SYSTEM LEVEL CORE TEAM SHIFTED ITS FOCUS TO GARNERING SUPPORT FOR DEVELOPMENT OF A COMMUNITY HEALTH DEPARTMENT WITHIN ADVOCATE WHILE THIS GROUPS LEADERSHIP RESULTED IN ADVOCATE SUCCESSFULLY CONDUCTING STANDARDIZED ASSESSMENTS AT ALL OF ITS HOSPITALS, INCLUDING IMPLEMENTING AND MONITORING PROGRAMS TO ADDRESS HOSPITAL-SPECIFIC COMMUNITY NEEDS, THERE WERE CHALLENGES EXPERIENCED ALONG THE WAY THAT</p>

Schedule H (Form 990) 2015

Additional Data

Software ID:

Software Version:

EIN: 36-2169147

Name: Advocate Health and Hospitals Corp

Form 990 Schedule H, Part V Section A. Hospital Facilities

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

		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
1	CHRIST HOSP INCL HOPE CHILDREN'S HOSP 4440 WEST 95TH STREET OAK LAWN, IL 60453 http://www.advocatehealth.com/cmc/0000315	X	X	X	X			X			
2	LUTHERAN GEN HOSP INCL LUTH GEN CHILD 1775 DEMPSTER STREET PARK RIDGE, IL 60068 http://www.advocatehealth.com/luth/0004796	X	X	X	X			X			
3	GOOD SAMARITAN HOSPITAL 3815 HIGHLAND AVENUE DOWNERS GROVE, IL 60515 http://www.advocatehealth.com/gsam/0003384	X	X					X			
4	GOOD SHEPHERD HOSPITAL 450 W HIGHWAY 22 BARRINGTON, IL 60010 http://www.advocatehealth.com/gshp/0003475	X	X					X			
5	SOUTH SUBURBAN HOSPITAL & ICU 17800 S KEDZIE HAZEL CREST, IL 60429 http://www.advocatehealth.com/ssub/0004697	X	X					X			
6	BROMENN MEDICAL CENTER 1304 FRANKLIN AVENUE NORMAL, IL 61761 http://www.advocatehealth.com/BROMENN/0005645	X	X					X			
7	TRINITY HOSPITAL 2320 EAST 93RD STREET CHICAGO, IL 60617 http://www.advocatehealth.com/TRIN/0004176	X	X					X			
8	EUREKA HOSPITAL 101 S MAJOR STREET EUREKA, IL 61530 http://www.advocatehealth.com/eureka/0005652	X	X			X		X			

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)
1 ABMC-BroMenn Outpatient Center 3024 E Empire Street Bloomington, IL 61704	Patient Care - Out Patient
1 ABMCAEH-HomeHospiceCommunity Health 407 E Vernon Normal, IL 61761	Patient Care - Out Patient
2 ABMCAEH-IL Heart & Lung Cardiology Assc 1302 Franklin Ave MOB 4500 Normal, IL 61761	Patient Care - Out Patient
3 ABMCAEH-Materials Management 1011-1015 E Lafayette St Bloomington, IL 61701	Office - No Patient Care
4 ABMCAEH-Mecherle Hall VA at Franklin Normal, IL 61761	Office - No Patient Care
5 ABMCAEH-Ofc Building-Advocate Phys Ptr 3004 General Electric Road Bloomington, IL 61704	Patient Care - Out Patient
6 ABMCAEH-Community Healthcare Clinic 902 Franklin Ave Normal, IL 61761	Patient Care - Out Patient
7 ABMCAEH-Franklin Avenue Building 900 Franklin Ave Normal, IL 61761	Patient Care - Out Patient
8 ABMCAEH-Land (was apartment building) 702 W Virginia Normal, IL 61761	Residential
9 ABMCAEH-Medical Office Building 1302 Franklin Normal, IL 61761	Patient Care - Out Patient
10 ABMCAEH-POB Building 1300 Franklin Ave Normal, IL 61761	Patient Care - Out Patient
11 ABMCAEH Landmark Dr Location 207 Landmark Normal, IL 61761	Office - Other
12 ABMG-ABMG Central Billing Office 306 Eldorado Bloomington, IL 61702	Office - No Patient Care
13 ABMG-Crossroads Medical 128 W Main St Lexington, IL 61753	Patient Care - Out Patient
14 ABMG-Crossroads Medical 307 W Main St Lexington, IL 61753	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)
16 ABMG-Crossroads Medical 385 S Orange St El Paso,IL 61738	Patient Care - Out Patient
1 ABMG-Fairbury Medical Associates 115 E Walnut Fairbury,IL 61739	Patient Care - Out Patient
2 ABMG-Healthpoint 1437 E College Ave Normal,IL 61761	Patient Care - Out Patient
3 ABMG-IL Heart & Lung Assc Pulmonologists 1302 Franklin Ave Normal,IL 61761	Patient Care - Out Patient
4 ABMG-Illinois Heart & Lung - Billing Off 1300 Franklin Ave Normal,IL 61761	Patient Care - Out Patient
5 ABMG-Illinois Heart & Lung - Pontiac Off 1508 W Reynolds Suite A Pontiac,IL 61764	Patient Care - Out Patient
6 ABMG-LeRoy Family Medicine 911 S Chestnut Leroy,IL 61752	Patient Care - Out Patient
7 ABMG-Medical Hills Internists 1401 Eastland Dr Bloomington,IL 61701	Patient Care - Out Patient
8 ABMG-Sugar Creek Medical I 1302 Franklin Ave Suite 1100 Normal,IL 61761	Patient Care - Out Patient
9 ABMG-Sugar Creek Medical II 1302 Franklin Ave Suite 2500 Normal,IL 61761	Patient Care - Out Patient
10 ABMG-Town & Country 105 S Major St Eureka,IL 61530	Patient Care - Out Patient
11 ABMG-Town & Country 415 W Front Roanoke,IL 61561	Patient Care - Out Patient
12 ABMG-Twin Cities Behavioral HealthEAP 303 N Hershey Rd Suite 2C Bloomington,IL 61761	Patient Care - Out Patient
13 ABMG-Twin Cities Behavioral HealthEAP 403 Virginia Ave Normal,IL 61761	Patient Care - Out Patient
14 ABMG-Twin Cities Behavioral HealthEAP 403 Virginia Ave 2nd Floor Normal,IL 61761	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)
31 ACL-Lab Service Center 1775 Ballard Road LL Park Ridge, IL 60068	Patient Care - Out Patient
1 ACL-Lab Service Center 1870 West Galena Blvd Aurora, IL 60506	Patient Care - Out Patient
2 ACL-Lab Service Center 3048 N Wilton Lab Chicago, IL 60657	Patient Care - Out Patient
3 ACL-Lab Service Center - Parkside 1875 Dempster St Suite 504 Park Ridge, IL 60068	Patient Care - Out Patient
4 AHC-Beverly Health Facility-Walk-in-Care 9831 South Western Avenue Chicago, IL 60643	Patient Care - Out Patient
5 AHC-Burbank Health Facility 4901 West 79th Street Burbank, IL 60459	Patient Care - Out Patient
6 AHC- Evergreen Park Health Facility 1357 W 103rd Street Suites 100 Chicago, IL 60643	Patient Care - Out Patient
7 AHC-Evergreen Plaza - UM 9730 South Western Avenue Suite 73 Evergreen Park, IL 60805	Patient Care - Out Patient
8 AHC- Evergreen Peds 9730 South Western Avenue Suite 50 Evergreen Park, IL 60805	Patient Care - Out Patient
9 AHC-Frankfort AHC 328 N LaGrange Road Frankfort, IL 60423	Patient Care - Out Patient
10 AHC-Halsted & Blackhawk Health Facility 1460 N Halsted Avenue Chicago, IL 60614	Patient Care - Out Patient
11 AHC-Irving and Western 4025 North Western Avenue Chicago, IL 60618	Patient Care - Out Patient
12 AHC-Logan Square Health Facility 2511 North Kedzie Chicago, IL 60647	Patient Care - Out Patient
13 AHC-Oak Park - North Ave Health Facility 6434 West North Avenue Oak Park, IL 60639	Patient Care - Out Patient
14 AHC-Orland Square Health Center WALK-IN 29 Orland Square Drive Orland Park, IL 60462	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)
46 AHC-Palos 7620 W 111th Street Palos Hills,IL 60465	Patient Care - Out Patient
1 AHC-Six Corners AHC 4211 North Cicero Suite 308 306 Chicago,IL 60641	Patient Care - Out Patient
2 AHC-South Holland 100 West 162nd Street South Holland,IL 60473	Patient Care - Out Patient
3 AHC-Southeast Health Facility 2301 East 93rd Street Suite 117 2 Chicago,IL 60617	Patient Care - Out Patient
4 AHC-Southwest Highway 11824 Southwest Highway Suites 135 Palos Heights,IL 60463	Patient Care - Out Patient
5 AHC-Sykes Health Center - WALK-IN CARE 2545-55 South Martin Luther King Dr Chicago,IL 60616	Patient Care - Out Patient
6 AHC-West Suburban - UM Office 3 Erie Court Oak Park,IL 60439	Patient Care - Out Patient
7 AIS-Advocate Imaging Specialists-Wilmett 114 Skokie Blvd Wilmette,IL 60091	Patient Care - Out Patient
8 AMG-87th & Greenwood 1111 E 87th Street Suite 900A Chicago,IL 60619	Patient Care - Out Patient
9 AMG- Des Plaines 701 Lee Street Suites LL 100 11 Des Plaines,IL 60016	Patient Care - Out Patient
10 AMG- Glenview 1255 Milwaukee Road Glenview,IL 60025	Patient Care - Out Patient
11 AMG- Heart and Vascular of Illinois 3118 N Ashland Avenue Chicago,IL 60657	Patient Care - Out Patient
12 AMG- Heart and Vascular of Illinois 5151 W 95th Street 2nd Floor Oak Lawn,IL 60453	Patient Care - Out Patient
13 AMG- Hyde Park 1301 E 47th Street Unit 2 Chicago,IL 60615	Patient Care - Out Patient
14 AMG- Hyde Park 1515 E 52nd Place Unit 5 Chicago,IL 60615	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)
61 AMG- Lockport Primary Care 1206 E 9th Street Suite 210 Lockport,IL 60441	Patient Care - Out Patient
1 AMG- Mundelein Internal Medicine 550 N Lake Street Mundelein,IL 60060	Patient Care - Out Patient
2 AMG- Oak Lawn 4712 W 103rd Street Oak Lawn,IL 60453	Patient Care - Out Patient
3 AMG- Parkside Center 1875 W Dempster Street Suite 525 Park Ridge,IL 60068	Patient Care - Out Patient
4 AMG- Posen 2590 W Walter Zimny Drive Posen,IL 60469	Patient Care - Out Patient
5 AMG- Richton Park 4511 Sauk Trail Richton Park,IL 60471	Patient Care - Out Patient
6 AMG- Southeast Location 2301 E 93rd Street Suite 213 Chicago,IL 60617	Patient Care - Out Patient
7 AMG- Wauconda 224 Brown Street Wauconda,IL 60522	Patient Care - Out Patient
8 AMG- Metrodocs 431 Lakeview Court Mount Prospect,IL 60056	Patient Care - Out Patient
9 AMG- Alexian Brothers 800 Biesterfield Road Suite 645 Elk Grove Village,IL 60007	Office - No Patient Care
10 AMG- Alpine Family Medicine 350 Surrise Road Suite 100 Lake Zurich,IL 60047	Patient Care - Out Patient
11 AMG- Bartlett 1054 Norwood Lane Bartlett,IL 60103	Patient Care - Out Patient
12 AMG- Downers Grove 1341 Waren Avenue Downers Grove,IL 60515	Patient Care - Out Patient
13 AMG- Glenbrook 2551 Compass Drive Glenview,IL 60026	Patient Care - Out Patient
14 AMG- Hampshire 1000 S State Street Hampshire,IL 60140	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)
76 AMG- Huntley 12151-12199 Regency Center Huntley,IL 60142	Patient Care - Out Patient
1 AMG- Island Lake 27979 Converse Road Island Lake,IL 60042	Patient Care - Out Patient
2 AMG- Lemont 6319 S Fairview Wesmont,IL 60559	Patient Care - Out Patient
3 AMG- Libertyville Winchester 1870 Winchester Road Suite 143 Libertyville,IL 60048	Patient Care - Out Patient
4 AMG-AMG Lincolwood 6540 N Lincoln Avenue Lincolnwwod,IL 60712	Patient Care - Out Patient
5 AMG-AMG Primary Care Specialists 150 N River Road Des Plaines,IL 60016	Patient Care - Out Patient
6 AMG-AMG Pulaski 10627 S Pulaski Chicago,IL 60655	Patient Care - Out Patient
7 AMG-AMG Riverside 7234 W Ogden Avenue Downers Grove,IL 60515	Patient Care - Out Patient
8 AMG-AMG Swedish Covenant 5140 N California Ave Suite 505 Chicago,IL 60625	Patient Care - Out Patient
9 AMG-AMG-Chicago-900 W Nelson 900 W Nelson 1st Floor Chicago,IL 60657	Patient Care - Out Patient
10 AMG-Amundsen School Based Health Center 5110 N Damen Avenue Rm 307 Chicago,IL 60625	Patient Care - Out Patient
11 AMG-Center for Advanced Cardiology 1875 Dempster Suite 580 585 590 Park Ridge,IL 60068	Patient Care - Out Patient
12 AMG-Doctors of the North Shore 6131 W Dempster Street Morton Grove,IL 60053	Patient Care - Out Patient
13 AMG-Doctors Office 3040 North Wilton Chicago,IL 60657	Patient Care - Out Patient
14 AMG-Downers Grove Internists 3825 Highland Avenue Suite 5B 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)
91 AMG-Family Practice - Arlington Heights 825 East Golf Road Arlington Heights, IL 60005	Patient Care - Out Patient
1 AMG-Family Practice at Ravenswood 4600 N Ravenswood Avenue Chicago, IL 60640	Patient Care - Out Patient
2 AMG-Gartner Dentistry Building 811 West Wellington Avenue Chicago, IL 60657	Patient Care - Out Patient
3 AMG-Grand Oaks Health Center Hollister 1800 Hollister Drive Suite G2 Libertyville, IL 60048	Patient Care - Out Patient
4 AMG-Great Lakes REIT (GLR) Int Medicine 27790 West Highway 22 Bldg 1 Sui Barrington, IL 60010	Patient Care - Out Patient
5 AMG-Illinois Masonic Physician Group 4211 N Cicero Suite 300 Chicago, IL 60641	Patient Care - Out Patient
6 AMG-Internal Medicine - Buffalo Grove 214 McHenry Road Suites B19 B20 Buffalo Grove, IL 60089	Patient Care - Out Patient
7 AMG-Ivy Physicians Group 2437 N Southport Avenue 1st Floor Chicago, IL 60614	Patient Care - Out Patient
8 AMG-Lakeview School Based Health Center 4015 N Ashland Avenue Rm 103 Chicago, IL 60657	Patient Care - Out Patient
9 AMG-Libertyville Office Building AMG 716 S Milwaukee Avenue Libertyville, IL 60048	Patient Care - Out Patient
10 AMG-Medical Office Building 3000 North Halsted Street Suites 2 Chicago, IL 60657	Patient Care - Out Patient
11 AMG-MCCAMG Cicero 10837 S Cicero Ave Suite 200 110 Oak Lawn, IL 60453	Patient Care - Out Patient
12 AMG-MCCAMG Hickory Cardiac Care 3611 W 183rd Street Hazel Crest, IL 60429	Patient Care - Out Patient
13 AMG-MCCAMG Ravinia 14741 Ravinia Drive Orland Park, IL 60467	Patient Care - Out Patient
14 AMG-MCCAMG Ridgeland 9830 S Ridgeland Avenue Chicago Ridge, IL 60415	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)
106 AMG-MCCAMG South Suburban POB 17850 S Kedzie Ave Suite 3250 Hazel Crest,IL 60429	Patient Care - Out Patient
1 AMG-MCCAMG Trinity POB 2301/2315 E 93rd St Suite 222 Chicago,IL 60617	Patient Care - Out Patient
2 AMG-MCC St James POB 3800 Burke Drive Suite 201 Olympia Fields,IL 60449	Patient Care - Out Patient
3 AMG-Midwest Heart SpecialistsBarrington 27750 W Highway 22 Suite 240 Barrington,IL 60010	Patient Care - Out Patient
4 AMG-Midwest Heart SpecialistsDowners Gr 3825 Highland Ave Suite 400 Downers Grove,IL 60515	Patient Care - Out Patient
5 AMG-Midwest Heart Specialists Elmhurst 133 E Brush Hill Rd Suite 202 Elmhurst,IL 60126	Patient Care - Out Patient
6 AMG-Midwest Heart SpecialistsHoffman Es 1555 Barrington Rd Suite 3200 Hoffman Estates,IL 60194	Patient Care - Out Patient
7 AMG-Midwest Heart SpecialistsNaperville 801 S Washington 4th Floor Naperville,IL 60540	Patient Care - Out Patient
8 AMG-Midwest Heart Specialists Winfield 25 N Winfield Rd Suite 301 Winfield,IL 60190	Patient Care - Out Patient
9 AMG-Midwest Pediatric Cardiolog Billing 621 Plainfield Road Suite 105 Willowbrook,IL 60527	Office - No Patient Care
10 AMG-Midwest Pediatric Cardiology Aurora 2020 Ogden Avenue Suite 400 Aurora,IL 60504	Patient Care - Out Patient
11 AMG-Midwest Pediatric Cardiology Christ 4440 W 95th Street Suite 108 Oak Lawn,IL 60453	Patient Care - Out Patient
12 AMG-Midwest Pediatric Cardiology Crest 16151 Weber Road Unit 107 Crest Hill,IL 60403	Patient Care - Out Patient
13 AMG-Midwest Pediatric Cardiology Hope 4440 W 95th St Suite 1100H Oak Lawn,IL 60453	Patient Care - Out Patient
14 AMG-Midwest Pediatric CardiologyLockprt 1206 9thStreet Suite 310 Lockport,IL 60441	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)
121 AMG-Midwest Pediatric Cardiology Merrill 209 E 86th Place Suite D Merrillville, IN 46410	Patient Care - Out Patient
1 AMG-Midwest Pediatric Cardiology MHS 1555 Barrington Rd Suite 3200 Hoffman Estates, IL 60169	Patient Care - Out Patient
2 AMG-Midwest Pediatric CardiologyMunster 800 MacArthur Blvd Suite 3 Munster, IN 46321	Patient Care - Out Patient
3 AMG-Midwest Pediatric CardiologyNapervl 1020 E Ogden Ave Suite 302 Naperville, IL 60563	Patient Care - Out Patient
4 AMG-Midwest Pediatric Cardiology Oak Ln 4700 W 95th Street Suite 205 Oak Lawn, IL 60453	Patient Care - Out Patient
5 AMG-Midwest Pediatric CardiologyRockfd 5701 Strathmoor Dr Suite 1 3 Rockford, IL 61107	Patient Care - Out Patient
6 AMG-Park Ridge Pediatric Nephrology 1480 Renaissance Dr Suite 211 Park Ridge, IL 60068	Patient Care - Out Patient
7 AMG-PEDS - Deerfield 720 Osterman Avenue 103 Deerfield, IL 60015	Patient Care - Out Patient
8 AMG-Ravenswood Medical Group 1945 W Wilson Avenue Ste 2100 4 Chicago, IL 60640	Patient Care - Out Patient
9 AMG-Tinley Park Medical Office 16750 South 80th Avenue Suite B Tinley Park, IL 60477	Patient Care - Out Patient
10 AMG- Orland Park Clinic & Orland Park SC 9550 W 167th Street Orland Park, IL 60467	Patient Care - Out Patient
11 AMG-Chicago (Medicine & Surgery) AMG 11250 S Western Chicago, IL 60643	Patient Care - Out Patient
12 AMG-Olympia Fields AMG 4001 Vollmer Road Olympia Fields, IL 60461	Patient Care - Out Patient
13 AMG-Olympia Fields Cancer Care Institute 3700 W 203rd Street Olympia Fields, IL 60461	Patient Care - Out Patient
14 AMG-Olympia Fields Corporate & Physical 20110 Governors Highway 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)
136 BH-POB Building 3410 West Van Buren Chicago, IL 60624	Patient Care - Out Patient
1 BH-POB Building 414 South Homan Chicago, IL 60624	Patient Care - Out Patient
2 CH-ACMC - Outpatient Center Lockport 1206 E 9th Street Suites 110 170 Lockport, IL 60441	Patient Care - Out Patient
3 CH-Advocate PTOT (Christ) 12340-50 S Harlem Avenue Palos Heights, IL 60463	Patient Care - Out Patient
4 CH-Ambulatory Building 4440 West 95th Street Oak Lawn, IL 60453	Patient Care - In Patient
5 CH-Breast Health Center 4545 W 103rd Street Oak Lawn, IL 60453	Patient Care - Out Patient
6 CH-Christ POB 4400 West 95th Street Suites 101 Oak Lawn, IL 60453	Patient Care - Out Patient
7 CH-Christ Women's Health Center 18210 South LaGrange Road Suite 20 Tinley Park, IL 60477	Patient Care - Out Patient
8 CH-Development Center 4546 West 95th Street Oak Lawn, IL 60453	Patient Care - Out Patient
9 CH-Family Practice 4140 West Southwest Highway Hometown, IL 60456	Patient Care - Out Patient
10 CH-High Tech Offices - Hospital 11800 Southwest Highway Palos Heights, IL 60463	Patient Care - Out Patient
11 CH-Physician's Offices 11745 Southwest Highway Palos Heights, IL 60463	Patient Care - Out Patient
12 CH-Physician's Offices 4151 Naperville Road Lisle, IL 60532	Patient Care - Out Patient
13 CH-Physician's Offices 9848 South Roberts Road Palos Heights, IL 60465	Patient Care - Out Patient
14 CH-Rotunda Medical Building 4340 West 95th Street Suite 104 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)
151 FCN-Bolingbrook Quadrangle Building C 391 Quadrangle Drive N-4 Bolingbrook,IL 60440	Patient Care - Out Patient
1 GSAM-ADVOCATE GOOD SAMARITAN HOSPITAL OP 6840 Main Street 1st Floor Suite Downers Grove,IL 60515	Patient Care - Out Patient
2 GSAM-Good Samaritan Hospital Cancer Care 3745 Highland Avenue Downers Grove,IL 60515	Patient Care - In Patient
3 GSAM-Good Samaritan POB Tower 1 3825 Highland Avenue Suites 2J 4H Downers Grove,IL 60515	Patient Care - Out Patient
4 GSAM-Good Samaritan POB Tower 2 3825 Highland Avenue Suites 103 1 Downers Grove,IL 60515	Patient Care - Out Patient
5 GSAM-Lemont Walk In ClinicRadiology 15900 W 127th Street Suites 100 Lemont,IL 60439	Patient Care - Out Patient
6 GSAM-Midwest Center For Day Surgery 3811 Highland Avenue Downers Grove,IL 60515	Patient Care - Out Patient
7 GSAM-North Pavilion 3743 Highland Avenue Downers Grove,IL 60515	Patient Care - Out Patient
8 GSAM-Woodridge Imaging Center 7530 Woodward Avenue Woodridge,IL 60517	Patient Care- Out Patient
9 GSAM-Good Samaritan Wellness Center 3551 Highland Avenue Downers Grove,IL 60515	Patient Care - Out Patient
10 GSH-Advocate Adult & Pediatric Rehab Ctr 5150 Northwest Highway Crystal Lake,IL 60014	Patient Care - Out Patient
11 GSH-Briarwood Building 2272 Countyline Road Suites 100 2 Algonquin,IL 60102	Patient Care - Out Patient
12 GSH-Good Shepherd OP Ctr & Imaging Ctr 525 Congress Parkway 1st Floor 2 Crystal Lake,IL 60014	Patient Care - Out Patient
13 GSH-Good Shepherd POB Building 1 27790 West Highway 22 Suite 2 5 Barrington,IL 60010	Patient Care - Out Patient
14 GSH-Good Shepherd POB Building 2 27750 West Highway 22 SuiteS G50 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)
166 GSH-Imaging Center 2284 W Countyline Road Algonquin,IL 60014	Patient Care - Out Patient
1 GSH-LZ Breast Imaging CTR Pediatric CTR 350 Surryse Road Suites 140 150 Lake Zurich,IL 60047	Patient Care - Out Patient
2 GSH-North Suburban Clinic 2575 Algonquin Road Algonquin,IL 601029403	Patient Care - Out Patient
3 GSH-Advocate GSH Health & Fitness Ctr 1301 South Barrington Road Barrington,IL 60005	Patient Care - Out Patient
4 LGHS-Parkside Center 1875 Dempster Street Park Ridge,IL 60068	Patient Care - Out Patient
5 LGHS-Nesset Health Center 1775 Ballard Road Park Ridge,IL 60068	Patient Care - Out Patient
6 LGHS-Yacktman Children's Pavillion 1675 Dempster Street Park Ridge,IL 60068	Patient Care - Out Patient
7 LGHS-CTR for Advanced Care 1700 Lutheran Lane Park Ridge,IL 60068	Patient Care - Out Patient
8 LGHS-Adult Down Syndrome Clinic 1610 Luther Lane Park Ridge,IL 60068	Patient Care - Out Patient
9 LGHS-Cardiac Risk 8820 Dempster Street Park Ridge,IL 60068	Patient Care - Out Patient
10 LGHS-East Pavillion (Old Science Bldg) 1775 Western Avenue Park Ridge,IL 60068	Patient Care - Out Patient
11 LGHS-Vacant 1999 Dempster Street Park Ridge,IL 60068	Patient Care - Out Patient
12 LGHS-Golf Surgical Center 8901 Golf Road Des Plaines,IL 60016	Patient Care - Out Patient
13 OHC-Downers Grove Center 3551 Highland Avenue Suite 200 Downers Grove,IL 60515	Patient Care - Out Patient
14 OHC-Elk Grove Center 1502 Elmhurst Road Elk Grove Village,IL 60007	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)
181 OHC-Hazel Crest Center 17850 South Kedzie Avenue Suite 11 Hazel Crest,IL 60429	Patient Care - Out Patient
1 OHC-Lake Zurich Center 350 Surryse Road Lake Zurich,IL 60047	Patient Care- Out Patient
2 OHC-LGOHC-I 7255 Caldwell Niles,IL 60714	Patient Care - Out Patient
3 OHC-Tinley Park Center - Occ Health 18210 South LaGrange Road Suite 21 Tinley Park,IL 60477	Patient Care - Out Patient
4 SSHS-Frankfort Medical Office 20325 South Graceland Lane Frankfort,IL 60423	Patient Care - Out Patient
5 SSHS-South Suburban Hospital - Crete loc 1024-1036 E Steger Road 4 Suites Crete,IL 60417	Patient Care- Out Patient
6 SSHS-South Suburban Hospital Cancer Ctr 17750 S Kedzie Hazel Crest,IL 60429	Patient Care - Out Patient
7 SSHS-South Suburban Med Offc & Sleep Ctr 16532 Oak Park Avenue Suite LL1 Tinley Park,IL 60477	Patient Care - Out Patient
8 SSHS-South Suburban POB 17850 South Kedzie Suites LL 1 2 Hazel Crest,IL 60429	Patient Care - Out Patient
9 TH-Sleep Center 1111 E 87th Street Suite 500 Chicago,IL 60617	Patient Care- Out Patient
10 TH-Trinity POB 2301-2315 East 93rd StreetSuites 1 Chicago,IL 60617	Patient Care - Out Patient
11 TH-Wound Care Clinic 8751 S Greenwood Suite600 100 Chicago,IL 60619	Patient Care- Out Patient
12 Advanced MRI (AMRI) 2204 Eastland Drive Suite 200 Bloomington,IL 61701	Patient Care - Out Patient
13 AMG ELGIN 1710 RANDALL RD 1710 RANDALL RD SUITE 200 ELGIN,IL 60123	PATIENT CARE - OUT PATIENT
14 ABMC-AEH-COMMUNITY CANCER CTR-CYBERKNIFE 407 E VERNON NORMAL,IL 61761	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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on 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.

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?
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" on 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.

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 103
3 Enter total number of other organizations listed in the line 1 table. 7

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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
Form 990, Schedule I, Part I and II	Grants and Other Assistance to Domestic Organizations and Domestic Governments 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 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 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 COAL 511 Thornhill Dr Carol Stream,IL 60188	36-4448208	501(C)(3)	343,350				SUPPORT EXEMPT MISSION
ALZHEIMERS ASSOC- GREATER IL 850 Essington Rd STE 200 Joliet,IL 60435	13-3039601	501(C)(3)	6,000				SUPPORT EXEMPT MISSION
AMERICAN BRAIN TUMOR ASSOCIATION 8550 W Bryn Mawr Ave Chicago,IL 60631	23-7286648	501(C)(3)	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 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 N Michigan Ave STE 1200 Chicago, IL 60601	13-1788491	501(C)(3)	368,600				SPONSOR EVENTS
AMERICAN DIABETES ASSOCIATION 55 E Monroe St3420 Chicago, IL 60603	13-1623888	501(C)(3)	10,000				SPONSOR EVENTS
AMERICAN HEART ASSOCIATION PO Box 50035 Prescott, AZ 863045035	13-5613797	501(C)(3)	104,756				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 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 MEDICAL GROUP FOUNDATION One Prince Street Alexandria, VA 22314	54-6059304	501(C)(3)	8,333				SUPPORT EXEMPT MISSION
AMERICAN RED CROSS One Westport Court SUITE 1100 Bloomington, IL 60714	53-0196605	501(C)(3)	5,750				SUPPORT EXEMPT MISSION
BARBARA J TIMMER FAMILY FOUNDATION 219 Austin Avenue Park Ridge, IL 60068	36-7602887	501(C)(3)	6,000				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 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 Ln Ste 100 Barrington, IL 60010	36-3337705	501(C)(3)	9,600				SUPPORT EXEMPT MISSION
BARRINGTON HIGH SCHOOL 310 East James Street Barrington, IL 60010	36-2780596	n/a	9,500				COMMUNITY SUPPORT
BETHANY CHRISTIAN SERVICES INC 12416 S Harlem Ave Ste 305 Palos Heights, IL 60463	38-1405282	501(C)(3)	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 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
BNAI BRITH INTERNATIONAL 4605 Lankershim Blvd Ste 710 N Hollywood, CA 91602	53-0179971	501(C)(3)	10,000				SPONSOR EVENTS
CANCER SUPPORT CENTER 2028 Elm Rd Homewood, IL 60430	36-3880404	501(C)(3)	21,500				SUPPORT EXEMPT MISSION
CARSON SCHOLARS FUND INC 305 W Chesapeake Ave310 Towson, MD 21204	52-1851346	501(C)(3)	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 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-UCC 700 Prospect Avenue Cleveland, OH 44115	13-1957221	501(C)(3)	10,000				SUPPORT EXEMPT MISSION
CHICAGO URBAN LEAGUE 4510 S Michigan Ave Chicago, IL 60653	36-2225483	501(C)(3)	5,250				SPONSOR EVENTS
CHILDRENS HEART FOUNDATION PO Box 2844 Glenview, IL 60026	36-4077528	501(C)(3)	17,600				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 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
CHOOSE DUPAGE 2525 Cabot Dr Ste 303 Lisle, IL 60532	32-0177792	501(c)(6)	10,000				COMMUNITY SUPPORT
COMMUNITY HEALTH 2611 W Chicago Ave Chicago, IL 60622	36-3831793	501(C)(3)	19,683				SUPPORT EXEMPT MISSION
CONCORDIA PLACE 3300 N Whipple Chicago, IL 60618	32-0033719	501(C)(3)	6,530				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 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 CORP PO Box 39 Tinley Park, IL 60477	36-3039964	501(C)(3)	9,588				SPONSOR EVENTS
CRISTO REY WORK STUDY PROGRAM 1852 West 22nd Place Chicago, IL 60608	04-3730980	501(C)(3)	66,360				SUPPORT EXEMPT MISSION
DOWNERS GROVE ECONOMIC 5159 Mochel Downers Grove, IL 60515	87-0772222	n/a	5,810				COMMUNITY SUPPORT

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 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
ECONOMIC DEVELOPMENT COUNCIL 200 W College Ave 402 Ste 402 Normal, IL 61761	37-1169886	n/a	15,000				COMMUNITY SUPPORT
FAMILY HEALTH PTR CLINIC 401 E Congress Pkwy Crystal Lake, IL 60014	36-4277029	501(C)(3)	12,983				SUPPORT EXEMPT MISSION
FOX VALLEY VOLUNTEER HOSPICE 200 Whitfield Drive Geneva, IL 60134	36-3111451	501(C)(3)	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 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
FRIENDS OF MCHENRY COUNTY 8900 US Highway 14 Crystal Lake, IL 60014	23-7418071	501(C)(3)	7,000				SUPPORT EXEMPT MISSION
GILDAS CLUB CHICAGO 205 W Wacker Dr Ste 1400 Chicago, IL 60606	36-4115144	501(C)(3)	19,296				SPONSOR EVENTS
GROVE FOUNDATION 2455 Warrenville Rd Downers Grove, IL 60515	36-3755536	501(C)(3)	8,620				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 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
HABILITATIVE SYSTEMS INC 415 S Kilpatrick Ave MS 514 Chicago, IL 60644	36-2969062	501(C)(3)	13,500				SUPPORT EXEMPT MISSION
HAVE DREAMS 515 Busse Hwy 150 Park Ridge, IL 60068	36-4078008	501(C)(3)	6,240				SUPPORT EXEMPT MISSION
HEALTHY SCHOOLS CAMPAIGN 175 N Franklin Ste 300 Chicago, IL 60606	36-4308068	501(C)(3)	25,520				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 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
IHREF 24676 Network Place Chicago, IL 606731246	23-7421930	501(C)(3)	400,615				SUPPORT EXEMPT MISSION
ILLINOIS STATE UNIVERSITY Campus Box 2660 Normal, IL 617902660	37-6014070	501(C)(3)	50,350				SUPPORT EXEMPT MISSION
ILLINOIS TRANSPLANT FUND 425 Spring Lake Drive ROOM 3101 Itasca, IL 60143	47-4167931	501(C)(3)	100,000				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 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 61702	37-0662594	501(C)(3)	20,015				EXPANSION PROJECT
JOURNEY CARE FOUNDATION 405 Lake Zurich Road Barrington, IL 60010	36-3820916	501(C)(3)	5,100				SUPPORT EXEMPT MISSION
KELLY CARES FOUNDATION 1251 N Eddy St 200 STE 1C South Bend, IN 46617	26-3591070	501(C)(3)	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 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 IL 1001 E Touhy Ave Des Plaines, IL 60018	36-2584799	501(C)(3)	20,676				SUPPORT EXEMPT MISSION
MAKE A WISH FOUNDATION 640 N LaSalle Dr 280 Chicago, IL 60654	36-3422138	501(C)(3)	22,000				SPONSOR EVENTS
MARCH OF DIMES FOUNDATION 111 W Jackson Blvd 1650 Chicago, IL 60604	13-1846366	501(C)(3)	70,339				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 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
MCHENRY COUNTY PADS 4100 Veterans Parkway McHenry, IL 60050	36-2480845	501(C)(3)	12,150				SUPPORT EXEMPT MISSION
MISERICORDIA HOME PO Box 454 Western Springs, IL 60553	36-2170153	501(C)(3)	9,068				SUPPORT EXEMPT MISSION
MORAIN VALLEY COMMUNITY 9000 W College Pkwy Palos Hills, IL 60465	36-3191202	501(C)(3)	5,775				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 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
MUSEUM OF SCIENCE & INDUSTRY 57th St Lake Shore Dr Chicago, IL 60637	36-2167797	501(C)(3)	87,333				SUPPORT EXEMPT MISSION
NAHSE 1050 Connecticut Av NW 10th Floor Washington, DC 20036	62-1312239	501(C)(3)	10,579				SPONSOR EVENTS
NATIONAL CENTER FOR HEALTHCARE 1700 W Van Buren St 1268 Chicago, IL 60612	36-4483505	501(C)(3)	7,084				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 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 Ste 1C Chicago, IL 60654	13-1673104	501(C)(3)	25,485				SPONSOR EVENTS
PASS PREGNANCY CARE CENTER 17214 Oak Park Avenue Tinley Park, IL 60477	36-3345840	501(C)(3)	10,000				SUPPORT EXEMPT MISSION
PROACTIVE KIDS FOUNDATION 1101 Belter Drive Wheaton, IL 60189	37-1556796	501(C)(3)	53,540				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 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
PROVENA HOSPITALS 1325 N Highland Ave Aurora, IL 60506	53-0196617	501(C)(3)	7,500				SUPPORT EXEMPT MISSION
ROTARY DISTRICT 6450 FOUNDATION PO Box 256 Downers Grove, IL 60515	36-4219154	501(C)(3)	6,125				SPONSOR EVENTS
SALVATION ARMY 5040 N Pulaski Avenue Chicago, IL 60630	36-2167910	501(C)(3)	24,060				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 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 Rd STE 201 Barrington, IL 60010	26-3135503	501(C)(3)	20,000				SPONSOR EVENTS
SOUTH SUBURBAN PADS 414 W Lincoln HWY Chicago Heights, IL 60430	36-3744405	501(C)(3)	5,900				SUPPORT EXEMPT MISSION
SOUTHSIDE PREGNANCY CENTER 9115 S Cicero Ave Oak Lawn, IL 60453	36-3367445	501(C)(3)	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 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
SPECIAL OLYMPICS ILLINOIS 500 Waters Edge Ste 100 Lombard, IL 60148	36-2922811	501(C)(3)	8,250				SPONSOR EVENTS
SSEEO PO Box 855 Lombard, IL 601480855	27-1925734	501(C)(3)	10,000				SPONSOR EVENTS
SYRIAN AMERICAN MEDICAL 234 Hood Drive Canfield, OH 44406	16-1717058	501(C)(3)	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 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 1603 W Taylor St M/C 923 Chicago, IL 60612	37-6000511	501(C)(3)	90,000				GRANT FOR CEASEFIRE
URBAN INITIATIVES INC 650 W Lake St Chicago, IL 60661	83-0367521	501(C)(3)	5,050				SUPPORT EXEMPT MISSION
VILLAGE OF BARRINGTON 200 So Hough Street Barrington, IL 60010	36-6005782	n/a	11,050				COMMUNITY SUPPORT

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 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
VILLAGE OF OAK LAWN 9446 W 95th St Oak Lawn, IL 60453	36-6006024	n/a	500,000				FINANCIAL ASSISTANCE AGREEMENT
WORLD BUSINESS CHICAGO 177 N State St Ste 500 Chicago, IL 60601	36-4313685	501(C)(3)	25,000				SUPPORT EXEMPT MISSION
YMCA 701 Manor Road Crystal Lake, IL 60014	36-2179782	501(C)(3)	8,750				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 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
A SAFE HAVEN FOUNDATION 2750 W Roosevelt Rd Chicago, IL 606081048	36-4444200	501(C)(3)	20,000				SUPPORT EXEMPT MISSION
ACADEMY OF SCHOLASTIC ACHIEVEMENT 4651 W Madison St Chicago, IL 60644	36-3738243	501(C)(3)	15,000				SUPPORT EXEMPT MISSION
AL RABY SCHOOL FOR COMMUNITY & ENVIRONMENT 3545 W Fulton Blvd Chicago, IL 60624	36-6005821	n/a	10,000				COMMUNITY SUPPORT

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 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
ALLIANCE OF LOCAL SERVICE ORGANIZATIONS 2401 West North Ave Chicago, IL 60647	36-4207887	501(C)(3)	15,000				SUPPORT EXEMPT MISSION
ASSOCIATION HOUSE OF CHICAGO 1116 North Kedzie Avenue Chicago, IL 60651	36-2166961	501(C)(3)	17,500				SUPPORT EXEMPT MISSION
BETHEL NEW LIFE 4950 W Thomas Street Chicago, IL 60651	36-3013241	501(C)(3)	30,000				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 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
BETTER BOYS FOUNDATION-BBF FAMILY SERVICES 1512 S Pulaski Chicago, IL 60623	36-2484473	501(C)(3)	20,000				SUPPORT EXEMPT MISSION
BOBBY E WRIGHT COMPREHENSIVE HEALTH CENTER 9 South Kedzie Avenue Chicago, IL 60612	36-2775103	501(C)(3)	10,000				SUPPORT EXEMPT MISSION
BUILD INC 5100 West Harrison St Chicago, IL 60644	23-7022085	501(C)(3)	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 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
BY THE HAND CLUB FOR KIDS 415 N Laramie Ave Chicago, IL 60644	20-3144284	501(C)(3)	10,000				SUPPORT EXEMPT MISSION
CASA CENTRAL 1343 N California Ave Chicago, IL 60622	36-2728618	501(C)(3)	10,000				SUPPORT EXEMPT MISSION
CHICAGO JESUIT ACADEMY 5058 W Jackson Blvd Chicago, IL 60644	53-0196617	501(C)(3)	24,000				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 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 LAWDALE AMACHI MENTORING PROGRAM 3508 West Ogden Avenue Chicago, IL 60623	26-0907131	501(C)(3)	25,000				SUPPORT EXEMPT MISSION
CHRIST THE KING JESUIT COLLEGE PREP 5088 West Jackson Blvd Chicago, IL 60644	26-0556958	501(C)(3)	12,500				SUPPORT EXEMPT MISSION
CLUSTER TUTORING PROGRAM 5460 W Augusta Blvd Chicago, IL 60651	36-3835179	501(C)(3)	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 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 CHRISTIAN ALTERNATIVE ACADEMY 1231 S Pulaski Road Chicago, IL 60623	36-3001358	501(C)(3)	15,000				SUPPORT EXEMPT MISSION
COMMUNITYHEALTH 2611 West Chicago Ave Chicago, IL 60622	36-3831793	501(C)(3)	25,000				SUPPORT EXEMPT MISSION
CONNECTIONS FOR ABUSED WOMEN & THEIR CHILDREN 1116 N Kedzie Ave 5th Fl Chicago, IL 60651	36-2950380	501(C)(3)	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 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
DEBORAH'S PLACE 2822 W Jackson Blvd Chicago, IL 60612	36-3382973	501(C)(3)	7,500				SUPPORT EXEMPT MISSION
ERIE ELEMENTARY CHARTER SCHOOL 1405 N Washtenaw Ave Chicago, IL 60622	37-1504399	501(C)(3)	7,500				SUPPORT EXEMPT MISSION
GARFIELD PARK CONSERVATORY ALLIANCE 300 N Central Park Ave Chicago, IL 60624	36-4200490	501(C)(3)	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 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
GENEVA FOUNDATION 3800 West Grand Avenue Chicago, IL 60651	36-3985589	501(C)(3)	12,500				SUPPORT EXEMPT MISSION
GREATER WEST TOWN COMM DEVELOPMENT PROJECT 500 N Sacramento Blvd Chicago, IL 60612	36-3657734	501(C)(3)	17,500				SUPPORT EXEMPT MISSION
HOLY FAMILY MINISTRIES 3415 W Arthington Chicago, IL 60624	36-4320533	501(C)(3)	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 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
INTERFAITH HOUSE 3456 W Franklin Blvd Chicago, IL 60624	36-4075641	501(C)(3)	7,500				SUPPORT EXEMPT MISSION
KIPP CHICAGO 1945 S Halsted St Ste 101 Chicago, IL 60608	30-0075271	501(C)(3)	25,000				SUPPORT EXEMPT MISSION
LAWNDALE CHRISTIAN HEALTH CENTER 3860 West Ogden Avenue Chicago, IL 60623	36-3308953	501(C)(3)	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 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
LAWNDALE CHRISTIAN LEGAL CENTER 1530 South Hamlin Ave Chicago, IL 60623	27-2285007	501(C)(3)	22,500				SUPPORT EXEMPT MISSION
MARILLAC SOCIAL CENTER 212 S Francisco Ave Chicago, IL 60612	36-2109717	501(C)(3)	12,500				SUPPORT EXEMPT MISSION
NEIGHBORSPACE 445 N Sacramento Ste 204 Chicago, IL 60612	36-4105593	501(C)(3)	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 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
NEOPOLITAN LIGHTHOUSE PO Box 24709 Chicago, IL 60624	36-3309888	501(C)(3)	10,000				SUPPORT EXEMPT MISSION
NEW AGE SERVICES CORPORATION 1330 S Kostner Ave Chicago, IL 60623	36-3307455	501(C)(3)	10,000				SUPPORT EXEMPT MISSION
NEW MOMS INC 5317 W Chicago Avenue Chicago, IL 60651	36-3265804	501(C)(3)	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 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
NORTH LAWNDALE COLLEGE PREP CHARTER HS PO Box 23400 Chicago, IL 60623	36-4229548	501(C)(3)	30,000				SUPPORT EXEMPT MISSION
NORTH LAWNDALE EMPLOYMENT NETWORK 3726 W Flournoy St Chicago, IL 60624	36-4295189	501(C)(3)	40,000				SUPPORT EXEMPT MISSION
PUERTO RICAN CULTURAL CENTER 2739 W Division Street Chicago, IL 60622	36-7347778	501(C)(3)	15,000				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 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
RINCON FAMILY SERVICES 3710 N Kedzie Avenue Chicago, IL 60618	36-2739477	501(C)(3)	10,000				SUPPORT EXEMPT MISSION
SANKOFA SAFE CHILD INITIATIVE 4041 W Roosevelt Road Chicago, IL 60624	36-4535455	501(C)(3)	7,500				SUPPORT EXEMPT MISSION
SCHWAB REHABILITATION HOSPITAL 1401 S California Avenue Chicago, IL 60608	36-2179802	501(C)(3)	12,500				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 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
TAPROOTS INC 2718 W Adams St 2nd fl Chicago, IL 60612	36-3041825	501(C)(3)	15,000				SUPPORT EXEMPT MISSION
THE PEACE CORNER YOUTH CENTER 5022 West Madison Chicago, IL 60644	20-2940156	501(C)(3)	25,000				SUPPORT EXEMPT MISSION
WEST TOWN BIKES 2459 W Division Chicago, IL 60622	20-4767185	501(C)(3)	40,000				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 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
WESTLAWN YOUTH NETWORK 2117 S Saint Louis Ave Chicago, IL 60623	36-4243440	501(C)(3)	7,500				SUPPORT EXEMPT MISSION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on 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.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Advocate Health and Hospitals Corp

Employer identification number
36-2169147

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p><input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</p>		
<p>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.</p>	Yes	
<p>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?</p>	Yes	
<p>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.</p> <p><input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract</p> <p><input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study</p> <p><input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee</p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>		No
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes	
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	No
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	No
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No
<p>7 For persons listed on 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.</p>	7	Yes
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 on 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
SCHEDULE J, PART I, LINE 1A	<p>HOUSING ALLOWANCE/SOCIAL CLUB DUES/PERSONAL SERVICES REV K BENDER SCHWICH, SENIOR VICE PRESIDENT-MISSION AND SPIRITUAL CARE, RECEIVED AN ANNUAL HOUSING ALLOWANCE OF \$65,000 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 ORGANIZATIONS POLICY.</p> <p>SCHEDULE J, PART I, LINE 4B SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN GAIL D 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 \$43,008. 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 \$708,061, WILLIAM P SANTULLI \$310,926, GAIL D HASBROUCK \$134,518, LEE B SACKS, M D \$229,944, DOMINIC J NAKIS \$217,187, BRUCE D SMITH \$138,967, KEVIN BRADY \$166,916, SCOTT POWDER \$108,947, JAMES DAN, M D \$148,770, REV K BENDER SCHWICH \$72,473, KELLY JO GOLSON \$98,643, RISHI SIKKA, M D \$100,032, DON CALCAGNO \$101,669, DAVID FOX \$119,769, KAREN LAMBERT \$121,602, KENNETH LUKHARD \$118,606, RICHARD HEIM \$81,629, RICK FLOYD \$174,558, MICHELLE GASKILL-HAMES \$53,036, COLLEEN KANNADAY \$433,160, AND MICHAEL ENGLEHART \$107,610. THE FOLLOWING EMPLOYEES HAVE NOT YET FULLY VESTED AND THEREFORE THE CONTRIBUTIONS ARE REPORTED AS DEFERRED COMPENSATION: MICHAEL FARRELL \$194,100, VINCENT BUFALINO, M D \$128,203, SUSAN CAMPBELL \$82,816. JAMES SKOGSBERGH AND WILLIAM P 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 \$722,512, WILLIAM P SANTULLI \$216,082. SCHEDULE J, 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>

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Colleen Kannaday President, BroMenn Medical Ctr	(i)	391,686	357,769	461,390	105,383	22,611	1,338,839	556,863
	(ii)	0	0	0	0	0	0	0
1 Karen Lambert President, Good Shepherd Hosp	(i)	405,571	357,134	204,731	105,383	34,730	1,107,549	123,703
	(ii)	0	0	0	0	0	0	0
2 Kenneth Lukhard Mkt President, Christ Med Ctr	(i)	557,035	553,767	254,455	157,122	22,979	1,545,358	241,833
	(ii)	0	0	0	0	0	0	0
3 Rick Floyd President, Lutheran Gen Hosp	(i)	563,174	791,684	315,778	152,835	34,116	1,857,587	49,115
	(ii)	0	0	0	0	0	0	0
4 Hamad Farhat Neurosurgeon	(i)	1,700,000	16,570	-10,913	7,950	30,689	1,744,296	0
	(ii)	0	0	0	0	0	0	0
5 Egon Doppenberg Neurosurgeon	(i)	1,100,000	10,721	-10,300	7,950	28,377	1,136,748	0
	(ii)	0	0	0	0	0	0	0
6 Dean Karahalios Neurosurgeon	(i)	1,098,000	10,721	-12,595	7,950	34,648	1,138,724	0
	(ii)	0	0	0	0	0	0	0
7 Thomas Grobelny Physician-Neuroint Radiology	(i)	953,074	0	93,895	21,836	21,958	1,090,763	0
	(ii)	0	0	0	0	0	0	0
8 Michel Ilbawi Pediatric CV Surgery	(i)	901,346	0	269	7,950	4,042	913,607	0
	(ii)	0	0	0	0	0	0	0
9 Michael Englehart Fmr President S Suburban Hosp	(i)	0	0	0	0	0	0	0
	(ii)	295,693	348,274	158,564	16,536	23,841	842,908	119,855

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

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

Table with columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include Illinois Health Facilities Authority, Illinois Finance Authority, and Illinois Finance Authority with various issue details.

Part II Proceeds

Table with columns: 1-13 (Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, Gross proceeds in reserve funds, Capitalized interest from proceeds, Proceeds in refunding escrows, Issuance costs from proceeds, Credit enhancement from proceeds, Working capital expenditures from proceeds, Capital expenditures from proceeds, Other spent proceeds, Other unspent proceeds, Year of substantial completion) and 14-17 (Were the bonds issued as part of a current refunding issue?, Were the bonds issued as part of an advance refunding issue?, Has the final allocation of proceeds been made?, Does the organization maintain adequate books and records to support the final allocation of proceeds?).

Part III Private Business Use

Table with columns: 1-2 (Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?, Are there any lease arrangements that may result in private business use of bond-financed property?) and sub-columns A, B, C, D (Yes/No).

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 %		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		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

Return Reference	Explanation
	<p>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 THE HEALTH CARE FACILITIES OF THE ORGANIZATION AND ADVOCATE NORTH SIDE HEALTH NETWORK, AND OF REFUNDING ALL OR A PORTION OF THE ORGANIZATION'S SERIES 1997ABONDS, 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 ORGANIZATIONS 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 2015 ISSUED 9/24/2015 FORM 990, SCHEDULE K, PART I (F) (CUSIP # 45203H4J8) THE PROCEEDS OF THE SERIES 2015 BONDS WERE USED FOR THE PURPOSE OF FINANCING THE COST OF CONSTRUCTING, RENOVATING AND EQUIPPING CERTAIN CAPITAL PROJECTS AT THE HEALTH CARE FACILITIES OF THE MEMBERS OF THE OBLIGATED GROUP INCLUDING WITHOUT LIMITATION A BED TOWER AT ADVOCATE GOOD SAMARITAN HOSPITAL AND RENOVATIONS AT ADVOCATE CHRIST MEDICAL CENTER PURPOSE OF BOND SERIES 2015B ISSUED 10/22/2015 FORM 990, SCHEDULE K, PART I (F) (CUSIP # 45203H6T4) THE PROCEEDS OF THE SERIES 2015B BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF ADVANCE REFUNDING A PORTION OF THE SERIES 2010A, SERIES 2010B, SERIES 2010C AND SERIES 2010D BONDS PREVIOUSLY ISSUED BY THE ILLINOIS FINANCE AUTHORITY FOR THE BENEFIT OF THE BORROWER 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 ORGANIZATIONS 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 SCHEDULE K PART IV LINE 2C (BOND SERIES 2010, CUSIP # 45200FK65) THE REBATE COMPUTATION WAS PERFORMED AS OF JANUARY 6, 2015 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>
PURPOSE OF BOND SERIES 2003 ISSUED 10/29/2003	

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.

2015

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	54200FAZ2	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		
1	Amount of bonds retired	5,030,000	29,725,000	33,235,000	0		
2	Amount of bonds legally defeased	0	136,010,000	63,040,000	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		
		Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X
15	Were the bonds issued as part of an advance refunding issue?		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		0	
c Term of hedge	2680 %							
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	210 %							
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

2015

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

Table with 11 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows A-D list Illinois Finance Authority issues.

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows 1-13 show amounts for retired bonds, defeased bonds, total proceeds, reserve funds, interest, escrows, issuance costs, credit enhancement, working capital, capital expenditures, other spent/unspent proceeds, and year of completion. Rows 14-17 are yes/no questions.

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Row 1 asks about partnership/LLC ownership. Row 2 asks about lease arrangements for bond-financed property.

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 %		0 %		1 400 %		0 100 %
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 %		0 100 %
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 %		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	0		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 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.

2015

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

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include ILLINOIS FINANCE AUTHORITY.

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows include Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, etc.

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Rows include Was the organization a partner in a partnership... and Are there any lease arrangements...

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							
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						
c Are there any research agreements that may result in private business use of bond-financed property?		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 %				
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 %						
6 Total of lines 4 and 5		0 %						
7 Does the bond issue meet the private security or payment test?		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						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		0 %						
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		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							

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				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X					
b Exception to rebate?		X		X				
c No rebate due?		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					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider	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				
b Name of provider	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				
7 Has the organization established written procedures to monitor the requirements of section 148?	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					

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

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization: Advocate Health and Hospitals Corp
Employer identification number: 36-2169147

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

1	(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

(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?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Lawn Medical Center	SEE PART V	SEE PART V		X	655,684	581,262		No	Yes		Yes	
Total						▶ \$	581,262					

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of 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) Allison Lukhard	Family Mbr - Kenneth Lukh	20,466	Employment		No
(2) Anna Katz	Family Mbr - Lee B Sacks	287,792	Employment		No
(3) Emily Heim	Family Mbr - Richard Heim	49,081	Employment		No
(4) James Richardson	Family Mbr- M Richardson	514,181	Employment		No
(5) Julie Nakis	Family Mbr- Dominic Nakis	71,767	Employment		No
(6) Michael Mahoney	Family Mbr- Dominic Nakis	67,451	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(B) & 1(C)	RELATIONSHIP GARY STUCK, DIRECTOR OF AHHC IS AN OWNER OF LAWN MEDICAL CENTER PURPOSE OF LOAN TO BRING NEW PHYSICIANS 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.

OMB No 1545-0047

2015

**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 INDIVIDUALS 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 TO THOSE WHO NEED HELP IN A TIMELY MANNER. 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.</p>

Return Reference	Explanation
FORM 990, PART III, 4B	<p>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 TARGET UNIQUE HEALTH ACCESS NEEDS OF THE UNINSURED, UNDERINSURED, UNDERSERVED, LOW INCOME AND SPECIAL NEEDS INDIVIDUALS LIVING IN CHICAGO LAND AND CENTRAL ILLINOIS COMMUNITIES. DOWN SYNDROME CENTER AT THE ADULT DOWN SYNDROME CENTER ON THE ADVOCATE LUTHERAN GENERAL HOSPITAL CAMPUS, FOR EXAMPLE, ADVOCATE PHYSICIANS LEAD A TEAM THAT PROVIDES 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 THE MANY SUPPORT SERVICES PROVIDED BY THE CENTER. IN 2015, THE CENTER HAD APPROXIMATELY 3,000 ACTIVE PATIENTS AND 7,000 PATIENT VISITS IN THE OFFICE, AT PATIENTS HOMES, RESIDENTIAL FACILITIES, NURSING HOMES AND HOSPITALS. SCHOOL-BASED HEALTH CENTER A COMMUNITY PARTNERSHIP BETWEEN MAINE TOWNSHIP DISTRICT 207 AT THE MAINE EAST HIGH SCHOOL-BASED HEALTH CENTER (PARK RIDGE) AND ADVOCATE MEDICAL GROUP PROVIDES 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. SINCE THE FACILITY'S INCEPTION IN 2003, THE STAFF HAS HAD MORE THAN 23,000 STUDENT CONTACTS. IN 2015, 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 FOR INCLUSION AND ACCEPTANCE FOR THIS UNDERSERVED POPULATION. AMG PROVIDED 1,500 FREE ATHLETIC PHYSICALS TO SPECIAL OLYMPIANS IN 2015, 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.</p> <p>FORM 990, PART III, 4C GRADUATE MEDICAL EDUCATION. ADVOCATE IS COMMITTED TO TRAINING HEALTH CARE PROVIDERS IN A BROAD RANGE OF SPECIALTIES. ADVOCATE IS ONE OF THE LEADING NON-UNIVERSITY PROVIDERS OF EDUCATION TO PRIMARY CARE PHYSICIANS IN ILLINOIS. ITS 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 OSTEOPATHIC MEDICINE. PARTICIPATION IN MEDICAL EDUCATION OCCURS AT THE UNDERGRADUATE, GRADUATE AND FELLOWSHIP LEVELS. IN 2015, 2,368 MEDICAL STUDENTS COMPLETED ROTATIONS AND 657 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 SUPERVISING OVER 180 STUDENT UNITS 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.</p>

Return Reference	Explanation
FORM 990 PART III LINE 4D	<p>DESCRIPTION OF ADVOCATE HEALTH CARE ADVOCATE IS THE LARGEST INTEGRATED HEALTH CARE SYSTEM IN ILLINOIS AND ONE OF THE LARGEST HEALTH CARE PROVIDERS IN THE MIDWEST IN 2015, AS PART OF A NETWORK WITH OVER 400 SITES OF CARE , ADVOCATES MORE THAN 35,000 ASSOCIATES PROVIDED CARE AT ELEVEN FULL-SERVICE ACUTE CARE HOSPITALS AND A CHILDREN'S HOSPITAL LOCATED ON TWO CAMPUSES (OAK LAWN AND PARK RIDGE), TOTALING MORE THAN 3,300 BEDS ADVOCATES HOSPITALS HAD A COMBINED TOTAL OF 106,413 INPATIENT ADMISSIONS, 2,181,209 OUTPATIENT VISITS AND 545,414 EMERGENCY DEPARTMENT VISITS IN 2015 ADVOCATE HAS BEEN RANKED AS THE NATION'S SECOND LARGEST ACCOUNTABLE CARE ORGANIZATION BY MODERN HEALTHCARE IN 2015, ADVOCATE HEALTH CARE EARNED 100 TOP HOSPITALS RECOGNITION BY TRUVEN HEALTH ANALYTICS AT TWO OF ITS HOSPITALS, INCLUDING ADVOCATE GOOD SAMARITAN HOSPITAL AND ADVOCATE LUTHERAN GENERAL HOSPITAL SIX ADVOCATE HOSPITALS - ADVOCATE CHRIST MEDICAL CENTER, ADVOCATE GOOD SAMARITAN HOSPITAL, ADVOCATE GOOD SHEPHERD HOSPITAL, ADVOCATE ILLINOIS MASONIC MEDICAL CENTER, ADVOCATE LUTHERAN GENERAL HOSPITAL AND ADVOCATE SHERMAN HOSPITAL - HAVE BEEN AWARDED THE AMERICAN NURSES CREDENTIALING CENTER'S MAGNET DESIGNATION - THE HIGHEST HONOR FOR NURSING EXCELLENCE ADVOCATE HAS ALSO BEEN RECOGNIZED WITH THE SYSTEM FOR CHANGE AWARD BY PRACTICE GREENHEALTH FOR THE 8TH CONSECUTIVE YEAR 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 2015, ADVOCATES LEVEL I TRAUMA CENTERS HANDLED 8,970 TRAUMA VISITS OUT OF A TOTAL OF 307,875 EMERGENCY ROOM VISITS, AND THE LEVEL II TRAUMA CENTERS HANDLED A COMBINED TOTAL OF 1,634 TRAUMA VISITS OUT OF A TOTAL OF 132,705 EMERGENCY ROOM VISITS THE THREE ADVOCATE HOSPITALS THAT ARE NOT LEVEL I OR LEVEL II TRAUMA CENTERS HANDLED A COMBINED TOTAL OF 100,119 EMERGENCY ROOM VISITS IN ADDITION, FOUR OF ADVOCATES 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, THESE HOSPITALS 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 , ADVOCATE DIAGNOSES AND TREATS MORE CANCER THAN ANY OTHER HOSPITAL OR SYSTEM IN ILLINOIS THESE NUMBERS ARE IMPORTANT BECAUSE HEALTH RESEARCH SHOWS THERE IS A POSITIVE RELATIONSHIP BETWEEN THE NUMBER OF PROCEDURES PERFORMED AND QUALITY OUTCOMES IN ADDITION, THE ORGANIZATION IS ALSO RECOGNIZED AS HAVING ONE OF THE LARGEST HOME HEALTH COMPANIES IN THE STATE ADVOCATE HAS THE STATE OF ILLINOIS' LARGEST PHYSICIAN NETWORK OF PRIMARY CARE PHYSICIANS, SPECIALISTS AND SUB-SPECIALISTS OF THE 6,300 PHYSICIANS AFFILIATED WITH ADVOCATE, 4,900 OF THEM BELONG TO ADVOCATE PHYSICIAN PARTNERS, THE SYSTEMS CARE MANAGEMENT AND MANAGED CONTRACTING ORGANIZATION, AND 1,400 BELONG TO THE SYSTEMS AFFILIATED MEDICAL GROUPS ADVOCATE HAS ACADEMIC AND TEACHING AFFILIATIONS WITH MOST MAJOR UNIVERSITIES IN THE CHICAGO METROPOLITAN AREA AT ITS FOUR TEACHING HOSPITALS, ADVOCATE TRAINS MORE PRIMARY CARE PHYSICIANS AND RESIDENTS THAN ANY OTHER HEALTH CARE SYSTEM IN THE STATE. IN ADDITION, THE TEACHING OF OTHER HEALTH CARE PROFESSIONALS OCCURS AT ALL ADVOCATE HOSPITALS ADVOCATE HEALTH CARE CONTINUED TRANSFORMING THE WAY HEALTH CARE IS DELIVERED IN 2015 AS CONSUMERS DEMAND LOWER COST ALTERNATIVES TO TRADITIONAL INSURANCE PRODUCTS, ADVOCATE CONTINUES TO BE THE MARKET LEADER IN WORKING WITH PAYERS TO OFFER NEW SOLUTIONS THAT ALIGN INCENTIVES AND LEAD TO IMPROVED QUALITY WITH REDUCED COSTS TO PATIENTS IN 2015, ADVOCATE PHYSICIAN PARTNERS (APP) PARTNERED WITH TWO MANAGED CARE ORGANIZATIONS TO PROVIDE EXCHANGE-BASED PRODUCTS AETNA WHOLE HEALTH AND BLUECARE DIRECT THESE PRODUCTS ARE OFFERED TO BOTH INDIVIDUAL CONSUMERS AND SMALL BUSINESSES IN THE CHICAGO AND AREA MORE THAN 60,000 MEMBERS SELECTED THESE OPTIONS DURING THE OPEN ENROLLMENT PERIOD FOR 2016 COVERAGE, WITH APPROXIMATELY HALF BEING NEW TO ADVOCATE THE DATA CLEARLY DEMONSTRATES PATIENTS DESIRE FOR ACCESS TO HIGH-PERFORMING NETWORKS AT MORE AFFORDABLE RATES MISSION INCORPORATED AS ADVOCATE HEALTH CARE IN JANUARY 1995, THE SYSTEM HAS A LONG TRADITION OF HEALTH CARE DATING BACK MORE THAN 100 YEARS TO HOSPITALS FOUNDED BY PREDECESSOR CHURCHES OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA AND THE UNITED CHURCH OF CHRIST ADVOCATE'S COMMON MISSION, VALUES, AND PHILOSOPHY (MVP) WAS DEVELOPED FROM THE SIMILAR MISSION-ORIENTED HISTORIES OF BOTH ORGANIZATIONS THE MISSION OF ADVOCATE HEALTH CARE IS TO SERVE THE HEALTH NEEDS OF INDIVIDUALS, FAMILIES AND COMMUNITIES THROUGH A WHOLISTIC PHILOSOPHY ROOTED IN OUR FUNDAMENTAL UNDERSTANDING OF HUMAN BEINGS AS CREATED IN THE IMAGE OF GOD THE VALUES OF ADVOCATE SERVE AS AN INTERNAL COMPASS TO GUIDE RELATIONSHIPS AND ACTIONS THEY INCLUDE EQUALITY, COMPASSION, EXCELLENCE, PARTNERSHIP AND STEWARDSHIP THE PHILOSOPHY OF ADVOCATE IS GROUNDED IN THE PRINCIPLES OF HUMAN ECOLOGY, FAITH, AND COMMUNITY-BASED HEALTH CARE THESE PRINCIPLES ARISE FROM AN UNDERSTANDING OF HUMAN BEINGS AS WHOLE PERSONS IN LIGHT OF THEIR RELATIONSHIPS WITH GOD, THEMSELVES, THEIR FAMILIES AND SOCIETY IN WHICH THEY LIVE THROUGH ITS ACTIONS, ADVOCATE HEALTH CARE AFFIRMS THESE PRINCIPLES POPULATION SERVED ADVOCATE HEALTH CARE PROVIDES QUALITY HEALTH CARE TO VARIOUS COMMUNITIES IN THE CHICAGO AND AREA REGARDLESS OF RACE, CREED, NATIONAL ORIGIN, AGE OR ABILITY TO PAY IN 2015, ADVOCATE EXPERIENCED 106,413 TOTAL INPATIENT ADMISSIONS, 2,181,209 OUTPATIENT VISITS, 545,414 EMERGENCY DEPARTMENT VISITS AND 22,928 DELIVERIES ADVOCATE HOME HEALTH SERVICES HAD A TOTAL OF 26,530 ADMISSIONS AND ADVOCATE HOSPICE REPORTED A TOTAL OF 127,517 ADULT PATIENT DAYS</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</p>

Return Reference	Explanation
FORM 990, PART VI, LINE 2	OFFICER BUSINESS RELATIONSHIP AS JAMES DAN, M D , GAIL D HASBROUCK, JAMES DOHENY , AND DOMINIC J 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 JAMES DAN, M D , GAIL D 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 JAMES DAN, M D , AND LEE B SACKS, M D , 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 JAMES DAN, M D , GAIL D HASBROUCK, JAMES DOHENY , SCOTT POWDER, AND WILLIAM P 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

Return Reference	Explanation
FORM 990, PART VI, QUESTION 6	DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS BY LAWS PROVIDE FOR CORPORATE MEMBERS

Return Reference	Explanation
FORM 990, PART VI, QUESTION 7A	<p>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</p>

Return Reference	Explanation
FORM 990, PART VI, QUESTION 11B	<p>DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVENING 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 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</p>

Return Reference	Explanation
FORM 990, PART VI, QUESTION 12C	<p>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 15A & 15B	<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 AVAIL OF GOV DOC, CONFLICT OF INTEREST POLICY , & FIN STMTS TO GEN PUBLIC</p>

Return Reference	Explanation
FORM 990, PART VI, QUESTION 19	<p>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 X1, LINE 9a FASB 158 ADJUSTMENTS (\$27,390,408) MERGER OF MIDWEST HEART SPECIALISTS INTO AHHC (\$6,279,600) ----- (\$33,670,008) -----</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

**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 2357 Sequoia Drive AURORA, IL 60506 36-3890298	MEDICAL SERVICES	IL	NA									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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 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
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
Advocate Condell Medical Center 3075 Highland Parkway STE 600 Downers Grove, IL 60515 26-2525968	Health Care	IL	501(c)(3)	3	AHHC	Yes	
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	
Advocate Charitable Foundation 3075 Highland Parkway STE 600 Downers Grove, IL 60515 36-3297360	Fundraising	IL	501(c)(3)	7	AHCN		No
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	
Meridian Hospice 3075 Highland Parkway STE 600 Downers Grove, IL 60515 36-3158667	Hospice Care	IL	501(c)(3)	9	EHS HHCS		No
Hispano Care Inc 3075 Highland Parkway STE 600 Downers Grove, IL 60515 36-3606486	Health Care	IL	501(c)(3)	9	ANSHN		No
Ravenswood Health Care Foundation 3075 Highland Parkway STE 600 Downers Grove, IL 60515 36-3196628	Fundraising	IL	501(c)(3)	11-II	NA		No
Masonic Family Health Foundation Inc 3075 Highland Parkway STE 600 Downers Grove, IL 60515 36-4397387	Fundraising	IL	501(c)(3)	11-I	MFHS		No
Advocate Sherman Hospital 3075 Highland Parkway STE 600 Downers Grove, IL 60515 36-2167920	Health Care	IL	501(c)(3)	3	AHCN		No
Sherman West Court 3075 Highland Parkway STE 600 Downers Grove, IL 60515 36-3725580	Nursing Care	IL	501(c)(3)	9	ASH		No
Sherman Home Health Care Corporation 901 Center Street STE 2001A Elgin, IL 60120 36-3330085	Home Care	IL	501(c)(3)	9	ASH		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	No
(1) Advocate Home Care Products 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 36-3315416	Health Services	IL	NA	C Corp					No
(1) Advocate Health Centers Inc 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 36-4217291	Medical Services	IL	NA	C Corp					No
(2) Evangelical Services Corporation 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 36-3208101	Mgmt Services	IL	NA	C Corp					No
(3) High Technology Inc 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 36-3368224	Medical Services	IL	NA	C Corp					No
(4) Dreyer Clinic Inc 3075 Highland Parkway Suite 600 Aurora, IL 60515 36-2690329	Medical Services	IL	NA	C Corp					No
(5) BroMenn Physician Management Corporation 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 37-1313150	Medical Services	IL	NA	C Corp					No
(6) Parkside Center Condo Association 1775 West Dempster Street Park Ridge, IL 60068 36-3452486	Property Mgmt	IL	NA	C Corp					No
(7) Midwest Heart Specialists Ltd 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2841923	Medical Services	IL	NA	C Corp					No
(8) ShermanChoice Inc 1425 N RANDALL ROAD ELGIN, IL 60123 36-4058392	Phys-Hosp-Orgn	IL	NA	C Corp					No
(9) The Delphi Group IV Inc 1425 N Randall Road Elgin, IL 60123 36-4017279	Health Cost Mgmt	IL	NA	C Corp					No
(10) Sherman Ventures Inc 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-4292309	Holding Company	IL	NA	C Corp					No
(11) Advocate HPN NFP 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 81-0893878	Health Imprv Mgmt	IL	NA	C Corp					No
(12) Advocate Community Network 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 47-4402517	Health Imprv Mgmt	IL	NA	C Corp					No
(13) ADVOCATE INSURANCE SPC 878 West Bay Road PO Box 1159 GRAND CAYMAN KY1-1102 CJ 98-0422925	INSURANCE	CJ	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
(1)	Advocate North Side Health Network	Q	79,887,353	COST
(1)	Advocate North Side Health Network	L	63,188,271	COST
(2)	Advocate Condell Medical Center	L	54,096,389	COST
(3)	Advocate Condell Medical Center	Q	44,946,347	COST
(4)	Advocate North Side Health Network	P	33,469,068	COST
(5)	Advocate Charitable Foundation	C	21,989,060	COST
(6)	Advocate Condell Medical Center	P	16,498,012	COST
(7)	Advocate North Side Health Network	R	13,492,813	COST
(8)	EHS Home Health Care Service Inc	Q	10,661,057	COST
(9)	Advocate North Side Health Network	S	10,345,251	COST
(10)	Advocate Insurance SPC	Q	5,280,209	COST
(11)	Advocate Condell Medical Center	R	3,214,825	COST
(12)	Advocate Health Care Network	P	2,521,585	COST
(13)	Advocate North Side Health Network	M	1,962,976	COST
(14)	EHS Home Health Care Service Inc	L	1,834,077	COST
(15)	Advocate Condell Medical Center	S	1,807,545	COST
(16)	EHS Home Health Care Service Inc	P	1,289,525	COST
(17)	Advocate Condell Medical Center	M	1,230,291	COST
(18)	Advocate Insurance SPC	P	1,091,341	COST
(19)	Advocate North Side Health Network	K	1,064,910	COST
(20)	EHS Home Health Care Service Inc	M	359,480	COST
(21)	Advocate Condell Medical Center	K	215,761	COST
(22)	Advocate Condell Medical Center	A	195,158	COST
(23)	Advocate North Side Health Network	J	189,685	COST
(24)	Advocate Condell Medical Center	J	165,295	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
(26) Midwest Heart Specialists Ltd	S	152,849	COST
(1) Advocate North Side Health Network	A	22,330	COST
(2) EHS Home Health Care Service Inc	A	17,237	COST