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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

▶ 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/form990

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 North Side Health Network
% 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 STE 600

City or town, state or province, country, and ZIP or foreign postal code
DOWNERS GROVE, IL 60515

**D Employer identification number**
36-3196629

**E** Telephone number
(630) 929-5543

**G** Gross receipts $ 525,419,878

**F** Name and address of principal officer
Susan Nordstrom Lopez
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 1983

**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

Activities & Governance

| | | | |
|---|---|---|---|
| **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** | 2,899 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 226 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 408,977 |
| **b** | 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) | 5,991,871 | 6,669,819 |
| **9** | Program service revenue (Part VIII, line 2g) | 437,513,852 | 465,231,119 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 11,475,644 | 8,586,959 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 7,222,139 | 7,140,386 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 462,203,506 | 487,628,283 |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 141,600 | 229,644 |
| **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) | 174,547,879 | 181,353,462 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 207,377,305 | 208,929,423 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 382,066,784 | 390,512,529 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | 80,136,722 | 97,115,754 |

Revenue

Expenses

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 509,162,926 | 584,343,722 |
| **21** | Total liabilities (Part X, line 26) | 102,496,525 | 95,701,078 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 406,666,401 | 488,642,644 |

Net Assets or Fund Balances

## 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 | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| TAMARA TARAZI | TAMARA TARAZI | | | P01266026 |

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 155 N Wacker Drive, Chicago, IL 60606 — Phone no (312) 879-2000

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 . . . . . ☑

**1** Briefly describe the organization's mission

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

**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 $ 304,890,156 including grants of $ 229,644 ) (Revenue $ 450,862,201 )

PROVIDING INPATIENT AND OUTPATIENT HEALTHCARE SERVICES TO THE COMMUNITY REGARDLESS OF THE PATIENTS' ABILITY TO PAY INCLUDED IN THIS PROGRAM SERVICE ARE THE PROVISION OF CHARITY CARE AND TRAUMA CARE AS PART OF ITS COMMUNITY BENEFITS STRATEGY AND ITS MISSION, ADVOCATE NORTH SIDE HEALTH NETWORK (ANSHN), FOR WHICH ADVOCATE ILLINOIS MASONIC MEDICAL CENTER (AIMMC) IS THE ONLY HOSPITAL, IS COMMITTED TO PROMOTING INITIATIVES THAT ENHANCE ACCESS TO HEALTH CARE FOR THE UNINSURED AND UNDERINSURED AIMMC 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 THE MEDICAL CENTER ALSO CONSIDERS A PATIENT'S EXTENUATING CIRCUMSTANCES TO QUALIFY PATIENTS FOR CHARITY CARE FOR UNINSURED PATIENTS, AIMMC WILL PRESUMPTIVELY PROVIDE CHARITY CARE IF THE FINANCIAL STATUS HAS BEEN VERIFIED BY A THIRD PARTY AND, IN SOME 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 ALTHOUGH ITS CHARITY CARE POLICY IS VERY GENEROUS, AIMMC CONTINUES TO REVIEW AND REFINE ITS POLICY IN AN ONGOING EFFORT TO ENSURE THAT FINANCIAL ASSISTANCE IS AVAILABLE WHEN NEEDED TO THOSE WHO NEED HELP THE MEDICAL CENTER MAINTAINS HIGHLY VISIBLE SIGNAGE AND BROCHURES IN MULTIPLE LANGUAGES TO INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL HELP AND FINANCIAL COUNSELORS INFORMATION ABOUT ITS 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 PATIENTS BILL INCLUDES SUMMARY INFORMATION REGARDING THE CHARITY CARE PROGRAM IN THE AREA OF TRAUMA CARE, AIMMC IS DEDICATED TO PROVIDING EXPERT EMERGENCY CARE THE MEDICAL CENTERS LEVEL I TRAUMA CENTER CARES FOR THE MOST SERIOUSLY INJURED PEOPLE IN ITS SERVICE AREA THE TRAUMA CENTER IS STAFFED BY ON-SITE, 24-HOUR-A-DAY TRAUMA SURGEONS, AND FEATURES 24-HOUR SURGICAL AND NONSURGICAL SERVICES, SUCH AS RADIOLOGY AND ANESTHESIA SERVICES ARE PROVIDED REGARDLESS OF ABILITY TO PAY

**4b** (Code ) (Expenses $ -636,885 including grants of $ 0 ) (Revenue $ 93,805 )

HEALTH CARE SERVICES PROVIDED BY PHYSICIANS EMPLOYED BY THE ORGANIZATION AS PART OF AIMMC'S BROAD ARRAY OF SERVICES AND PROGRAMS DESIGNED TO MEET COMMUNITY HEALTH NEEDS, ITS PHYSICIANS FOCUS ON ADDRESSING THE MOST SIGNIFICANT ISSUES IMPACTING PUBLIC HEALTH IN AIMMCS SERVICE AREA FOR EXAMPLE, THE DIGESTIVE HEALTH MEDICAL TEAM IS CURRENTLY SPEARHEADING A MULTI-PRONGED APPROACH TO EXPANDING COLON CANCER SCREENING WITHIN THE COMMUNITY AN EMERGENCY MEDICINE PHYSICIAN TRAINS LOCAL EMTS AND IS ACTIVE IN TEACHING AND PROMOTING BYSTANDER CPR THE MEDICAL CENTERS PHYSICIANS AND STAFF PROVIDE YEAR ROUND HEALTH EDUCATION, LECTURES AND SCREENINGS AT COMMUNITY HEALTH EVENTS THROUGHOUT ANSHNS SERVICE AREA ON VARIOUS TYPES OF CANCER AND CHRONIC DISEASES

**4c** (Code ) (Expenses $ 26,756,305 including grants of $ 0 ) (Revenue $ 5,339,710 )

GRADUATE MEDICAL EDUCATION AIMMC IS COMMITTED TO TRAINING HEALTH CARE PROVIDERS IN A BROAD RANGE OF SPECIALTIES IN 2015, ILLINOIS MASONIC MEDICAL CENTER TRAINED 225 RESIDENTS AND 563 MEDICAL STUDENTS ALSO AN IMPORTANT COMPONENT IS ITS COMMITMENT TO TRAINING OTHER HEALTH CARE PROFESSIONALS, SUCH AS PHARMACY, NURSING, PSYCHOLOGY, REHAB, AND SOCIAL WORK STUDENTS AIMMCS SPIRITUAL CARE LEADER ALSO OVERSEES A CLINICAL PASTORAL EDUCATION PROGRAM, PROVIDING OPPORTUNITIES FOR SEMINARY STUDENTS AND LOCAL HEALTH LEADERS TO GROW AND DEVELOP SPIRITUAL CARE MINISTRY SKILLS

**4d** Other program services (Describe in Schedule O )

(Expenses $ 8,092,402 including grants of $ 0 ) (Revenue $ 9,018,049 )

**4e** **Total program service expenses ▶** 339,101,978

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | 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? *If "Yes," complete Schedule C, Part III* | 5 | | 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? *If "Yes," complete Schedule D, Part I* | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 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? *If "Yes," complete Schedule D, Part IV* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | 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? *If "Yes," complete Schedule D, Part VI* | 11a | 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? *If "Yes," complete Schedule D, Part VII* | 11b | | No |
| 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? *If "Yes," complete Schedule D, Part VIII* | 11c | Yes | |
| 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? *If "Yes," complete Schedule D, Part IX* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | 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)? *If "Yes," complete Schedule D, Part X* | 11f | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV* | 14b | | No |
| 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? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | 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? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions) | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | No |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | Yes | |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | Yes | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | | |
|---|---|---|---|---|
| **21** | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | **21** | Yes | |
| **22** | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | **22** | | No |
| **23** | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | **23** | Yes | |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a* | **24a** | | No |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | |
| **25a** | **Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | **25a** | | No |
| **b** | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | **25b** | | No |
| **26** | 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? *If "Yes," complete Schedule L, Part II* | **26** | | No |
| **27** | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | **27** | | No |
| **28** | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | Yes | |
| **c** | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | **28c** | | No |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | | No |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | No |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | **33** | | No |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | **34** | Yes | |
| **35a** | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | **35a** | Yes | |
| **b** | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | **35b** | Yes | |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **36** | | No |
| **37** | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | **37** | | No |
| **38** | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O | **38** | Yes | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . | 1a | 205 | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | 1c | | Yes | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . | 2a | 2,899 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | | Yes | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . | 3a | | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . . | 3b | | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . | 4a | | | No |
| b | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | 5a | | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . | 6a | | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | 6b | | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | 7a | | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | 7c | | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | 7f | | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | 7h | | | |
| 8 | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . | 8 | | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? . . . | 9a | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . | 9b | | | |
| 10 | **Section 501(c)(7) organizations.** Enter | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 . . . | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter | | | | |
| a | Gross income from members or shareholders . . . . . | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O | 13a | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . | 13b | | | |
| c | Enter the amount of reserves on hand . . . . . | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | 14a | | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | 14b | | | |

## 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 . . . . . ☑

### Section A. Governing Body and Management

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

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

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

### Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ James Doheny 3075 Highland Parkway Ste 600 Downers Grove, IL 60515 (630) 929-5543

## 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 | | | | | | | | | | |
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**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 | | | | | | | | | | |
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| | | | | | | | | | | |
| **1b** **Sub-Total** ▶ | | | | | | | | | | |
| **c** **Total from continuation sheets to Part VII, Section A** ▶ | | | | | | | | | | |
| **d** **Total (add lines 1b and 1c)** ▶ | | | | | | | | 3,381,438 | 21,759,239 | 4,517,761 |

**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 ▶ 154

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

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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,<br>2360 N Palmer Dr<br>Schaumburg, IL 601733818 | Construction Contr | 3,289,080 |
| Custom Contracting Ltd,<br>21020 N Rand Road Suite D<br>Lake Zurich, IL 60047 | Construction Contr | 2,962,482 |
| Aramark Healthcare Support Services,<br>25271 Network Place<br>Chicago, IL 606731252 | Hospital Services | 1,925,245 |
| Superior Health Linens,<br>5005 S Packard Avenue<br>Cudahy, WI 53110 | Laundry Services | 1,036,011 |
| VPS Parking Management LLC,<br>2370 N Elston Avenue<br>Chicago, IL 60614 | Parking Services | 912,635 |

**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 ▶ 15

## Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns . . 1a | | | | |
| | b | Membership dues . . . . 1b | | | | |
| | c | Fundraising events . . . . 1c | | | | |
| | d | Related organizations . . . 1d | 2,069,789 | | | |
| | e | Government grants (contributions) 1e | 4,587,250 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | 12,780 | | | |
| | g | Noncash contributions included in lines 1a-1f $ | 0 | | | |
| | h | **Total.** Add lines 1a-1f . . . . . ▶ | 6,669,819 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a | MEDICARE / MEDICAID | 622110 | 190,271,669 | 190,271,669 | 0 | 0 |
| | b | BLUE CROSS / MANAGED CARE | 622110 | 160,663,092 | 160,663,092 | 0 | 0 |
| | c | PHARMACY | 446110 | 52,923,510 | 52,923,510 | 0 | 0 |
| | d | PATIENT SERVICE REVENUE | 622110 | 32,034,316 | 32,034,316 | 0 | 0 |
| | e | LABORATORY | 621511 | 29,338,532 | 29,338,532 | 0 | 0 |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a–2f . . . . . ▶ | | 465,231,119 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) . . . . . ▶ | | 6,315,782 | | | 6,315,782 |
| | 4 | Income from investment of tax-exempt bond proceeds . . ▶ | | 0 | | | |
| | 5 | Royalties . . . . . ▶ | | 0 | | | |
| | | | (i) Real | (ii) Personal | | | |
| | 6a | Gross rents | 3,554,921 | 210 | | | |
| | b | Less rental expenses | | | | | |
| | c | Rental income or (loss) | 3,554,921 | 210 | | | |
| | d | Net rental income or (loss) . . . . . ▶ | | 3,555,131 | | 408,977 | 3,146,154 |
| | | | (i) Securities | (ii) Other | | | |
| | 7a | Gross amount from sales of assets other than inventory | 40,005,294 | 57,478 | | | |
| | b | Less cost or other basis and sales expenses | 37,737,832 | 53,763 | | | |
| | c | Gain or (loss) | 2,267,462 | 3,715 | | | |
| | d | Net gain or (loss) . . . . . ▶ | | 2,271,177 | | | 2,271,177 |
| | 8a | Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a | | | | | |
| | b | Less direct expenses . . . b | | | | | |
| | c | Net income or (loss) from fundraising events . . ▶ | | 0 | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 . . . a | | | | | |
| | b | Less direct expenses . . . b | | | | | |
| | c | Net income or (loss) from gaming activities . . . ▶ | | 0 | | | |
| | 10a | Gross sales of inventory, less returns and allowances . a | | | | | |
| | b | Less cost of goods sold . . b | | | | | |
| | c | Net income or (loss) from sales of inventory . . ▶ | | 0 | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | PARKING | 812930 | 1,998,523 | | 0 | 1,998,523 |
| | b | CAFETERIA REVENUE | 722514 | 1,504,086 | | 0 | 1,504,086 |
| | c | MISCELLANEOUS | 900099 | 82,646 | 82,646 | 0 | 0 |
| | d | All other revenue . . . . | | | | | |
| | e | **Total.** Add lines 11a–11d . . . . . ▶ | | 3,585,255 | | | |
| | 12 | **Total revenue.** See Instructions . . . . . ▶ | | 487,628,283 | 465,313,765 | 408,977 | 15,235,722 |

## 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 | 229,644 | 229,644 | | |
| 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 | 1,194,868 | 1,172,864 | 22,004 | 0 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 231,451 | 231,451 | 0 | 0 |
| 7 Other salaries and wages | 145,423,653 | 142,741,338 | 2,682,315 | 0 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 4,496,113 | 4,496,113 | 0 | 0 |
| 9 Other employee benefits | 20,476,788 | 20,429,126 | 47,662 | 0 |
| 10 Payroll taxes | 9,530,589 | 9,399,958 | 130,631 | 0 |
| 11 Fees for services (non-employees) | | | | |
| a Management | 0 | 0 | 0 | 0 |
| b Legal | 102,059 | 0 | 102,059 | 0 |
| c Accounting | 86,040 | 0 | 86,040 | 0 |
| d Lobbying | 44,369 | 0 | 44,369 | 0 |
| e Professional fundraising services See Part IV, line 17 | 0 | | | 0 |
| f Investment management fees | 552,754 | 0 | 552,754 | 0 |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 14,368,902 | | 14,368,902 | |
| 12 Advertising and promotion | 272,844 | 228,927 | 43,917 | 0 |
| 13 Office expenses | 2,741,998 | 2,451,586 | 290,412 | 0 |
| 14 Information technology | 16,607,434 | 524,729 | 16,082,705 | 0 |
| 15 Royalties | 0 | 0 | 0 | 0 |
| 16 Occupancy | 4,963,610 | 4,963,278 | 332 | 0 |
| 17 Travel | 389,866 | 325,874 | 63,992 | 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 | 340,112 | 318,502 | 21,610 | 0 |
| 20 Interest | 0 | 0 | 0 | 0 |
| 21 Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 Depreciation, depletion, and amortization | 17,534,732 | 17,338,032 | 196,700 | 0 |
| 23 Insurance | 4,166,099 | 4,166,099 | 0 | 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 | -119,475 | -119,475 | 0 | 0 |
| b MEDICAL SUPPLIES | 49,798,234 | 49,536,197 | 262,037 | 0 |
| c OTHER INTERCOMPANY | 26,051,025 | 25,819,219 | 231,806 | 0 |
| d BAD DEBT | 19,778,726 | 19,778,726 | 0 | 0 |
| e All other expenses | 51,250,094 | 35,069,790 | 16,180,304 | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 390,512,529 | 339,101,978 | 51,410,551 | 0 |
| 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 ▶ ☐ 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) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash–non-interest-bearing | | 11,684,063 | 1 | 30,008,287 |
| | 2 | Savings and temporary cash investments | | 0 | 2 | 0 |
| | 3 | Pledges and grants receivable, net | | 3,796,698 | 3 | 1,600,515 |
| | 4 | Accounts receivable, net | | 60,949,021 | 4 | 51,383,755 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 0 | 5 | 0 |
| | 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 | | 0 | 7 | 0 |
| | 8 | Inventories for sale or use | | 7,409,801 | 8 | 8,780,023 |
| | 9 | Prepaid expenses and deferred charges | | 450,150 | 9 | 717,353 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 377,069,857 | | | |
| | b | Less accumulated depreciation | 10b 134,392,010 | 233,113,805 | 10c | 242,677,847 |
| | 11 | Investments—publicly traded securities | | 87,777,592 | 11 | 146,698,576 |
| | 12 | Investments—other securities See Part IV, line 11 | | 0 | 12 | 0 |
| | 13 | Investments—program-related See Part IV, line 11 | | 89,255,425 | 13 | 84,676,851 |
| | 14 | Intangible assets | | 0 | 14 | 0 |
| | 15 | Other assets See Part IV, line 11 | | 14,726,371 | 15 | 17,800,515 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 509,162,926 | 16 | 584,343,722 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 59,181,378 | 17 | 53,034,654 |
| | 18 | Grants payable | | 0 | 18 | 0 |
| | 19 | Deferred revenue | | 4,317,314 | 19 | 667,419 |
| | 20 | Tax-exempt bond liabilities | | 0 | 20 | 0 |
| | 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 | | 38,997,833 | 25 | 41,999,005 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 102,496,525 | 26 | 95,701,078 |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 401,914,142 | 27 | 483,890,385 |
| | 28 | Temporarily restricted net assets | | 4,752,259 | 28 | 4,752,259 |
| | 29 | Permanently restricted net assets | | 0 | 29 | 0 |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 406,666,401 | 33 | 488,642,644 |
| | 34 | Total liabilities and net assets/fund balances | | 509,162,926 | 34 | 584,343,722 |

## Part XI Reconcilliation 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 | 487,628,283 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 390,512,529 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 97,115,754 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 406,666,401 |
| 5 | Net unrealized gains (losses) on investments | 5 | -15,120,492 |
| 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 | -19,019 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 488,642,644 |

## 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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| | 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<br>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | 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<br>☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | 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? | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | Yes | |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 36-3196629
**Name:** Advocate North Side Health Network

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

| (A) Name and Title | (B) Average hours per week (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<br>EXEC VP, COO, DIRECTOR | 10<br>43 0 | X | | X | | | | 0 | 5,938,747 | 1,549,940 |
| Michele Baker Richardson<br>Chairperson, Director | 10<br>3 0 | X | | | | | | 0 | 0 | 0 |
| John Timmer<br>Vice Chairperson, Director | 10<br>3 0 | X | | | | | | 0 | 0 | 0 |
| Gail D Hasbrouck<br>SVP, GEN COUNSEL & CORP SEC | 10<br>48 0 | X | | X | | | | 0 | 1,132,499 | 134,928 |
| David Anderson<br>Director | 10<br>3 0 | X | | | | | | 0 | 0 | 0 |
| Rev Dr Nathaniel Edmond<br>Director | 10<br>5 0 | X | | | | | | 0 | 5,250 | 0 |
| Ron Greene<br>Director | 10<br>3 0 | X | | | | | | 0 | 0 | 0 |
| Mark Harris<br>Director | 10<br>3 0 | X | | | | | | 0 | 0 | 0 |
| Rick Jakle<br>Director | 10<br>5 0 | X | | | | | | 0 | 5,500 | 0 |
| Lynn Crump-Caine<br>Director | 10<br>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 | | | |
| Clarence Nixon Jr PhD<br>Director | 1 0<br>3 0 | X | | | | | | 0 | 0 | 0 |
| Gary Stuck DO<br>Director | 1 0<br>3 0 | X | | | | | | 0 | 0 | 0 |
| William P Santulli<br>President | 1 0<br>43 0 | | | X | | | | 0 | 2,527,155 | 579,977 |
| Lee B Sacks MD<br>EXEC VP, CHIEF MEDICAL OFFICER | 1 0<br>42 0 | | | X | | | | 0 | 1,854,798 | 225,447 |
| James Doheny<br>VP, FINAN & CORP CONTROLLER | 1 0<br>49 0 | | | X | | | | 0 | 444,538 | 57,072 |
| James Dan MD<br>PRES PHYS & AMBULATORY SVCS | 1 0<br>43 0 | | | X | | | | 0 | 1,332,087 | 175,360 |
| Rev K Bender Schwich<br>SVP, MISSION & SPIRITUAL CARE | 1 0<br>42 0 | | | X | | | | 0 | 511,062 | 178,887 |
| Kevin Brady<br>SVP, CHIEF HUMAN RESOURCES | 1 0<br>42 0 | | | X | | | | 0 | 1,183,424 | 178,528 |
| Susan Campbell<br>SVP OF PATIENT CR CHF NUR OFCR | 1 0<br>44 0 | | | X | | | | 0 | 589,152 | 183,649 |
| Kelly Jo Golson<br>SVP,CHIEF MARKETING OFFICER | 1 0<br>42 0 | | | X | | | | 0 | 786,782 | 83,043 |

## 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 | | | |
| Dominic J Nakis<br>SVP, CFO & TREASURER | 1 0<br>46 0 | | | X | | | | 0 | 1,745,343 | 230,358 |
| Scott Powder<br>SVP/CHIEF STRATEGY OFFICER | 1 0<br>42 0 | | | X | | | | 0 | 873,088 | 122,934 |
| Bruce D Smith<br>SVP, Information systems, CIO | 1 0<br>42 0 | | | X | | | | 0 | 1,116,262 | 144,466 |
| Don Calcagno<br>SVP, Operations Intergration | 1 0<br>41 0 | | | X | | | | 0 | 853,454 | 135,121 |
| Rishi Sikka MD<br>SVP, Clinical Operations | 1 0<br>42 0 | | | X | | | | 0 | 860,098 | 144,547 |
| Susan Nordstrom Lopez<br>President of Advocate IMMC | 40 0<br>1 0 | | | | X | | | 1,159,634 | 0 | 175,531 |
| Vijay Maker<br>Chair Surgery Department | 40 0<br>0 0 | | | | | X | | 515,228 | 0 | 43,312 |
| Stephen Locher<br>Chair Obstetrics/Gynecology | 40 0<br>0 0 | | | | | X | | 491,474 | 0 | 51,455 |
| Robert Zadylak<br>VP Medical Management | 40 0<br>0 0 | | | | | X | | 480,102 | 0 | 40,927 |
| James Malow<br>Chair Dept, Internal Medicine | 40 0<br>0 0 | | | | | X | | 372,074 | 0 | 45,137 |

## 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 | | | |
| Donna King<br>VP Clinical Ops/CNE | 40 0<br>0 0 | | | | | X | | 362,926 | 0 | 37,142 |

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# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (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 North Side Health Network

**Employer identification number**
36-3196629

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III )

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.** Cat No 11285F

**Schedule A (Form 990 or 990-EZ) 2015**

**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** . . . . . ▶ ☐

## 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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

## Part III Support Schedule for Organizations Described in 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** ▶ ☐

### 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 ▶ ☐

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 ▶ ☐

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

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

## Part IV Supporting Organizations (continued)

### Section B. Type I Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| 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* | 1 | | |
| 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* | 2 | | |

### Section C. Type II Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| 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)* | 1 | | |

### Section D. All Type III Supporting Organizations

| | | Yes | No |
|---|---|---|---|
| 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? | 1 | | |
| 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)* | 2 | | |
| 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* | 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).

| | | | Yes | No |
|---|---|---|---|---|
| 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* | 2a | | |
| **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* | 2b | | |
| 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* | 3a | | |
| **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* | 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) ☐

**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 |
| --- | --- |

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# SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**2015**

**Open to Public Inspection**

**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

| Name of the organization | Employer identification number |
|---|---|
| Advocate North Side Health Network | 36-3196629 |

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

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

2 Political expenditures ▶ $

3 Volunteer hours

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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

| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|---|---|---|---|---|---|
| | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

**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 | | |
| **g** Grassroots nontaxable amount (enter 25% of line 1f) | | |
| **h** Subtract line 1g from line 1a If zero or less, enter -0- | | |
| **i** Subtract line 1f from line 1c If zero or less, enter -0- | | |

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|---|
| Not over $500,000 | 20% of the amount on line 1e |
| Over $500,000 but not over $1,000,000 | $100,000 plus 15% of the excess over $500,000 |
| Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1,000,000 |
| Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000 |
| Over $17,000,000 | $1,000,000 |

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

## 4-Year Averaging Period Under section 501(h)
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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)).

| | *For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity* | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|---|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c | Media advertisements? | | No | 0 |
| d | Mailings to members, legislators, or the public? | | No | 0 |
| 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? | | No | 0 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | 0 |
| i | Other activities? | Yes | | 44,369 |
| j | Total Add lines 1c through 1i | | | 44,369 |
| 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 |
|---|---|
| SCHEDULE C, PART II-B, LINE 1I | SUPPLEMENTAL LOBBYING INFORMATION ADVOCATE NORTH SIDE HEALTH NETWORK IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION, THE ILLINOIS HOSPITAL ASSOCIATION AND THE METROPOLITAN CHICAGO HEALTHCARE COUNCIL THESE ORGANIZATIONS, AS PART OF THEIR MISSIONS, ADVOCATE 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 NORTH SIDE HEALTH NETWORK ALSO REIMBURSES VARIOUS ASSOCIATES FOR DUES PAID TO VARIOUS PROFESSIONAL ORGANIZATIONS AND ALSO FOR EDUCATIONAL EXPENSES PROVIDED BY PROFESSIONAL AND MEMBERSHIP ORGANIZATIONS ADVOCATE NORTH SIDE HEALTH NETWORK ENDEAVORS TO IDENTIFY THE PORTION OF DUES OR FEES PAID TO THESE ORGANIZATIONS WHICH ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES |

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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," 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 North Side Health Network

**Employer identification number**
36-3196629

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" 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

| | | | Amount |
|---|---|---|---|
| b | If "Yes," explain the arrangement in Part XIII and complete the following table | | |
| c | Beginning balance | 1c | |
| d | Additions during the year | 1d | |
| e | Distributions during the year | 1e | |
| f | Ending balance | 1f | |

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

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

## Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|---|---|---|---|---|---|---|
| 1a | Beginning of year balance | | | | | |
| b | Contributions | | | | | |
| c | Net investment earnings, gains, and losses | | | | | |
| d | Grants or scholarships | | | | | |
| e | Other expenditures for facilities and programs | | | | | |
| f | Administrative expenses | | | | | |
| g | End of year balance | | | | | |

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

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

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | |
| (ii) related organizations | 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

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

## Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | Accumulated (c)depreciation | (d)Book value |
|---|---|---|---|---|
| 1a Land | | 44,425,099 | | 44,425,099 |
| b Buildings | | 238,256,060 | 84,635,570 | 153,620,490 |
| c Leasehold improvements | | 1,722,758 | 1,513,278 | 209,480 |
| d Equipment | | 82,955,402 | 48,243,162 | 34,712,240 |
| e Other | | 9,710,538 | | 9,710,538 |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c) )* ▶ | | | | 242,677,847 |

**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 | | |
| (3) Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 12 )* ▶ | | |

**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 |
|---|---|---|
| (1) MASONIC FAMILY HEALTH FDN | 83,499,000 | F |
| (2) CHICAGO NORTHSIDE MRI | 1,097,589 | F |
| (3) REHAB INSTITUTE OF CHICAGO | 80,176 | F |
| (4) RESTRICTED FUND CASH | 86 | F |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 13 )* ▶ | 84,676,851 | |

**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 | 5,000 |
| THIRD PARTY SETTLEMENTS | 39,512,467 |
| RAVENSWOOD COMMUNITY COMMITTMENT | 1,756,167 |
| REMEDIATION COST LIABILITY | 725,371 |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 41,999,005 |

**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 |
|---|---|
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**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 North Side Health Network

**Employer identification number**
36-3196629

## 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 | | | |
| | ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care | 3a | Yes | |
| | ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ % | | | |
| b | Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care | 3b | Yes | |
| | ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other 600 % | | | |
| 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 | Yes | |
| c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? | 5c | | No |
| 6a | 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? | 6b | Yes | |
| | Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H | | | |

**7** 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) | | | 8,185,640 | 77,846 | 8,107,794 | 2 190 % |
| b Medicaid (from Worksheet 3, column a) | | | 103,578,521 | 120,654,205 | | |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d **Total** Financial Assistance and Means-Tested Government Programs | | | 111,764,161 | 120,732,051 | 8,107,794 | 2 190 % |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 2,984,514 | 0 | 2,984,514 | 0 810 % |
| f Health professions education (from Worksheet 5) | | | 31,130,868 | 5,339,710 | 25,791,158 | 6 960 % |
| g Subsidized health services (from Worksheet 6) | | | 9,711,221 | 8,820,320 | 890,901 | 0 240 % |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 558,331 | 0 | 558,331 | 0 150 % |
| j **Total.** Other Benefits | | | 44,384,934 | 14,160,030 | 30,224,904 | 8 160 % |
| k **Total.** Add lines 7d and 7j | | | 156,149,095 | 134,892,081 | 38,332,698 | 10 350 % |

## Part II Community Building Activities

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

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

## Part III Bad Debt, Medicare, & Collection Practices

**Section A. Bad Debt Expense**

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1 | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15? | | 1 | | No |
| 2 | Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount | 2 | 19,778,726 | | |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit | 3 | 407,039 | | |
| 4 | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements | | | | |

**Section B. Medicare**

| | | | |
|---|---|---|---|
| 5 | Enter total revenue received from Medicare (including DSH and IME) | 5 | 96,668,255 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 87,561,947 |
| 7 | Subtract line 6 from line 5 This is the surplus (or shortfall) | 7 | 9,106,308 |
| 8 | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used | | |

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

**Section C. Collection Practices**

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

## Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

| | (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
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| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |

## Part V Facility Information

### Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

| 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 | | | | | | | | | | |
| | | | | | | | | | | |
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## 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)

**Name of hospital facility or letter of facility reporting group** ILLINOIS MASONIC MEDICAL CENTER

**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? | 1 | | 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 | 2 | | 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 | 3 | Yes | |
| | If "Yes," indicate what the CHNA report describes (check all that apply) | | | |
| a | ☐ A definition of the community served by the hospital facility | | | |
| b | ☐ Demographics of the community | | | |
| c | ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | | |
| d | ☐ How data was obtained | | | |
| e | ☐ The significant health needs of the community | | | |
| f | ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | | |
| g | ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs | | | |
| h | ☐ The process for consulting with persons representing the community's interests | | | |
| i | ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs | | | |
| j | ☐ Other (describe in Section C) | | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA 20 13 | | | |
| 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 | 5 | 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 | 6a | | No |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C | 6b | | No |
| 7 | Did the hospital facility make its CHNA report widely available to the public? | 7 | Yes | |
| | If "Yes," indicate how the CHNA report was made widely available (check all that apply) | | | |
| a | ☐ Hospital facility's website (list url) www.advocatehealth.com/chnareports | | | |
| b | ☐ Other website (list url) | | | |
| c | ☐ Made a paper copy available for public inspection without charge at the hospital facility | | | |
| d | ☐ 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 | 8 | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy 20 14 | | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 | Yes | |
| a | If "Yes" (list url) www.advocatehealth.com/chnareports | | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | | 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)? | 12a | | No |
| b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | | |
| 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)

ILLINOIS MASONIC MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group**

| | | | Yes | No |
|---|---|---|---|---|
| | Did the hospital facility have in place during the tax year a written financial assistance policy that | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? | 13 | Yes | |
| | 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? | 14 | Yes | |
| 15 | Explained the method for applying for financial assistance? | 15 | Yes | |
| | If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | | | |
| a | ☐ 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? | 16 | Yes | |
| | 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? | 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 | ☐ 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 | | | |

## Part V Facility Information *(continued)*

ILLINOIS MASONIC 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? | **19** | | No |
| | If "Yes," check all actions in which the hospital facility or a third party engaged | | | |
| **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) | | | |
| **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** | ☐ Notified individuals of the financial assistance policy on admission | | | |
| **b** | ☐ Notified individuals of the financial assistance policy prior to discharge | | | |
| **c** | ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills | | | |
| **d** | ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy | | | |
| **e** | ☐ Other (describe in Section C) | | | |
| **f** | ☐ 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? | **21** | Yes | |
| | If "No," indicate why | | | |
| **a** | ☐ The hospital facility did not provide care for any emergency medical conditions | | | |
| **b** | ☐ The hospital facility's policy was not in writing | | | |
| **c** | ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) | | | |
| **d** | ☐ 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** | ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged | | | |
| **b** | ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged | | | |
| **c** | ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged | | | |
| **d** | ☐ 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? | **23** | Yes | |
| | If "Yes," explain in Section C | | | |
| **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? | **24** | | No |
| | If "Yes," explain in Section C | | | |

**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 |
|---|---|
| | |
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| | |

**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? **5**

| | Name and address | Type of Facility (describe) |
|---|---|---|
| 1 | IMMC CANCER CENTER<br>901 WEST WELLINGTON AVE<br>CHICAGO,IL 60657 | PATIENT CARE - OUT PATIENT |
| 2 | IMMC PRIMARY CARE CENTER<br>3048 NORTH WILTON<br>CHICAGO,IL 60657 | PATIENT CARE - OUT PATIENT |
| 3 | IMMC EDUCATION CENTER<br>814 WEST NELSON STREET<br>CHICAGO,IL 60657 | PATIENT EDUCATION |
| 4 | IMMC OFFICE BUILDING<br>836 WEST NELSON STREET<br>CHICAGO,IL 60657 | PATIENT CARE - OUT PATIENT |
| 5 | IMMC MEDICAL OFFICE BUILDING<br>3000 NORTH HALSTED ST VARIOUS SUIT<br>CHICAGO,IL 60657 | PATIENT CARE - OUT PATIENT |
| 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 | PART I, LINE 3C N/A PART I, LINE 6A A SYSTEM-WIDE COMMUNITY BENEFIT REPORT IS FILED BY AD VOCATE 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, R ATIO OF PATIENT CARE COST-TO-CHARGES, WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TA BLE FOR PART I, LINE 7A SCHEDULE H INSTRUCTIONS WORKSHEET 3, UNREIMBURSED MEDICAID AND OT HER MEANS-TESTED GOVERNMENT PROGRAMS, WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TA BLE FOR PART I, LINE 7B A COST ACCOUNTING SYSTEM WAS USED TO DETERMINE THE AMOUNTS REPORT ED IN THE TABLE FOR PART I, LINES 7E, 7F, 7G, AND 7I PART VI, LINE 1 - 7E ADVOCATE NORTHS IDE HEALTH NETWORK PROVIDES COMMUNITY HEALTH IMPROVEMENT SERVICES TO THE COMMUNITIES IN WH ICH IT SERVES ANSHN PROVIDES LANGUAGE SERVICES TO ALL THOSE IN NEED IN ORDER TO PROVIDE B ETTER ACCESS TO CARE FOR ALL COMMUNITY MEMBERS IN ADDITION, OTHER PROGRAMS ARE CARRIED OU T WITH THE EXPRESS PURPOSE OF IMPROVING COMMUNITY HEALTH, ACCESS TO HEALTH SERVICES AND GE NERAL HEALTH KNOWLEDGE THESE SERVICES DO NOT GENERATE PATIENT BILLS, HOWEVER, CERTAIN PRO GRAMS OR SERVICES MAY HAVE NOMINAL FEES THESE SERVICES AND PROGRAMS INCLUDE CANCER SUPPOR T GROUPS THESE GROUPS FOCUS ON EDUCATING THE NEWLY DIAGNOSED AND PROVIDING INFORMATION ON BETTER LIVING FOR SURVIVORS VARIOUS WOMEN AND BABY, BREASTFEEDING, MULTIPLES, CHILDBIRTH AND PARENTING AND SIBLING CLASSES, VARIOUS EDUCATIONAL PROGRAMS AND SUPPORT GROUPS TO RAI SE AWARENESS OF HEART DISEASE, DIABETES AND STROKE RISK FACTORS AND TREATMENT OPTIONS AND EDUCATION FOR LIVING WITH THE DISEASE, THERE ARE VARIOUS PROGRAMS REGARDING HEALTH EATING, CPR TRAINING IS OFFERED TO THE COMMUNITY AS WELL AS VARIOUS OTHER WELLNESS AND SCREENING PROGRAMS AND HEALTH FAIRS ARE OFFERED THROUGHOUT THE YEAR ADULT DAY CARE IS PROVIDED TO T HE COMMUNITY AS WELL PART I, LINE 7G ANSHN PROVIDES SUBSIDIZED HEALTH SERVICES TO THE COM MUNITY THESE SERVICES ARE PROVIDED DESPITE CREATING A FINANCIAL LOSS FOR ANSHN THESE SER VICES ARE PROVIDED BECAUSE THEY MEET AN IDENTIFIED COMMUNITY NEED IF ANSHN DID NOT PROVID E THE CLINICAL SERVICE, IT IS REASONABLE TO CONCLUDE THAT THESE SERVICES WOULD NOT BE AVAI LABLE TO THE COMMUNITY THE SERVICES INCLUDED ARE BOTH INPATIENT AND OUTPATIENT PROGRAMS F OR MENTAL AND BEHAVIORAL HEALTH AND HOSPICE SERVICES PART I, LINE 7H ANSHN CONDUCTS NUMER OUS 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 AMOUN T IS BEING REPORTED FOR PURPOSES OF THE 2015 FORM 990, SCHEDULE H PART I, LINE 7, COLUMN (F) $19,778,726 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 ANSHN AND SUBSIDIARIES' AUDI TED FINANCIAL STATEMENTS DO NOT SPECIFICALLY ADDRESS BAD DEBT EXPENSE, RATHER, THE FOOTNOT E DESCRIBES ADVOCATE'S PATIENT ACCOUNTS RECEIVABLE POLICY AND THE PERCENTAGE OF ACCOUNTS R ECEIVABLE THAT THE ALLOWANCE FOR DOUBTFUL ACCOUNTS COVERS (SEE PAGE 11 OF THE AUDITED FINA NCIAL STATEMENTS) FOR 2015, FOR ANSHN, THE ALLOWANCE FOR DOUBTFUL ACCOUNTS COVERED 31 67% OF NET PATIENT ACCOUNTS RECEIVABLE PATIENT ACCOUNTS RECEIVABLE ARE STATED AT NET REALIZA BLE VALUE ANSHN EVALUATES THE COLLECTABILITY OF ITS ACCOUNTS RECEIVABLE BASED ON THE LENG TH OF TIME THE RECEIVABLE IS OUTSTANDING, PAYER CLASS, HISTORICAL COLLECTION EXPERIENCE, A ND TRENDS IN HEALTH CARE INSURANCE PROGRAMS ACCOUNTS RECEIVABLE ARE CHARGED TO THE ALLOWA NCE 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 PATIEN T CARE COST TO CHARGES THE UNREIMBURSED COST OF BAD DEBT WAS CALCULATED BY APPLYING THE O RGANIZATION'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 ACC EPTED ACCOUNTING PRINCIPLES, LESS ANY PATIENT OR THIRD PARTY PAYOR PAYMENTS RECEIVED ADVO CATE MAKES EVERY EFFORT TO IDENTIFY THOSE PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTAN CE 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 FINA NCIAL ASSISTANCE APPLICATION THE ESTIMATED AMOUNT OF BAD DEBT EXPENSE (AT COST) WHICH COU LD BE REASONABLY ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY QUALIFY FOR FINANCIAL ASSISTANC E 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 A CCOUNTS WHICH HAD AMOUNTS WRITTEN OFF TO BAD DEBTS OUR METHOD WAS TO BEGIN WITH THE SELF- PAY PORTION OF BAD DEBT EXPENSE PROVISION THE SEL |

| Form and Line Reference | Explanation |
|---|---|
| 1 REQUIRED DESCRIPTIONS | F 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, INCLUD ING 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 DE BT WE BELIEVE THIS PROCESS IS A REASONABLE BASIS FOR OUR ESTIMATE AS WE ARE ONLY CONSIDE RING SELF-PAY ACCOUNTS WRITTEN OFF TO BAD DEBT FOR THIS ESTIMATE, THIS ESTIMATE DOES NOT I NCLUDE THE IMMEDIATE 25% 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 WRIT TEN 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 EXCLU DED FROM OTHER COMMUNITY BENEFIT AMOUNTS REPORTED THROUGHOUT SCHEDULE H PART III, LINE 8 IN 2015, NO SHORTFALL WAS REPORTED ON PART III, LINE 7 FOR ADVOCATE NORTHSIDES OPERATIONS , THE UNREIMBURSED COST OF MEDICARE WAS CALCULATED BY APPLYING THE ORGANIZATIONS COST TO C HARGE 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 ORGANIZATIONS MEDICARE, LESS ANY PATIENT OR THIRD PARTY PAYOR PAYMENTS AND/OR CONTRIBUTIONS RECEIVED THAT WERE DESIGNATED FOR THE PAY MENT OF MEDICARE PATIENT BILLS PART III, LINE 9B ANSHN MAINTAINS BOTH WRITTEN FINANCIAL AS SISTANCE AND BAD DEBT/COLLECTION POLICIES THE BAD DEBT/COLLECTION POLICY DOES NOT APPLY T O THOSE PATIENTS KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE, THEREFORE SUCH PATIENTS ARE NO T SUBJECT TO COLLECTION PRACTICES |

| Form and Line Reference | Explanation |
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| 2 NEEDS ASSESSMENT | CURRENTLY, THE HOSPITAL IS EXAMINING HEALTH DATA FROM THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY AS WELL AS COLLECTING ADDITIONAL DATA FROM SEVERAL SECONDARY SOURCES TO KEEP ITS HEALTH NEEDS ASSESSMENT UP-TO-DATE SECONDARY SOURCES INCLUDE THE CENTERS FOR DISEASE CONTROL AND PREVENTION, THE HEALTHY COMMUNITIES INSTITUTE AND TRUVEN HEALTH ANALYTICS |

| Form and Line Reference | Explanation |
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| 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE | ANSHN 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 ANSHNS 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, HEALTHADVISOR, ADVOCATE'S EDUCATION REGISTRATION AND PHYSICIAN REFERRAL TELEPHONE CENTER, SERVES AS A COMMUNITY RESOURCE PROVIDING REFERRALS TO GOVERNMENT-FUNDED AND OTHER PROGRAMS VIA TELEPHONE FROM 7 A M TO 7 P M , MONDAY THROUGH FRIDAY AND SATURDAYS 9 A M TO 2 P M ANSHN ASSISTS PATIENTS WITH APPLYING FOR ADVOCATE'S OWN FINANCIAL ASSISTANCE/CHARITY CARE SERVICES, IF PATIENTS ARE NOT ELIGIBLE FOR GOVERNMENT-SUPPORTED PROGRAMS ANSHN COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE IN THE APPLICABLE LANGUAGES OF THE HOSPITAL COMMUNITY MEANS OF COMMUNICATION INCLUDE 1 THE HEALTH CARE CONSENT THAT IS SIGNED UPON REGISTRATION FOR HOSPITAL SERVICES INCLUDES A STATEMENT THAT FINANCIAL COUNSELING, INCLUDING FINANCIAL ASSISTANCE CONSIDERATION, IS AVAILABLE UPON REQUEST 2 SIGNS ARE CLEARLY AND CONSPICUOUSLY POSTED IN LOCATIONS THAT ARE VISIBLE TO THE PUBLIC, INCLUDING, BUT NOT LIMITED TO HOSPITAL PATIENT ACCESS, REGISTRATION, EMERGENCY DEPARTMENT, CASHIER, AND BUSINESS OFFICE LOCATIONS 3 BROCHURES ARE PLACED IN HOSPITAL PATIENT ACCESS, REGISTRATION, EMERGENCY DEPARTMENT, CASHIER, AND BUSINESS OFFICE LOCATIONS, AND WILL INCLUDE GUIDANCE ON HOW A PATIENT MAY APPLY FOR MEDICARE, MEDICAID, ALL KIDS, FAMILY CARE ETC , AND THE HOSPITALS FINANCIAL ASSISTANCE PROGRAM A HOSPITAL CONTACT AND TELEPHONE NUMBER FOR FINANCIAL ASSISTANCE IS INCLUDED 4 A HANDOUT SUMMARIZING ADVOCATES FINANCIAL ASSISTANCE POLICY AND FINANCIAL ASSISTANCE APPLICATION IS GIVEN TO UNINSURED PATIENTS WHO RECEIVE MEDICALLY NECESSARY HOSPITAL SERVICES AT THE EARLIEST PRACTICAL TIME OF SERVICE 5 ADVOCATES WEBSITE POSTS NOTICE IN A PROMINENT PLACE THAT FINANCIAL ASSISTANCE IS AVAILABLE, WITH AN EXPLANATION OF THE FINANCIAL ASSISTANCE APPLICATION PROCESS, AND ENABLE PRINTING OF THE FINANCIAL ASSISTANCE APPLICATION 6 HOSPITAL BILLS TO UNINSURED PATIENTS INCLUDE A REQUEST THAT THE PATIENT INFORM THE HOSPITAL OF ANY AVAILABLE HEALTH INSURANCE COVERAGE, AND INCLUDE A SUMMARY OF ADVOCATES FINANCIAL ASSISTANCE POLICY, A FINANCIAL ASSISTANCE APPLICATION, AND A TELEPHONE NUMBER TO REQUEST FINANCIAL ASSISTANCE |

| Form and Line Reference | Explanation |
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| 4 COMMUNITY INFORMATION | DEMOGRAPHICS FOR PURPOSES OF THE CHNA, THE COMMUNITY HEALTH COUNCIL DEFINED THE COMMUNITY AS THE PRIMARY SERVICE AREA (PSA) FOR THE HOSPITAL THE PSA IS DEFINED AS 17 ZIP CODES IN NORTHEAST CHICAGO THESE ZIP CODES CORRESPOND PARTIALLY TO COMMUNITY AREAS THAT WERE DEFINED BY THE CHICAGO DEPARTMENT OF PLANNING PRIMARY SERVICE AREA ZIP CODE COMMUNITY AREA 60610 NEAR NORTH SIDE, NEAR WEST SIDE 60613 LAKE VIEW, NORTH CENTER, UPTOWN 60657 LAKE VIEW, NORTH CENTER 60614 LINCOLN PARK, LOGAN SQUARE 60618 AVONDALE, IRVING PARK, NORTH CENTER 60622 HUMBOLDT PARK, LOGAN SQUARE, NEAR NORTH SIDE, WEST TOWN 60625 ALBANY PARK, LINCOLN SQUARE, NORTH PARK 60626 ROGERS PARK 60630 ALBANY PARK, FOREST GLEN, IRVING PARK, JEFFERSON PARK, PORTAGE PARK 60634 BELMONT CRAGIN, DUNNING, MONTCLARE, PORTAGE PARK 60635 AUSTIN, BELMONT CRAGIN, DUNNING, MONTCLARE 60639 AUSTIN, BELMONT CRAGIN, HERMOSA, HUMBOLDT PARK, LOGAN SQUARE 60640 EDGEWATER, LINCOLN SQUARE, UPTOWN 60641 AVONDALE, BELMONT CRAGIN, HERMOSA, IRVING PARK, PORTAGE PARK 60645 WEST RIDGE 60647 HERMOSA, HUMBOLDT PARK, LOGAN SQUARE WEST TOWN THE HOSPITALS PRIMARY SERVICE AREA CONSISTS OF 1 2 MILLION PEOPLE THE WHITE NON-HISPANIC POPULATION COMPRISED 48 3% OF THE PSA COMPARED TO 62 3% NATIONALLY THE HISPANIC POPULATION COMPRISED 32 3% OF THE PSA COMPARED TO 17 3% NATIONALLY BLACK NON-HISPANICS ACCOUNTED FOR 10 5% OF THE POPULATION IN THE PSA COMPARED TO 12 3% NATIONALLY ASIAN & PACIFIC ISLANDERS NON-HISPANIC ACCOUNTED FOR 6 9% IN THE PSA COMPARED TO 5 1% NATIONALLY WITHIN ILLINOIS MASONIC MEDICAL CENTERS PRIMARY SERVICE AREA, ONE-QUARTER OF HOUSEHOLDS REPORT AN INCOME OF $25K-$50K, WHICH MIRRORS THE PERCENT TOTAL FOR THE UNITED STATES MORE THAN A QUARTER OF HOUSEHOLDS (26 6%) REPORTED A HOUSEHOLD INCOME OF $25K OR LESS, WHICH IS SLIGHTLY HIGHER THAN THE PERCENT TOTAL FOR THE UNITED STATES ACCORDING TO THIS DATA, 63% OF THE SERVICE AREAS POPULATION HAS A POST-HIGH SCHOOL EDUCATION, INCLUDING 42% WITH A BACHELORS DEGREE OR HIGHER WHILE 16 6% REPORT NO HIGH SCHOOL DIPLOMA OR EQUIVALENT THE PSA POPULATION IS 51 1% MALE AND 48 9% FEMALE OF THE TOTAL POPULATION, 31 7% ARE AGE 18 TO 34, 28 1% ARE AGE 35 TO 54, 20 4% ARE UNDER 18 YEARS OF AGE AND 19 7% ARE 55 YEARS OF AGE AND OLDER HEALTH RESOURCES WITHIN ILLINOIS MASONIC MEDICAL CENTERS PRIMARY SERVICE AREA, THERE ARE SIXTEEN HOSPITALS ILLINOIS MASONIC MEDICAL CENTER, CHICAGO LAKESHORE HOSPITAL, CHICAGO-READ MENTAL HEALTH CENTER, KINDRED CHICAGO CENTRAL HOSPITAL, KINDRED CHICAGO LAKESHORE, KINDRED HOSPITAL CHICAGO-NORTH, LOUIS A WEISS MEMORIAL HOSPITAL, METHODIST HOSPITAL OF CHICAGO, NORWEGIAN AMERICAN HOSPITAL, PRESENCE OUR LADY OF THE RESURRECTION MEDICAL CENTER, PRESENCE ST JOSEPH HOSPITAL, PRESENCE ST MARY AND ELIZABETH MEMORIAL CENTER (2 CAMPUSES), SHRINERS HOSPITAL FOR CHILDREN, SWEDISH COVENANT HOSPITAL, AND THOREK MEMORIAL HOSPITAL IN ADDITION TO THE HOSPITALS, THERE ARE TWO COUNTY CLINICS AND 33 FEDERALLY QUALIFIED HEALTH CENTER (FQHC) SITES, INCLUDING EIGHT SCHOOL-BASED CLINICS THESE CENTERS PROVIDE A SUBSTANTIAL SAFETY NET FOR LOW-INCOME RESIDENTS IN THE PRIMARY SERVICE AREA AND ARE ALSO POTENTIAL PARTNERS FOR COMMUNITY INITIATIVES |

| Form and Line Reference | Explanation |
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| 5 PROMOTION OF COMMUNITY HEALTH | ADVOCATE ILLINOIS MASONIC MEDICAL CENTER IS COMMITTED TO IMPROVING ITS COMMUNITYS HEALTH IN ADDITION TO THE PROGRAMS THAT WERE OUTLINED ABOVE, THE HOSPITAL ENGAGES IN THE FOLLOWIN G PROGRAMS INTENDED TO PROMOTE THE HEALTH OF OUR COMMUNITY * FREE HEALTH FAIRS, SCREENING S AND LECTURES * MEDICATION ASSISTANCE PROGRAM * WARMING CENTER IN THE WINTER * SUPPORT GR OUP FOR SIBLINGS OF CHILDREN WITH DEVELOPMENTAL DISABILITIES * MENTAL HEALTH CRISIS COMMUN ITY SUPPORT * MENTAL HEALTH SERVICES IN TWO SCHOOL-BASED HEALTH CENTERS AT LAKE VIEW AND A MUNDSEN HIGH SCHOOLS IN 2015, ILLINOIS MASONIC MEDICAL CENTER OPENED ITS STATE OF THE ART CENTER FOR ADVANCED CARE (CAC ) THE CAC INTEGRATES CANCER CARE, DIGESTIVE HEALTH AND SURGE RY SERVICES INTO ONE LOCATION, CREATING IMPROVED ACCESS TO CARE, CONTINUITY AMONG DISCIPLI NES, ENHANCED EFFICIENCIES AND A BETTER OVERALL EXPERIENCE FOR PATIENTS AND THEIR FAMILIES THE GOVERNING COUNCIL AT ADVOCATE ILLINOIS MASONIC MEDICAL CENTER ALSO REPRESENTS LEADER SHIP FROM BOTH THE HOSPITAL AND THE COMMUNITY OF THE 15 MEMBERS, 8 OR 53% REPRESENT THE C OMMUNITY WHILE 4 OR 26% ARE HOSPITAL AND PHYSICIAN LEADERS IN ADDITION, THE HOSPITAL EXTE NDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES ENVIRONMENTAL IMPROVEMENTS ADVOCATE HEALTH CARE IS COM MITTED TO GREENING HEALTH CARE BECAUSE IT IS DEEPLY CONNECTED TO OUR CORE MISSION HEALTH A ND HEALING WE UNDERSTAND THAT THE HEALTH OF THE ENVIRONMENT AND THE HEALTH OF THE PATIENT S AND COMMUNITIES WE SERVE IS INEXTRICABLY LINKED AND THAT A HEALTHY PLANET SUPPORTS HEALT HY PEOPLE REDUCING WASTE, CONSERVING ENERGY AND WATER, MINIMIZING USE OF TOXIC CHEMICALS, AND CONSTRUCTING ECO-FRIENDLY BUILDINGS 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, AND PRESERVATION OF NATURAL RESOURCES AS WE WORK TO REDUCING THE ENVIRONMENTAL AND HEALTH IMPACT OF HEALTH CARE, OUR ENVIRONMENTAL STEWARDSHIP PRACTICES HELP EASE THE BURDEN OF HEALTH CARE COSTS BOTH DIRECTLY (LOWER ENERGY COSTS) AN D INDIRECTLY (LOWER ENVIRONMENTALLY-RELATED DISEASE BURDEN) 1 MENTORING AND EDUCATION AS WE WORK TO SERVE THE HEALTH NEEDS OF TODAYS PATIENTS AND FAMILIES WITHOUT COMPROMISING TH E NEEDS OF FUTURE GENERATIONS, ADVOCATE HAS COMMITTED RESOURCES TO SHARING LESSONS LEARNED 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 SPONSORING HEALTH SYSTEMS PARTNERING WITH THREE ENVIRONMENTAL NON-GOVERNMENT ORGANIZATIONS (HEALTH C ARE WITHOUT HARM, PRACTICE GREENHEALTH, AND THE CENTER FOR HEALTH DESIGN) TO SPONSOR THE H EALTHIER HOSPITALS INITIATIVE, A 3-YEAR NATIONAL CAMPAIGN TO IMPLEMENT BEST PRACTICES FOCU SED ON IMPROVING ENVIRONMENTAL HEALTH AND SUSTAINABILITY IN THE HEALTH CARE SECTOR HEALTH IER HOSPITALS HAS NOW BECOME A PERMANENT PROGRAM OF PRACTICE GREENHEALTH, ENGAGING OVER 13 00 HOSPITALS IN CHALLENGES SIX CATEGORIES ENGAGED LEADERSHIP, HEALTHIER FOODS, LESS WASTE , LEANER ENERGY, SAFER CHEMICALS, AND SMARTER PURCHASING ENROLLED HOSPITALS HAVE ACCOMPLI SHED REDUCTIONS IN MEAT PURCHASING, INCREASED PURCHASING OF LOCAL AND SUSTAINABLE FOOD, RE DUCED EXPOSURE TO TOXIC CHEMICALS THROUGH GREEN CLEANING PROGRAMS AND CONVERSION OF MEDICA L PRODUCTS FREE FROM PVC AND DEHP AND DECREASED ENERGY AND WASTE ADVOCATE CONTINUES A LEA DERSHIP AND MENTORING ROLE NATIONALLY THROUGH PARTICIPATION IN SEVERAL MARKET TRANSFORMATI ON GROUPS ADDRESSING SAFER CHEMICALS AND HEALTHIER FOOD, AS WELL AS THE HEALTH CARE CLIMAT E COUNCIL GROUPS OF HEALTH CARE ORGANIZATIONS ON THE LEADING EDGE OF THESE ISSUES THAT WOR K TO PAVE THE WAY FOR SUSTAINABLE PRACTICES FOR THE WIDER HEALTH CARE SECTOR TO ADOPT ADV OCATE COMMONLY PROVIDING 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 AMER ICAN 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 HE |

| Form and Line Reference | Explanation |
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| 5 PROMOTION OF COMMUNITY HEALTH | ALTH CARE FACILITIES * 91% OF ADVOCATES SPEND ON SELECT CLEANING PRODUCT CATEGORIES (WIND OW, FLOOR, CARPET, BATHROOM, AND GENERAL PURPOSE CLEANERS) WERE THIRD-PARTY CERTIFIED "GRE EN" CLEANERS * PURCHASED APPROXIMATELY 35% OF OUR OFFICE FURNITURE THAT WERE MADE WITHOUT SELECT CHEMICALS OF CONCERN, INCLUDING PERFLUORINATED COMPOUNDS, PVC (VINYL), FORMALDEHYD E, AND HALOGENATED FLAME RETARDANTS (WHERE CODE PERMISSIBLE) * BECAME A SIGNATORY OF THE C HEMICAL FOOTPRINT PROJECT, AN INITIATIVE AIMING TO MEASURE INDUSTRIAL PROGRESS TOWARD SAFE R CHEMICAL USE IN MANUFACTURING PRODUCTS THE HEALTH CARE SECTOR PURCHASES * BEGAN PURCHASI NG SELECT MEAT PRODUCTS (GROUND BEEF AND BEEF PATTIES) PRODUCED WITHOUT THE ROUTINE USE OF ANTIBIOTICS, SUPPORTING THE JUDICIOUS AND RESPONSIBLE USE OF ANTIBIOTICS IN AGRICULTURE W HICH CAN HELP SLOW THE EMERGENCE OF ANTIBIOTIC-RESISTANT BACTERIA * RECOGNIZED TWENTY-FIVE STAFF MEMBERS WITH HEALTHY ENVIRONMENT AWARDS FOR DEMONSTRATING OUTSTANDING EFFORTS TOWAR D PERSONAL HEALTH OR ENVIRONMENTAL STEWARDSHIP * CONTRIBUTED TO OPENLANDS, ONE OF THE OLDE ST METROPOLITAN CONSERVATION ORGANIZATIONS IN THE NATION AND THE ONLY SUCH GROUP WITH A RE GIONAL SCOPE IN THE GREATER CHICAGO REGION * CONTINUED TO ENGAGE STAFF TO CONSERVE RESOURC ES IN THEIR WORK ENVIRONMENTS THROUGH THE SUSTAINABLE WORK SPACE CERTIFICATION PROGRAM AT ALL ADVOCATE SITES THE PROGRAM, LED BY DEPARTMENTAL GREEN ADVOCATES, REWARDS PATIENT CARE UNITS AND SUPPORT SERVICE WORK AREAS FOR ACTIVELY PARTICIPATING IN WASTE MINIMIZATION AND ENERGY REDUCTION THROUGH RECYCLING, PRINT MANAGEMENT AND ENERGY REDUCTION BEST PRACTICES * SEE ADVOCATE HEALTH CARES 2015 HEALTHY ENVIRONMENT REPORT FOR MORE INFORMATION 3 HOSP ITAL-BASED ENVIRONMENTAL IMPROVEMENTS ADVOCATE ILLINOIS MASONIC MEDICAL CENTER * ACHIEVED A 23% RECYCLING RATE OVERALL FOR PAPER, PLASTIC, GLASS AND ALUMINUM CANS * EARNED THE U S EPA ENERGY STAR AWARD FOR EXCELLENT ENERGY PERFORMANCE FOR THE EIGHTH YEAR IN A ROW, ACH IEVING A SCORE OF 94 ONE OF THE BEST IN THE COUNTRY * REDUCED HOSPITAL ENERGY CONSUMPTION BY 13 4 PERCENT IN TWELVE MONTHS ENDING 11/30/15 * OPENED A NEW CENTER FOR ADVANCED CARE WHICH HAS ACHIEVED LEADERSHIP IN ENERGY AND EFFICIENT DESIGN SILVER CERTIFICATION FROM TH E U S GREEN BUILDING COUNCIL |

| Form and Line Reference | Explanation |
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| 6 AFFILIATED HEALTH CARE SYSTEM | AS AN EXTENSION OF ITS MISSION, ADVOCATE HEALTH CARE SUPPORTS SYSTEM-WIDE PROGRAMS THAT ME ET THE NEEDS OF BOTH ITS PATIENTS AS WELL AS THE COMMUNITIES SERVED ADVOCATE HEALTH CARES BOARD OF DIRECTORS, SENIOR LEADERSHIP AND ASSOCIATES (EMPLOYEES) ARE COMMITTED TO POSITIV ELY AFFECTING THE HEALTH STATUS AND QUALITY OF LIFE OF INDIVIDUALS AND POPULATIONS IN COMM UNITIES 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 A T THE SYSTEM LEVEL HAVING OVERSIGHT RESPONSIBILITY FOR COMMUNITY BENEFITS REPORTING AND TH E CHNA PROCESS WAS CONVENED TO LEAD THE HOSPITALS THROUGH THE CHNA PROCESS TO MEET STATE A ND FEDERAL REGULATORY REQUIREMENTS THIS TEAM, CALLED THE COMMUNITY HEALTH STEERING COMMIT TEE, MET FREQUENTLY TO ASSURE THAT THE HOSPITAL COMMUNITY HEALTH LEADERS ARE EDUCATED REG ARDING 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 INITIA TIVES ARE GROUNDED IN EVIDENCE-BASED PROGRAMS THAT WILL YIELD RELIABLE OUTCOMES TO DETERMI NE 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-W IDE 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 DI SPARITY AND ACCESS, SUCH AS PROVIDING CHARITY CARE AND PRESCRIPTION ASSISTANCE TO THE UNDE R AND UNINSURED, AND LANGUAGE ASSISTANCE SERVICES TO NON-OR LIMITED-ENGLISH SPEAKING PATIE NTS 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 COMMU NITY BENEFITS PLAN SETS THE COURSE FOR STRENGTHENING EXISTING PARTNERSHIPS AND BUILDING NE W ONES TO LEVERAGE AND MAXIMIZE THE IMPACT OF ADVOCATES PROGRAMS IN ITS SERVICE AREAS ADV OCATES 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 ALIGNME NT 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 S TEERING COMMITTEE PROVIDED A STANDARDIZED CHNA PROCESS, TOOLS, EDUCATION AND STRUCTURE FOR THE ADVOCATE HOSPITALS FIRST CHNA (2011-2013) SOME SPECIFIC EXAMPLES OF THE SUPPORT PROV IDED BY THE STEERING COMMITTEE TO ENABLE THE HOSPITALS TO REALIZE THEIR COMMUNITY HEALTH G OALS AND OBJECTIVES ARE AS FOLLOWS * DEVELOPED A STANDARDIZED CHNA PROCESS THAT INCLUDED DEVELOPMENT OF A COMMUNITY HEALTH COUNCIL AT EACH HOSPITAL WITH BOTH HOSPITAL AND COMMUNIT Y REPRESENTATION, CHARGED WITH OVERSIGHT OF THEIR SITE'S ASSESSMENT AND SELECTION OF KEY P RIORITIES TO ADDRESS * PURCHASED OF SURVEY RESULTS AND AN ASSESSMENT TOOL DEVELOPED BY PR OFESSIONAL RESEARCH CONSULTANTS * PROVIDED A SERIES OF WORKSHOPS TO BUILD HOSPITAL LEADER S SKILLS IN CONDUCTING A CHNA, IDENTIFYING RELIABLE DATA SOURCES, PRIORITY SETTING, AND SE LECTING EVIDENCE-BASED INTERVENTIONS * SET THE COMMUNITY HEALTH LEADERSHIP COUNCILS AGEND AS A COUNCIL COMPRISED OF COMMUNITY HEALTH STAKEHOLDERS FROM ACROSS ADVOCATE -- TO FOCUS O N CHNA OBJECTIVES * MANAGED HOSPITAL PROGRESS AGAINST SYSTEM ANNUAL TIMELINES THROUGH CHN A PROGRESS REPORTS EACH YEAR * PROVIDED ONGOING CONSULTATION ON AN AS NEED BASIS THROUGHO UT 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 FORMA T FOR HOSPITALS TO USE IN DRAFTING THEIR CHNAS AND IMPLEMENTATION PLANS, WHICH SYSTEM LEAD ERS THEN REVIEWED AND EDITED FOR CONSISTENCY, ACCURACY AND QUALITY OF CONTENT * WORKED WI TH 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 PREPARATIO N 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 |

| Form and Line Reference | Explanation |
| --- | --- |
| 6 AFFILIATED HEALTH CARE SYSTEM | LEVEL EACH YEAR OF THE 3-YEAR CONTRACT PURCHASE OF THE TOOL HAS PROVEN TO BE IMPORTANT T O THE ADVOCATE HOSPITALS INVOLVEMENT IN COUNTY CHNA COLLABORATIVES AS ENCOURAGED AND SUPP ORTED AT THE SYSTEM LEVEL, ALL ADVOCATES HOSPITALS ARE PARTICIPATING IN COLLABORATIVE ASSE SSMENTS WITH OTHER ADVOCATE AND NON-ADVOCATE HOSPITALS, THEIR COUNTY AND LOCAL PUBLIC HEAL TH DEPARTMENTS, AND OTHER HEALTH ORGANIZATIONS THESE COLLABORATIVES REMOVE DUPLICATION OF STAFF TIME AND EFFORT WHILE FORGING AND STRENGTHENING RELATIONSHIPS AMONG PARTICIPATING O RGANIZATIONS, LEVERAGING THEIR ABILITY TO POSITIVELY IMPACT KEY NEEDS AS IDENTIFIED THROUG H 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 ADVO CATE HEALTH CARE, PRESENCE HEALTH, THE ILLINOIS PUBLIC HEALTH INSTITUTE, THE COOK COUNTY D EPARTMENT OF PUBLIC HEALTH AND THE CHICAGO DEPARTMENT OF PUBLIC HEALTH ALTOGETHER, 26 HOS PITALS WHOSE SERVICE AREAS ARE IN OR OVERLAP COOK COUNTY HAVE JOINED THE COLLABORATIVE, IN CLUDING 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 COLLABORATIV E 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 COLLABORATIVE'S WORK USING THE HCI CHNA TOOL PURCHASED BY ADVOCATE WHILE A JOINT REP ORT WILL BE PRODUCED FROM PARTICIPATION IN EACH COLLABORATIVE, EACH ADVOCATE HOSPITAL WILL BE RESPONSIBLE FOR DRAFTING A CHAPTER SUMMARIZING THEIR ASSESSMENT OF THEIR "DEFINED COMM UNITY" AREA THROUGH ADVOCATES HOSPITAL-BASED SERVICES, AS WELL AS ITS PARTICIPATION IN PR OVIDING PROGRAMS AND SERVICES IN THE COMMUNITY, ADVOCATE PROMOTES A SHARED APPROACH TO COM MUNITY BENEFITS IN ADDITION TO HOSPITAL/COMMUNITY-SPECIFIC PROGRAMS, THERE ARE ALSO PROGR AMS ADDRESSING NEEDS OF BROAD GEOGRAPHIC PORTIONS OF ADVOCATES SERVICE AREA WHICH ARE MANA GED AND FUNDED AT THE SYSTEM LEVEL THESE PROGRAMS INCLUDE THE FOLLOWING ADVOCATE'S HEALT HY STEPS PROGRAM SPECIALISTS TOUCHED THE LIVES OF 2,963 YOUNG CHILDREN IN 2015 THROUGH CHI LDHOOD PROGRAMS WITHIN PEDIATRIC/FAMILY PRACTICE RESIDENCIES AT ADVOCATE ILLINOIS MASONIC MEDICAL CENTER, AND THE ADVOCATE CHILDRENS HOSPITAL OAK LAWN AND PARK RIDGE CAMPUSES THIS SYSTEM-WIDE PROGRAM USES A NATIONAL MODEL TO ENGAGE PARENTS AS PARTNERS WITH PHYSICIANS I N THEIR CHILDRENS HEALTH HEALTHY STEPS SPECIALISTS HELP BRIDGE THE TWO GROUPS BY PREPARIN G PARENTS TO TAKE AN ACTIVE ROLE IN, AND PHYSICIANS TO ASSESS AND MEET MORE EFFECTIVELY, A RANGE OF CHILD DEVELOPMENT NEEDS IN 2015, 9,178 DEVELOPMENTAL SCREENINGS WERE PROVIDED A ND 672 FAMILIES WERE REFERRED TO COMMUNITY SERVICES FOR FOLLOW UP IN ADDITION, HEALTHY ST EPS HAS TRAINED AND PROVIDED TECHNICAL ASSISTANCE TO PRIMARY CARE PROVIDERS ACROSS THE STA TE TO IMPROVE PROVIDERS PREVENTIVE PRACTICES AROUND SUCH TOPICS AS USING VALIDATED TOOLS F OR DEVELOPMENTAL AND SOCIAL EMOTIONAL CONCERNS, AS WELL AS FAMILY RISK FACTOR SCREENINGS ( E G , POSTPARTUM DEPRESSION, DOMESTIC VIOLENCE, TRAUMA, AND PSYCHOSOCIAL ISSUES) PRIMARY CARE PROVIDERS AND THEIR STAFF ARE TAUGHT HOW TO WORK CLOSELY WITH LOCAL COMMUNITY RESOURC ES FOR REFERRAL AND FOLLOW-UP CARE DURING 2015, ADVOCATE HEALTHY STEPS CONSULTANTS PROVID ED 89 PRESENTATIONS IN 41 PRIMARY CARE SITES TO 749 PHYSICIANS AND THEIR STAFFS THROUGHOUT THE STATE OF ILLINOIS THESE PROVIDERS CARE FOR APPROXIMATELY 59,154 CHILDREN BETWEEN BIR TH AND AGE THREE THE ADVOCATE CHILDHOOD TRAUMA TREATMENT PROGRAM (CTTP) OFFERS HOPE AND H EALING TO CHILDREN WHO HAVE EXPERIENCED MALTREATMENT, PSYCHOLOGICAL TRAUMA AND SEXUAL ABUS E CLINICIANS WORK WITH A CHILDS ENTIRE SUPPORT NETWORK PARENTS, THE SCHOOL AND MORE TO HE LP FOSTER A SAFE ENVIRONMENT FOR THE CHILD CTTP IS ONE OF JUST A HANDFUL OF PROGRAMS IN I LLINOIS THAT SPECIALIZES IN THE SEXUAL A |

| Form and Line Reference | Explanation |
| --- | --- |
| 7 state filing of community benefit report | ıl |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 36-3196629
**Name:** Advocate North Side Health Network

### 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?
**1**

| | 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 | ILLINOIS MASONIC MEDICAL CENTER<br>836 WEST WELLINGTON AVENUE<br>CHICAGO,IL 60657<br>http //www advocatehealth com/imc/<br>0005165 | X | X | | X | | | X | | | |

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**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes," 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*.**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization
Advocate North Side Health Network

**Employer identification number**
36-3196629

## Part I General Information on Grants and Assistance

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

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

## Part II Grants and Other Assistance to 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

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

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

**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 |
|---|---|---|---|---|---|
| | | | | | |
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**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, line 2 | Description of Organization's Procedures for Monitoring the Use of Grants Advocate North Side Health Network supports only non-profit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and are consistent with and complementary to the mission and charitable, tax-exempt purposes of Advocate North Side Health Network Cash contributions are not made to individuals, for profit businesses or private providers |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 36-3196629
**Name:** Advocate North Side Health Network

**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 |
|---|---|---|---|---|---|---|---|
| HISPANO CARE INC<br>3075 HIGHLAND PKWY STE 600<br>DOWNERS GROVE,IL 60515 | 36-3606486 | 501(c)(3) | 200,000 | | FMV | | SUPPORT EXEMPT PURPOSE |
| HOWARD BROWN HEALTH CENTER<br>4025 N Sheridan Road<br>Chicago,IL 60613 | 36-2894128 | 501(c)(3) | 9,200 | | FMV | | SPONSOR EVENTS |

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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

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

▶ **Complete if the organization answered "Yes" 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 North Side Health Network

**Employer identification number**
36-3196629

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☐ Personal services (e g , maid, chauffeur, chef) | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | **1b** | | |
| **2** | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? | **2** | | |
| **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 | | | |
| | ☑ Compensation committee | ☐ Written employment contract | | |
| | ☑ Independent compensation consultant | ☑ Compensation survey or study | | |
| | ☑ Form 990 of other organizations | ☑ Approval by the board or compensation committee | | |
| **4** | During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | Yes | |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.** | | | |
| **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 | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," on line 5a or 5b, describe in Part III | | | |
| **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 | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | If "Yes," on line 6a or 6b, describe in Part III | | | |
| **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 | **7** | Yes | |
| **8** | Were any amounts reported on Form 990, Part VII, paid or accured 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 | **8** | | No |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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 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 AND SUSAN NORDSTROM LOPEZ $145,271 THE FOLLOWING EMPLOYEE HAS NOT YET VESTED AND THEREFORE THE CONTRIBUTIONS ARE REPORTED AS DEFERRED COMPENSATION 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 PARTICPANT 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 |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 36-3196629
**Name:** Advocate North Side Health Network

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable 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 |
|---|---|---|---|---|---|---|---|---|
| **1**James Skogsbergh<br>EXEC VP, COO, DIRECTOR | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 1,437,831 | 3,172,550 | 1,328,366 | 1,517,537 | -32,403 | 7,488,687 | 940,702 |
| **1**Gail D Hasbrouck<br>SVP, GEN COUNSEL & CORP SEC | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 461,446 | 380,254 | 290,799 | 111,275 | -23,653 | 1,267,427 | 132,749 |
| **2**William P SantulliPresident | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 860,046 | 1,119,197 | 547,912 | 547,035 | -32,942 | 3,107,132 | 402,041 |
| **3**Lee B Sacks MD<br>EXEC VP, CHIEF MEDICAL OFFICER | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 693,596 | 748,022 | 413,180 | 206,125 | -19,322 | 2,080,245 | 277,758 |
| **4**James Doheny<br>VP, FINAN & CORP CONTROLLER | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 310,893 | 104,454 | 29,191 | 24,486 | -32,586 | 501,610 | 0 |
| **5**James Dan MD<br>PRES PHYS & AMBULATORY SVCS | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 510,112 | 528,851 | 293,124 | 155,485 | -19,875 | 1,507,447 | 200,337 |
| **6**Rev K Bender Schwich<br>SVP, MISSION & SPIRITUAL CARE | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 163,083 | 212,178 | 135,801 | 93,852 | -85,035 | 689,949 | 69,357 |
| **7**Kevin Brady<br>SVP, CHIEF HUMAN RESOURCES | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 436,056 | 498,823 | 248,545 | 144,617 | -33,911 | 1,361,952 | 183,686 |
| **8**Susan Campbell<br>SVP OF PATIENT CR CHF NUR OFCR | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 337,480 | 211,048 | 40,624 | 165,185 | -18,464 | 772,801 | 32,309 |
| **9**Kelly Jo Golson<br>SVP,CHIEF MARKETING OFFICER | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 357,551 | 259,145 | 170,086 | 80,123 | -2,920 | 869,825 | 85,091 |
| **10**Dominic J Nakis<br>SVP, CFO & TREASURER | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 617,330 | 748,022 | 379,991 | 206,125 | -24,233 | 1,975,701 | 277,758 |
| **11**Scott Powder<br>SVP/CHIEF STRATEGY OFFICER | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 375,456 | 315,038 | 182,594 | 99,371 | -23,563 | 996,022 | 91,789 |
| **12**Bruce D Smith<br>SVP, Information systems, CIO | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 473,189 | 396,438 | 246,635 | 114,997 | -29,469 | 1,260,728 | 138,387 |
| **13**Don Calcagno<br>SVP, Operations Intergration | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 363,522 | 319,531 | 170,401 | 105,383 | -29,738 | 988,575 | 102,836 |
| **14**Rishi Sikka MD<br>SVP, Clinical Operations | (I) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (II) | 496,531 | 194,038 | 169,529 | 111,692 | -32,855 | 1,004,645 | 0 |
| **15**Susan Nordstrom Lopez<br>President of Advocate IMMC | (I) | 441,821 | 468,436 | 249,377 | 140,297 | 35,234 | 1,335,165 | 177,130 |
| | (II) | 0 | 0 | 0 | 0 | -0 | 0 | 0 |
| **16**Vijay Maker<br>Chair Surgery Department | (I) | 443,997 | 49,564 | 21,667 | 24,486 | 18,826 | 558,540 | 0 |
| | (II) | 0 | 0 | 0 | 0 | -0 | 0 | 0 |
| **17**Stephen Locher<br>Chair Obstetrics/Gynecology | (I) | 386,000 | 91,807 | 13,667 | 24,486 | 26,969 | 542,929 | 0 |
| | (II) | 0 | 0 | 0 | 0 | -0 | 0 | 0 |
| **18**Robert Zadylak<br>VP Medical Management | (I) | 358,485 | 86,686 | 34,931 | 24,486 | 16,441 | 521,029 | 0 |
| | (II) | 0 | 0 | 0 | 0 | -0 | 0 | 0 |
| **19**James Malow<br>Chair Dept, Internal Medicine | (I) | 275,000 | 68,196 | 28,878 | 24,486 | 20,651 | 417,211 | 0 |
| | (II) | 0 | 0 | 0 | 0 | -0 | 0 | 0 |

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| **21** Donna King<br>VP Clinical Ops/CNE | (I) | 276,511 | 64,882 | 21,533 | 24,486 | 12,656 | 400,068 | 0 |
| | (II) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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**Schedule L** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Transactions with Interested Persons

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

**Employer identification number**
36-3196629

## 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 |
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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? To | From | (e) Original principal amount | (f) Balance due | (g) In default? Yes | No | (h) Approved by board or committee? Yes | No | (i) Written agreement? Yes | No |
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| Total | | ▶ $ | | | | | | | | | | |

## 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 |
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## 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) Osvaldo Lopez MD | Family Mbr- Susan N Lopez | 175,300 | Employment | | No |
| (2) Rebecca Green | Family Mbr- Ron Greene | 56,151 | Employment | | No |
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## Part V Supplemental Information

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

| Return Reference | Explanation |
|---|---|

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319057866

**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 North Side Health Network

**Employer identification number**
36-3196629

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4D | OTHER PROGRAM SERVICES ADVOCATE ILLINOIS MASONIC MEDICAL CENTER (AIMMC), THE ONLY HOSPITAL IN THE ADVOCATE NORTH SIDE HEALTH NETWORK, WAS AGAIN NAMED ONE OF THE NATION'S 100 TOP HOSPITALS BY TRUVEN HEALTH ANALYTICS IN 2015 AIMMC IS ALSO RANKED ONE OF CHICAGOS BEST HOSPITALS BY US NEWS AND WORLD REPORT FOR THE PAST FOUR YEARS IT HAS MORE THAN 900 ACTIVE PHYSICIANS REPRESENTING 43 MEDICAL SPECIALITIES AIMMC IS DESIGNATED AS A LEVEL I TRAUMA CENTER AND AS A LEVEL III NEONATAL INTENSIVE CARE UNIT (NICU) - THE HIGHEST DESIGNATION IN EACH AWARDED BY THE STATE. AIMMC'S LEVEL I TRAUMA CENTER IS ONE OF ONLY FOUR TRAUMA CENTERS IN CHICAGO IN 2015, AIMMC HAD MORE THAN 900 TRAUMA VISITS AND OVER 44,000 EMERGENCY DEPARTMENT VISITS THE HOSPITAL IS NATIONALLY RECOGNIZED FOR EXPERTISE IN CARDIAC CARE AND USE OF THE MOST INNOVATIVE TECHNOLOGIES AVAILABLE TO PROVIDE ADVANCED CARE WITH ATTENTION TO PATIENT SAFETY, QUALITY AND EXCELLENCE. AIMMC HAS TWICE RECEIVED MAGNET RECOGNITION STATUS FOR EXCELLENCE IN NURSING SERVICES BY THE AMERICAN NURSES CREDENTIALING CENTER AIMMC HAS AFFILIATIONS WITH THE UNIVERSITY OF ILLINOIS AT CHICAGO HEALTH SCIENCES CENTER, ROSALIND FRANKLIN UNIVERSITY, MIDWESTERN UNIVERSITY AND OTHER MEDICAL SCHOOLS AND IS ONE OF THE STATES LARGEST NON-UNIVERISTY PROVIDERS OF MEDICAL EDUCATION IN ADDITION TO SERVING INDIVIDUALS IN THE ACUTE CARE SETTING, AIMMC ALSO PROVIDES COMMUNITY OUTREACH THROUGH HEALTH FAIRS, WELLNESS PROGRAMS AND OTHER OUTREACH SERVICES IN SUPPORT OF ITS MVP (MISSION, VALUES AND PHILOSOPHY) THE MISSION OF AIMMC IS TO SERVE THE HEALTH NEEDS OF INDIVIDUALS, FAMILIES, AND COMMUNITIES THROUGH A WHOLISTIC PHILOSOPHY ROOTED IN THE FUNDAMENTAL UNDERSTANDING OF HUMAN BEINGS AS CREATED IN THE IMAGE OF GOD THE VALUES OF AIMMC SERVE AS AN INTERNAL COMPASS TO GUIDE RELATIONSHIPS AND ACTIONS THEY INCLUDE EQUALITY, COMPASSION, EXCELLENCE, PARTNERSHIP, AND STEWARDSHIP THE PHILOSOPHY OF AIMMC IS GROUNDED IN PRINCIPLES OF HUMAN ECOLOGY, FAITH, AND COMMUNITY-BASED HEALTH CARE. THESE PRINCIPLES ARISE FROM AN UNDERSTANDING OF HUMAN BEINGS AS WHOLE PERSONS IN LIGHT OF THEIR RELATIONSHIP WITH GOD, THEMSELVES, THEIR FAMILIES, AND THE SOCIETY IN WHICH THEY LIVE. THROUGH OUR ACTIONS WE AFFIRM THESE PRINCIPLES AIMMC PROVIDES QUALITY HEALTH CARE TO INDIVIDUALS REGARDLESS OF RACE, CREED, NATIONAL ORIGIN, AGE, SEXUAL ORIENTATION/IDENTITY, OR ABILITY TO PAY IN 2015, THE HOSPITAL HAD 14,609 INPATIENT ADMISSIONS, 152,368 OUTPATIENT VISITS AND A TOTAL OF 2,400 BIRTHS THE NUMBER OF PATIENTS SERVED INCREASES WHEN ADDING INDIVIDUALS SERVED BY THE MEDICAL GROUP AND BEHAVIORAL HEALTH SERVICES OVER 30% OF THE POPULATION IN AIMMC'S SERVICE AREA IS HISPANIC RESULTING IN A HEIGHTENED EMPHASIS ON PROVIDING BILINGUAL AND BICULTURAL HEALTH CARE SERVICES AIMMC IS DEDICATED TO MAINTAINING A STRONG PRESENCE WITHIN ITS COMMUNITY AND CONTINUES TO MONITOR THESE EXPENDITURES TO MAKE CERTAIN THAT THE PROGRAMS AND SERVICES SUPPORTED ARE IN DIRECT RESPONSE TO COMMUNITY NEED IN 2015, THE ADVOCATE NORTH SIDE NETWORK, ALSO KNOWN AS ADVOCATE ILLINOIS MASONIC MEDICAL CENTER (AIMMC) REPORTED OVER $58 9 MILLION IN CHARITABLE CARE AND SERVICES THESE SERVICES ARE COMPRISED OF MANY COMMUNITY HEALTH PROGRAMS FOCUSED ON IMPROVING ACCESS TO CARE, ADDRESSING SPECIAL NEEDS AND IMPROVING OVERALL COMMUNITY HEALTH ADVOCATE ILLINOIS MASONIC MEDICAL CENTER'S COMMUNITY BENEFITS PLAN WAS DEVELOPED TO ESTABLISH STRATEGIES FOR IMPROVING ACCESS TO CARE AND POSITIVELY AFFECTING THE HEALTH OF THE COMMUNITIES THAT IT SERVES INCLUDED IN THE COMMUNITY BENEFITS PLAN ARE NOT ONLY PLANNED GOALS AND OBJECTIVES FOCUSED ON ADDRESSING NEEDS AS IDENTIFIED THROUGH THE HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, BUT ALSO OTHER COMMUNITY BENEFITS SUCH AS CHARITY CARE AND UNREIMBURSED MEDICAID AND MEDICARE THE PLAN SETS THE COURSE FOR STRENGTHENING EXISTING PARTNERSHIPS AND BUILDING NEW ONES WITH INDIVIDUALS AND ORGANIZATIONS WITHIN ITS SERVICE AREA IN ORDER TO LEVERAGE AND MAXIMIZE THE IMPACT OF ITS PROGRAMS AIMMC HAS SET FORTH FOUR GOALS AND MULTIPLE OBJECTIVES TO ACCOMPLISH THIS STRATEGY THE GOALS AND CORRESPONDING EXAMPLES ARE PROVIDED BELOW GOAL 1 UNDERTAKE OR SUPPORT INITIATIVES THAT ENHANCE ACCESS TO HEALTH AND WELLNESS SERVICES WITHIN THE DIVERSE COMMUNITIES AIMMC SERVES CHARITY CARE - AIMMC OFFERS A VERY GENEROUS CHARITY CARE PROGRAM REQUIRING NO PAYMENT FROM PATIENTS MOST IN NEED, AND PROVIDING DISCOUNTS TO UNINSURED PATIENTS EARNING UP TO SIX TIMES THE FEDERAL POVERTY LEVEL AND TO INSURED PATIENTS EARNING UP TO FOUR TIMES THE POVERTY LEVEL FOR A FAMILY OF FOUR A PATIENT'S EXTENUATING CIRCUMSTANCES ARE ALSO CONSIDERED WHEN QUALIFYING PATIENTS FOR CHARITY CARE AIMMC PROVIDES HEALTH CARE SERVICES TO MEDICAID AND MEDICARE PATIENTS AND SUBSIDIZES THE COSTS OF THESE GOVERNMENT PROGRAM SERVICES THAT ARE NOT FULLY REIMBURSED HISPANOCARE - MORE THAN 36,000 MEMBERS OF CHICAGO'S LATINO & NON LATINO COMMUNITY BENEFIT FROM HISPANOCARE, A NETWORK OF 100 BILINGUAL AND BICULTURAL HEALTH CARE PROVIDERS REPRESENTING OVER 100 OFFICE LOCATIONS THE GOAL OF HISPANOCARE IS TO PROVIDE QUALITY, COST-EFFECTIVE HEALTH CARE TO CHICAGO'S LATINO COMMUNITY IN A BILINGUAL AND BICULTURALLY SENSITIVE MANNER TO EASE THE FINANCIAL BURDEN, HISPANOCARE PROVIDERS AGREE TO GIVE ENROLLEES A 20-80 PERCENT DISCOUNT ON ALL OUT-OF-POCKET EXPENSES DEPENDING ON THE SERVICE PROVIDED MOBILE DENTAL VAN - THE MOBILE DENTAL VAN OFFERS ACCESS TO ORAL HEALTH SERVICES TO UNDERSERVED AND UNINSURED INDIVIDUALS, WITH A TOTAL OF 1,443 PATIENT VISITS IN 2015, SERVING 566 PATIENTS PROVIDING DENTAL SCREENINGS, TREATMENT AND EDUCATION, THE MOBILE VAN REGULARLY TRAVELS ACROSS THE CITY OF CHICAGO MAKING STOPS AT SENIOR RESIDENCES, SCHOOLS AND PRIMARY CARE CLINICS AND OTHER COMMUNITY ORGANIZATIONS TO PROVIDE CARE TO HARD-TO-REACH AND UNDERSERVED POPULATIONS, INCLUDING ELDERLY PEOPLE WITH LIMITED MOBILITY, CHILDREN FROM LOW-INCOME FAMILIES, DISABLED PERSONS, IMMIGRANTS AND THE HOMELESS LGBTQ COMMUNITY - AIMMC IS LOCATED IN ONE OF THE LARGEST LESBIAN GAY BISEXUAL TRANSGENDER QUESTIONING (LGBTQ) COMMUNITIES IN THE MIDWEST IN 2015, ADVOCATE ILLINOIS MASONIC MEDICAL CENTER WAS NAMED A LEADER IN PROVIDING EQUAL HEALTH CARE SERVICES FOR THE LGBTQ COMMUNITY BY THE HUMAN RIGHTS CAMPAIGN FOUNDATION'S HEALTH CARE EQUALITY INDEX (HEI) REPORT FOR A SEVENTH CONSECUTIVE YEAR AIMMC WAS THE FIRST HOSPITAL IN ILLINOIS AND ONE OF ONLY SIXTEEN (FIVE ARE VA) FACILITIES IN ILLINOIS TO HAVE BEEN RECOGNIZED AS A LEADER, DEMONSTRATING PATIENT NON-DISCRIMINATION, EQUAL VISITATION, EMPLOYMENT NON-DISCRIMINATION, AND TRAINING IN LGBT PATIENT-CENTERED CARE AIMMC WORKS DIRECTLY WITH THE HOWARD BROWN HEALTH CLINIC, A COMPREHENSIVE COMMUNITY HEALTH CENTER DEDICATED TO THE LGBTQ COMMUNITY PARTNER PROJECTS INCLUDE SUPPORT GROUPS, REFERRALS FOR TERTIARY CARE, SEXUAL ASSAULT INTERVENTIONS AND COMMUNITY HEALTH NEEDS ASSESSMENT FIRST ACCESS PROGRAM -- GIVEN THE HIGH NUMBER OF ADMISSIONS AND EMERGENCY DEPARTMENT VISITS FOR BEHAVIORAL HEALTH CONDITIONS AND THE LIKELIHOOD THAT DISCHARGED PATIENTS WOULD NOT KEEP FOLLOW-UP APPOINTMENTS, AIMMCS BEHAVIORAL HEALTH SERVICES INTRODUCED A LIMITED SAME-DAY ACCESS-TO-TREATMENT MODEL CALLED FIRST ACCESS IN MAY 2013 FIRST ACCESS OFFERS SAME DAY INTAKE AND ACCESS TO TREATMENT FOR PATIENTS REFERRED BY THE MEDICAL CENTERS INPATIENT PSYCHIATRIC UNIT, OTHER MEDICAL/SURGICAL UNITS, EMERGENCY DEPARTMENT, AND ADVOCATE PHYSICIANS THE GOAL IS TO ENCOURAGE SUCCESS BY PROVIDING IMMEDIATE ACCESS, STRONG ENGAGEMENT, INCREASED CONSUMER SATISFACTION AND CLOSE FOLLOW-UP FOR RELAPSE PREVENTION SINCE ITS IMPLEMENTATION, FIRST ACCESS HAS CONSISTENTLY INCREASED BEHAVIORAL HEALTH PATIENTS APPOINTMENT FOLLOW-THROUGH RATES FROM 40 PERCENT IN 2013 TO 90 PERCENT IN 2015 LANGUAGE ASSISTANCE / INTERPRETER SERVICES AS A LEVEL 1 TRAUMA CENTER AND A CENTRALLY LOCATED MEDICAL CENTER IN CHICAGO, AIMMC RECEIVES PATIENTS FROM MANY DIFFERENT COUNTRIES AND CULTURAL BACKGROUNDS AS SUCH, A PROFICIENT UNDERSTANDING OF MEDICAL TERMINOLOGY AND INTERPRETATION IN THE LANGUAGES OF PATIENTS AND FAMILIES SEEKING SERVICES FROM AIMMC IS CRITICAL TO PATIENT CARE. TO ADDRESS THIS NEED, AIMMC EMPLOYS SPANISH, POLISH AND AMERICAN SIGN LANGUAGE INTERPRETERS TO BE ABLE TO PROVIDE INTERPRETER SERVICES AS NEEDED DURING THE DAY ON-SITE AGENCY INTERPRETERS CAN ALSO BE ACCESSED IF NEEDED IN ADDITION, ADVOCATE HEALTH CARE COORDINATES FOR ITS HOSPITALS TELEPHONIC INTERPRETING (MORE THAN 200 LANGUAGES) THROUGH PACIFIC INTERPRETERS AND VIDEO REMOTE INTERPRETING (23 LANGUAGES) ACCESSED VIA IPADS OR MONITORS |

| Return Reference | Explanation |
| --- | --- |
| GOAL 2 POSITIVELY AFFECT THE HEALTH STATUS AND QUALITY OF LIFE | OF INDIVIDUALS AND POPULATIONS IN COMMUNITIES SERVED BY AIMMC THROUGH PROGRAMS AND PRACTICES THAT REFLECT AIMMC'S WHOLISTIC PHILOSOPHY DEAF AND HARD OF HEARING PROGRAM - AIMMC'S DEAF AND HARD OF HEARING PROGRAM PROVIDES COMPREHENSIVE MENTAL HEALTH CARE IN AMERICAN SIGN LANGUAGE (ASL) TO DEAF, HARD OF HEARING AND DEAF-BLIND CHILDREN, ADOLESCENTS, AND ADULTS THROUGHOUT ILLINOIS THE PROGRAM EMPLOYS TWO THERAPISTS AND USES TELEHEALTH TECHNOLOGY PEDIATRIC DEVELOPMENT CENTER - AN INTENSIVE TREATMENT CAN BE KEY FOR CHILDREN DIAGNOSED WITH AUTISM THE AUTISM TREATMENT CENTER, A PART OF THE PEDIATRIC DEVELOPMENT CENTER AT AIMMC AND THE LARGEST AUTISM TREATMENT CENTER IN THE STATE, OFFERS A 12-MONTH COURSE OF INTENSIVE, HOME-BASED INTERVENTION FOR CHILDREN WITH AUTISM BETWEEN AGES 2 TO 6 YEARS OLD THE CENTER INTEGRATES A VARIETY OF TREATMENT APPROACHES, PROGRAM GOALS, INCLUDING ORGANIZING THE HOME ENVIRONMENT FOR SUCCESSFUL PARENTING, DEVELOPING A FUNCTIONAL COMMUNICATION SYSTEM FOR THE CHILD, TEACHING PARENTS HOW TO HELP THEIR YOUNG CHILD WITH AUTISM TO GROW AND LEARN, AND PREPARING THE CHILD TO TAKE FULL ADVANTAGE OF SPECIAL EDUCATION IN 2015, THE PDC IMPLEMENTED THE 'GIRL TALK'MAN CAVE' PROGRAMS, PROVIDING PSYCHOEDUCATION ON SEXUAL HEALTH AND SAFETY TO ADOLESCENTS WITH AUTISM AND INTELLECTUAL DISABILITY IN 2015, THE PDC PROVIDED SERVICES TO 2,627 UNDUPLICATED PATIENTS FOR A TOTAL OF 24,071 PATIENT CONTACTS SPECIAL PATIENT DENTAL CARE - THE SPECIAL PATIENT DENTISTRY PROGRAM AT ADVOCATE ILLINOIS MASONIC MEDICAL CENTER PROVIDES QUALITY ORAL HEALTH CARE TO PATIENTS WITH MENTAL OR PHYSICAL DISABILITIES, SUCH AS DOWN SYNDROME, DEVELOPMENTAL DELAYS AND CEREBRAL PALSY A PATIENT WITH DEVELOPMENTAL DISABILITIES MAY NOT UNDERSTAND THE NEED FOR DENTAL CARE, OR WHY A DENTIST WANTS TO PROBE INSIDE HIS OR HER MOUTH, OR MAY FIND IT A CHALLENGE TO SIT IN A DENTAL CHAIR FOR AN EXAMINATION THESE SPECIAL NEEDS PATIENTS AND THEIR FAMILIES MAY OVERLOOK ESSENTIAL DENTAL CARE IN THE FACE OF MORE PRESSING HEALTH PROBLEMS MANY DENTISTS LACK THE TRAINING OR EQUIPMENT NEEDED TO HELP SUCH PATIENTS AS A RESULT, MANY PEOPLE WITH DISABILITIES LACK ACCESS TO EVEN THE MOST BASIC ROUTINE DENTAL CARE IN ADDITION TO SEEING 978 PATIENTS IN 2015, THE SPECIAL PATIENT DENTISTRY PROGRAM ALSO PROVIDES EDUCATIONAL OUTREACH AND SCREENING SERVICES WITHIN THE COMMUNITY THE PROGRAM'S DENTAL HYGIENIST TRAVELS TO SCHOOLS, WORKSHOPS AND RESIDENTIAL FACILITIES FOR THE DISABLED AND PROVIDES ON-SITE ORAL HYGIENE INSTRUCTION MEDICATION ASSISTANCE PROGRAM - AIMMC'S MEDICATION ASSISTANCE PROGRAM ASSISTS PATIENTS WHO ARE UNABLE TO AFFORD MEDICATION AND OFTEN FOREGO TREATMENT, CAUSING THEIR CONDITIONS TO WORSEN IN IMPLEMENTING THIS PROGRAM, AIMMC'S PHARMACY DEPARTMENT'S VISION IS TO HELP PATIENTS SECURE PRESCRIPTIONS THEY ARE UNABLE TO AFFORD THE MEDICATION ASSISTANCE PROGRAM PROVIDED $1 2 MILLION IN MEDICATION TO 537 LOW-INCOME PATIENTS IN 2015 AIMMC ALSO PARTICIPATES IN CERTAIN PHARMACEUTICAL COMPANIES PROGRAMS THAT REIMBURSE PRODUCT FOR PRODUCT DRUGS USED FOR INDIGENT PATIENT TREATMENT GOAL 3 LEVERAGE RESOURCES AND MAXIMIZE COMMUNITY OUTREACH EFFORTS BY BUILDING AND STRENGTHENING COMMUNITY PARTNERSHIPS SCHOOL-BASED HEALTH CENTERS - AIMMC PROVIDES CLINICAL PSYCHOLOGISTS SERVICES TO THE SCHOOL-BASED HEALTH CENTERS LOCATED AT AMUNDSEN AND LAKEVIEW HIGH SCHOOLS ON CHICAGO'S NORTH SIDE THESE SERVICES REACH TEENS FROM LOW INCOME NEIGHBORHOODS WHO ARE OFTEN MORE RESPONSIVE TO SERVICES BECAUSE THEY ARE OFFERED IN THE SCHOOL SETTING TEENS RECEIVE INDIVIDUAL BEHAVIORAL HEALTH VISITS, GROUP SESSIONS AND WORKSHOPS COVERING TOPICS SUCH AS DEPRESSION AND SUICIDE, HEALTHY RELATIONSHIPS, STRESS MANAGEMENT, BULLYING, AND ALCOHOL AND SUBSTANCE ABUSE DURING 2015, THE HEALTH CENTER PSYCHOLOGISTS SERVED 288 STUDENTS FOR A TOTAL OF 1,539 INDIVIDUAL BEHAVIORAL HEALTH VISITS, AND HAD 8,127 GROUP ENCOUNTERS ACROSS 328 GROUPS AND WORKSHOPS COMMUNITY HEALTH FAIRS - AIMMC'S COMMUNITY HEALTH FAIRS BRING SERVICES TO AREAS THAT MAY NOT HAVE EASY ACCESS TO CARE AND FOR WHICH LANGUAGE CAN BE A BARRIER TO RECEIVING HIGH QUALITY CARE AIMMC'S COMMUNITY HEALTH FAIRS AND SCREENINGS PROVIDE THE HOSPITAL'S SERVICE AREA RESIDENTS ACCESS TO HEALTH SCREENINGS PERFORMED ONE-ON-ONE BY BILINGUAL HEALTH PROFESSIONALS THE HEALTH EVENTS PROVIDE MANY RESIDENTS WITH THEIR FIRST CONTACT WITH A MEDICAL PROFESSIONAL AND INITIAL HEALTH SCREENINGS THE FREE HEALTH SCREENINGS INCLUDE ASTHMA/PULMONARY TESTING, AND GLUCOSE, CHOLESTEROL AND BLOOD PRESSURE SCREENINGS SCREENINGS THAT ARE ABNORMAL MAY INDICATE A POTENTIAL HEALTH CONCERN THAT SHOULD BE ADDRESSED THESE INDIVIDUALS ARE PROVIDED WITH PERTINENT HEALTH INFORMATION AND PHYSICIAN/CLINIC FOLLOW-UP INFORMATION BESIDES SCREENINGS, VARIOUS HEALTH AND SOCIAL SERVICE INFORMATION IS MADE WIDELY AVAILABLE TO THE PUBLIC DISASTER COORDINATION AIMMCS EMERGENCY MEDICAL SERVICES TRAIN CITY AND PRIVATE AMBULANCE AND FIRE DEPARTMENT EMPLOYEES AS ONE OF ONLY 11 HOSPITALS IN ILLINOIS DESIGNATED AS A RESOURCE HOSPITAL COORDINATOR CENTER (RHCC), AIMMC IS RESPONSIBLE FOR COORDINATING MEDICAL RESPONSE EFFORTS AT MAJOR EVENTS, SUCH AS THE CHICAGO MARATHON, AND WHEN THE EMERGENCY MEDICAL DISASTER PLAN IS ACTIVATED THE HOSPITAL ALSO SERVES AS THE LEAD HOSPITAL FOR DISASTERS OCCURRING IN CHICAGO - INCLUDING O'HARE AIRPORT AS A DESIGNATED LEVEL I TRAUMA CENTER, THE HOSPITAL IS POSITIONED TO PARTICIPATE AND LEAD COORDINATION OF DISASTER RESPONSE ACTIVITIES FOR THE PARTICIPATING HOSPITALS AND EMS PROVIDERS IN CHICAGO, AND MAINTAINS AN ESTABLISHED TWO-WAY COMMUNICATION SYSTEM WITH THIRTY-SIX PARTICIPATING HOSPITALS MENTAL CRISIS COMMUNITY SUPPORT - THE MEDICALLY INTEGRATED CRISIS COMMUNITY SUPPORT (MICCS) IS A SERVICE WHICH FOLLOWS ACUTELY BEHAVIORALLY ILL PATIENTS WHO HAVE A COMORBID PHYSICAL ILLNESS OR ADDICTION, AND A PATTERN OF GETTING THEIR PRIMARY AND BEHAVIORAL HEALTH CARE IN THE ER, INPATIENT PSYCHIATRIC UNIT OR MEDICAL UNIT OF COMMUNITY HOSPITALS THE TEAM WORKING WITH THE CLIENTS IS COMPRISED OF 9 CLINICIANS, INCLUDING PEER SUPPORT SPECIALISTS, CLERGY, AND OTHER ASSOCIATES, WHO ARE IN DAILY CONTACT WITH THE CLIENTS THE TEAM WILL ASSIST PATIENTS WITH THEIR INDIVIDUAL NEEDS SUCH AS HOUSING AND MEDICATION STABILIZATION THE PROGRAM WAS IMPLEMENTED IN APRIL 2014 AND HAS CONSISTENTLY RESULTED IN FEWER RETURN HOSPITAL VISITS BY THESE PATIENTS MEDIA SERVICE HISPANOCARE STAFF WRITES A SPANISH BI-WEEKLY ARTICLE FOR LA RAZA, A SPANISH NEWSPAPER ON A VARIETY OF HEALTH TOPICS SOME OF THE TOPICS COVERED HAVE BEEN RHEUMATOID ARTHRITIS, OSTEOPOROSIS, STROKE, HEART DISEASES, DIABETES, CHILD SAFETY, AND BREAST AND PROSTATE CANCER THE HISPONOCARE STAFF ALSO HOSTS LIVE TV SHOWS ON CABLE ACCESS NETWORK (CAN) TV WITH DIFFERENT HEALTH PROFESSIONALS DISCUSSING VARIOUS HEALTH TOPICS IN BOTH ENGLISH AND SPANISH COMMUNITY INVOLVEMENT - AS RESPECTED MEMBERS OF THE COMMUNITY, AIMMC LEADERSHIP ARE ASKED TO SERVE AS HOSPITAL REPRESENTATIVES ON AREA BOARDS, COUNCILS, TASK FORCES AND COMMITTEES ONE HOSPITAL LEADER, FOR EXAMPLE, HAS SERVED FOR SEVERAL YEARS ON THE MAYOR OF CHICAGO'S SENIOR WELLNESS TASK FORCE EACH YEAR, THE HOSPITAL ALSO HOSTS QUARTERLY COMMUNITY CLERGY FUNCTIONS AND SERVES AS A CO-SPONSOR FOR AREA SCHOOL HEALTH FAIRS |

| Return Reference | Explanation |
| --- | --- |
| GOAL 4 PROMOTE INTEGRATION OF AND ACCOUNTABILITY FOR AIMMC'S | COMMUNITY HEALTH PLANS BY ENHANCING COORDINATION AND DEVELOPING GOVERNANCE RELATIONSHIPS IN JANUARY 2011, AIMMC IMPLEMENTED A NEW COMMUNITY HEALTH ACCOUNTABILITY STRUCTURE THE OVERALL GOAL WAS TO STRATEGICALLY FOCUS THE HOSPITAL'S COMMUNITY HEALTH PROGRAMMING TO ASSURE KEY COMMUNITY NEEDS ARE BEING ADDRESSED AND THAT THESE PROGRAMS, WHETHER DEVELOPED OR SUSTAINED, MEASURABLY IMPROVE COMMUNITY HEALTH A HOSPITAL-BASED COMMUNITY HEALTH COUNCIL WAS ESTABLISHED TO CONDUCT A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT USING A STANDARDIZED APPROACH LED BY THE HOSPITAL'S COMMUNITY HEALTH LEADER, REPRESENTATIVES FROM THE HOSPITAL'S EXECUTIVE TEAM, PUBLIC AFFAIRS AND MARKETING, MISSION AND SPIRITUAL CARE, AND BUSINESS DEVELOPMENT AND STRATEGY DEPARTMENTS MET REGULARLY DURING THE FIRST HALF OF THE YEAR IN ADDITION, THREE COMMUNITY REPRESENTATIVES SERVING ON THE HOSPITAL'S GOVERNING COUNCIL WERE INVITED TO SERVE AS ACTIVE PARTICIPANTS ON THE COMMUNITY HEALTH COUNCIL AS PROGRAM PLANNING EVOLVED, ADDITIONAL HOSPITAL CLINICAL TEAM MEMBERS WERE ADDED TO THE COMMUNITY HEALTH COUNCIL FOR THEIR DISEASE-SPECIFIC PROGRAM EXPERTISE, AS WERE OTHER COMMUNITY REPRESENTATIVES HAVING SPECIAL KNOWLEDGE/EXPERTISE IN SELECTED KEY FOCUS AREAS USING BOTH PRIMARY AND SECONDARY COMMUNITY HEALTH DATA, THE COUNCIL IDENTIFIED THE HOSPITAL SERVICE AREAS' KEY HEALTH NEEDS AND THEN EMPLOYED A STANDARDIZED PRIORITY SETTING PROCESS TO DETERMINE KEY HEALTH NEEDS ON WHICH TO FOCUS MENTAL HEALTH AND DENTAL SERVICES WERE SELECTED AS THE TWO CHNA PRIORITIES AS WITH THE OTHER HOSPITALS IN THE ADVOCATE HEALTH CARE SYSTEM, AIMMCS CHNA REPORT WAS ENDORSED BY ITS GOVERNING COUNCIL IN 2013 THE MISSION AND SPIRITUAL CARE COMMITTEE OF THE ADVOCATE BOARD OF DIRECTORS, WHICH HAD SYSTEM LEVEL OVERSIGHT OF COMMUNITY HEALTH PLANNING, ALSO ENDORSED AIMMCS CHNA REPORT IN 2013 AIMMCS CHNA REPORT WAS POSTED ON THE ADVOCATE HEALTH CARE WEBPAGE IN DECEMBER 2013 AND THE MEDICAL CENTERS IMPLEMENTATION PLAN WAS POSTED IN COMPLIANCE WITH THE PROPOSED RULE IN EARLY MAY 2014 AIMMC ALSO PUBLISHED ITS IMPLEMENTATION PLAN PROGRESS REPORT ON THE ADVOCATE HEALTH CARE WEBPAGE IN DECEMBER 2014 AND DECEMBER 2015 IN 2014, THE ADVOCATE SYSTEM PURCHASED THE HEALTHY COMMUNITIES INSTITUTES CHNA TOOL AND PROVIDED AIMMCS STAFF AND THAT OF OTHER ADVOCATE HOSPITALS WITH TRAINING RELATED TO HOW TO USE THE TOOL, INCLUDING RUNNING REPORTS USING VARIOUS INDICATORS ACCORDING TO ZIP CODES AND HOSPITAL-SPECIFIC SERVICE AREAS IN 2015, HOSPITAL COMMUNITY HEALTH STAFF JOINED THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY IN ORDER TO COMPLETE THE CHNA FOR THE 2014-2016 CYCLE THE HOSPITAL ALSO JOINED THE HEALTHY CHICAGO HOSITAL COLLABORATIVE IN ORDER TO EXPLORE IMPLEMENTATION OF COMMONLY IDENTIFIED PRIORITIES WITH OTHER HOSPITALS |

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART VI, LINE 1A | DESCRIPTION OF BOARD DELEGATING POWERS TO EXECUTIVE COMMITTEE THE ORGANIZATION'S BY-LAWS PROVIDE THAT THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD THE EXECUTIVE COMMITTEE HAS THE SAME COMPOSITION AND MEMBERS AS THE EXECUTIVE COMMITTEE OF THE CORPORATE MEMBER 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 |

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART VI, LINE 2 | DESCRIPTION OF BUSINESS RELATIONSHIPS AS JAMES DAN, M D , LEE B SACKS, M D , GAIL D HASBROUCK, JAMES DOHENY, DOMINIC J NAKIS, 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, LINE 6 | MEMBERS OR STOCKHOLDERS THE BY-LAWS PROVIDE FOR CORPORATE MEMBERS |

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART VI, LINE 7A | DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS THE NOT-FOR-PROFIT CORPORATIONS OF ADVOCATE HEALTH CARE, WITH THE EXCEPTION OF ADVOCATE HEALTH CARE NETWORK, HAVE CORPORATE MEMBERS WHO ELECT DIRECTORS ADVOCATE HEALTH CARE NETWORK DOES NOT HAVE ANY MEMBERS, THEREFORE, THE AHCN BOARD ELECTS ITS DIRECTORS THE FOR-PROFIT ORGANIZATIONS HAVE A SOLE SHAREHOLDER WHO ELECTS THE DIRECTORS |

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, LINE 7B | DESCRIPTION OF CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL AND 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 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 |

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART VI, LINE 11B | DESCRIPTION OF THE PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW 990 ADVOCATE'S TAX PREPARATION PROCESS INCLUDES ONGOING CONSULTATION WITH ITS OUTSIDE TAX CONSULTING FIRM AND TAX LEGAL COUNSEL, BOTH OF WHICH POSSESS EXPERTISE IN HEALTH CARE AND TAX-EXEMPT RETURN PREPARATION, TO ADVISE AND ASSIST WITH PREPARATION OF THE FORM 990 THESE ADVISORS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE, TAX AND LEGAL ASSOCIATES AND OTHER MEMBERS OF THE ORGANIZATION'S TEAM ASSEMBLED TO PARTICIPATE IN THE PREPARATION OF THE FORM 990 THE FORM 990 IS REVIEWED BY FINANCE MANAGEMENT, THE TAX MANAGER, THE VP OF FINANCE/CORPORATE CONTROLLER, THE CHIEF FINANCIAL 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 AND 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 |

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART VI, LINE 12C | DESCRIPTION OF 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 DISCLOSURE 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 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 |

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART VI, LINES 15A & 15B | OFFICES AND POSTIONS FOR WHICH PROCESS WAS USED AND YEAR PROCESS WAS BEGUN EXECUTIVE COMPENSATION AT THE ADVOCATE HEALTH CARE NETWORK AND SUBSIDIARIES IS BASED ON A BOARD OF DIRECTORS' APPROVED STRATEGY THAT GUIDES THE CORPORATION IN ESTABLISHING COMPENSATION OPPORTUNITIES FOR EXECUTIVES, MANAGERS, PROFESSIONALS, AND ALL EMPLOYEES IN THIS STRATEGY, SPECIFIC MARKET COMPARISONS ARE IDENTIFIED AND THE DESIRED LEVEL OF COMPETITIVENESS IN THOSE MARKETS SPECIFIED IN ADDITION, THE LINKAGE OF EXECUTIVE PAY TO PERFORMANCE IS ARTICULATED AND HOW THIS RELATIONSHIP IS TO BE MAINTAINED IS OUTLINED TO SUPPORT AND IMPLEMENT THE COMPENSATION STRATEGY, FIVE BASIC ELEMENTS ARE UTILIZED THESE ELEMENTS ARE - A SOLID, RELIABLE AND TESTED JOB EVALUATION METHODOLOGY - ACCURATE, QUALITY AND RELEVANT COMPENSATION SURVEY INFORMATION - A CONSISTENT ANNUAL PROCESS FOR UPDATING THE COMPENSATION LEVELS - AN ACTIVE BOARD REVIEW PROCESS THAT ASSURES COMPLIANCE WITH THE COMPENSATION STRATEGY AND ON-GOING REVIEW OF THE PERFORMANCE OF THE ORGANIZATION, AND - ACTIVE, EXTERNAL REVIEW AND AUDITING OF COMPENSATION BY EXTERNAL INDEPENDENT CONSULTANTS |

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART VI, LINE 19 | AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO THE GENERAL PUBLIC THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE FOLLOWING SITES - DACBOND COM (DIGITAL ASSURANCE CERTIFICATION, LLC) - EMMA MSRB ORG (ELECTRONIC MUNICIPAL MARKET ACCESS) THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENT OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC |

| Return Reference | Explanation |
| --- | --- |
| FORM 990, PART XI, LINE 9 | OTHER CHANGES IN NET ASSETS OR FUND BALANCES Net Assets released from restr for capital purposes ($3,409,211) ACF Capital transfer $1,005,097 Government Grants - Capital transfer from equity $2,423,133 ---------- Total $19,019 ---------- |

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 24 - OTHER EXPENSES | DESCRIPTION OTHER TOTAL EXPENSES 19774344 PROGRAM SERVICES 3623052 MANAGEMENT AND GENERAL 16151292 FUNDRAISING |

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 24 - OTHER EXPENSES | DESCRIPTION PUBLIC ASSESSMENT FEE TOTAL EXPENSES 17688662 PROGRAM SERVICES 17688662 |

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 24 - OTHER EXPENSES | DESCRIPTION REPAIR AND MAINTENANCE TOTAL EXPENSES 4292656 PROGRAM SERVICES 4281642 MANAGEMENT AND GENERAL 11014 |

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 24 - OTHER EXPENSES | DESCRIPTION CONTRACTUAL SERVICES TOTAL EXPENSES 2560793 PROGRAM SERVICES 2560793 |

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 24 - OTHER EXPENSES | DESCRIPTION SPECIAL PROJECT TOTAL EXPENSES 2269415 PROGRAM SERVICES 2269415 |

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 24 - OTHER EXPENSES | DESCRIPTION FOOD SUPPLIES TOTAL EXPENSES 2017485 PROGRAM SERVICES 2014175 MANAGEMENT AND GENERAL 3310 |

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 24 - OTHER EXPENSES | DESCRIPTION MINOR EQUIPMENT TOTAL EXPENSES 1948427 PROGRAM SERVICES 1947711 MANAGEMENT AND GENERAL 716 |

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 24 - OTHER EXPENSES | DESCRIPTION MEMBERSHIP FEES TOTAL EXPENSES 221737 PROGRAM SERVICES 214730 MANAGEMENT AND GENERAL 7007 |

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 24 - OTHER EXPENSES | DESCRIPTION EMPLOYEE EXPENSES TOTAL EXPENSES 189135 PROGRAM SERVICES 185992 MANAGEMENT AND GENERAL 3143 |

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 24 - OTHER EXPENSES | DESCRIPTION VEHICLE EXPENSE TOTAL EXPENSES 179195 PROGRAM SERVICES 175373 MANAGEMENT AND GENERAL 3822 |

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 24 - OTHER EXPENSES | DESCRIPTION RELOCATION TOTAL EXPENSES 101717 PROGRAM SERVICES 101717 |

| Return Reference | Explanation |
| --- | --- |
| FORM 990 PART IX LINE 24 - OTHER EXPENSES | DESCRIPTION LOBBYING TOTAL EXPENSES 6528 PROGRAM SERVICES 6528 |

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# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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.

OMB No 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization
Advocate North Side Health Network

**Employer identification number**
36-3196629

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

| (a) Name, address, and EIN (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 |
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**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 | (g) No |
|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | |
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**Part III** **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **(1)** DREYER MERCY AMB SURGERY CNTR<br><br>2357 Sequoia Drive<br>AURORA, IL 60506<br>36-3890298 | MEDICAL SERVICES | IL | NA | | | | | | | | | |
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**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 | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | | | |
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**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

| | | Yes | No |
|---|---|---|---|
| **1** During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| **a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 1a | | No |
| **b** Gift, grant, or capital contribution to related organization(s) | 1b | Yes | |
| **c** Gift, grant, or capital contribution from related organization(s) | 1c | Yes | |
| **d** Loans or loan guarantees to or for related organization(s) | 1d | | No |
| **e** Loans or loan guarantees by related organization(s) | 1e | | No |
| **f** Dividends from related organization(s) | 1f | | No |
| **g** Sale of assets to related organization(s) | 1g | | No |
| **h** Purchase of assets from related organization(s) | 1h | | No |
| **i** Exchange of assets with related organization(s) | 1i | | No |
| **j** Lease of facilities, equipment, or other assets to related organization(s) | 1j | Yes | |
| **k** Lease of facilities, equipment, or other assets from related organization(s) | 1k | Yes | |
| **l** Performance of services or membership or fundraising solicitations for related organization(s) | 1l | Yes | |
| **m** Performance of services or membership or fundraising solicitations by related organization(s) | 1m | Yes | |
| **n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | No |
| **o** Sharing of paid employees with related organization(s) | 1o | | No |
| **p** Reimbursement paid to related organization(s) for expenses | 1p | Yes | |
| **q** Reimbursement paid by related organization(s) for expenses | 1q | Yes | |
| **r** Other transfer of cash or property to related organization(s) | 1r | Yes | |
| **s** Other transfer of cash or property from related organization(s) | 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 | | | |
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**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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## 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:** 36-3196629
**Name:** Advocate North Side Health Network

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| Advocate Health Care Network<br>3075 Highland Parkway STE 600<br>Downers Grove, IL 60515<br>36-2167779 | Parent Corp | IL | 501(c)(3) | 11-III-FI | NA | | No |
| Advocate Condell Medical Center<br>3075 Highland Parkway STE 600<br>Downers Grove, IL 60515<br>26-2525968 | Health Care | IL | 501(c)(3) | 3 | AHHC | | No |
| Advocate Health & Hospitals Corporation<br>3075 Highland Parkway STE 600<br>Downers Grove, IL 60515<br>36-2169147 | Health Care | IL | 501(c)(3) | 3 | AHCN | | No |
| Advocate Charitable Foundation<br>3075 Highland Parkway STE 600<br>Downers Grove, IL 60515<br>36-3297360 | Fundraising | IL | 501(c)(3) | 7 | AHCN | | No |
| EHS Home Health Care Service Inc<br>3075 Highland Parkway STE 600<br>Downers Grove, IL 60515<br>36-2913108 | Home Care | IL | 501(c)(3) | 9 | AHHC | | No |
| Meridian Hospice<br>3075 Highland Parkway STE 600<br>Downers Grove, IL 60515<br>36-3158667 | Hospice Care | IL | 501(c)(3) | 9 | EHSHHCS | | No |
| Hispano Care Inc<br>3075 Highland Parkway STE 600<br>Downers Grove, IL 60515<br>36-3606486 | Health Care | IL | 501(c)(3) | 9 | ANSHN | Yes | |
| Ravenswood Health Care Foundation<br>3075 Highland Parkway STE 600<br>Downers Grove, IL 60515<br>36-3196628 | Fundraising | IL | 501(c)(3) | 11-II | NA | | No |
| Masonic Family Health Foundation Inc<br>3075 Highland Parkway STE 600<br>Downers Grove, IL 60515<br>36-4397387 | Fundraising | IL | 501(c)(3) | 11-I | MFHS | | No |
| Advocate Sherman Hospital<br>3075 Highland Parkway STE 600<br>Downers Grove, IL 60515<br>36-2167920 | Health Care | IL | 501(c)(3) | 3 | AHCN | | No |
| Sherman West Court<br>3075 Highland Parkway STE 600<br>Downers Grove, IL 60515<br>36-3725580 | Nursing Care | IL | 501(c)(3) | 9 | ASH | | No |
| Sherman Home Health Care Corporation<br>901 Center Street STE 2001A<br>Elgin, IL 60120<br>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<br>3075 Highland Parkway Suite 600<br>Downers Grove, IL 60515<br>36-3315416 | Health Services | IL | NA | C Corp | | | | | No |
| (1) Advocate Health Centers Inc<br>3075 Highland Parkway Suite 600<br>Downers Grove, IL 60515<br>36-4217291 | Medical Services | IL | NA | C Corp | | | | | No |
| (2) Evangelical Services Corporation<br>3075 Highland Parkway Suite 600<br>Downers Grove, IL 60515<br>36-3208101 | Mgmt Services | IL | NA | C Corp | | | | | No |
| (3) High Technology Inc<br>3075 Highland Parkway Suite 600<br>Downers Grove, IL 60515<br>36-3368224 | Medical Services | IL | NA | C Corp | | | | | No |
| (4) Dreyer Clinic Inc<br>3075 Highland Parkway Suite 600<br>Aurora, IL 60515<br>36-2690329 | Medical Services | IL | NA | C Corp | | | | | No |
| (5)<br>BroMenn Physician Management Corporation<br>3075 Highland Parkway Suite 600<br>Downers Grove, IL 60515<br>37-1313150 | Medical Services | IL | NA | C Corp | | | | | No |
| (6) Parkside Center Condo Association<br>1775 West Dempster Street<br>Park Ridge, IL 60068<br>36-3452486 | Property Mgmt | IL | NA | C Corp | | | | | No |
| (7) Midwest Heart Specialists Ltd<br>3075 Highland Parkway Suite 600<br>Downers Grove, IL 60515<br>36-2841923 | Medical Services | IL | NA | C Corp | | | | | No |
| (8) ShermanChoice Inc<br>1425 N Randall Road<br>Elgin, IL 60123<br>36-4058392 | Phys-Hosp-Orgn | IL | NA | C Corp | | | | | No |
| (9) The Delphi Group IV Inc<br>1425 N Randall Road<br>Elgin, IL 60123<br>36-4017279 | Health Cost Mgmt | IL | NA | C Corp | | | | | No |
| (10) Sherman Ventures Inc<br>3075 Highland Parkway Suite 600<br>Downers Grove, IL 60515<br>36-4292309 | Holding Company | IL | NA | C Corp | | | | | No |
| (11) Advocate HPN NFP<br>3075 Highland Parkway Suite 600<br>Downers Grove, IL 60515<br>81-0893878 | Health Imprv Mgmt | IL | NA | C Corp | | | | | No |
| (12) Advocate Community Network<br>3075 Highland Parkway Suite 600<br>Downers Grove, IL 60515<br>47-4402517 | Health Imprv Mgmt | IL | NA | C Corp | | | | | No |
| (13) Advocate Insurance SPC<br>878 W Bay Rd PO Box 1159<br>Grand Cayman KY1-1102<br>CJ<br>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) | Hispano Care Inc | 1-B | 200,000 | COST |
| (1) | Advocate Charitable Foundation | 1-C | 1,480,447 | COST |
| (2) | Advocate Heath & Hospitals Corp | 1-J | 1,064,910 | COST |
| (3) | Advocate Heath & Hospitals Corp | 1-K | 212,016 | COST |
| (4) | Advocate Heath & Hospitals Corp | 1-L | 1,962,976 | COST |
| (5) | Advocate Heath & Hospitals Corp | 1-M | 63,188,271 | COST |
| (6) | Advocate Heath & Hospitals Corp | 1-P | 79,887,353 | COST |
| (7) | Advocate Heath & Hospitals Corp | 1-Q | 33,469,068 | COST |
| (8) | Advocate Heath & Hospitals Corp | 1-R | 10,345,251 | COST |
| (9) | Advocate Heath & Hospitals Corp | 1-S | 13,492,813 | COST |