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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

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

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

C Name of organization
Advocate Condell Medical Center
% JAMES W DOHENY
Doing business as

Number and street (or P O box if mail is not delivered to street address) 3075 HIGHLAND PKWY STE 600
Room/suite

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

D Employer identification number
26-2525968

E Telephone number
(630) 572-9393

G Gross receipts $ 748,782,939

F Name and address of principal officer
JAMES W DOHENY
3075 HIGHLAND PKWY STE 600
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 ▶ 9395

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 2008

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SERVE HEALTH NEEDS OF COMMUNITIES THROUGH WHOLISTIC PHILOSOPHY ROOTED IN FUNDAMENTAL UNDERSTANDING OF HUMANS AS CREATED IN THE IMAGE OF GOD

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	2,219
6	Total number of volunteers (estimate if necessary)	**6**	645
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,350,585
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	190,115

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	717,597	336,306
9	Program service revenue (Part VIII, line 2g)	375,965,402	468,481,207
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,266,354	7,229,676
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,503,842	10,107,417
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	387,453,195	486,154,606
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	29,198	14,266
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)	131,197,602	137,324,583
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)	203,080,381	289,861,407
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	334,307,181	427,200,256
19	Revenue less expenses Subtract line 18 from line 12	53,146,014	58,954,350

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	458,574,227	449,014,470
21	Total liabilities (Part X, line 26)	111,653,674	105,485,981
22	Net assets or fund balances Subtract line 21 from line 20	346,920,553	343,528,489

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: 2018-11-13

▶ JAMES W DOHENY VP FIN & CONTROLLER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Tamara Tarazi	Preparer's signature: Tamara Tarazi	Date	Check ☐ if self-employed — PTIN 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 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 See Additional Data)	(Expenses $	360,953,704	including grants of $	14,266) (Revenue $	461,853,970)
4b	(Code See Additional Data)	(Expenses $	9,227,797	including grants of $	0) (Revenue $	7,619,033)
4c	(Code See Additional Data)	(Expenses $	0	including grants of $	0) (Revenue $	0)
4d	Other program services (Describe in Schedule O)	(Expenses $	10,857,131	including grants of $	0) (Revenue $	6,614,010)
4e	**Total program service expenses ▶**		381,038,632			

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		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *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

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

			Yes	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	
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**		No
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**		No
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**		
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**	121		
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**		
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**	2,219		
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	9		
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		No
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		

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 W DOHENY 3075 HIGHLAND PARKWAY SUITE 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										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,296,518	27,784,343	6,194,761

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 ▶ 158

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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
Aramark Healthcare Support Services, 25271 Network Place CHICAGO, IL 606731252	Hospital Services	2,728,016
Superior Health Linens LLC, 5005 S Packard Avenue CUDAHY, WI 53110	Laundry Services	845,628
FORWARD SPACE LLC, 1142 N NORTH BRANCH CHICAGO, IL 60642	ASSET MANAGEMENT	368,530
JOHNSON BELL LTD, 33 W MONROE ST SUITE 2700 CHICAGO, IL 606035404	Legal Services	205,426
CASSIDAY SCHADE LLP, 1870 W WINCHESTER RD SUITE 148 LIBERTYVILLE, IL 600485353	Legal Services	187,920

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 ▶ 10

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**	324,034			
	e Government grants (contributions) **1e**	12,272			
	f All other contributions, gifts, grants, and similar amounts not included above **1f**				
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶	336,306			
Program Service Revenue		Business Code			
	2a MEDICARE/MEDICAID	622110	137,445,285	137,445,285	
	b BLUE CROSS/MANAGED CARE	622110	117,471,627	117,471,627	
	c PATIENT SERVICE REVENUE	622110	85,537,940	85,537,940	
	d PHARMACY	446110	53,895,109	53,895,109	
	e LABORATORY	621511	39,524,760	39,524,760	
	f All other program service revenue		34,606,486	34,546,991	59,495
	g Total. Add lines 2a–2f . . . . ▶	468,481,207			
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	2,455,090			2,455,090
	4 Income from investment of tax-exempt bond proceeds ▶	0			
	5 Royalties . . . . . ▶	0			
		(i) Real	(ii) Personal		
	6a Gross rents	1,210,521			
	b Less rental expenses				
	c Rental income or (loss)	1,210,521	0		
	d Net rental income or (loss) . . . . . ▶	1,210,521			1,210,521
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	267,191,618	211,301		
	b Less cost or other basis and sales expenses	262,511,455	116,878		
	c Gain or (loss)	4,680,163	94,423		
	d Net gain or (loss) . . . . . ▶	4,774,586			4,774,586
Other Revenue	**8a** Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . **a**	0			
	b Less direct expenses . . . **b**	0			
	c Net income or (loss) from fundraising events . . ▶	0			
	9a Gross income from gaming activities See Part IV, line 19 . . . **a**	0			
	b Less direct expenses . . . **b**	0			
	c Net income or (loss) from gaming activities . . ▶	0			
	10a Gross sales of inventory, less returns and allowances . . **a**	0			
	b Less cost of goods sold . . **b**	0			
	c Net income or (loss) from sales of inventory . . ▶	0			
	Miscellaneous Revenue	Business Code			
	11a FITNESS & WELLNESS CLUB	713940	5,802,615	5,723,055	79,560
	b CHILD CARE	624410	1,682,907	477,653	1,205,254
	c CAFETERIA REVENUE	722514	1,053,753	1,053,753	
	d All other revenue		357,621	351,345	6,276
	e Total. Add lines 11a–11d . . . . . ▶		8,896,896		
	12 Total revenue. See Instructions . . . . . ▶		486,154,606	476,027,518	1,350,585	8,440,197

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	14,266	14,266		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	660,197	644,793	15,404	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	108,654,556	106,119,349	2,535,207	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,841,183	5,841,183		
9 Other employee benefits	14,689,577	14,640,238	49,339	
10 Payroll taxes	7,479,070	7,356,647	122,423	
11 Fees for services (non-employees)				
a Management	0			
b Legal	5,527		5,527	
c Accounting	-32,325		-32,325	
d Lobbying	45,206		45,206	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	672,229		672,229	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,609,506		13,609,506	
12 Advertising and promotion	56,047	32,819	23,228	
13 Office expenses	1,925,745	1,835,345	90,400	
14 Information technology	13,537,168	234,780	13,302,388	
15 Royalties	0			
16 Occupancy	5,757,356	5,757,356		
17 Travel	161,727	126,665	35,062	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	162,718	153,247	9,471	
20 Interest	2,274,961	2,274,961		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	18,841,101	18,542,463	298,638	
23 Insurance	1,526,484	1,526,484		
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	30,578	30,578		
b OTHER INTERCOMPANY	111,934,169	111,900,226	33,943	
c MEDICAL SUPPLIES	53,724,189	53,723,897	292	
d BAD DEBT	24,360,691	24,360,691		
e All other expenses	41,268,330	25,922,644	15,345,686	
25 **Total functional expenses.** Add lines 1 through 24e	427,200,256	381,038,632	46,161,624	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)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	16,323,442	1	17,100,230
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	40,846,722	4	48,161,441
	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	33,497	7	22,332
	8	Inventories for sale or use	5,553,534	8	5,176,634
	9	Prepaid expenses and deferred charges	1,044,923	9	831,466
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 403,074,864			
	b	Less accumulated depreciation — 10b: 141,129,356	268,353,092	10c	261,945,508
	11	Investments—publicly traded securities	116,589,202	11	102,020,401
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	9,829,815	15	13,756,458
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	458,574,227	16	449,014,470
Liabilities	17	Accounts payable and accrued expenses	38,034,304	17	36,024,414
	18	Grants payable	0	18	0
	19	Deferred revenue	223,030	19	40,761
	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	28,668,032	23	27,616,454
	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	44,728,308	25	41,804,352
	26	**Total liabilities.** Add lines 17 through 25	111,653,674	26	105,485,981
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	346,920,553	27	343,528,489
	28	Temporarily restricted net assets	0	28	0
	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	346,920,553	33	343,528,489
	34	Total liabilities and net assets/fund balances	458,574,227	34	449,014,470

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	486,154,606
2	Total expenses (must equal Part IX, column (A), line 25)	2	427,200,256
3	Revenue less expenses Subtract line 2 from line 1	3	58,954,350
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	346,920,553
5	Net unrealized gains (losses) on investments	5	12,463,901
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-74,810,315
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	343,528,489

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 ☐ 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 ☐ 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		No
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		

Additional Data

Software ID:

Software Version:

EIN: 26-2525968

Name: Advocate Condell Medical Center

Form 990, Part III, Line 4a:

advocate condell medical center provides 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, the medical center is committed to promoting initiatives that enhance access to health care for the uninsured and underinsured an example of this is condell medical center's provision of charity care the medical center 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, the medical center 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 condell medical center extends its income-based financial assistance policy to its insured patients as well, also taking into consideration the insured patient's extenuating circumstances although the charity care policy is very generous, condell medical center continues to review and refine its policy in an ongoing effort to ensure that financial assistance is available to those who receive assistance when they need it 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 the medical center's charity care program and charity applications is provided to all uninsured patients during registration and is mailed to them in advance of the first patient billing after that, each uninsured patient's bill includes summary information regarding the charity care program in the area of trauma care, condell medical center provides expert emergency care - today and into the future the medical center's level i trauma center, the highest trauma designation in illinois, cares for the most seriously injured people in its service area as is the case with all illinois level i trauma centers, condell medical center's trauma center is staffed by on-site, 24-hour-a-day trauma surgeons, features 24-hour surgical and nonsurgical services, such as radiology and anesthesia, and can accommodate helicopter transports in 2017, the medical center had 1,845 trauma visits

Form 990, Part III, Line 4b:

health care and fitness services are provided by physicians, nurses, clinicians and other associates employed by and affiliated with condell medical center medical center clinicians provide care to the community for minor injuries and illnesses through its immediate care centers, regardless of the patients' ability to pay physicians, nurses and other clinicians lead prenatal/childbirth and parenting education classes and diabetes education classes, as well as support groups for diabetes education, heart disease, breast and other cancers, lactation/breastfeeding, bereavement/loss and caregivers support condell medical center partners with the lake county health department to provide imaging services to qualified individuals at rates significantly below cost fitness and wellness classes and services are provided at the advocate condell fitness centers, which provide income-based sliding scale membership rates

Form 990, Part III, Line 4c:

description of advocate condell medical center serving the community since 1928, condell medical center is a 273-bed non-profit acute care hospital located in libertyville, illinois as the largest health care provider in lake county, the medical center provides a full spectrum of medical services-from obstetrics, radiology services and rehabilitation to open heart surgery, neurosurgery and oncology condell medical center's emergency department provides level 1 trauma care and has the capacity to accommodate growing numbers of patients in 2017, the medical center provided 1,845 trauma care visits out of a total of 62,409 emergency room visits the medical center also offers an emergency department approved for pediatrics (edap) in addition, the medical center is accredited as a primary stroke center more than 620 physicians and 1,800 associates comprise the team of medical experts known for excellence in addition to services located on its libertyville campus, condell medical center operates four immediate care centers, one ambulatory surgery center and two fitness centers throughout lake county condell medical center is the resource hospital for region 10 emergency medical services, which demonstrates the commitment to efficiently and effectively manage emergency services in a disaster the medical center also provides community health data-driven health and wellness programs, evidence-based strategies to measure outcomes, community lectures and other services in support of its mission, values and philosophy (mvp) the mission of condell medical center is to serve the health needs of individuals, families and communities through a holistic philosophy rooted in the fundamental understanding of human beings as created in the image of god the values of condell medical center serve as an internal compass to guide relationships and actions they include equality, compassion, excellence, partnership and stewardship the mvp calls the hospital to extend its services into the community to address access to care issues and to improve the health and well-being of the people in the communities the medical center serves as an advocate hospital, condell medical center embraces the advocate system mvp the philosophy of condell medical center is grounded in the principles of human ecology, faith and community-based health care these principles arise from an understanding of human beings as whole persons in light of their relationships with god, themselves, their families and the society in which they live through our actions we affirm these principles population served condell medical center provides quality health care to individuals regardless of race, religion, creed, national origin, age or ability to pay in 2017, the medical center recorded 15,795 inpatient admissions, 234,637 outpatient visits and 1,752 deliveries commitment to the community even in the face of low reimbursements, condell medical center 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 2017, the medical center reported over $26 1 million in community benefit programs 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 in addition to medicare/medicaid and bad debt losses, condell treats many air force military personnel and veterans administration patients at a rate below cost community benefits plan, goals & examples of program service accomplishments condell medical center's community benefits efforts are aligned with advocate's community benefits plan the community benefits plan was developed to establish strategies for improving access to care and positively affecting the health of the communities served by the medical center included in the community benefits plan are not only planned goals and objectives focused on addressing needs as identified through a hospital-specific community health needs assessment, but also other community benefits such as charity care, unreimbursed medicaid and medicare, that are ongoing community benefits programs the plan sets the course for strengthening existing partnerships and building new ones with individuals and organizations within the medical center's service area to leverage and maximize the impact of its programs the medical center has set multiple goals and objectives to accomplish this strategy the community benefits plan goals and examples of some medical center programs and services that address these goals are provided below goal a optimize advocate's capacity to manage an effective community health strategy by implementing regular community health assessments (chnas) and using data from these assessments to guide program development partnering to assess community needs condell medical center collaborated with the lake county health department in the community health needs assessment (chna) completed in 2016 in partnership with the hospital, the health department conducted two additional surveys of underserved communities within the condell medical center service area - waukegan and wauconda, illinois the medical center used the results of the health department's extensive community health assessment, which used the mobilizing for action through planning and partnerships (mapp) process, and the health department community health improvement plan, to inform the chna condell medical center also focuses its internal strengths to assess community needs and to guide program development results of the chna were reviewed by community health staff with the condell medical center cancer committee in 2016 as a result of the cancer data analysis, colorectal screening was identified as a health issue of focus an educational session on colorectal screening and prevention was presented in both english and spanish at the ywca in gurnee, a center that serves high need communities the session was presented in partnership with the lake county ywca, the american cancer society, and erie family health center, a federally qualified health center in waukegan the team registered 50 participants for the educational session and 35 fecal immunochemical test (fit) kits were distributed to eligible participants a total of 23 kits were returned and processed, 0 positive results were detected goal b undertake or support initiatives that enhance access to health care, prevention and wellness services across the lifespan and within the diverse communities advocate serves in addition to condell medical center's very generous charity care program as described in line 4a, the medical center partners with the lake county health department to provide medical imaging (radiology) services to uninsured lake county health department patients through its illinois breast and cervical cancer program (ibccp) the ibccp helps provide financial assistance for mammograms and diagnostic screenings these radiology services, as well as women's health and other services, are provided on a heavily discounted, below cost basis to patients served by the public health department condell medical center also partners with the lake county ywca to provide free and discounted mammogram screenings the partnership with the ywca offers 300 free and discounted mammograms per year condell medical center is continuing to work with the lake county supplemental nutrition education for women, infants and children (wic) program through the look what we can do! group wic attends the group's sessions at condell medical center and educates the participants about wic services to increase wic enrollment for clients who qualify goal c positively affect the health status and quality of life of individuals and populations in communities served by advocate through evidence-based programs, addressing identified needs and a commitment to health equity condell medical center selected two health priorities on which to focus new programming, obesity and mental health for obesity prevention, hospital community health staff are implementing two evidence-based initiatives in the community- nutrition and physical activity self-assessment for child care (nap sacc), and food insecurity screening using the hunger vital sign screening tool additionally, the hospital is working with area partners to initiate walking initiatives in targeted communities identified with higher rates of obesity, diabetes and cardiovascular disease additional initiatives are being implemented to address mental health the hospital has initiated depression screening in the emergency room using the phq9 depression screening tool community health staff are also working to streamline the process of referrals from the hospital to community-based mental health providers finally, a behavioral health resource f

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 EXECUTIVE VP, DIRECTOR	1 0 43 0	X		X				0	10,051,752	1,676,704
Michele Baker Richardson Chairperson, Director	1 0 3 0	X						0	0	0
John Timmer Vice Chairperson, Director	1 0 3 0	X						0	0	0
David Anderson Director	1 0 3 0	X						0	0	0
Rev Dr Nathaniel Edmond Director	1 0 4 0	X						0	4,050	0
Ron Greene Director	1 0 3 0	X						0	0	0
Mark Harris Director	1 0 3 0	X						0	0	0
Rick Jakle Director	1 0 4 0	X						0	4,050	0
Lynn Crump-Caine Director	1 0 3 0	X						0	0	0
Clarence Nixon Jr PhD Director	1 0 3 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gary Stuck DO Director	1 0 3 0	X						0	0	0
Gail D Hasbrouck Corp Secretary 01/17, Director	1 0 47 0	X		X				0	901,912	108,754
William P Santulli President	1 0 43 0			X				0	3,247,863	685,966
Lee B Sacks MD EXEC VP, CHIEF MEDICAL OFFICER	1 0 42 0			X				0	1,724,075	420,504
James Doheny VP, FINANCE & CORP CONTROLLER	1 0 48 0			X				0	494,892	51,892
Vincent Bufalino MD PRES PHYS & AMB SVCS/AMG	1 0 42 0			X				0	1,947,233	318,387
Rev Kathie B Schwich SVP, MISSION & SPIRITUAL CARE	1 0 42 0			X				0	548,112	223,819
Kevin Brady SR VP, CHIEF HR OFFICER	1 0 43 0			X				0	1,114,158	311,141
Susan Campbell SR VP PAT CARE, CHF NURS OFCR	1 0 44 0			X				0	640,991	265,302
Kelly Jo Golson SR VP, CHIEF MARKETING OFFICER	1 0 42 0			X				0	775,754	149,952

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			
Earl J Barnes II SVP, GEN COUNSEL & CORP SEC	1 0 47 0			X				0	637,319	239,712
Dominic J Nakis SVP, CFO & TREASURER	1 0 45 0			X				0	1,623,475	429,664
Scott Powder SVP, Chief Strategy Officer	1 0 42 0			X				0	868,198	205,174
Bruce D Smith SVP, INFORMATION SYS/CIO 07/17	1 0 42 0			X				0	826,746	113,134
Barbara Byrne MD SVP, Chief Information Officer	1 0 42 0			X				0	254,696	207,148
Dominica Tallarico Pres Lutheran/Condell	20 0 20 0				X			660,197	284,500	284,030
Karen Lambert President Good Shepherd/Condel	20 0 21 0				X			0	984,857	260,021
Debra Susie-Lattner VP, Medical Management	40 0 0 0					X		548,515	0	30,974
Lanis Kuyzin Medical Director, Care Mgt	40 0 0 0					X		294,071	0	22,784
Mary Hillard VP, Patient Care/Clinical Ops	40 0 0 0					X		290,667	0	36,691

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			
David Cartwright VP, Finance & Support Svcs	40 0 0 0					X		284,483	0	45,604
Karen Hanson VP, Clinical Excellence	40 0 0 0					X		218,585	0	43,485
James Dan MD PRES PHYS& AMB SVCS/AMG - 7/16	0 0 0 0						X	0	849,710	63,919

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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

2017

Open to Public Inspection

Name of the organization
Advocate Condell Medical Center

Employer identification number
26-2525968

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 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						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** 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—2016.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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 (explain in Part VI) **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 2017 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-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 26-2525968

Name: Advocate Condell Medical Center

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318042348

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

2017

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 Condell Medical Center	26-2525968

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 (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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-
1					
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) 2014	(b) 2015	(c) 2016	(d) 2017	(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	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		45,206
j	Total Add lines 1c through 1i			45,206
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 CONDELL MEDICAL CENTER IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION AND THE ILLINOIS HEALTH AND HOSPITAL ASSOCIATION THESE ORGANIZATIONS, AS PART OF THEIR MISSION, ADVOCATE IN THE GENERAL ASSEMBLY AND IN CONGRESS ON LEGAL AND POLICY ISSUES THAT AFFECT HEALTHCARE INCLUDING QUALITY, AFFORDABILITY, PATIENT ACCESS, AND ACCREDITATION A PORTION OF THE ANNUAL MEMBERSHIP DUES PAID TO THESE ORGANIZATIONS IS ATTRIBUTABLE TO LOBBYING ACTIVITIES ADVOCATE CONDELL MEDICAL CENTER ALSO REIMBURSES VARIOUS ASSOCIATES FOR DUES PAID TO VARIOUS PROFESSIONAL ORGANIZATIONS AND ALSO FOR EDUCATIONAL EXPENSES PROVIDED BY PROFESSIONAL AND MEMBERSHIP ORGANIZATIONS ADVOCATE CONDELL MEDICAL CENTER 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

2017

Open to Public Inspection

Name of the organization
Advocate Condell Medical Center

Employer identification number
26-2525968

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

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

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

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

The percentages 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		57,145,582		57,145,582
b Buildings		261,011,508	83,377,496	177,634,012
c Leasehold improvements		934,611	422,464	512,147
d Equipment		83,183,101	57,329,396	25,853,705
e Other		800,062	0	800,062
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				261,945,508

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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(1) Federal income taxes	0
THIRD PARTY SETTLEMENTS	37,390,815
PENSION PLAN BENEFITS	4,344,644
REMEDIATION COST ACCRUAL	68,891
MISC LIABILITY- ROUNDING	2
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	41,804,352

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

2017

Open to Public Inspection

Name of the organization
Advocate Condell Medical Center

Employer identification number
26-2525968

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		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	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)			7,296,203	0	7,296,203	1 810 %
b Medicaid (from Worksheet 3, column a)			47,304,263	51,752,343		
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	
d **Total** Financial Assistance and Means-Tested Government Programs			54,600,466	51,752,343	7,296,203	1 810 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			303,824		303,824	0 080 %
f Health professions education (from Worksheet 5)			2,031,393		2,031,393	0 500 %
g Subsidized health services (from Worksheet 6)			175,597	76,609	98,988	0 020 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			568,955		568,955	0 140 %
j **Total.** Other Benefits			3,079,769	76,609	3,003,160	0 740 %
k **Total.** Add lines 7d and 7j			57,680,235	51,828,952	10,299,363	2 550 %

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 Heathcare 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	24,360,691		
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	515,013		
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	118,083,634		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	128,781,423		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-10,697,789		
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					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

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

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 CONDELL 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	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			
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	
6 a	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	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	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 17			
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		
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)

CONDELL 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	Was widely publicized 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) SEE SECTION C			
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	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

CONDELL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
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 nonpayment?	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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
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 ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
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)			

Part V Facility Information *(continued)*

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

CONDELL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
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**		No
	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, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 2	N/A PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 3J N/A PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 5 ADVOCATE CONDELL MEDICAL CENTER COMPLETED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2016 THE MEDICAL CENTER WORKED CLOSELY WITH THE LAKE COUNTY HEALTH DEPARTMENT AND COMMUNITY HEALTH CENTER (LCHD/CHC) THROUGHOUT THE 2016 CHNA PROCESS THE MEDICAL CENTER RECEIVED REGULAR UPDATES FROM THE HEALTH DEPARTMENT'S ONGOING COMMUNITY HEALTH IMPROVEMENT PLAN PROCESS AND OFTEN CONSULTED THE LCHD/CHC COMMUNITY HEALTH ASSESSMENT STAFF FOR INTERPRETATION OF DATA, AS IT WAS RELEASED ADDITIONALLY, CONDELL MEDICAL CENTER COMMISSIONED THE HEALTH DEPARTMENT TO CONDUCT A TARGETED COMMUNITY SURVEY IN WAUKEGAN, LOCATED WITHIN THE MEDICAL CENTER'S PRIMARY SERVICE AREA (PSA) WAUKEGAN HAS THE HIGHEST PERCENTAGE OF HISPANIC RESIDENTS IN LAKE COUNTY, THE HIGHEST PERCENTAGE OF RESIDENTS WHO SPEAK SPANISH AT HOME IN THE COUNTY, AND THE SECOND HIGHEST PERCENTAGE OF THE POPULATION COVERED BY MEDICAID THE LCHD/CHC'S COMMUNITY HEALTH IMPROVEMENT PROCESS, NAMED LIVE WELL LAKE COUNTY, WAS DEVELOPED WITHIN THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) FRAMEWORK FROM EARLY 2015 THROUGH SPRING 2016, THE COMMUNITY HEALTH IMPROVEMENT PROCESS WAS GUIDED BY THE LIVE WELL LAKE COUNTY STEERING COMMITTEE, A DIVERSE GROUP OF STAKEHOLDERS FROM MULTIPLE SECTORS OF LAKE COUNTY THAT INFLUENCE THE HEALTH OF THE COUNTY RESIDENTS ADVOCATE HEALTH CARE'S DIRECTOR OF COMMUNITY HEALTH FOR THE NORTHERN REGION IS AN ACTIVE MEMBER OF THIS STEERING COMMITTEE TO CONSIDER COMMUNITY VIEWPOINTS AND OPINIONS RELATED TO SPECIFIC HEALTH ISSUES, THREE MAIN SOURCES OF PRIMARY DATA WERE INCLUDED IN THE CHNA THESE WERE THE 2015 LAKE COUNTY COMMUNITY STRENGTHS SURVEY, THE 2015 WAUKEGAN ILLINOIS COMMUNITY SURVEY REPORT, AND THE 2015 WAUCONDA ILLINOIS COMMUNITY SURVEY REPORT A KEY SOURCE FOR SECONDARY DATA WAS THE HEALTHY COMMUNITIES INSTITUTE (HCI), A CENTRALIZED DATA PLATFORM PURCHASED BY ADVOCATE HEALTH CARE IN EARLY 2014, ADVOCATE HEALTH CARE SIGNED A THREE-YEAR CONTRACT WITH HCI, NOW A XEROX COMPANY, TO PROVIDE AN INTERNET-BASED DATA RESOURCE FOR THEIR ELEVEN HOSPITALS DURING THE 2014-2016 CHNA CYCLE DATA WAS PRESENTED TO THE ADVOCATE CONDELL MEDICAL CENTER COMMUNITY HEALTH COUNCIL (CHC) OVER A PERIOD OF SEVERAL MEETINGS IN 2016 THE COMMUNITY HEALTH COUNCIL IS AN ADVISORY COMMITTEE ESTABLISHED TO ASSIST IN THE SELECTION OF HEALTH PRIORITIES, AND TO ADVISE AND MONITOR THE IMPLEMENTATION OF COMMUNITY HEALTH INTERVENTIONS TO ADDRESS THE HEALTH ISSUES IN THE COMMUNITY DATA PRESENTED TO THE CHC INCLUDED DEMOGRAPHIC, ECONOMIC, EDUCATION, EMPLOYMENT AND HEALTH DATA USING THIS DATA, THE CHC WAS ABLE TO DETERMINE AREAS OF NEED FOR THE COMMUNITY ADVOCATE CONDELL MEDICAL CENTER COMMUNITY HEALTH COUNCIL THE COMMUNITY HEALTH COUNCIL IS CO-CHAIRED BY TWO COMMUNITY REPRESENTATIVES WHO ALSO SERVE ON THE CONDELL MEDICAL CENTER GOVERNING COUNCIL THE CHC IS COMPRISED OF ELEVEN COMMUNITY MEMBERS MANY OF THE COMMUNITY MEMBERS REPRESENT ENTITIES THAT SERVE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS NON-ADVOCATE-AFFILIATED MEMBERS REPRESENT THE LAKE COUNTY HEALTH DEPARTMENT, A FEDERALLY QUALIFIED HEALTH CENTER, FAITH-BASED ORGANIZATIONS, AREA SCHOOL DISTRICTS, THE AMERICAN CANCER SOCIETY, SOCIAL SERVICE AGENCIES, THE PRIMARY CARE AND MENTAL HEALTH PROVIDERS, AND LAW ENFORCEMENT CONDELL MEDICAL CENTER REPRESENTATIVES INCLUDE MEMBERS OF THE EXECUTIVE TEAM, MISSION AND SPIRITUAL CARE, TRAUMA, CARDIAC CENTER AND BUSINESS DEVELOPMENT AND STRATEGY COMMUNITY HEALTH COUNCIL MEMBERS' ROLES AND THE ORGANIZATIONS THEY REPRESENT ARE PROVIDED BELOW COUNCIL MEMBERS FROM THE COMMUNITY -ANTIOCH ORCHARD MEDICAL CENTER, OFFICE MANAGER -CREATING CONVERSATIONS, OWNER -ERIE FAMILY HEALTH CENTER, VICE PRESIDENT, PATIENT SUPPORT SERVICES -LAKE COUNTY HOUSING AUTHORITY, EXECUTIVE DIRECTOR -LAKE COUNTY HEALTH DEPARTMENT, PREVENTION COORDINATOR -LIBERTYVILLE SCHOOL DISTRICT, RETIRED SCHOOL PRINCIPAL, CONDELL MEDICAL CENTER COMMUNITY HEALTH COUNCIL CO-CHAIR -LIBERTYVILLE SCHOOL DISTRICT 70, SUPERINTENDENT -MANO A MANO FAMILY RESOURCE CENTER, EXECUTIVE DIRECTOR -MUNDELEIN IVANHOE CONGREGATIONAL CHURCH, SENIOR PASTOR, CONDELL MEDICAL CENTER COMMUNITY HEALTH COUNCIL CO-CHAIR -WAUKEGAN PUBLIC LIBRARY, COMMUNITY ENGAGEMENT AND SPANISH LITERACY SERVICES MANAGER -YOUTH FAMILY COUNSELING, DIRECTOR, CLINICAL SERVICES -VILLAGE OF LIBERTYVILLE, ECONOMIC COORDINATOR -VILLAGE OF MUNDELEIN, CHIEF OF POLICE CONDELL MEDICAL CENTER STAFF MEMBERS ON THE COUNCIL -ADVOCATE HEALTH CARE, MANAGER, STRATEGIC PLANNING -ADVOCATE MEDICAL GROUP, INTERNAL MEDICINE PHYSICIAN -CONDELL MEDICAL CENTER, CHAIR, PEDIATRIC DEPARTMENT -CONDELL MEDICAL CENTER, DIRECTOR, CARDIOVASCULAR SERVICES -CONDELL MEDICAL CENTER, DIRECTOR, NURSING AND CLINICAL OPERATIONS -CONDELL MEDICAL CENTER, DIRECTOR OF NURSING -CONDELL MEDICAL CENTER, DIRECTOR, ORTHOPEDIC AND NEUROLOGY INSTITUTES -CONDELL MEDICAL CENTER, DIRECTOR, PUBLIC AFFAIRS AND MARKETING -CONDELL MEDICAL CENTER, VICE PRESIDENT, CLINICAL EXCELLENCE -CONDELL MEDICAL CENTER, VICE PRESIDENT, CLINICAL SERVICE LINES AND SUPPORT SERVICES -CONDELL MEDICAL CENTER, VICE PRESIDENT, MISSION AND SPIRITUAL CARE CONDELL MEDICAL CENTER ALSO COLLABORATED WITH SEVERAL ADDITIONAL PARTNER ORGANIZATIONS WHILE COMPLETING THE CHNA THESE INCLUDED THE LAKE COUNTY UNDERAGE DRINKING AND DRUG PREVENTION TASK FORCE, MANO A MANO FAMILY RESOURCE CENTER, THE LAKE COUNTY OPIOID INITIATIVE TASK FORCE AND THE WAUCONDA UNITED HEALTH PARTNERSHIP EACH OF THE ORGANIZATIONS HAVE A FOCUS ON MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS CONDELL MEDICAL CENTER'S 2014-2016 AND PREVIOUS 2011-2013 CHNA REPORTS AND IMPLEMENTATION PLANS FOR BOTH REPORTS WERE POSTED ON ADVOCATE HEALTH CARE'S WEBPAGE AND INCLUDED A LINK TO A FORM AND AN EMAIL FOR THE COMMUNITY TO USE IN PROVIDING FEEDBACK ANY QUESTIONS SUBMITTED WILL BE ADDRESSED WITHIN THIRTY DAYS AS OF DECEMBER 31, 2017, THERE WAS NO COMMUNITY FEEDBACK OR INQUIRIES PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 6A -RELATED ADVOCATE GOOD SHEPHERD HOSPITAL (THROUGH THE LAKE COUNTY HEALTH DEPARTMENT) -UNRELATED THE CHNA WAS NOT CONDUCTED WITH OTHER HOSPITAL FACILITIES, BUT ALL HOSPITALS IN LAKE COUNTY PARTICIPATED IN THE LAKE COUNTY HEALTH DEPARTMENT MAPP PROCESS FOR THE DEVELOPMENT OF THE HEALTH DEPARTMENT'S STRATEGIC PLAN THE UNRELATED HOSPITALS THAT PARTICIPATED WERE VISTA HOSPITAL, NORTHWESTERN LAKE FOREST HOSPITAL AND NORTHSHORE UNIVERSITY HEALTH SYSTEM HIGHLAND PARK HOSPITAL PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 6B N/A PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 7D CONDELL MEDICAL CENTER'S COMMUNITY HEALTH STAFF PRESENTED THE CHNA RESULTS TO THE LATINO COALITION OF LAKE COUNTY, THE HEALTHCARE FOUNDATION OF NORTHERN LAKE COUNTY AND THE CONDELL MEDICAL CENTER COMMUNITY HEALTH COUNCIL COMMUNITY HEALTH STAFF ALSO PRESENTED THE RESULTS INTERNALLY TO THE SENIOR LEADERSHIP TEAM, CANCER COMMITTEE AND THE GOVERNING COUNCIL IN ADDITION, CONDELL MEDICAL CENTER SENT AN ANNOUNCEMENT AND BRIEF DESCRIPTION OF THE CHNA RESULTS TO ALL EMPLOYEES, WHICH INCLUDED A LINK TO THE FULL REPORT PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 11 2014-2016 CHNA NEEDS SELECTED TO ADDRESS AFTER CONSIDERING PRIMARY AND SECONDARY DATA AND FINDINGS FROM OTHER LOCAL HEALTH NEEDS ASSESSMENT PROCESSES, THE CONDELL MEDICAL CENTER COMMUNITY HEALTH COUNCIL RECOMMENDED, AND THE GOVERNING COUNCIL APPROVED, TWO HEALTH AREAS FOR PRIORITY ACTION 1) MENTAL HEALTH, AND 2) OBESITY STEPS BEING TAKEN TO ADDRESS THE TWO PRIORITIES FOLLOW MENTAL HEALTH MENTAL HEALTH WAS SELECTED AS ONE OF THE TOP HEALTH PRIORITIES BY THE COMMUNITY HEALTH COUNCIL MENTAL HEALTH WAS RANKED THE HIGHEST OF THE FORCES IDENTIFIED IN THE LAKE COUNTY FORCES OF CHANGE ASSESSMENT (FOCA), CONDUCTED AS PART OF THE MAPP PROCESS THE 2014 NORTHERN LAKE COUNTY BEHAVIORAL HEALTH NEEDS ASSESSMENT IDENTIFIED THAT THERE IS LIMITED CAPACITY FOR BEHAVIORAL HEALTH SERVICES IN LAKE COUNTY THE ZIP CODES IN LAKE COUNTY WITH THE HIGHEST EMERGENCY ROOM RATES DUE TO MENTAL HEALTH FOR ADULTS ARE NORTH CHICAGO AND WAUKEGAN, WHICH ARE ALSO THE TWO ZIP CODES WITH THE HIGHEST SOCIONEEDS INDEX VALUE AND RANKING SOCIOECONOMIC NEED WAS DETERMINED BY THE HEALTHY COMMUNITIES INSTITUTE'S (HCI) CALCULATIONS TO CREATE AN INDEX USING SIX MAJOR SOCIO-NEEDS INDICATORS THAT ARE CORRELATED WITH POOR HEALTH OUTCOMES THE INDICATORS INCLUDE INCOME, UNEMPLOYMENT, OCCUPATION, EDUCATION, LANGUAGE AND POVERTY THE TOP LAKE COUNTY ZIP CODES WITH THE HIGHEST EMERGENCY ROOM RATES DUE TO PEDIATRIC MENTAL HEALTH ARE FOX LAKE AND WAUKEGAN FINALLY, MENTAL HEALTH IS A CURRENT PRIORITY OF THE LAKE COUNTY HEALTH DEPARTMENT AS ONE OF THE HEALTH PRIORITIES FOR THE COMMUNITY HEALTH IMPROVEMENT PLAN CONDELL MEDICAL CENTER IS ADDRESSING MENTAL HEALTH THROUGH THREE STRATEGIES THE FIRST ST

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? **14**

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART VI, LINE 1 DESCRIPTION FOR PART I, LINE 3C	N/A PART VI, LINE 1 - DESCRIPTION FOR PART I, LINE 6A A SYSTEM-WIDE COMMUNITY BENEFIT REPO RT IS FILED BY ADVOCATE HEALTH CARE NETWORK 3075 HIGHLAND PARKWAY, DOWNERS GROVE, IL 6051 5 EIN 36-2167779 PART VI, LINE 1 - DESCRIPTION FOR PART I, LINE 7 A COST-TO-CHARGE RATIO, DERIVED FROM SCHEDULE H INSTRUCTIONS WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES, WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE FOR PART I, LINE 7A SCHEDULE H IN STRUCTIONS WORKSHEET 3, UNREIMBURSED MEDICAID AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS, WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE FOR PART I, LINE 7B A COST ACCOUN TING SYSTEM WAS USED TO DETERMINE THE AMOUNTS REPORTED IN THE TABLE FOR PART I, LINES 7E, 7F, 7G, AND 7I PART VI, LINE 1 - DESCRIPTION FOR PART I, LINE 7E ACMC PROVIDES COMMUNITY HEALTH IMPROVEMENT SERVICES TO THE COMMUNITIES IN WHICH IT SERVES ACMC PROVIDES LANGUAGE SERVICES TO ALL THOSE IN NEED IN ORDER TO PROVIDE BETTER ACCESS TO CARE FOR ALL COMMUNITY MEMBERS IN ADDITION, OTHER PROGRAMS ARE CARRIED OUT WITH THE EXPRESS PURPOSE OF IMPROVING COMMUNITY HEALTH, ACCESS TO HEALTH SERVICES AND GENERAL HEALTH KNOWLEDGE THESE SERVICES DO NOT GENERATE PATIENT BILLS, HOWEVER, CERTAIN PROGRAMS OR SERVICES MAY HAVE NOMINAL FEES THESE SERVICES AND PROGRAMS INCLUDE CANCER SUPPORT GROUPS THESE GROUPS FOCUS ON EDUCATI NG THE NEWLY DIAGNOSED AND PROVIDING INFORMATION ON BETTER LIVING FOR SURVIVORS COLORECTA L CANCER SCREENING ARE ALSO PROVIDED, VARIOUS PROGRAMS REGARDING JOINT PAIN AND REPLACEMEN T INCLUDING TREATMENT OPTIONS AND INFORMATION ON PAIN RELIEF, VARIOUS WOMEN AND BABY, BREA STFEEDING, MULTIPLES, CHILDBIRTH AND PARENTING AND SIBLING CLASSES, VARIOUS EDUCATIONAL PR OGRAMS AND SUPPORT GROUPS TO RAISE AWARENESS OF HEART DISEASE DIABETES AND STROKE RISK FA CTORS AND TREATMENT OPTIONS AND EDUCATION FOR LIVING WITH THE DISEASE, THERE ARE VARIOUS P ROGRAMS REGARDING HEALTH EATING, CPR TRAINING IS OFFERED TO THE COMMUNITY AS WELL AS VARIO US OTHER WELLNESS AND SCREENING PROGRAMS AND HEALTH FAIRS ARE OFFERED THROUGHOUT THE YEAR ADULT DAY CARE IS PROVIDED TO THE COMMUNITY AS WELL PART VI, LINE 1 - DESCRIPTION FOR PA RT I, LINE 7G ACMC PROVIDES SUBSIDIZED HEALTH SERVICES TO THE COMMUNITY THESE SERVICES AR E PROVIDED DESPITE CREATING A FINANCIAL LOSS FOR ACMC THESE SERVICES ARE PROVIDED BECAUSE THEY MEET AN IDENTIFIED COMMUNITY NEED IF ACMC DID NOT PROVIDE THE CLINICAL SERVICE, IT IS REASONABLE TO CONCLUDE THAT THESE SERVICES WOULD NOT BE AVAILABLE TO THE COMMUNITY THE SERVICES INCLUDED ARE BOTH INPATIENT AND OUTPATIENT PROGRAMS FOR AIDS/HIV AND HOSPICE SER VICES PART VI, LINE 1 - DESCRIPTION FOR PART I, LINE 7H ACMC CONDUCTS NUMEROUS RESEARCH A CTIVITIES FOR THE ADVANCEMENT OF MEDICAL AND HEALTH CARE SERVICES HOWEVER, THE UNREIMBURS ED COST OF SUCH RESEARCH ACTIVITIES IS NOT READILY DETERMINABLE AND NO AMOUNT IS BEING REP ORTED FOR PURPOSES OF THE 2017 FORM 990, SCHEDULE H PART VI, LINE 1 - DESCRIPTION FOR PAR T I, LINE 7, COLUMN (F) $24,360,691 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, PAR T I, LINE 7, COLUMN (F) PART VI, LINE 1 - DESCRIPTION FOR PART II N/A PART VI, LINE 1 - D ESCRIPTION FOR PART III, LINES 2, 3, AND 4 THE FOOTNOTES TO ADVOCATE HEALTH CARE NETWORK A ND SUBSIDIARIES' AUDITED FINANCIAL STATEMENTS DO NOT SPECIFICALLY ADDRESS BAD DEBT EXPENSE , RATHER, THE FOOTNOTE DESCRIBES ADVOCATE'S PATIENT ACCOUNTS RECEIVABLE POLICY AND THE PER CENTAGE OF ACCOUNTS RECEIVABLE THAT THE ALLOWANCE FOR DOUBTFUL ACCOUNTS COVERS (SEE PAGE 1 1 OF THE AUDITED FINANCIAL STATEMENTS) FOR 2017, FOR ADVOCATE CONDELL, THE ALLOWANCE FOR DOUBTFUL ACCOUNTS COVERED 30 09% OF NET PATIENT ACCOUNTS RECEIVABLE PATIENT ACCOUNTS RECE IVABLE ARE STATED AT NET REALIZABLE VALUE ACMC EVALUATES THE COLLECTABILITY OF ITS ACCOUN TS RECEIVABLE BASED ON THE LENGTH OF TIME THE RECEIVABLE IS OUTSTANDING, PAYER CLASS, HIST ORICAL COLLECTION EXPERIENCE, AND TRENDS IN HEALTH CARE INSURANCE PROGRAMS ACCOUNTS RECEI VABLE ARE CHARGED TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS WHEN THEY ARE DEEMED UNCOLLE CTIBLE THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3 IS BASED ON THE RATIO OF PATIENT CARE COST TO CHARGES THE UNREIMBURSED COST OF BAD DEBT W AS CALCULATED BY APPLYING THE ORGANIZATION'S COST TO CHARGE RATIO FROM THE MEDICARE COST R EPORTS (CMS 2252-96 WORKSHEET C, PART 1, PPS INPATIENT RATIOS) TO THE ORGANIZATION'S BAD D EBT PROVISION PER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, LESS ANY PATIENT OR THIRD PART Y PAYOR PAYMENTS RECEIVED ADVOCATE MAKES EVERY EFFORT TO IDENTIFY THOSE PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE BY STRICTLY ADHERING TO ITS FINANCIAL ASSISTANCE POLICY WE BELIEVE THAT ADVOCATE HAS A POPULATION OF PATIENTS WHO ARE UNINSURED OR UNDERINSURED B UT WHO DO NOT COMPLETE THE FINANCIAL ASSISTANCE APPLICATION THE ESTIMATED AMOUNT OF BAD D EBT EXPENSE (AT COST) WHICH COULD BE REASONABLY AT

Form and Line Reference	Explanation
PART VI, LINE 1 DESCRIPTION FOR PART I, LINE 3C	TRIBUTABLE TO PATIENTS WHO WOULD LIKELY QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZ ATION'S FINANCIAL ASSISTANCE POLICY, IF SUFFICIENT INFORMATION HAD BEEN AVAILABLE TO MAKE A DETERMINATION OF THEIR ELIGIBILITY, WAS BASED UPON SELF PAY PATIENT ACCOUNTS WHICH HAD A MOUNTS WRITTEN OFF TO BAD DEBTS OUR METHOD WAS TO BEGIN WITH THE SELF-PAY PORTION OF BAD DEBT EXPENSE PROVISION THE SELF-PAY PORTION EXCLUDES THOSE PATIENTS WHO HAD FINANCIAL ASS ISTANCE APPLICATIONS PENDING AT THE TIME OF SERVICE THIS COST WAS THEN REDUCED BY CHARGES IDENTIFIED AS TRUE BAD DEBT EXPENSE, INCLUDING COPAYS FOR PATIENTS WHO QUALIFIED FOR LESS THAN 100% FINANCIAL ASSISTANCE, AND CHARGES FOR PATIENTS WHO APPLIED FOR FINANCIAL ASSIST ANCE AND WERE DENIED 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 COUNS ELING AND WERE ASSIGNED TO BAD DEBT WE BELIEVE THIS PROCESS IS A REASONABLE BASIS FOR OUR ESTIMATE AS WE ARE ONLY CONSIDERING SELF-PAY ACCOUNTS WRITTEN OFF TO BAD DEBT FOR THIS E STIMATE, THIS ESTIMATE DOES NOT INCLUDE THE IMMEDIATE 25% DISCOUNT TO CHARGES WHICH IS APP LIED TO ALL SELF-PAY PATIENTS IT ALSO DOES NOT INCLUDE ACCOUNT BALANCES OR CO-PAYS OF NON -SELF PAY ACCOUNTS WHICH ARE WRITTEN OFF TO BAD DEBT WHEN THE PATIENT HAS NO OTHER FINANCI AL RESOURCES TO PAY THESE AMOUNTS AND THE PATIENT DOES NOT APPLY FOR FINANCIAL ASSISTANCE BAD DEBT AMOUNTS HAVE BEEN EXCLUDED FROM OTHER COMMUNITY BENEFIT AMOUNTS REPORTED THROUGH OUT SCHEDULE H PART VI, LINE 1 - DESCRIPTION FOR PART III, LINE 8 THE SHORTFALL OF $10,69 7,789 ON PART III, LINE 7 IS THE UNREIMBURSED COST OF PROVIDING SERVICES FOR MEDICARE PATI ENTS AND SHOULD BE TREATED AS COMMUNITY BENEFIT BECAUSE PROVIDING THESE SERVICES WITHOUT R EIMBURSEMENT LESSENS THE BURDENS OF GOVERNMENT OR OTHER CHARITIES THAT WOULD OTHERWISE BE NEEDED TO SERVE THE COMMUNITY FOR ADVOCATE CONDELL'S OPERATIONS, THE UNREIMBURSED COST OF MEDICARE WAS CALCULATED BY APPLYING THE ORGANIZATION'S COST TO CHARGE RATIO FROM THE MEDI CARE COST REPORTS (CMS 2252-96 WORKSHEET C, PART 1, PPS INPATIENT RATIOS) AND FOR NON-HOSP ITAL OPERATIONS THE COST TO CHARGE RATIO CALCULATED ON WORKSHEET 2 RATIO OF PATIENT CARE C OST TO CHARGES TO THE ORGANIZATION'S MEDICARE, LESS ANY PATIENT OR THIRD PARTY PAYOR PAYME NTS AND/OR CONTRIBUTIONS RECEIVED THAT WERE DESIGNATED FOR THE PAYMENT OF MEDICARE PATIENT BILLS PART VI, LINE 1 - DESCRIPTION FOR PART III, LINE 9B ACMC MAINTAINS BOTH WRITTEN FI NANCIAL ASSISTANCE AND BAD DEBT/COLLECTION POLICIES THE BAD DEBT/COLLECTION POLICY DOES N OT APPLY TO THOSE PATIENTS KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE, THEREFORE SUCH PATIE NTS ARE NOT SUBJECT TO COLLECTION PRACTICES PART VI, LINE 2 NEEDS ASSESSMENT N/A

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	ACMC 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 ACMC'S 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 ACMC ASSISTS PATIENTS WITH APPLYING FOR ADVOCATE'S OWN FINANCIAL ASSISTANCE SERVICES, IF PATIENTS ARE NOT ELIGIBLE FOR GOVERNMENT-SUPPORTED PROGRAMS ACMC 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 HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM A HOSPITAL CONTACT AND TELEPHONE NUMBER FOR FINANCIAL ASSISTANCE IS INCLUDED 4 A HANDOUT SUMMARIZING ADVOCATE'S 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 ADVOCATE'S 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 ADVOCATE'S FINANCIAL ASSISTANCE POLICY, A FINANCIAL ASSISTANCE APPLICATION, AND A TELEPHONE NUMBER TO REQUEST FINANCIAL ASSISTANCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4 COMMUNITY INFORMATION	COMMUNITY DEFINITION AND SOCIODEMOGRAPHIC DESCRIPTION FOR THE 2014-2016 CHNA, CONDELL MEDICAL CENTER DEFINED THE "COMMUNITY" AS LAKE COUNTY THE COMBINED POPULATION OF THE CONDELL MEDICAL CENTER PRIMARY SERVICE AREA (PSA) AND SECONDARY SERVICE AREA (SSA) EQUALS EIGHTY PERCENT OF THE TOTAL POPULATION OF LAKE COUNTY BECAUSE CONDELL MEDICAL CENTER SERVES ALL OF LAKE COUNTY, COUNTY DATA WAS UTILIZED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WHILE THE CHC DEFINED THE COMMUNITY AS LAKE COUNTY, DATA FROM THE HOSPITAL'S PSA AND SSA WAS ALSO ANALYZED, WHERE AVAILABLE, TO FURTHER DEFINE SPECIFIC HEALTH ISSUES AS OF 2016, THE POPULATION OF LAKE COUNTY WAS 707,030 THE POPULATION OF THE PSA IS 391,022 AND THE SSA POPULATION IS 172,345 THE THREE LARGEST COMMUNITIES WITHIN THE PSA ARE WAUKEGAN (60085) WITH A POPULATION OF 69,644, ROUND LAKE WITH A POPULATION OF 60,766 AND GURNEE WITH A POPULATION OF 38,842 THE LARGEST COMMUNITIES IN THE SSA ARE BUFFALO GROVE WITH A POPULATION OF 41,380 AND ZION WITH A POPULATION OF 31,535 THE GROWTH RATE OF THE PSA IS QUITE SLOW, WITH ONLY LESS THAN ONE PERCENT GROWTH FROM 2010 TO 2016 THE GROWTH RATE OF THE SSA IS HIGHER, INCREASING ONE PERCENT SINCE 2010 THE OVERALL GROWTH RATE OF LAKE COUNTY IS ONE-HALF OF ONE PERCENT FIFTY PERCENT OF LAKE COUNTY RESIDENTS ARE FEMALE AND FIFTY PERCENT ARE MALE THE MEDIAN AGE IN LAKE COUNTY IS 37 9 APPROXIMATELY TWENTY-FIVE PERCENT OF THE POPULATION IS UNDER 18 YEARS OF AGE, WITH NORTH CHICAGO AND WAUKEGAN (60085) BEING THE TWO COMMUNITIES WITH THE HIGHEST UNDER AGE 18 POPULATION ADDITIONALLY, THIRTEEN PERCENT OF THE TOTAL POPULATION IS 65 AND OLDER LINCOLNSHIRE, BARRINGTON AND HIGHLAND PARK ARE THE THREE COMMUNITIES WITH THE LARGEST SENIOR POPULATIONS SEVENTY-THREE PERCENT OF LAKE COUNTY RESIDENTS ARE WHITE, NON-HISPANIC AFRICAN AMERICANS MAKE UP SEVEN PERCENT OF THE TOTAL POPULATION IN LAKE COUNTY ASIANS ACCOUNT FOR SEVEN PERCENT OF THE POPULATION IN LAKE COUNTY AND NINE PERCENT OF THE POPULATION IDENTIFIED AS OTHER HISPANICS ARE IDENTIFIED BY ETHNICITY AND ACCOUNT FOR TWENTY-ONE PERCENT OF THE POPULATION IN LAKE COUNTY, THE SECOND LARGEST GROUP IN THE COUNTY THE MEDIAN HOUSEHOLD INCOME FOR LAKE COUNTY IS $78,356 SEVEN AND ONE-HALF PERCENT OF LAKE COUNTY FAMILIES ARE LIVING BELOW ONE HUNDRED PERCENT OF THE FEDERAL POVERTY LEVEL (FPL) NORTH CHICAGO AND WAUKEGAN (60085) ARE THE TWO COMMUNITIES IN LAKE COUNTY WITH THE HIGHEST PERCENTAGE OF FAMILIES LIVING BELOW ONE HUNDRED PERCENT OF THE FPL AT TWENTY-SEVEN PERCENT AND TWENTY-ONE PERCENT, RESPECTIVELY ADDITIONALLY, TWO PERCENT OF HOUSEHOLDS ARE RECEIVING PUBLIC ASSISTANCE INCLUDING TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) THE TOTAL NUMBER OF ADULTS IN LAKE COUNTY WITH HEALTH INSURANCE INCREASED FROM EIGHTY-THREE PERCENT IN 2011 TO EIGHTY-SEVEN PERCENT IN 2014 TWELVE PERCENT OF LAKE COUNTY RESIDENTS ARE MEDICARE BENEFICIARIES AND FIFTEEN PERCENT ARE INSURED BY MEDICAID THERE ARE SOME COMMUNITIES IN LAKE COUNTY WHICH ARE ALSO SERVED BY GOOD SHEPHERD HOSPITAL ADDITIONALLY, THERE ARE THREE OTHER HOSPITALS WITHIN THE COUNTY WITH INTERSECTING SERVICE AREAS TO CONDELL MEDICAL CENTER THESE ARE VISTA HEALTH SYSTEM IN WAUKEGAN, NORTHWESTERN LAKE FOREST HOSPITAL AND NORTHSHORE UNIVERSITY HEALTH SYSTEM HIGHLAND PARK HOSPITAL WITHIN LAKE COUNTY, THERE ARE FOUR DESIGNATED MEDICALLY UNDERSERVED AREAS (MUA) CENSUS TRACTS WITHIN NORTH CHICAGO, WAUKEGAN, ZION, AND HIGHLAND PARK AND HIGHWOOD ARE DESIGNATED MUAS

Form and Line Reference	Explanation
PART VI, LINE 5 PROMOTION OF COMMUNITY HEALTH	THE GOVERNING COUNCIL AT ADVOCATE CONDELL MEDICAL CENTER IS COMPRISED OF LOCAL COMMUNITY L EADERS AND PHYSICIANS GOVERNING COUNCIL MEMBERS SUPPORT THE MEDICAL CENTER LEADERSHIP IN THEIR PURSUIT OF THE ESTABLISHED GOALS, REPRESENT THE COMMUNITY'S INTEREST, AND SERVE AS A MBASSADORS IN THE COMMUNITY SEVENTY-ONE PERCENT OF THE CURRENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY IN ADDITION, THE ORGANIZATION EXTE NDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES CONDELL MEDICAL CENTER ALSO DONATES STAFF TIME AND EXP ERTISE TO SEVERAL LOCAL COUNCILS, BOARDS, COALITIONS AND COMMITTEES THE CONDELL MEDICAL C ENTER PRESIDENT SERVES ON THE BOARD OF THE LAKE COUNTY COMMUNITY FOUNDATION THE DIRECTOR OF COMMUNITY HEALTH AND AN EMERGENCY DEPARTMENT SOCIAL WORKER REPRESENT CONDELL MEDICAL CE NTER ON THE LAKE COUNTY OPIOID INITIATIVE TASK FORCE, WHICH FOCUSES ON ISSUES OF SUBSTANCE ABUSE PREVENTION AND TREATMENT IN THE SERVICE AREA THE COMMUNITY HEALTH DIRECTOR ALSO SE RVES ON THE LIVE WELL LAKE COUNTY STEERING COMMITTEE, WHICH PROVIDES OVERSIGHT TO THE IMPL EMENTATION OF THE LAKE COUNTY HEALTH DEPARTMENT STRATEGIC PLAN BOTH THE COMMUNITY HEALTH DIRECTOR AND COMMUNITY HEALTH COORDINATOR SERVE ON THREE LIVE WELL LAKE COUNTY ACTION TEAM S, FOCUSING ON DIABETES, NUTRITION AND FOOD INSECURITY AND BEHAVIORAL HEALTH THE COMMUNIT Y HEALTH DIRECTOR ALSO SERVES ON THE ADVISORY COUNCIL FOR THE ERIE HEALTHREACH WAUKEGAN HE ALTH CENTER, A FEDERALLY QUALIFIED HEALTH CENTER IN ADDITION, CONDELL MEDICAL CENTER ROUT INELY MAKES CASH AND IN-KIND DONATIONS TO PARTNERS, SUCH AS THE LAKE COUNTY YWCA, MANO A M ANO RESOURCE CENTER AND THE PARTNERSHIP FOR A SAFER LAKE COUNTY TO FURTHER THE HEALTH OF T HE COMMUNITY, INCLUDING THE DONATION OF MEDICAL SUPPLIES ENVIRONMENTAL IMPROVEMENTS ADVOC ATE HEALTH CARE IS COMMITTED TO GREENING HEALTH CARE BECAUSE IT IS DEEPLY CONNECTED TO OUR CORE MISSION - HEALTH AND HEALING WE UNDERSTAND THAT THE HEALTH OF THE ENVIRONMENT AND T HE HEALTH OF THE PATIENTS AND COMMUNITIES WE SERVE IS INEXTRICABLY LINKED - AND THAT A HEA LTHY PLANET SUPPORTS HEALTHY PEOPLE REDUCING WASTE, CONSERVING ENERGY AND WATER, MINIMIZI NG 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 CLEANE R COMMUNITIES, HEALTHIER AIR QUALITY, REDUCED GREEN HOUSE GASES, AND PRESERVATION OF NATUR AL RESOURCES AS WE WORK TO REDUCE THE ENVIRONMENTAL AND HEALTH IMPACT OF HEALTH CARE, OUR ENVIRONMENTAL STEWARDSHIP PRACTICES HELP EASE THE BURDEN OF HEALTH CARE COSTS BOTH DIRECT LY (LOWER ENERGY COSTS) AND INDIRECTLY (LOWER ENVIRONMENTALLY-RELATED DISEASE BURDEN) 1 MENTORING AND EDUCATION AS WE WORK TO SERVE THE HEALTH NEEDS OF TODAY'S PATIENTS AND FAMIL IES WITHOUT COMPROMISING THE NEEDS OF FUTURE GENERATIONS, ADVOCATE HAS COMMITTED RESOURCES TO SHARING LESSONS LEARNED AND BEST PRACTICES WITH OTHER HOSPITALS AND HEALTH SYSTEMS, BO TH LOCALLY AND NATIONALLY, AND WE DO SO IN A VARIETY OF WAYS ADVOCATE HEALTH CARE WAS ONE OF 12 FOUNDING AND SPONSORING HEALTH SYSTEMS OF THE NATIONAL HEALTHIER HOSPITALS INITIATI VE, WHICH HAS NOW BECOME A PERMANENT PROGRAM OF PRACTICE GREENHEALTH THE HEALTHIER HOSPIT ALS PROGRAM ENGAGES OVER 1,300 HOSPITALS IN SIX KEY CATEGORIES OF HEALTH CARE SUSTAINABILI TY ENGAGED LEADERSHIP, HEALTHIER FOODS, LESS WASTE, LEANER ENERGY, SAFER CHEMICALS, AND S MARTER PURCHASING ENROLLED HOSPITALS HAVE ACCOMPLISHED REDUCTIONS IN MEAT PURCHASING, INC REASED PURCHASING OF LOCAL AND SUSTAINABLE FOOD, REDUCED EXPOSURE TO TOXIC CHEMICALS THROU GH GREEN CLEANING PROGRAMS AND CONVERSION OF MEDICAL PRODUCTS FREE FROM PVC AND DEHP AND D ECREASED ENERGY AND WASTE ADVOCATE IS PROUD TO JOURNEY WITH THIS GROWING MASS OF HOSPITAL S THROUGH ITS OWN INVOLVEMENT AND LEADERSHIP IN THE HEALTHIER HOSPITALS CHALLENGES ADVOCA TE CONTINUES ITS LEADERSHIP, ADVOCACY AND MENTORING ROLE NATIONALLY THROUGH PARTICIPATION IN SEVERAL HEALTHCARE SUSTAINABILITY LEADERSHIP GROUPS AND ADVISORY BOARDS, ADDRESSING ANT IBIOTIC OVERUSE IN AGRICULTURE, SAFER CHEMICALS IN FURNISHING AND MEDICAL PRODUCTS, CLIMAT E CHANGE, PLASTICS RECYCLING, AND ENVIRONMENTALLY-PREFERABLE PURCHASING -PRACTICE GREENHE ALTH MARKET TRANSFORMATION GROUP - LESS MEAT, BETTER MEAT - PRACTICE GREENHEALTH MARKET TR ANSFORMATION GROUP - SAFER CHEMICALS -HEALTH CARE CLIMATE COUNCIL -HEALTHCARE PLASTICS REC YCLING COALITION - HEALTHCARE FACILITY ADVISORY BOARD -VIZIENT ENVIRONMENTAL ADVISORY COUN CIL -SIGNATORY OF THE CHEMICAL FOOTPRINT PROJECT ADVOCATE ALSO COMMONLY PROVIDES MENTORING TO HEALTH CARE COMMUNITY ON SUSTAINABILITY BEST PRACTICES THROUGH PRESENTATIONS AND WEBIN ARS, AS WELL AS TO INDIVIDUAL HEALTH CARE INSTITUTIONS ON A CASE-BY-CASE BASIS 2 ADVOCAT E HEALTH CARE SYSTEM - 2017 ENVIRONMENTAL INITIATIVES -REDUCED CUMULATIVE (ELEVEN HOSPITA LS) HOSPITAL ENERGY CONSUMPTION BY 2 9 PERCENT IN

Form and Line Reference	Explanation
PART VI, LINE 5 PROMOTION OF COMMUNITY HEALTH	TWELVE MONTHS ENDING 11/30/17 OUR 2017 ENERGY REDUCTIONS -SAVED ADVOCATE $1,097,000 IN E NERGY COSTS -EQUATED TO ELIMINATING THE ENERGY USE OF APPROXIMATELY 363 AVERAGE AMERICAN H OMES - OR - AVOIDING THE ANNUAL CARBON EMISSIONS FROM NEARLY 378,080 GALLONS OF GASOLINE -RECYCLED 2,828 TONS OF WASTE FROM HOSPITAL OPERATIONS -RECYCLED 82 PERCENT OF CONSTRUCTIO N AND DEMOLITION DEBRIS -SAVED NEARLY 64 TONS OF WASTE FROM LANDFILL AND SAVED OVER $2 1 M ILLION VIA OUR SURGICAL AND MEDICAL DEVICE REPROCESSING PROGRAMS -LAUNCHED A FORMAL RELATI ONSHIP AND DONATION PROGRAM WITH PROJECT C U R E , A NON-PROFIT ORGANIZATION THAT WILL RES PONSIBLY REDISTRIBUTE DONATED MEDICAL SUPPLIES AND EQUIPMENT TO UNDER-RESOURCED AREAS AROU ND THE GLOBE, FOR ALL ADVOCATE HEALTH CARE FACILITIES ADVOCATE DONATED A TOTAL OF 157 PAL LETS OF MISCELLANEOUS MEDICAL SUPPLIES, 31 EXAM TABLES OR OTHER FURNITURE, AND 83 PIECES O F MEDICAL EQUIPMENT TO PROJECT CURE IN 2017, ALL OF WHICH MAY HAVE OTHERWISE BEEN LANDFILL ED -PURCHASED 23,157 FEWER REAMS OF PAPER IN 2017 VERSUS 2016 EVEN THOUGH PATIENT VOLUMES ROSE SIGNIFICANTLY - TRANSLATING INTO A 5 8% YEAR-OVER-YEAR REDUCTION IN PAPER USAGE -CO MPLETED A CONVERSION AWAY FROM HAND SOAP CONTAINING TRICLOSAN, AN ENDOCRINE DISRUPTING CHE MICAL, AT ALL FACILITIES SYSTEM-WIDE, AND SHARED THE STORY WITH OTHER HEALTH SYSTEMS ACROS S THE COUNTRY VIA A NATIONAL CONFERENCE SPEAKING SESSION AND FOLLOW-UP WEBINAR -SPENT 83% OF ADVOCATE'S EXPENSES IN SELECT CLEANING PRODUCT CATEGORIES (WINDOW, FLOOR, CARPET, BATH ROOM, AND GENERAL-PURPOSE CLEANERS) ON THIRD-PARTY CERTIFIED "GREEN" CLEANERS -INCREASED T HE PURCHASE OF HEALTHIER HOSPITALS-APPROVED FURNITURE, MADE WITHOUT SELECT CHEMICALS OF CO NCERN, INCLUDING PERFLUORINATED COMPOUNDS, PVC (VINYL), FORMALDEHYDE, FLAME RETARDANTS (WH ERE CODE PERMISSIBLE) AND ANTIMICROBIALS, TO 63% OF TOTAL PURCHASES -INCREASED THE AMOUNT OF PURCHASED MEDICAL SUPPLIES THAT ARE FREE OF PVC AND DEHP (CHEMICALS OF CONCERN) -PURCHA SED 25% OF TOTAL MEAT PRODUCTS FROM LIVESTOCK AND POULTRY RAISED WITHOUT THE ROUTINE USE O F ANTIBIOTICS, SUPPORTING THE JUDICIOUS AND RESPONSIBLE USE OF ANTIBIOTICS IN AGRICULTURE WHICH CAN HELP SLOW THE EMERGENCE OF ANTIBIOTIC-RESISTANT BACTERIA -ENCOURAGED THE PURCHAS E OF HEALTHY BEVERAGES (NO SUGAR OR ARTIFICIAL SWEETENERS ADDED) TO 66% OF TOTAL BEVERAGES PURCHASED THROUGHOUT ADVOCATE HEALTH CARE -RELEASED A PUBLIC STATEMENT OF ADVOCATE'S COM MITMENT TO ADDRESSING CLIMATE CHANGE AS AN ORGANIZATION -INSTITUTED A NEW ENVIRONMENTALLY -BASED SOCIAL SCREEN FOR ADVOCATE'S MARKETABLE INVESTMENT PROGRAM, LIMITING EXPOSURE TO CO MPANIES WITH POOR ENVIRONMENTAL PRACTICES INCLUDING SEVERAL FOSSIL FUEL AND MINING COMPANI ES -RECOGNIZED 27 STAFF MEMBERS WITH HEALTHY ENVIRONMENT AWARDS FOR DEMONSTRATING OUTSTAN DING EFFORTS TOWARD PERSONAL HEALTH OR ENVIRONMENTAL STEWARDSHIP -ENGAGED STAFF TO CONSERV E RESOURCES THROUGH CAMPAIGNS THAT ENCOURAGED PRINT MANAGEMENT AND ENERGY REDUCTION BEST P RACTICES -PLEASE SEE ADVOCATE HEALTH CARE'S PUBLICLY-FACING SUSTAINABILITY & WELLNESS WEB SITE FOR MORE INFORMATION 3 HOSPITAL-BASED ENVIRONMENTAL IMPROVEMENTS IN 2017 ADVOCATE C ONDELL MEDICAL CENTER -DIVERTED OVER 454,000 POUNDS OF OPERATING WASTE FROM THE LANDFILL T HROUGH ITS VARIOUS RECYCLING PROGRAMS -USED 2% LESS ENERGY PER SQUARE FOOT IN 2017 THAN I N 2016 (WEATHER NORMALIZED) -AVOIDED OVER 17,000 POUNDS OF MEDICAL AND SOLID WASTE THROUG H ITS DEVICE REPROCESSING PROGRAMS - PURCHASED 1,949 FEWER REAMS OF PAPER IN 2017 VERSUS 2016, TRANSLATING INTO A 11 1% YEAR OVER YEAR REDUCTION IN PAPER USAGE -IN 2017, CONDELL DONATED 2 PALLETS OF VARIOUS MEDICAL SUPPLIES TO PROJECT CURE FOR USE IN RESOURCE-LIMITED AREAS AROUND THE WORLD

Form and Line Reference	Explanation
PART VI, LINE 6 AFFILIATED HEALTH CARE SYSTEM	IN SERVICE OF ITS MISSION, ADVOCATE HEALTH CARE SUPPORTS SYSTEM-WIDE PROGRAMS THAT ADDRESS THE HEALTH NEEDS OF PATIENTS, FAMILIES AND THE COMMUNITIES SERVED ADVOCATE HEALTH CARE'S 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 ADVOCATE'S WHOLISTI C PHILOSOPHY TO THAT END, THEY CONTINUE TO DEVELOP AND SUPPORT INITIATIVES THAT ENHANCE A CCESS TO HEALTH AND WELLNESS SERVICES WITHIN THE DIVERSE COMMUNITIES THAT ADVOCATE SERVES SYSTEM LEADERSHIP DIRECTS AND SUPPORTS THE HOSPITALS IN THEIR EFFORTS TO ADDRESS IDENTIFI ED COMMUNITY HEALTH NEEDS ADVOCATE HEALTH CARE CREATED A COMMUNITY HEALTH DEPARTMENT IN 2 016, LED BY A SYSTEM EXECUTIVE AND STAFFED WITH PUBLIC/COMMUNITY HEALTH SPECIALISTS TO EXE CUTE COMMUNITY NEEDS ASSESSMENTS, EVIDENCE BASED PROGRAM DEVELOPMENT AND COLLABORATIVE PAR TNERSHIPS WITHIN THE COMMUNITIES SERVED BY ADVOCATE PRIOR TO THIS TIME, THE COMMUNITY FAC ING FUNCTION WAS LED BY A TEAM OF SYSTEM-LEVEL INDIVIDUALS WHOSE JOB RESPONSIBILITIES INCL UDED VARIOUS COMMUNITY ROLES MORE CLOSELY ALIGNED WITH COMMUNITY RELATIONS DURING THE INI TIAL 2011-2013 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CYCLE, THE SYSTEM LEADERS PROVIDED OVERSIGHT AND SUPPORT TO THE HOSPITALS FOR DEVELOPING THEIR CHNAS AND SUBSEQUENT PROGRAMM ING IN 2016, ADVOCATE'S NEW COMMUNITY HEALTH TEAM CONDUCTED COMPREHENSIVE CHNAS (2014-201 6) AND POSTED GOVERNANCE-APPROVED CHNA REPORTS AND CHNA IMPLEMENTATION PLANS ON ADVOCATE'S WEBPAGE IN COMPLIANCE WITH THE AFFORDABLE CARE ACT AT THE DIRECTION OF THE SYSTEM LEVEL, COMMUNITY HEALTH DEPARTMENT LEADERSHIP ALSO MET MONTHLY IN LATE 2016 THROUGH FIRST QUARTE R 2017 TO SIGNIFICANTLY REVISE ADVOCATE HEALTH CARE'S COMMUNITY BENEFITS PLAN THE PLANS G OALS AND OBJECTIVES WERE CRAFTED AND EXPANDED TO BUILD ON RECENT LEARNINGS AND INCREASED F OCUS ON COMMUNITY HEALTH THE PLAN'S BROAD GOALS AND OBJECTIVES WERE DESIGNED TO STRUCTURE SYSTEM-WIDE COMMUNITY BENEFITS ACTIVITIES WITHIN A STRATEGIC FRAMEWORK INCLUDED IN THE C OMMUNITY BENEFITS PLAN ARE GOALS FOCUSED ON SYSTEM-WIDE EFFORTS TO ADDRESS THE BROADER ISS UES OF DISPARITY AND ACCESS, AND TO ALIGN HOSPITAL COMMUNITY HEALTH PLANS WITH SYSTEM STRA TEGY AS COMMUNITY HEALTH PLANS AND IMPLEMENTATION STRATEGIES EVOLVE ADVOCATE'S COMMUNITY BENEFITS PLAN ALSO SETS THE COURSE FOR STRENGTHENING EXISTING PARTNERSHIPS AND BUILDING NE W ONES TO LEVERAGE AND MAXIMIZE THE IMPACT OF ADVOCATE'S PROGRAMS IN ITS SERVICE AREAS AD VOCATE'S COMMUNITY BENEFITS PLAN GOALS AND SPECIFIC EXAMPLES OF PROGRAMS AND SERVICES THAT ARE DIRECTED AND MANAGED AT THE SYSTEM LEVEL ARE PROVIDED BELOW GOAL A OPTIMIZE ADVOCAT E'S CAPACITY TO MANAGE AN EFFECTIVE COMMUNITY HEALTH STRATEGY BY IMPLEMENTING REGULAR COMM UNITY HEALTH ASSESSMENTS (CHNAS) AND USING DATA FROM THESE ASSESSMENTS TO GUIDE PROGRAM DE VELOPMENT DURING 2016, ALL ELEVEN ADVOCATE HEALTH CARE HOSPITALS COMPLETED COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENTS IN COLLABORATION WITH HEALTH DEPARTMENTS, OTHER HOSPITA LS, AND COMMUNITY ORGANIZATIONS ADVOCATE CHILDREN'S HOSPITAL, WITH INTEGRATED SITES AT BO TH ADVOCATE LUTHERAN GENERAL HOSPITAL AND ADVOCATE CHRIST MEDICAL CENTER, CONTRIBUTED TO A SSESSMENTS AT THOSE TWO HOSPITALS ALL THE ADVOCATE HOSPITAL ASSESSMENTS ARE AVAILABLE THR OUGH THE ADVOCATE HEALTH CARE WEBSITE AT HTTP //WWW ADVOCATEHEALTH COM/CHNAREPORTS AS A F IRST STEP TOWARD DEVELOPING A 2017-2019 IMPLEMENTATION PLAN, THE SYSTEM DIRECTED THE HOSPI TAL COMMUNITY HEALTH LEADERS AND STAFF TO IDENTIFY THE STRENGTHS AND OPPORTUNITIES FOR IMP ROVEMENT WITHIN THE JUST COMPLETED CYCLE (2014-2016), AS WELL AS IDEAS FOR NEW DATA SOURCE S, AND NEEDS FOR PROFESSIONAL DEVELOPMENT RELATED TO THE OVERALL CHNA PROCESS A NUMBER OF STRENGTHS WERE IDENTIFIED INCLUDING DEVELOPMENT OF LOCAL COMMUNITY HEALTH COUNCILS (CHC), INVOLVEMENT OF HOSPITAL GOVERNING COUNCIL MEMBERS IN THE CHCS, PARTNERSHIPS WITH HEALTH D EPARTMENTS, DATA FROM THE HEALTHY COMMUNITIES INSTITUTE, ESPECIALLY THE ZIP CODE LEVEL HOS PITALIZATION AND EMERGENCY ROOM UTILIZATION DATA, AND THE SHARING OF TEMPLATES AND APPROAC HES ACROSS HOSPITAL SITES ADDITIONAL PROFESSIONAL DEVELOPMENT REGARDING DATA RETRIEVAL, A NALYSIS, AND SUMMARIZATION AS WELL AS PROGRAM DEVELOPMENT WERE IDENTIFIED A PROFESSIONAL DEVELOPMENT PLAN WAS IMPLEMENTED FOR ALL INTERNAL COMMUNITY HEALTH STAFF IN 2017 CHNA DAT A TRAINING WAS CONDUCTED USING THE HEALTHY COMMUNITIES INSTITUTE (HCI) PLATFORM WITH THE T EAM RECEIVING TRAINING REGARDING RUNNING VARIOUS TYPES OF REPORTS AND CROSS COMPARING DATA IN HCI UPDATE PRESENTATIONS WERE HELD AT SELECTED MONTHLY STAFF MEETINGS REGARDING NEW C APACITIES OF THE HCI PLATFORM FOR REPORTS AND DATA PRESENTATION ADDITIONALLY, ALL STAFF P ROVIDED INPUT REGARDING TRAINING NEEDS RESULTING IN THE ESTABLISHMENT OF A SET OF MINIMUM STANDARD DATA REQUIREMENTS ADVOCATE WILL BE USING

Form and Line Reference	Explanation
PART VI, LINE 6 AFFILIATED HEALTH CARE SYSTEM	FOR THE NEXT CHNA CYCLE COMMUNITY HEALTH STAFF PULLED DATA AS PART OF LEARNING EXERCISES AND SHARED FINDINGS FROM THEIR UNIQUE SERVICE AREAS WITH PEERS IN A PEER REVIEW MODEL IN 2018, THE TRAINING FOCUS WILL BE ON DATA ANALYSIS, DATA INTERPRETATION AND PROGRAM DEVELOP MENT AND EVALUATION GOAL B UNDERTAKE OR SUPPORT INITIATIVES THAT ENHANCE ACCESS TO HEALT H CARE, PREVENTION AND WELLNESS SERVICES ACROSS THE LIFESPAN AND WITHIN THE DIVERSE COMMUN ITIES ADVOCATE SERVES CHARITY CARE AS A NON-PROFIT HEALTH CARE SYSTEM, ADVOCATE PROVIDES CHARITY AND FINANCIAL ASSISTANCE TO PATIENTS IN NEED ALTHOUGH ADVOCATE'S SYSTEM-WIDE CHAR ITY CARE POLICY IS VERY GENEROUS, ADVOCATE CONTINUES TO REVIEW AND REFINE ITS POLICY IN AN ONGOING EFFORT TO ENSURE THAT FINANCIAL ASSISTANCE IS AVAILABLE TO THOSE IN NEED IN A TIM ELY MANNER WHILE EACH HOSPITAL HAS A CHARITY CARE COUNCIL TO REVIEW APPLICATIONS AND DETE RMINE ELIGIBILITY, SYSTEM FINANCE LEADERS ARE RESPONSIBLE FOR ONGOING POLICY REVIEW AND RE FINEMENTS TO ASSURE THAT ADVOCATE CONTINUES TO PROVIDE FINANCIAL ASSISTANCE TO INDIVIDUALS WHO NEED HELP, WHEN THEY NEED IT FEDERALLY QUALIFIED HEALTH CENTERS IN ADDITION, ADVOCAT E'S SYSTEM LEADERS ENCOURAGE AND SUPPORT ITS HOSPITALS' INITIATIVES TO PARTNER WITH FEDERA LLY QUALIFIED HEALTH CENTERS (FQHC), PUBLIC HEALTH DEPARTMENTS AND COMMUNITY CLINICS IN OR DER TO ASSIST THE UNINSURED IN FINDING INSURANCE COVERAGE AND MEDICAL SERVICES FOR EXAMPL E, ADVOCATE SOUTH SUBURBAN HOSPITAL HAS A PARTNERSHIP WITH AUNT MARTHA'S YOUTH SERVICE CEN TER, AN FQHC, TO IMPROVE ACCESS TO PRIMARY CARE SERVICES FOR UNINSURED AND UNDERINSURED IN DIVIDUALS IN ITS SERVICE AREA ADVOCATE BROMENN MEDICAL CENTER MAINTAINS A COMMUNITY HEALT H CLINIC IN COLLABORATION WITH OSF ST JOSEPH'S HOSPITAL, WHEREBY ADVOCATE BROMENN MEDICAL CENTER IS RESPONSIBLE FOR A PORTION OF THE HOSPITAL CARE FOR THE CLINIC PATIENTS' HOSPITA L CARE THROUGHOUT THE YEAR BROMENN IS ALSO THE SOLE PROVIDER OF THE CLINIC'S INFORMATION TECHNOLOGY (IT) SUPPORT AND PROVIDES THE SPACE OCCUPIED BY THE CLINIC IN ADDITION, BROMEN N MEDICAL CENTER, THROUGH AN INFORMAL REFERRAL AGREEMENT IN PLACE SINCE 2010, COLLABORATES WITH CHESTNUT HEALTH SYSTEMS CHESTNUT HEALTH SYSTEMS OWNS AND OPERATES AN FQHC IN BLOOMI NGTON AND PATIENTS ARE SOMETIMES REFERRED TO BROMENN MEDICAL CENTER FOR SERVICES WORKING WITH OTHER AREA HOSPITALS, ADVOCATE GOOD SAMARITAN HOSPITAL PROVIDES SUPPORT THROUGH THE D UPAGE HEALTH COALITION TO SUSTAIN THE ACCESS DUPAGE COMMUNITY PROGRAM - A COMMUNITY COLLAB ORATION DESIGNED TO PROVIDE LOW-COST PRIMARY MEDICAL CARE SERVICES TO THE LOW-INCOME, MEDI CALLY UNINSURED RESIDENTS OF DUPAGE COUNTY IN ADDITION, THE HOSPITAL PARTNERS WITH THE DU PAGE COUNTY HEALTH DEPARTMENT'S ENGAGE DUPAGE INITIATIVE FOR INDIGENT PATIENT FINANCIAL EL IGIBILITY IN THE EMERGENCY ROOM AND TO ASSIST WITH OUTPLACEMENT SERVICES FOR THOSE PATIENT S WHO COULD BENEFIT FROM TREATMENT PROGRAMS, PLACEMENT WITH A PRIMARY CARE PROVIDER (PCP), DENTAL CARE, ETC ADVOCATE HEALTH CARE ALSO WORKS TO IMPROVE THE PROVISION OF SERVICES TO INDIVIDUALS AND FAMILIES WHO ARE COVERED BY MEDICARE AND MEDICAID AND SEEK SERVICES FROM ADVOCATE'S OVER 400 SITES OF CARE ADVOCATE COLLABORATES WITH VARIOUS COMMUNITY-BASED ORGA NIZATIONS (CBO'S) AND FQHC'S IN INNOVATIVE WAYS TO ESTABLISH PRIMARY CARE RELATIONSHIPS FO R MEDICAID AND UNINSURED PATIENTS ADVOCATE ACCOUNTABLE CARE ENTITY (ACE) AS ONE OF THE LA RGEST PROVIDERS OF HEALTH CARE SERVICES TO MEDICARE AND MEDICAID PATIENTS IN CHICAGO AND T HE SURROUNDING SUBURBS, ADVOCATE HEALTH CARE'S MEDICAID ACCOUNTABLE CARE ORGANIZATION (ACO), ALSO KNOWN AS THE ADVOCATE ACCOUNTABLE CARE ENTITY, TRANSITIONED TO MERIDIAN FAMILY HEA LTH PLAN (FHP) OF ILLINOIS AS PART OF AN INTEGRATED CARE MODEL ON APRIL 1, 2016 THE ADVOC ATE/MERIDIAN FHP PARTNERSHIP AND COLLABORATION WAS DRIVEN LARGELY BY CHANGES TO THE MEDICA ID PROGRAM IN ILLINOIS AND WAS DESIGNED TO ENSURE CURRENT MEDICAID MEMBERS CONTINUE TO REC EIVE HIGH-QUALITY AND WELL-COORDINATED C

Additional Data

Software ID:

Software Version:

EIN: 26-2525968

Name: Advocate Condell Medical Center

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	CONDELL MEDICAL CENTER 801 S MILWAUKEE AVENUE LIBERTYVILLE, IL 60048 http //www advocatehealth com/condell/ 0005579	X	X					X			

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

Form and Line Reference	Explanation
PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 2	N/A PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 3J N/A PART V, SECTION C - DES CRIPTION FOR PART V, SEC B, LINE 5 ADVOCATE CONDELL MEDICAL CENTER COMPLETED A COMPREHENSI VE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2016 THE MEDICAL CENTER WORKED CLOSELY WIT H THE LAKE COUNTY HEALTH DEPARTMENT AND COMMUNITY HEALTH CENTER (LCHD/CHC) THROUGHOUT THE 2016 CHNA PROCESS THE MEDICAL CENTER RECEIVED REGULAR UPDATES FROM THE HEALTH DEPARTMENT' S ONGOING COMMUNITY HEALTH IMPROVEMENT PLAN PROCESS AND OFTEN CONSULTED THE LCHD/CHC COMMU NITY HEALTH ASSESSMENT STAFF FOR INTERPRETATION OF DATA, AS IT WAS RELEASED ADDITIONALLY, CONDELL MEDICAL CENTER COMMISSIONED THE HEALTH DEPARTMENT TO CONDUCT A TARGETED COMMUNITY SURVEY IN WAUKEGAN, LOCATED WITHIN THE MEDICAL CENTER'S PRIMARY SERVICE AREA (PSA) WAUKE GAN HAS THE HIGHEST PERCENTAGE OF HISPANIC RESIDENTS IN LAKE COUNTY, THE HIGHEST PERCENTAG E OF RESIDENTS WHO SPEAK SPANISH AT HOME IN THE COUNTY, AND THE SECOND HIGHEST PERCENTAGE OF THE POPULATION COVERED BY MEDICAID THE LCHD/CHC'S COMMUNITY HEALTH IMPROVEMENT PROCESS , NAMED LIVE WELL LAKE COUNTY, WAS DEVELOPED WITHIN THE MOBILIZING FOR ACTION THROUGH PLAN NING AND PARTNERSHIPS (MAPP) FRAMEWORK FROM EARLY 2015 THROUGH SPRING 2016, THE COMMUNITY HEALTH IMPROVEMENT PROCESS WAS GUIDED BY THE LIVE WELL LAKE COUNTY STEERING COMMITTEE, A DIVERSE GROUP OF STAKEHOLDERS FROM MULTIPLE SECTORS OF LAKE COUNTY THAT INFLUENCE THE HEAL TH OF THE COUNTY RESIDENTS ADVOCATE HEALTH CARE'S DIRECTOR OF COMMUNITY HEALTH FOR THE NO RTHERN REGION IS AN ACTIVE MEMBER OF THIS STEERING COMMITTEE TO CONSIDER COMMUNITY VIEWPO INTS AND OPINIONS RELATED TO SPECIFIC HEALTH ISSUES, THREE MAIN SOURCES OF PRIMARY DATA WE RE INCLUDED IN THE CHNA THESE WERE THE 2015 LAKE COUNTY COMMUNITY STRENGTHS SURVEY, THE 2 015 WAUKEGAN ILLINOIS COMMUNITY SURVEY REPORT, AND THE 2015 WAUCONDA ILLINOIS COMMUNITY SU RVEY REPORT A KEY SOURCE FOR SECONDARY DATA WAS THE HEALTHY COMMUNITIES INSTITUTE (HCI), A CENTRALIZED DATA PLATFORM PURCHASED BY ADVOCATE HEALTH CARE IN EARLY 2014, ADVOCATE HEA LTH CARE SIGNED A THREE-YEAR CONTRACT WITH HCI, NOW A XEROX COMPANY, TO PROVIDE AN INTERNE T-BASED DATA RESOURCE FOR THEIR ELEVEN HOSPITALS DURING THE 2014-2016 CHNA CYCLE DATA WAS PRESENTED TO THE ADVOCATE CONDELL MEDICAL CENTER COMMUNITY HEALTH COUNCIL (CHC) OVER A PE RIOD OF SEVERAL MEETINGS IN 2016 THE COMMUNITY HEALTH COUNCIL IS AN ADVISORY COMMITTEE ES TABLISHED TO ASSIST IN THE SELECTION OF HEALTH PRIORITIES, AND TO ADVISE AND MONITOR THE I MPLEMENTATION OF COMMUNITY HEALTH INTERVENTIONS TO ADDRESS THE HEALTH ISSUES IN THE COMMUN ITY DATA PRESENTED TO THE CHC INCLUDED DEMOGRAPHIC, ECONOMIC, EDUCATION, EMPLOYMENT AND H EALTH DATA USING THIS DATA, THE CHC WAS ABLE TO DETERMINE AREAS OF NEED FOR THE COMMUNITY ADVOCATE CONDELL MEDICAL CENTER COMMUNITY HEALTH COUNCIL THE COMMUNITY HEALTH COUNCIL IS CO-CHAIRED BY TWO COMMUNITY REPRESENTATIVES WHO ALSO SERVE ON THE CONDELL MEDICAL CENTER GOVERNING COUNCIL THE CHC IS

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

Form and Line Reference	Explanation
PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 2	COMPRISED OF ELEVEN COMMUNITY MEMBERS MANY OF THE COMMUNITY MEMBERS REPRESENT ENTITIES TH AT SERVE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS NON-ADVOCATE-AFFILIAT ED MEMBERS REPRESENT THE LAKE COUNTY HEALTH DEPARTMENT, A FEDERALLY QUALIFIED HEALTH CENTE R, FAITH-BASED ORGANIZATIONS, AREA SCHOOL DISTRICTS, THE AMERICAN CANCER SOCIETY, SOCIAL S ERVICE AGENCIES, THE PRIMARY CARE AND MENTAL HEALTH PROVIDERS, AND LAW ENFORCEMENT CONDEL L MEDICAL CENTER REPRESENTATIVES INCLUDE MEMBERS OF THE EXECUTIVE TEAM, MISSION AND SPIRIT UAL CARE, TRAUMA, CARDIAC CENTER AND BUSINESS DEVELOPMENT AND STRATEGY COMMUNITY HEALTH C OUNCIL MEMBERS' ROLES AND THE ORGANIZATIONS THEY REPRESENT ARE PROVIDED BELOW COUNCIL MEM BERS FROM THE COMMUNITY -ANTIOCH ORCHARD MEDICAL CENTER, OFFICE MANAGER -CREATING CONVERSA TIONS, OWNER -ERIE FAMILY HEALTH CENTER, VICE PRESIDENT, PATIENT SUPPORT SERVICES -LAKE CO UNTY HOUSING AUTHORITY, EXECUTIVE DIRECTOR -LAKE COUNTY HEALTH DEPARTMENT, PREVENTION COOR DINATOR -LIBERTYVILLE SCHOOL DISTRICT, RETIRED SCHOOL PRINCIPAL, CONDELL MEDICAL CENTER CO MMUNITY HEALTH COUNCIL CO-CHAIR -LIBERTYVILLE SCHOOL DISTRICT 70, SUPERINTENDENT -MANO A M ANO FAMILY RESOURCE CENTER, EXECUTIVE DIRECTOR -MUNDELEIN IVANHOE CONGREGATIONAL CHURCH, S ENIOR PASTOR, CONDELL MEDICAL CENTER COMMUNITY HEALTH COUNCIL CO-CHAIR -WAUKEGAN PUBLIC LI BRARY, COMMUNITY ENGAGEMENT AND SPANISH LITERACY SERVICES MANAGER -YOUTH FAMILY COUNSELING , DIRECTOR, CLINICAL SERVICES -VILLAGE OF LIBERTYVILLE, ECONOMIC COORDINATOR -VILLAGE OF M UNDELEIN, CHIEF OF POLICE CONDELL MEDICAL CENTER STAFF MEMBERS ON THE COUNCIL -ADVOCATE HE ALTH CARE, MANAGER, STRATEGIC PLANNING -ADVOCATE MEDICAL GROUP, INTERNAL MEDICINE PHYSICIA N -CONDELL MEDICAL CENTER, CHAIR, PEDIATRIC DEPARTMENT -CONDELL MEDICAL CENTER, DIRECTOR, CARDIOVASCULAR SERVICES -CONDELL MEDICAL CENTER, DIRECTOR, NURSING AND CLINICAL OPERATIONS -CONDELL MEDICAL CENTER, DIRECTOR OF NURSING -CONDELL MEDICAL CENTER, DIRECTOR, ORTHOPEDI C AND NEUROLOGY INSTITUTES -CONDELL MEDICAL CENTER, DIRECTOR, PUBLIC AFFAIRS AND MARKETING -CONDELL MEDICAL CENTER, VICE PRESIDENT, CLINICAL EXCELLENCE -CONDELL MEDICAL CENTER, VIC E PRESIDENT, CLINICAL SERVICE LINES AND SUPPORT SERVICES -CONDELL MEDICAL CENTER, VICE PRE SIDENT, MISSION AND SPIRITUAL CARE CONDELL MEDICAL CENTER ALSO COLLABORATED WITH SEVERAL A DDITIONAL PARTNER ORGANIZATIONS WHILE COMPLETING THE CHNA THESE INCLUDED THE LAKE COUNTY UNDERAGE DRINKING AND DRUG PREVENTION TASK FORCE, MANO A MANO FAMILY RESOURCE CENTER, THE LAKE COUNTY OPIOID INITIATIVE TASK FORCE AND THE WAUCONDA UNITED HEALTH PARTNERSHIP EACH OF THE ORGANIZATIONS HAVE A FOCUS ON MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULA TIONS CONDELL MEDICAL CENTER'S 2014-2016 AND PREVIOUS 2011-2013 CHNA REPORTS AND IMPLEMEN TATION PLANS FOR BOTH REPORTS WERE POSTED ON ADVOCATE HEALTH CARE'S WEBPAGE AND INCLUDED A LINK TO A FORM AND AN EMAIL FOR THE COMMUNITY TO USE IN PROVIDING FEEDBACK ANY QUESTIONS SUBMITTED WILL BE ADDRESSED W

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

Form and Line Reference	Explanation
PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 2	ITHIN THIRTY DAYS AS OF DECEMBER 31, 2017, THERE WAS NO COMMUNITY FEEDBACK OR INQUIRIES PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 6A -RELATED ADVOCATE GOOD SHEPHER D HOSPITAL (THROUGH THE LAKE COUNTY HEALTH DEPARTMENT) -UNRELATED THE CHNA WAS NOT CONDUC TED WITH OTHER HOSPITAL FACILITIES, BUT ALL HOSPITALS IN LAKE COUNTY PARTICIPATED IN THE L AKE COUNTY HEALTH DEPARTMENT MAPP PROCESS FOR THE DEVELOPMENT OF THE HEALTH DEPARTMENT'S S TRATEGIC PLAN THE UNRELATED HOSPITALS THAT PARTICIPATED WERE VISTA HOSPITAL, NORTHWESTERN LAKE FOREST HOSPITAL AND NORTHSHORE UNIVERSITY HEALTH SYSTEM HIGHLAND PARK HOSPITAL PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 6B N/A PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 7D CONDELL MEDICAL CENTER'S COMMUNITY HEALTH STAFF PRESENTED THE CHNA RESULTS TO THE LATINO COALITION OF LAKE COUNTY, THE HEALTHCARE FOUNDATION OF NORTHERN LAKE COUNTY AND THE CONDELL MEDICAL CENTER COMMUNITY HEALTH COUNCIL COMMUNITY HEALTH STA FF ALSO PRESENTED THE RESULTS INTERNALLY TO THE SENIOR LEADERSHIP TEAM, CANCER COMMITTEE A ND THE GOVERNING COUNCIL IN ADDITION, CONDELL MEDICAL CENTER SENT AN ANNOUNCEMENT AND BRI EF DESCRIPTION OF THE CHNA RESULTS TO ALL EMPLOYEES, WHICH INCLUDED A LINK TO THE FULL REP ORT PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 11 2014-2016 CHNA NEEDS SELEC TED TO ADDRESS AFTER CONSIDERING PRIMARY AND SECONDARY DATA AND FINDINGS FROM OTHER LOCAL HEALTH NEEDS ASSESSMENT PROCESSES, THE CONDELL MEDICAL CENTER COMMUNITY HEALTH COUNCIL REC OMMENDED, AND THE GOVERNING COUNCIL APPROVED, TWO HEALTH AREAS FOR PRIORITY ACTION 1) MEN TAL HEALTH, AND 2) OBESITY STEPS BEING TAKEN TO ADDRESS THE TWO PRIORITIES FOLLOW MENTAL HEALTH MENTAL HEALTH WAS SELECTED AS ONE OF THE TOP HEALTH PRIORITIES BY THE COMMUNITY HE ALTH COUNCIL MENTAL HEALTH WAS RANKED THE HIGHEST OF THE FORCES IDENTIFIED IN THE LAKE CO UNTY FORCES OF CHANGE ASSESSMENT (FOCA), CONDUCTED AS PART OF THE MAPP PROCESS THE 2014 N ORTHERN LAKE COUNTY BEHAVIORAL HEALTH NEEDS ASSESSMENT IDENTIFIED THAT THERE IS LIMITED CA PACITY FOR BEHAVIORAL HEALTH SERVICES IN LAKE COUNTY THE ZIP CODES IN LAKE COUNTY WITH TH E HIGHEST EMERGENCY ROOM RATES DUE TO MENTAL HEALTH FOR ADULTS ARE NORTH CHICAGO AND WAUKE GAN, WHICH ARE ALSO THE TWO ZIP CODES WITH THE HIGHEST SOCIONEEDS INDEX VALUE AND RANKING SOCIOECONOMIC NEED WAS DETERMINED BY THE HEALTHY COMMUNITIES INSTITUTE'S (HCI) CALCULATIO NS TO CREATE AN INDEX USING SIX MAJOR SOCIO-NEEDS INDICATORS THAT ARE CORRELATED WITH POOR HEALTH OUTCOMES THE INDICATORS INCLUDE INCOME, UNEMPLOYMENT, OCCUPATION, EDUCATION, LANG UAGE AND POVERTY THE TOP LAKE COUNTY ZIP CODES WITH THE HIGHEST EMERGENCY ROOM RATES DUE TO PEDIATRIC MENTAL HEALTH ARE FOX LAKE AND WAUKEGAN FINALLY, MENTAL HEALTH IS A CURRENT PRIORITY OF THE LAKE COUNTY HEALTH DEPARTMENT AS ONE OF THE HEALTH PRIORITIES FOR THE COMM UNITY HEALTH IMPROVEMENT PLAN CONDELL MEDICAL CENTER IS ADDRESSING MENTAL HEALTH THROUGH THREE STRATEGIES THE FIRST ST

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

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

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

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

	Name and address	Type of Facility (describe)
1	Condell Medical Center - Office Bldg 1170 E Belvidere Rd Various Suite Grayslake, IL 60030	Patient Care - Out Patient
1	Condell Immediate Care Bldg 150 Half Day Road STE 207 Buffalo Grove, IL 60089	Patient Care - Out Patient
2	Condell Medical Center - Ambi Center 890 Garfield Libertyville, IL 60048	Patient Care - Out Patient
3	Condell Medical Center - Centre Club 1405 Hunt Club Road Gurnee, IL 60031	Fitness Center
4	Condell Medical Center - Centre Club 200 W Golf Road Libertyville, IL 60048	Fitness Center
5	Condell Medical Center - Gurnee Imaging 1435 N Hunt Club Gurnee, IL 60031	Patient Care - Out Patient
6	Condell Medical Center - Gurnee POB 1445 Hunt Club STE 100 103 203 Gurnee, IL 60031	Patient Care - Out Patient
7	Condell Medical Center - Inter Gen Cent 700 S Garfield Libertyville, IL 60048	Patient Care - Out Patient
8	Condell Medical Center - Mungo Bldg 804 E Park Avenue Various Suites Libertyville, IL 60048	Patient Care - Out Patient
9	Condell Medical Center - Office Bldg 2 E Rollins Road STE 101 105 1 Round Lake Beach, IL 60073	Patient Care - Out Patient
10	Condell Medical Center - Office Bldg 1425 Hunt Club STE 102 103 203 Gurnee, IL 60031	Patient Care - Out Patient
11	Condell Medical Center - Office Bldg 755 Milwaukee Avenue Various Suite Libertyville, IL 60048	Patient Care - Out Patient
12	Condell Medical Center - Offices 6 Phillips Road STE 1109 Vernon Hills, IL 60061	Patient Care - Out Patient
13	Condell Medical Center-Radiation Therapy 880 Garfield Avenue Libertyville, IL 60048	Patient Care - Out Patient

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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

2017

Open to Public Inspection

Name of the organization
Advocate Condell Medical Center

Employer identification number
26-2525968

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 noncash assistance	(h) Purpose of grant or assistance
(1) CRISTO REY JESUIT HIGH SCHOOL 1852 West 22nd Place CHICAGO, IL 60608	04-3730980	501(C)(3)	32,134				Support Exempt Mission

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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	Grants and Other Assistance to Domestic Organizations and Domestic Governments FOR AMOUNTS REPORTED ON SCHEDULE I, ADVOCATE CONDELL MEDICAL CENTER REPORTS ONLY NON PROFIT ORGANIZATIONS THAT ARE TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OR THAT ARE CONSISTENT WITH AND COMPLIMENTARY TO THE MISSION AND CHARITABLE, TAX-EXEMPT PURPOSES OF ADVOCATE CONDELL MEDICAL CENTER THE PURPOSES OF THESE GRANTS IS TO SUPPORT COMMUNITY PROGRAMS CASH CONTRIBUTIONS ARE NOT MADE TO INDIVIDUALS, FOR PROFIT BUSINESSES, OR PRIVATE PROVIDERS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318042348

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

2017

Open to Public Inspection

Name of the organization
Advocate Condell Medical Center

Employer identification number
26-2525968

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed 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 idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement 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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 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 nonfixed 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
FORM 990, SCHEDULE J, PART I, LINE 4A	JAMES DAN, M D FORMER PRESIDENT OF AMBULATORY SERVICES AND PRESIDENT OF AMG, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $267,800 WHICH HAS BEEN REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) FORM 990, SCHEDULE J, PART I, LINE 4B 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 $34,190 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 $684,846, WILLIAM P SANTULLI $308,617, GAIL D HASBROUCK $119,188, LEE B SACKS M D $222,290, DOMINIC J NAKIS $210,951, BRUCE D SMITH $117,737, KEVIN BRADY $145,836, SCOTT POWDER $112,610, JAMES DAN, M D $110,293, REV KATHIE B SCHWICH $76,889, KELLY JO GOLSON $98,962, DOMINICA TALLARICO $118,730 AND KAREN LAMBERT $125,615 THE FOLLOWING EMPLOYEES HAVE NOT YET VESTED AND THEREFORE THE CONTRIBUTIONS ARE REPORTED AS DEFERRED COMPENSATION SUSAN CAMPBELL $97,304 AND EARL J BARNES II $47,573 FORM 990, 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 INCENTIVE COMPENSATION IS PAID OUT ANNUALLY THE COMPENSATION COMMITTEE CAN EXERCISE DISCRETION OVER WHETHER INCENTIVE COMPENSATION IS PAID OUT ANNUALLY INCENTIVE COMPENSATION IS PAID OUT ANNUALLY

Additional Data

Software ID:
Software Version:
EIN: 26-2525968
Name: Advocate Condell Medical Center

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				
1James Skogsbergh EXECUTIVE VP, DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	1,536,274	2,484,514	6,030,964	1,652,575	24,129	11,728,456	3,923,100
1William P Santulli President	(I)	0	0	0	0	0	0	0
	(II)	930,226	905,144	1,412,493	661,298	24,668	3,933,829	1,262,976
2Lee B Sacks MD EXEC VP, CHIEF MEDICAL OFFICER	(I)	0	0	0	0	0	0	0
	(II)	750,194	581,990	391,891	402,023	18,481	2,144,579	112,776
3James Doheny VP, FINANCE & CORP CONTROLLER	(I)	0	0	0	0	0	0	0
	(II)	345,367	115,083	34,442	24,688	27,204	546,784	0
4Vincent Bufalino MD PRES PHYS & AMB SVCS/AMG	(I)	0	0	0	0	0	0	0
	(II)	546,621	356,952	1,043,660	291,525	26,862	2,265,620	623,659
5Rev Kathie B Schwich SVP, MISSION & SPIRITUAL CARE	(I)	0	0	0	0	0	0	0
	(II)	203,930	221,679	122,503	142,934	80,885	771,931	56,539
6Kevin Brady SR VP, CHIEF HR OFFICER	(I)	0	0	0	0	0	0	0
	(II)	485,331	389,720	239,107	274,218	36,923	1,425,299	149,680
7Susan Campbell SR VP PAT CARE, CHF NURS OFCR	(I)	0	0	0	0	0	0	0
	(II)	372,072	225,262	43,657	245,031	20,271	906,293	75,419
8Kelly Jo Golson SR VP, CHIEF MARKETING OFFICER	(I)	0	0	0	0	0	0	0
	(II)	393,396	213,174	169,184	147,032	2,920	925,706	69,327
9Gail D Hasbrouck Corp Secretary 01/17, Director	(I)	0	0	0	0	0	0	0
	(II)	360,146	313,772	227,994	92,303	16,451	1,010,666	106,321
10Earl J Barnes II SVP, GEN COUNSEL & CORP SEC	(I)	0	0	0	0	0	0	0
	(II)	480,769	125,000	31,550	204,240	35,472	877,031	0
11Dominic J Nakis SVP, CFO & TREASURER	(I)	0	0	0	0	0	0	0
	(II)	680,607	581,990	360,878	402,023	27,641	2,053,139	226,308
12Scott Powder SVP, Chief Strategy Officer	(I)	0	0	0	0	0	0	0
	(II)	413,940	269,534	184,724	180,245	24,929	1,073,372	93,292
13Bruce D Smith SVP, INFORMATION SYS/CIO 07/17	(I)	0	0	0	0	0	0	0
	(II)	272,935	317,618	236,193	95,307	17,827	939,880	112,776
14Barbara Byrne MD SVP, Chief Information Officer	(I)	0	0	0	0	0	0	0
	(II)	211,534	25,000	18,162	202,653	4,495	461,844	0
15Dominica Tallarico Pres Lutheran/Condell	(I)	313,339	199,241	147,617	181,716	17,105	859,018	100,794
	(II)	135,847	85,389	63,264	77,878	7,331	369,709	0
16Karen Lambert President Good Shepherd/Condel	(I)	0	0	0	0	0	0	0
	(II)	491,433	284,170	209,254	222,329	37,692	1,244,878	100,794
17Debra Susie-Lattner VP, Medical Management	(I)	363,714	102,280	82,521	24,688	6,286	579,489	0
	(II)	0	0	0	0	0	0	0
18Lanis Kuyzin Medical Director, Care Mgt	(I)	292,176	0	1,895	21,988	796	316,855	0
	(II)	0	0	0	0	0	0	0
19Mary Hillard VP, Patient Care/Clinical Ops	(I)	239,831	46,476	4,360	23,794	12,897	327,358	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				
21David Cartwright VP, Finance & Support Svcs	(I)	237,042	44,510	2,931	24,633	20,971	330,087	0
	(II)	0	0	0	0	0	0	0
1Karen Hanson VP, Clinical Excellence	(I)	201,473	22,913	-5,801	19,987	23,498	262,070	0
	(II)	0	0	0	0	0	0	0
2James Dan MD PRES PHYS& AMB SVCS/AMG - 7/16	(I)	0	0	0	0	0	0	0
	(II)	22,661	353,547	473,502	54,967	8,952	913,629	163,224

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

2017

Open to Public Inspection

Name of the organization
Advocate Condell Medical Center

Employer identification number
26-2525968

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	BOARD DELEGATING POWERS TO EXECUTIVE COMMITTEE THE ORGANIZATION'S BYLAWS PROVIDE THAT THE EXECUTIVE COMMITTEE HAS AUTHORITY TO ACT ON BEHALF OF THE BOARD THE EXECUTIVE COMMITTEE H AS THE SAME COMPOSITION AND MEMBERS AS THE EXECUTIVE COMMITTEE OF THE CORPORATE MEMBER TH E CORPORATE MEMBER'S EXECUTIVE COMMITTEE HAS NINE MEMBERS, CONSISTING OF THE CHAIRPERSON, THE VICE CHAIRPERSON, THE PRESIDENT, THE CHAIRPERSONS OF THE FINANCE, PLANNING, HEALTH OUT COMES AND MISSION AND SPIRITUAL CARE COMMITTEES, AND TWO OTHER DIRECTORS THE PAST CHAIRPE RSON OF THE BOARD OF DIRECTORS MAY SERVE AS AN EX-OFFICIO MEMBER OF THE COMMITTEE, WITH VO TE 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 B OARD OF DIRECTORS, CONDUCT AN EVALUATION OF THE MEMBERS OF THE BOARD OF DIRECTORS, HAVE SU CH AUTHORITY AS SHALL BE DELEGATED BY THE BOARD OF DIRECTORS, AND ACT ON BEHALF OF THE BOA RD OF DIRECTORS BETWEEN MEETINGS THE EXECUTIVE COMMITTEE IS ACCOUNTABLE AS A BODY TO THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 2	OFFICER BUSINESS RELATIONSHIP AS DR JAMES DAN, DR VINCENT BUFALINO, GAIL HASBROUCK, EARL BARNES II, JAMES DOHENY, AND DOMINIC NAKIS ARE EITHER DIRECTORS OR OFFICERS OF WHOLLY OWN ED ADVOCATE ENTITIES, THEY ARE DEEMED TO HAVE A BUSINESS RELATIONSHIP PURSUANT TO THE INST RUCTIONS FOR FORM 990 AS DR JAMES DAN, DR VINCENT BUFALINO, GAIL HASBROUCK, EARL BARNES II, JAMES DOHENY, AND SCOTT POWDER ARE EITHER DIRECTORS OR OFFICERS OF WHOLLY OWNED ADVOC ATE ENTITIES, THEY ARE DEEMED TO HAVE A BUSINESS RELATIONSHIP PURSUANT TO THE INSTRUCTIONS FOR FORM 990 AS DR JAMES DAN, DR VINCENT BUFALINO, GAIL HASBROUCK, EARL BARNES II, JAM ES DOHENY, SCOTT POWDER, AND WILLIAM SANTULLI ARE EITHER DIRECTORS OR OFFICERS OF WHOLLY O WNED ADVOCATE ENTITIES, THEY ARE DEEMED TO HAVE A BUSINESS RELATIONSHIP PURSUANT TO THE IN STRUCTIONS FOR FORM 990 Form 990, Part VI, Question 4 THE ADVOCATE HEALTH CARE NETWORK AN D AURORA HEALTH CARE, INC SYSTEMS ENTERED INTO AN AFFILIATION AGREEMENT DECEMBER 4, 2017, AND THE TRANSACTION OCCURRED ON APRIL 1ST, 2018

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 7A	DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS THE NOT FOR PROFIT CORPOR ATIONS OF ADVOCATE HEALTH CARE, WITH THE EXCEPTION OF ADVOCATE HEALTH CARE NETWORK, HAVE C ORPORATE MEMBERS WHO ELECT DIRECTORS ADVOCATE HEALTH CARE NETWORK DOES NOT HAVE ANY MEMBE RS, THEREFORE, THE AHCN BOARD ELECTS ITS DIRECTORS THE FOR-PROFIT ORGANIZATIONS HAVE A SO LE SHAREHOLDER WHO ELECTS DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 7B	DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS THE FOLLOWING R ESERVE POWERS IDENTIFIED IN THE BYLAWS REQUIRE THE APPROVAL OF THE CORPORATE MEMBER, ADVOC ATE HEALTH CARE NETWORK APPOINT OUTSIDE AUDITORS AND ESTABLISH AND REVISE ALL FINANCIAL C ONTROL 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 AP PROVAL BY THE BOARD OF DIRECTORS (AFTER TEN DAYS NOTICE) TO THE CORPORATION'S BOARD OF DIR ECTORS 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, PH ILOSOPHY AND VALUES STATEMENTS AND ANY AMENDMENTS OR SUPPLEMENTS TO SUCH STATEMENTS, APPRO VAL 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 AL L EXPENDITURES ABOVE ANY LIMIT THAT MAY BE ESTABLISHED BY THE BOARD OF THE CORPORATE MEMBE R, APPROVAL OF THE INCURRENCE OR GUARANTEE OF ANY INDEBTEDNESS FOR BORROWED MONEY WHICH HA S NOT ALREADY BEEN APPROVED AS A PART OF THE BUDGET APPROVAL PROCESS OR WHICH IS ABOVE ANY LIMIT THAT MAY BE ESTABLISHED BY THE BOARD OF THE CORPORATE MEMBER, APPROVAL OF ALL TRANS FERS OF OWNERSHIP OR DONATIONS OF ASSETS ABOVE ANY LIMIT THAT MAY BE ESTABLISHED BY THE BO ARD OF THE CORPORATE MEMBER, APPROVAL OF ALL AMENDMENTS TO THE ARTICLES OF INCORPORATION A ND BYLAWS OF THE CORPORATION BEFORE THEY BECOME EFFECTIVE, APPROVAL OF ANY MERGER, CONSOLI DATION, 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 OBLIGATI ONS WHICH HAVE NOT ALREADY BEEN APPROVED AS A PART OF THE BUDGET APPROVAL PROCESS OR REQUI RE MEMBER APPROVAL UNDER THE FINANCIAL CONTROL POLICIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 11B	DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 ADVOCATE'S TAX P REPARATION 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 PR EPARATION, TO ADVISE AND ASSIST WITH PREPARATION OF THE FORM 990 THESE ADVISORS WORKED CL OSELY 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 CONTRO LLER, THE CHIEF FINANCIAL OFFICER, AND ADVOCATE'S OUTSIDE TAX CONSULTING FIRM AND TAX LEGA L COUNSEL PRIOR TO PRESENTING THE FORM 990 TO THE BOARD OF DIRECTOR'S AUDIT COMMITTEE IN NOVEMBER, THE ORGANIZATION'S TEAM, INCLUDING ITS ADVISORS, MET FREQUENTLY TO DISCUSS AND R EVIEW DRAFTS OF THE FORM 990 AT THE NOVEMBER AUDIT COMMITTEE MEETING, THE VP OF FINANCE/C ORPORATE 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 CHARG ED WITH OVERSIGHT OF AUDIT AND TAX MATTERS THE VP OF FINANCE/CORPORATE CONTROLLER AND CHI EF FINANCIAL OFFICER RESPONDED TO THE AUDIT COMMITTEE MEMBERS' QUESTIONS AND PROVIDED THE OPPORTUNITY FOR DETAILED DISCUSSION OF THE FORM 990 THE CHANGES IDENTIFIED WERE INCORPORA TED, AND THEN A COMPLETE COPY OF THE FINAL FORM 990 WAS PROVIDED TO EACH MEMBER OF THE ORG ANIZATION'S BOARD OF DIRECTORS BEFORE THE FORM 990 WAS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 12C	DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST THE ORGANIZATION' S CONFLICT OF INTEREST POLICY APPLIES TO VARIOUS PEOPLE, INCLUDING MEMBERS OF ADVOCATE'S B OARD OF DIRECTORS, GOVERNING COUNCILS, OFFICERS, ASSOCIATES, VOLUNTEERS, AND MEDICAL STAFF MEMBERS WITH ADMINISTRATIVE RESPONSIBILITIES ANNUALLY, THE COMPLIANCE DEPARTMENT SENDS T HIS 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 "INTER ESTED PERSONS") THEY ARE REQUIRED TO READ THE POLICIES AND PROVIDE A DISCLOSURE STATEMENT TO THE COMPLIANCE DEPARTMENT, WHICH IDENTIFIES ACTIVITIES AND RELATIONSHIPS THAT COULD PO TENTIALLY GIVE RISE TO A CONFLICT OF INTEREST THE CHIEF COMPLIANCE OFFICER REVIEWS THE DI SCLOSURES AND PROVIDES A REPORT TO THE SYSTEM BUSINESS CONDUCT (COMPLIANCE) COMMITTEE, EXE CUTIVE 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 CONDU CTED ARE UNIQUE TO THE GIVEN CIRCUMSTANCE, AND MAY INCLUDE REVIEWING THE POTENTIAL CONFLIC T WITH THE INTERESTED PERSON, OR INVESTIGATING THE MATTER IN CONSULTATION WITH THE INTERES TED PERSON'S SUPERVISOR AND/OR SITE MANAGEMENT IN CIRCUMSTANCES WHERE THE INTERESTED PERS ON IS NOT A MEMBER OF THE BOARD, OR GOVERNING COUNCIL, OR A COMMITTEE THEREOF, OR A PERSON OF INTEREST, IF IT IS DETERMINED THAT THERE IS AN ACTUAL CONFLICT OF INTEREST, THE SUPERV ISOR OF THE INDIVIDUAL IS RESPONSIBLE FOR MAKING AN APPROPRIATE RESPONSE, POTENTIALLY INCL UDING A RESTRICTION OF THE INDIVIDUAL'S JOB DUTIES WITH RESPECT TO THE MATTER GIVING RISE TO THE CONFLICT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 15A & 15B	OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN EXECUTIVE COMPENS ATION AT THE ADVOCATE HEALTH CARE NETWORK AND SUBSIDIARIES IS BASED ON A BOARD OF DIRECTOR S' APPROVED STRATEGY THAT GUIDES THE CORPORATION IN ESTABLISHING COMPENSATION OPPORTUNITIE S FOR EXECUTIVES, MANAGERS, PROFESSIONALS, AND ALL EMPLOYEES IN THIS STRATEGY, SPECIFIC M ARKET 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 HO W THIS RELATIONSHIP IS TO BE MAINTAINED IS OUTLINED TO SUPPORT AND IMPLEMENT THE COMPENSA TION STRATEGY, FIVE BASIC ELEMENTS ARE UTILIZED THESE ELEMENTS ARE - A SOLID, RELIABLE A ND 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 19	AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE FOLLOWING SITES DACBO ND COM (DIGITAL ASSURANCE CERTIFICATION LLC) AND EMMA MSRB ORG (ELECTRONIC MUNICIPAL MARKE T ACCESS) THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENT OR CONFLICT OF INTEREST P OLICY AVAILABLE TO THE PUBLIC Schedule O, Part XI, Line 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES FASB 158 ADJUSTMENT $189,685 CONTR TO ADVOCATE HEALTH & HOSPITALS CORPORATIO N ($75,000,000) ---------- TOTAL ($74,810,315)

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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

2017

Open to Public Inspection

Name of the organization
Advocate Condell Medical Center

Employer identification number
26-2525968

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

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

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

See Additional Data Table

(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) Section 512(b)(13) controlled entity? No

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) DMA SURGERY CENTER 2357 Sequoia Drive Aurora, IL 60506 36-3890298	MEDICAL SERVI	IL	NA									

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

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

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

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

		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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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	

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 26-2525968
Name: Advocate Condell Medical Center

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
3075 Highland Parkway Ste 600 Downers Grove, IL 60515 36-2167779	Parent Corp	IL	501(c)(3)	12-III-FI	NA		No
3075 Highland Parkway Ste 600 Downers Grove, IL 60515 36-3196629	Health Care	IL	501(c)(3)	3	AHHC		No
3075 Highland Parkway Ste 600 Downers Grove, IL 60515 36-2169147	Health Care	IL	501(c)(3)	3	AHCN		No
3075 Highland Parkway Ste 600 Downers Grove, IL 60515 36-3297360	Fundraising	IL	501(c)(3)	7	AHCN		No
3075 Highland Parkway Ste 600 Downers Grove, IL 60515 36-2913108	Home Care	IL	501(c)(3)	10	AHHC		No
3075 Highland Parkway Ste 600 Downers Grove, IL 60515 36-3158667	Hospice Care	IL	501(c)(3)	10	EHSHHCS		No
3075 Highland Parkway Ste 600 Downers Grove, IL 60515 36-3606486	Health Care	IL	501(c)(3)	10	ANSHN		No
3075 Highland Parkway Ste 600 Downers Grove, IL 60515 36-3196628	Fundraising	IL	501(c)(3)	12-II	NA		No
3075 Highland Parkway Ste 600 Downers Grove, IL 60515 36-4397387	Fundraising	IL	501(c)(3)	12-I	MFHS		No
3075 Highland Parkway Ste 600 Downers Grove, IL 60515 36-2167920	Health Care	IL	501(c)(3)	3	AHCN		No
3075 Highland Parkway Ste 600 Downers Grove, IL 60515 36-3725580	Nursing Care	IL	501(c)(3)	10	ASH		No
3075 Highland Parkway Ste 600 Downers Grove, IL 60515 82-4184596	Support Org	DE	501(c)(3)	12-III-FI	NA		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
Advocate Home Care Products Inc 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 36-3315416	Health Servic	IL	NA	C Corp					No
Advocate Health Centers Inc 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 36-4217291	Medical Servi	IL	NA	C Corp					No
Evangelical Services Corporation 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 36-3208101	Mgmt Services	IL	NA	C Corp					No
High Technology Inc 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 36-3368224	Medical Servi	IL	NA	C Corp					No
Dreyer Clinic Inc 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-2690329	Medical Servi	IL	NA	C Corp					No
BroMenn Physician Management Corporation 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 37-1313150	Medical Servi	IL	NA	C Corp					No
Parkside Center Condo Association 1775 West Dempster Street Park Ridge, IL 60068 36-3452486	Property Mgmt	IL	NA	C Corp					No
Advocate Insurance SPC 878 W Bay Road PO Box 1159 Grand Cayman KY1-1102 CJ 98-0422925	Insurance	CJ	NA	C Corp					No
The Delphi Group IV Inc 1425 N Randall Road Elgin, IL 60123 36-4017279	Health Cost M	IL	NA	C Corp					No
Sherman Ventures Inc 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 36-4292309	Holding Compa	IL	NA	C Corp					No
Advocate HPN NFP Inc 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 81-0893878	Health Imprv	IL	NA	C Corp					No
Advocate Health Partners 1701 West Golf Road Rolling Meadows, IL 60008 36-4032117	Health Care MGT	IL	na	C Corp					No
ADVOCATE PHYSICIAN PARTNERS ACCOUNTABLE 1701 West Golf Road Rolling Meadows, IL 60008 45-5498384	Health Care MGT	IL	NA	C Corp					No
ADVOCATE PHYSICIAN PTNRS RISK PURC GROUP 1701 West Golf Road Rolling Meadows, IL 60008 38-3914173	Group Malpractice	IL	NA	C Corp					No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Advocate Health & Hospitals Corp	B	75,000,000	Cost
Advocate Health & Hospitals Corp	K	184,483	Cost
Advocate Health & Hospitals Corp	M	56,137,966	Cost
Advocate Health & Hospitals Corp	P	45,431,850	Cost
Advocate Health & Hospitals Corp	R	888,951	Cost
Advocate Charitable Foundation	C	324,034	Cost
Advocate Health & Hospitals Corp	J	326,238	Cost
Advocate Health & Hospitals Corp	L	474,346	Cost
Advocate Health & Hospitals Corp	Q	19,478,787	Cost
Advocate Health & Hospitals Corp	S	5,463,226	COST