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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 Health and Hospitals Corp
% JAMES DOHENEY
Doing business as

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

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

D Employer identification number
36-2169147

E Telephone number
(630) 572-9393

G Gross receipts $ 7,584,246,680

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

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

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

J Website: ▶ www ADVOCATEHEALTH COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1906

M State of legal domicile IL

Part I Summary

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

Activities & Governance

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**	32,853
6	Total number of volunteers (estimate if necessary)	**6**	4,138
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	62,021,676
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	28,585,836	29,433,256
	9 Program service revenue (Part VIII, line 2g)	4,341,119,311	5,059,452,926
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	190,711,463	210,205,569
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,169,352	11,302,981
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,581,585,962	5,310,394,732
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,196,620	4,367,511
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,261,427,379	2,414,123,879
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶302,054		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,059,256,987	2,648,770,097
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,327,880,986	5,067,261,487
	19 Revenue less expenses Subtract line 18 from line 12	253,704,976	243,133,245
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
	20 Total assets (Part X, line 16)	7,758,491,097	8,519,791,827
	21 Total liabilities (Part X, line 26)	3,585,083,444	3,505,024,878
	22 Net assets or fund balances Subtract line 21 from line 20	4,173,407,653	5,014,766,949

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

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶
Firm's address ▶ 155 N Wacker Drive, Chicago, IL 60606 — Phone no (312) 879-2000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF ADVOCATE HEALTH AND HOSPITALS CORPORATION IS TO SERVE THE HEALTH NEEDS OF INDIVIDUALS, FAMILIES AND COMMUNITIES THOUGH A WHOLISTIC PHILOSOPY 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 $	2,464,374,112	including grants of $	4,367,511) (Revenue $	3,167,080,040)
4b	(Code See Additional Data)	(Expenses $	1,047,682,871	including grants of $	0) (Revenue $	1,029,655,308)
4c	(Code See Additional Data)	(Expenses $	87,996,558	including grants of $	0) (Revenue $	23,996,082)
4d	Other program services (Describe in Schedule O)	(Expenses $	744,092,919	including grants of $	0) (Revenue $	838,721,496)
4e	**Total program service expenses ▶**		4,344,146,460			

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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *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	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *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**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	4,336		
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**	32,853		
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**	Yes	
b	If "Yes," enter the name of the foreign country ▶CJ 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	Yes	
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	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶JAMES DOHENEY 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) ▶								43,043,367	668,297	8,102,120

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 ▶ 3,454

			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
POWER CONSTRUCTION COMPANY LLC, 2360 N PALMER DR SCHAUMBURG, IL 601733818	CONSTRUCTION CONTR	26,088,685
ARAMARK HEALTHCARE SUPPORT SERVICES, 25271 NETWORK PLACE CHICAGO, IL 606731252	HOSPITAL SERVICES	24,838,559
FORWARD SPACE LLC, 1142 N NORTH BRANCH CHICAGO, IL 60642	ASSET MANAGEMENT	11,221,953
ALLSCRIPTS HEALTHCARE LLC, 24630 NETWORK PLACE CHICAGO, IL 606731246	MEDICAL SOFTWARE	9,192,116
SUPERIOR HEALTH LINENS LLC, 5005 S PACKARD AVENUE CUDAHY, WI 53110	LAUNDRY SERVICES	6,929,788

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 ▶ 154

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** 21,108,492			
	e Government grants (contributions)	**1e** 3,168,107			
	f All other contributions, gifts, grants, and similar amounts not included above	**1f** 5,156,657			
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶	29,433,256			
Program Service Revenue		Business Code			
	2a MEDICARE/MEDICAID	622110	1,466,802,295	1,466,802,295	
	b PATIENT SERVICE REVENUE	622110	1,330,845,766	1,330,845,766	
	c BLUE CROSS/ MANAGED CARE	622110	1,209,619,582	1,209,619,582	
	d PHARMACY	446110	595,836,284	595,722,829	113,455
	e LABORATORY	621511	456,348,999	389,240,667	67,108,332
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶	5,059,452,926			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	193,839,135		-21,467,184	215,306,319
	4 Income from investment of tax-exempt bond proceeds ▶	0			
	5 Royalties . . . . . ▶	208,765			208,765
		(i) Real	(ii) Personal		
	6a Gross rents	9,088,899			
	b Less rental expenses	9,048,785			
	c Rental income or (loss)	40,114	0		
	d Net rental income or (loss) . . . . . ▶	40,114			40,114
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	2,278,204,575	2,965,022		
	b Less cost or other basis and sales expenses	2,240,515,050	24,288,113		
	c Gain or (loss)	37,689,525	-21,323,091		
	d Net gain or (loss) . . . . . ▶	16,366,434			16,366,434
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . **a**	800			
	b Less direct expenses . . . **b**	0			
	c Net income or (loss) from fundraising events . . ▶	800			800
	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 CAFETERIA REVENUE	722514	9,381,565		9,381,565
	b MISCELLANEOUS	621999	839,939		839,939
	c GIFT SHOP	812930	800,104		800,104
	d All other revenue		31,694		31,694
	e Total. Add lines 11a–11d . . . . . ▶		11,053,302		
	12 Total revenue. See Instructions . . . . . ▶	5,310,394,732	4,975,964,066	62,021,676	242,975,734

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	4,367,511	4,367,511		
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	35,908,008	32,754,516	3,149,882	3,610
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,189,786	1,189,786		
7 Other salaries and wages	1,943,543,371	1,772,858,643	170,489,310	195,418
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	66,450,841	58,922,777	7,521,508	6,556
9 Other employee benefits	239,098,503	219,363,897	19,711,016	23,590
10 Payroll taxes	127,933,370	117,389,665	10,531,083	12,622
11 Fees for services (non-employees)				
a Management	47,543		47,543	
b Legal	6,276,355		6,276,355	
c Accounting	1,583,247		1,583,247	
d Lobbying	1,291,483		1,291,483	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	8,522,441		8,522,441	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	411,633,243		411,633,243	
12 Advertising and promotion	15,089,633	1,149,378	13,940,255	
13 Office expenses	39,482,888	36,602,274	2,880,614	
14 Information technology	113,093,405	107,428,788	5,664,617	
15 Royalties . .	0			
16 Occupancy	92,634,248	85,858,262	6,775,986	
17 Travel	7,413,242	5,247,786	2,165,456	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	8,362,474	6,740,745	1,621,729	
20 Interest	56,387,332	56,386,115	1,217	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	226,044,722	190,940,200	35,104,522	
23 Insurance . . .	57,014,062	55,867,185	1,146,877	
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	908,746	908,746		
b MEDICAL SUPPLIES	615,136,790	617,076,905	-1,940,115	
c OTHER INTERCOMPANY	556,394,330	550,452,956	5,941,374	
d BAD DEBT	149,300,541	149,300,541		
e All other expenses	282,153,372	273,339,784	8,753,330	60,258
25 **Total functional expenses.** Add lines 1 through 24e	5,067,261,487	4,344,146,460	722,812,973	302,054
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		72,502,289	1	229,765,090
	2	Savings and temporary cash investments		116,271	2	164,106
	3	Pledges and grants receivable, net		2,289,692	3	2,756,131
	4	Accounts receivable, net		549,970,922	4	599,997,888
	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		166,901,317	7	168,687,589
	8	Inventories for sale or use		59,914,418	8	59,834,765
	9	Prepaid expenses and deferred charges		61,514,830	9	92,523,973
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,654,881,596			
	b	Less accumulated depreciation	10b 2,508,469,723	2,120,028,408	10c	2,146,411,873
	11	Investments—publicly traded securities		1,911,311,721	11	1,337,403,342
	12	Investments—other securities See Part IV, line 11		2,540,096,942	12	3,542,859,311
	13	Investments—program-related See Part IV, line 11		34,204,621	13	38,293,498
	14	Intangible assets		34,472,278	14	39,952,082
	15	Other assets See Part IV, line 11		205,167,388	15	261,142,179
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		7,758,491,097	16	8,519,791,827
Liabilities	17	Accounts payable and accrued expenses		752,519,456	17	745,286,217
	18	Grants payable		0	18	0
	19	Deferred revenue		1,179,040	19	832,965
	20	Tax-exempt bond liabilities		1,616,781,940	20	1,480,667,737
	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		16,469,861	23	16,040,619
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		1,198,133,147	25	1,262,197,340
	26	**Total liabilities.** Add lines 17 through 25		3,585,083,444	26	3,505,024,878
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		4,142,791,172	27	4,984,078,293
	28	Temporarily restricted net assets		30,616,481	28	30,688,656
	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		4,173,407,653	33	5,014,766,949
	34	Total liabilities and net assets/fund balances		7,758,491,097	34	8,519,791,827

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	5,310,394,732
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,067,261,487
3	Revenue less expenses Subtract line 2 from line 1	3	243,133,245
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,173,407,653
5	Net unrealized gains (losses) on investments	5	250,642,954
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	347,583,097
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,014,766,949

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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 36-2169147

Name: Advocate Health and Hospitals Corp

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

SEE SCHEDULE O

Form 990, Part III, Line 4c:

SEE SCHEDULE O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
James Skogsbergh President & CEO, Director	40 0 4 0	X		X				10,051,752	0	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
Gail D Hasbrouck Corp Secretary 01/17, DIRECTOR	40 0 8 0	X		X				901,912	0	108,754
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
Lynn Crump-Caine Director	1 0 3 0	X						0	0	0
Clarence Nixon Jr PhD Director	1 0 3 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Rick Jakle Director	1 0 4 0	X						0	4,050	0
Gary Stuck DO Director	1 0 3 0	X						0	0	0
William P Santulli Executive Vice President, COO	40 0 4 0			X				3,247,863	0	685,966
Lee B Sacks MD Executive Vice President, CMO	40 0 3 0			X				1,724,075	0	420,504
James Doheny VP, SYS CONTR & ASST TREASURER	40 0 9 0			X				494,892	0	51,892
Rev Kathie B Schwich SVP, MISSION & SPIRITUAL CARE	40 0 3 0			X				548,112	0	223,819
Kevin Brady SVP, CHF HUMAN RESOURCES OFFC	40 0 4 0			X				1,114,158	0	311,141
Vincent Bufalino MD PRESIDENT PHYS& AMB SVCS/AMG	40 0 3 0			X				1,947,233	0	318,387
Susan Campbell SVP OF PATIENT CR-CHF NRS OFFC	40 0 5 0			X				640,991	0	265,302
Kelly Jo Golson SVP, CHIEF MARKETING OFFICER	40 0 3 0			X				775,754	0	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			
Dominic J Nakis SVP, CFO & TREASURER	40 0 6 0			X				1,623,475	0	429,664
Scott Powder SVP, CHIEF STRATEGY OFFICER	40 0 3 0			X				868,198	0	205,174
Bruce D Smith SVP, INFORMATION SYS/CIO 07/17	40 0 3 0			X				826,746	0	113,134
Earl J Barnes II SVP, Gen Counsel & Corp Sec	40 0 8 0			X				637,319	0	239,712
Barbara Byrne MD SVP, Chief Information Officer	40 0 3 0			X				254,696	0	207,148
Michael Farrell PRESIDENT -ADV CHILDREN'S HOSP	40 0 0 0				X			2,730,710	0	532,080
David Fox President, Good Samaritan Hosp	40 0 0 0				X			1,047,619	0	260,447
Dominica Tallarico PRES LUTHERAN/CONDELL	20 0 20 0				X			284,500	660,197	284,030
Tenika Richardson PRESIDENT, TRINITY/S-SUB HOSP	40 0 0 0				X			423,607	0	232,538
Richard Heim President, Christ Medical CTR	40 0 0 0				X			777,117	0	263,168

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Colleen Kannaday President, BroMenn Medical CTR	40 0 1 0				X			908,073	0	215,708
Karen Lambert President,Good Shepherd/Condel	20 0 21 0				X			984,857	0	260,021
Kenneth Lukhard President, Christ Med 07/17	40 0 0 0				X			1,296,648	0	159,518
Rick Floyd PRESIDENT, LUTHERAN HOSP 07/17	40 0 1 0				X			1,794,701	0	163,539
Hamad Farhat Neurosurgeon	40 0 0 0					X		1,726,438	0	53,513
Michel Ilbawi Pediatric CV Surgery	40 0 0 0					X		1,274,578	0	45,850
Dean Karahalios Neurosurgeon	40 0 0 0					X		1,186,480	0	61,342
Egon Doppenberg Neurosurgeon	40 0 0 0					X		1,089,995	0	42,589
Ryan Trombly Neurosurgeon	40 0 0 0					X		1,011,158	0	56,605
James Dan MD PRES PHYS& AMB SVCS/AMG - 7/16	0 0 0 0						X	849,710	0	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 Health and Hospitals Corp

Employer identification number
36-2169147

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

The organization is not a private foundation because it is (For lines 1 through 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: 36-2169147

Name: Advocate Health and Hospitals Corp

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: 93493318040098

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 Health and Hospitals Corp	36-2169147

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		6,878
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		341,944
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		942,661
j	Total Add lines 1c through 1i			1,291,483
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

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

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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 Health and Hospitals Corp

Employer identification number
36-2169147

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	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	12,815,456	158,161,113		170,976,569
b Buildings		2,748,705,875	1,307,812,155	1,440,893,720
c Leasehold improvements		121,044,034	65,864,814	55,179,220
d Equipment		1,500,816,361	1,134,615,408	366,200,953
e Other		113,338,757	177,346	113,161,411
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				2,146,411,873

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	3,542,859,311	F
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	3,542,859,311	

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
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,262,197,340

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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

Return Reference	Explanation	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

1 (a) Description of Liability	(b) Book Value
SELF INSURANCE LIABILITY	668,795,221
3RD PARTY SETTLEMENTS	197,607,999
EXECUTIVE PENSION LIABILITY & DEF COMP	121,839,181
TAXABLE TERM LOAN	114,813,071
INTEREST RATE SWAP MTM SERIES	73,874,557
UNFUNDED HRA/DRA	28,480,402
OBLIGATION TO RETURN COLLATERAL	19,576,912
LONG TERM DISABILITY	18,455,200
REMEDIATION COST ACCRUAL	16,375,633
DEFERRED CONTRACTS	2,212,305

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

1	**(a)** Description of Liability	**(b)** Book Value
	DEACONESS RESIDENCE LIABILITY	166,859

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Advocate Health and Hospitals Corp

Employer identification number
36-2169147

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	1	1			2,055,094,890
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	1	1			2,055,094,890

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

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

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

3 Enter total number of other organizations or entities . . . . . ▶

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

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

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

Additional Data

Software ID:

Software Version:

EIN: 36-2169147

Name: Advocate Health and Hospitals Corp

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	1	1	Investments		1,321,941,750
Central America and the Caribbean			Program Services	Self-Insurance	18,769,935

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Investments		98,066,589
East Asia and the Pacific			Program Services	Conference	2,776

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Investments		583,390,571
Europe (Including Iceland and Greenland)			Program Services	Conference	15,620

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Investments		460,198
Middle East and North Africa			Program Services	Conference	19,406

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Investments		31,356,202
North America			Program Services	Conference	609

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Investments		1,066,845
South Asia			Program Services	Conference	4,389

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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 Health and Hospitals Corp

Employer identification number
36-2169147

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ 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)			39,040,642	17,056	39,023,586	0 790 %
b Medicaid (from Worksheet 3, column a)			739,761,883	544,338,106	195,423,777	3 970 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			778,802,525	544,355,162	234,447,363	4 760 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			8,209,981		8,209,981	0 170 %
f Health professions education (from Worksheet 5)			113,581,599	23,996,082	89,585,517	1 820 %
g Subsidized health services (from Worksheet 6)			26,800,938	22,642,663	4,158,275	0 080 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			4,555,663		4,555,663	0 090 %
j **Total.** Other Benefits			153,148,181	46,638,745	106,509,436	2 160 %
k **Total.** Add lines 7d and 7j			931,950,706	590,993,907	340,956,799	6 920 %

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	2 149,300,541		
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 13,877,921		
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	1,123,174,347
6	Enter Medicare allowable costs of care relating to payments on line 5	6	1,298,480,669
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-175,306,322
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?

8

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group CHRIST HOSP INCL HOPE CHILDREN'S HOSP

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	Yes	
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)

CHRIST HOSP INCL HOPE CHILDREN'S HOSP

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

CHRIST HOSP INCL HOPE CHILDREN'S HOSP

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)

Name of hospital facility or letter of facility reporting group CHRIST HOSP INCL HOPE CHILDREN'S HOSP

		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 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 LUTHERAN GEN HOSP INCL LUTH GEN CHILD

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**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**	Yes	
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)

LUTHERAN GEN HOSP INCL LUTH GEN CHILD

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

LUTHERAN GEN HOSP INCL LUTH GEN CHILD

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)

LUTHERAN GEN HOSP INCL LUTH GEN CHILD

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 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 GOOD SAMARITAN HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	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	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW ADVOCATEHEALTH COM/CHNAREPORTS			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 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)

GOOD SAMARITAN HOSPITAL

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

GOOD SAMARITAN HOSPITAL

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)

GOOD SAMARITAN HOSPITAL

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 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 GOOD SHEPHERD HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	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)

GOOD SHEPHERD HOSPITAL

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

GOOD SHEPHERD HOSPITAL

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)

GOOD SHEPHERD HOSPITAL

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 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 SOUTH SUBURBAN HOSPITAL & ICU

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	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	Yes	
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)

SOUTH SUBURBAN HOSPITAL & ICU

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

SOUTH SUBURBAN HOSPITAL & ICU

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)

SOUTH SUBURBAN HOSPITAL & ICU

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 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 BROMENN MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	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	Yes	
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) (SEE SECTION C)			
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)

BROMENN 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

BROMENN 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)

BROMENN 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 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 TRINITY HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 7

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	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	Yes	
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)

TRINITY HOSPITAL

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

TRINITY HOSPITAL

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)

TRINITY HOSPITAL

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 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 EUREKA HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 8

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	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	Yes	
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)

EUREKA HOSPITAL

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

EUREKA HOSPITAL

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)

EUREKA HOSPITAL

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
See Add'l Data	

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? **399**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
1 REQUIRED DESCRIPTIONS	PART VI, LINE 1 - DESCRIPTION FOR PART I, LINE 3C N/A PART VI, LINE 1 - DESCRIPTION FOR PA RT I, LINE 6A A SYSTEM-WIDE COMMUNITY BENEFIT REPORT IS FILED BY ADVOCATE HEALTH CARE NET WORK 3075 HIGHLAND PARKWAY, DOWNERS GROVE, IL 60515 EIN 36-2167779 PART VI, LINE 1 - DESC RIPTION FOR PART I, LINE 7 A COST-TO-CHARGE RATIO, DERIVED FROM SCHEDULE H INSTRUCTIONS WO RKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES, WAS USED TO CALCULATE THE AMOUNTS REPORT ED IN THE TABLE FOR PART I, LINE 7A SCHEDULE H INSTRUCTIONS WORKSHEET 3, UNREIMBURSED MED ICAID AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS, WAS USED TO CALCULATE THE AMOUNTS REPORT ED IN THE TABLE FOR PART I, LINE 7B A COST ACCOUNTING SYSTEM WAS USED TO DETERMINE THE AM OUNTS REPORTED IN THE TABLE FOR PART I, LINES 7E, 7F, 7G, AND 7I PART VI, LINE 1 - DESCRI PTION FOR PART I, 7E ADVOCATE HEALTH & HOSPITALS CORPORATION PROVIDES COMMUNITY HEALTH IMP ROVEMENT SERVICES TO THE COMMUNITIES IN WHICH IT SERVES AHHC PROVIDES LANGUAGE SERVICES T O ALL THOSE IN NEED IN ORDER TO PROVIDE BETTER ACCESS TO CARE FOR ALL COMMUNITY MEMBERS I N 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 GEN ERATE PATIENT BILLS, HOWEVER, CERTAIN PROGRAMS OR SERVICES MAY HAVE NOMINAL FEES THESE SE RVICES AND PROGRAMS INCLUDE SENIOR BREAKFAST CLUBS WHICH INCLUDE EDUCATIONAL SPEAKERS FOCU SING ON HEALTH AND WELLNESS AND INCLUDE BLOOD PRESSURE SCREENINGS, CANCER SUPPORT GROUPS F OR VARIOUS TYPES OF CANCER INCLUDING, PROSTATE, BREAST AND SKIN CANCERS THESE GROUPS FOCU S ON EDUCATING THE NEWLY DIAGNOSED AND PROVIDING INFORMATION ON BETTER LIVING FOR SURVIVOR S SKIN CANCER SCREENINGS ARE ALSO PROVIDED, VARIOUS PROGRAMS REGARDING JOINT PAIN AND REP LACEMENT INCLUDING TREATMENT OPTIONS AND INFORMATION ON PAIN RELIEF, VARIOUS WOMEN AND BAB Y, BREASTFEEDING, MULTIPLES AND CHILDBIRTH CLASSES, VARIOUS EDUCATIONAL PROGRAMS AND SUPPO RT GROUPS TO RAISE AWARENESS OF HEART DISEASE RISK FACTORS AND TREATMENT OPTIONS AND EDUCA TION FOR LIVING WITH THE DISEASE, THERE ARE VARIOUS PROGRAMS REGARDING HEALTHY EATING AND THE RISKS OF BEING OVERWEIGHT FOR BOTH ADULTS AND ADOLESCENTS THESE PROGRAMS INCLUDE SCRE ENING, EDUCATION AND OPTIONS FOR DEALING WITH THE ISSUE, PROGRAMS RELATED TO SPORTS MEDICI NE AND ATHLETIC TRAINING AND INJURIES ARE ALSO OFFERED, CPR TRAINING IS OFFERED TO THE COM MUNITY AS WELL AS VARIOUS OTHER WELLNESS AND SCREENING PROGRAMS AND HEALTH FAIRS ARE OFFER ED THROUGHOUT THE YEAR CAREER COUNSELING, MENTORING AND JOB SHADOWING ARE ALSO OFFERED TO STUDENTS WHO EXPLORE CAREER POSSIBILITIES IN HEALTH CARE CERTAIN PROGRAMS ARE GEARED TO LOW INCOME AND DIVERSE STUDENT POPULATIONS PART VI, LINE 1 - DESCRIPTION FOR PART I, LINE 7G ADVOCATE HEALTH & HOSPITALS CORPORATION PROVIDES SUBSIDIZED HEALTH SERVICES TO THE COM MUNITY THESE SERVICES ARE PROVIDED DESPITE CREATING A FINANCIAL LOSS FOR AHHC THESE SERV ICES ARE PROVIDED BECAUSE THEY MEET AN IDENTIFIED COMMUNITY NEED IF AHHC DID NOT PROVIDE THE CLINICAL SERVICE, IT IS REASONABLE TO CONCLUDE THAT THESE SERVICES WOULD NOT BE AVAILA BLE TO THE COMMUNITY THE SERVICES INCLUDED ARE BOTH INPATIENT AND OUTPATIENT PROGRAMS FOR AIDS/HIV, TRAUMA, EMERGENCY, GERIATRICS, INFECTIOUS DISEASE, NEONATOLOGY, OB/NEWBORN, ORT HOPEDIC AND HOSPICE SERVICES PART VI, LINE 1 - DESCRIPTION FOR PART I, LINE 7H AHHC CONDU CTS NUMEROUS RESEARCH ACTIVITIES FOR THE ADVANCEMENT OF MEDICAL AND HEALTH CARE SERVICES HOWEVER, THE UNREIMBURSED COST OF SUCH RESEARCH ACTIVITIES IS NOT READILY DETERMINABLE AND NO AMOUNT IS BEING REPORTED FOR PURPOSES OF THE 2017 FORM 990, SCHEDULE H PART VI, LINE 1 - DESCRIPTION FOR PART I, LINE 7, COLUMN (F) $149,300,541 OF BAD DEBT EXPENSE WAS INCLUD ED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT WAS REMOVED FROM THE DENOMINATOR FOR PUR POSES OF SCHEDULE H, PART I, LINE 7, COLUMN (F) PART VI, LINE 1 - DESCRIPTION FOR PART II N/A PART VI, LINE 1 - DESCRIPTION FOR PART III, LINES 2, 3, AND 4 THE FOOTNOTES TO ADVOCA TE HEALTH CARE NETWORK AND SUBSIDIARIES' AUDITED FINANCIAL STATEMENTS DO NOT SPECIFICALLY ADDRESS BAD DEBT EXPENSE, RATHER, THE FOOTNOTE DESCRIBES ADVOCATE'S PATIENT ACCOUNTS RECEI VABLE POLICY AND THE PERCENTAGE OF ACCOUNTS RECEIVABLE THAT THE ALLOWANCE FOR DOUBTFUL ACC OUNTS COVERS (SEE PAGE 11 OF THE AUDITED FINANCIAL STATEMENTS) FOR 2017, FOR AHHC, THE AL LOWANCE FOR DOUBTFUL ACCOUNTS COVERED 19 21% OF NET PATIENT ACCOUNTS RECEIVABLE PATIENT A CCOUNTS RECEIVABLE ARE STATED AT NET REALIZABLE VALUE AHHC EVALUATES THE COLLECTABILITY O F ITS ACCOUNTS RECEIVABLE BASED ON THE LENGTH OF TIME THE RECEIVABLE IS OUTSTANDING, PAYER CLASS, HISTORICAL COLLECTION EXPERIENCE, AND TRENDS IN HEALTH CARE INSURANCE PROGRAMS AC COUNTS RECEIVABLE ARE CHARGED TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS WHEN THEY ARE DE EMED UNCOLLECTIBLE THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LI NES 2 AND 3 IS BASED ON THE RATIO OF PATIENT CARE

Form and Line Reference	Explanation
1 REQUIRED DESCRIPTIONS	COST TO CHARGES THE UNREIMBURSED COST OF BAD DEBT WAS CALCULATED BY APPLYING THE ORGANIZA TION'S COST TO CHARGE RATIO FROM THE MEDICARE COST REPORTS (CMS 2252-96 WORKSHEET C, PART 1, PPS INPATIENT RATIOS) TO THE ORGANIZATION'S BAD DEBT PROVISION PER GENERALLY ACCEPTED A CCOUNTING PRINCIPLES, LESS ANY PATIENT OR THIRD PARTY PAYOR PAYMENTS RECEIVED ADVOCATE MA KES EVERY EFFORT TO IDENTIFY THOSE PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE BY S TRICTLY ADHERING TO ITS FINANCIAL ASSISTANCE POLICY WE BELIEVE THAT ADVOCATE HAS A POPULA TION OF PATIENTS WHO ARE UNINSURED OR UNDERINSURED BUT WHO DO NOT COMPLETE THE FINANCIAL A SSISTANCE APPLICATION THE ESTIMATED AMOUNT OF BAD DEBT EXPENSE (AT COST) WHICH COULD BE R EASONABLY ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, IF SUFFICIENT INFORMATION HAD BEEN AVAILA BLE TO MAKE A DETERMINATION OF THEIR ELIGIBILITY, WAS BASED UPON SELF PAY PATIENT ACCOUNTS WHICH HAD AMOUNTS WRITTEN OFF TO BAD DEBTS OUR METHOD WAS TO BEGIN WITH THE SELF-PAY POR TION OF BAD DEBT EXPENSE PROVISION THE SELF-PAY PORTION EXCLUDES THOSE PATIENTS WHO HAD F INANCIAL ASSISTANCE APPLICATIONS PENDING AT THE TIME OF SERVICE THIS COST WAS THEN REDUCE D BY CHARGES IDENTIFIED AS TRUE BAD DEBT EXPENSE, INCLUDING COPAYS FOR PATIENTS WHO QUALIF IED FOR LESS THAN 100% FINANCIAL ASSISTANCE THE COST TO CHARGE RATIO WAS THEN APPLIED TO THE REMAINING CHARGES, TO DETERMINE THE VALUE (AT COST) OF PATIENT ACCOUNTS THAT DID NOT C OMPLETE FINANCIAL COUNSELING AND WERE ASSIGNED TO BAD DEBT WE BELIEVE THIS PROCESS IS A R EASONABLE BASIS FOR OUR ESTIMATE AS WE ARE ONLY CONSIDERING SELF-PAY ACCOUNTS WRITTEN OFF TO BAD DEBT FOR THIS ESTIMATE, THIS ESTIMATE DOES NOT INCLUDE THE IMMEDIATE 20% DISCOUNT TO CHARGES WHICH IS APPLIED TO ALL SELF-PAY PATIENTS IT ALSO DOES NOT INCLUDE ACCOUNT BAL ANCES OR CO-PAYS OF NON-SELF PAY ACCOUNTS WHICH ARE WRITTEN OFF TO BAD DEBT WHEN THE PATIE NT HAS NO OTHER FINANCIAL RESOURCES TO PAY THESE AMOUNTS AND THE PATIENT DOES NOT APPLY FO R FINANCIAL ASSISTANCE BAD DEBT AMOUNTS HAVE BEEN EXCLUDED FROM OTHER COMMUNITY BENEFIT A MOUNTS REPORTED THROUGHOUT SCHEDULE H PART VI, LINE 1 - DESCRIPTION FOR PART III, LINE 8 THE SHORTFALL OF $175,306,322 ON PART III, LINE 7 IS THE UNREIMBURSED COST OF PROVIDING SE RVICES FOR MEDICARE PATIENTS AND SHOULD BE TREATED AS COMMUNITY BENEFIT BECAUSE PROVIDING THESE SERVICES WITHOUT REIMBURSEMENT LESSENS THE BURDENS OF GOVERNMENT OR OTHER CHARITIES THAT WOULD OTHERWISE BE NEEDED TO SERVE THE COMMUNITY FOR ADVOCATE HEALTH AND HOSPITALS C ORPORATION'S OPERATIONS, THE UNREIMBURSED COST OF MEDICARE WAS CALCULATED BY APPLYING THE ORGANIZATION'S COST TO CHARGE RATIO FROM THE MEDICARE COST REPORTS (CMS 2252-96 WORKSHEET C, PART 1, PPS INPATIENT RATIOS) AND FOR NON-HOSPITAL OPERATIONS THE COST TO CHARGE RATIO CALCULATED ON WORKSHEET 2 RATIO OF PATIENT CARE COST TO CHARGES TO THE ORGANIZATION'S MEDI CARE, LESS ANY PATIENT OR THIRD PARTY PAYOR PAYMENTS AND/OR CONTRIBUTIONS RECEIVED THAT WE RE DESIGNATED FOR THE PAYMENT OF MEDICARE PATIENT BILLS PART VI, LINE 1 - DESCRIPTION FOR PART III, LINE 9B ADVOCATE HEALTH AND HOSPITALS CORPORATION MAINTAINS BOTH WRITTEN FINANC IAL ASSISTANCE AND BAD DEBT/COLLECTION POLICIES THE BAD DEBT/COLLECTION POLICY DOES NOT A PPLY TO THOSE PATIENTS KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE, THEREFORE SUCH PATIENTS ARE NOT SUBJECT TO COLLECTION PRACTICES

Form and Line Reference	Explanation
PART VI, LINE 2 NEEDS ASSESSMENT	ADVOCATE CHRIST MEDICAL CENTER ADVOCATE CHILDRENS HOSPITAL WORKS CLOSELY WITH LOCAL PARTNE R SCHOOL DISTRICTS, SCHOOL NURSES, THE HOSPITALS FAMILY ADVISORY COUNCIL, THE PARTNERSHIP FOR RESILIENCE, HEALTHY SCHOOLS CAMPAIGN AND THE CHICAGO PUBLIC SCHOOLS OFFICE OF STUDENT WELLNESS TO IDENTIFY HEALTH ISSUES AFFECTING CHILDREN ADVOCATE LUTHERAN GENERAL HOSPITAL LUTHERAN GENERAL HOSPITAL AND ADVOCATE CHILDRENS HOSPITAL ASSESS THE NEEDS OF THEIR COMMUN ITIES IN MULTIPLE WAYS RANGING FROM PATIENT ROUNDING AND CAREGIVER INTERACTIONS, TO LEADER SHIP PARTICIPATION IN COMMUNITY ORGANIZATIONS LUTHERAN GENERAL HOSPITAL ALSO COLLECTED PR IMARY DATA FROM THE FOLLOWING TO ASSESS COMMUNITY NEEDS THE HEALTHIER PARK RIDGE SURVEY A ND PROJECT (2013), THE HEALTHIER NILES SURVEY AND PROJECT (2014), AND THE HEALTHIER DES PL AINES AREA SURVEY AND PROJECT (2015-2016) THE KOREAN COMMUNITY ASSESSMENT, DESCRIBED EARL IER IN THE DOCUMENT, WAS AN ADDITIONAL WAY OF ASSESSING THE NEEDS OF THE KOREAN COMMUNITY ADVOCATE CHILDRENS HOSPITAL WORKS CLOSELY WITH LOCAL SCHOOL DISTRICTS, SCHOOL NURSES, THE HOSPITALS FAMILY ADVISORY COUNCIL, THE PARTNERSHIP FOR RESILIENCE, THE HEALTHY SCHOOLS CA MPAIGN AND THE CHICAGO PUBLIC SCHOOLS OFFICE OF STUDENT WELLNESS TO IDENTIFY HEALTH ISSUES AFFECTING CHILDREN HEALTHIER DES PLAINES AREA SURVEY AND PROJECT LUTHERAN GENERAL HOSPIT AL LED HEALTHIER DES PLAINES AREA SURVEY AND PROJECT, MENTIONED ABOVE, IN 2015 AND IN 2016 THE COALITION WAS COMPRISED OF OVER 30 ORGANIZATIONS INCLUDING REPRESENTATIVES FROM LOCA L GOVERNMENT, POLICE/FIRE/PARAMEDICS, COMMUNITY-BASED AGENCIES, FAITH COMMUNITIES AND SCHO OLS IN 2016, THE SURVEY WAS DISTRIBUTED TO 7,000 RANDOMIZED HOUSEHOLDS WITH 500 SURVEYS R ETURNED THE RESULTS WERE PRESENTED TO THE COMMUNITY THROUGH VARIOUS PRESENTATIONS TO COMM UNITY LEADERS AND ORGANIZATIONS, WITH THE MAYOR AND CITY COUNCIL INCLUDED HEALTH IMPACT C OLLABORATIVE OF COOK COUNTY (HICCC) SURVEYS AS PART OF THE HICCC CHNA, THE COLLABORATIVE C OLLECTED APPROXIMATELY 5,200 RESIDENT SURVEYS, WHICH REFLECTED THE DIVERSITY OF COOK COUNT Y THE NORTH REGION HAD 1,700 SURVEYS RETURNED OF THESE, 19 PERCENT IDENTIFIED AS HISPANI C/LATINO, THE SAME PERCENTAGE OF HISPANIC/LATINO IN LUTHERAN GENERAL HOSPITALS PRIMARY SER VICE AREA, MAKING THIS POPULATION THE HOSPITALS MOST DIVERSE APPROXIMATELY EIGHT PERCENT OF THE NORTH REGION SURVEY RESPONDENTS IDENTIFIED AS POLISH AND SIX PERCENT AS KOREAN HIC CC ALSO CONDUCTED EIGHT FOCUS GROUPS IN THE NORTH REGION FOR CHNA INPUT FROM FALL 2015 THR OUGH SPRING 2016 THE COLLABORATIVE ENSURED THAT THE FOCUS GROUPS INCLUDED POPULATIONS WHO ARE TYPICALLY UNDER-REPRESENTED IN COMMUNITY HEALTH NEEDS ASSESSMENTS SOME EXAMPLES OF T HE POPULATIONS INCLUDED ARE RACIAL AND ETHNIC MINORITIES, IMMIGRANTS, THE LGBQIA AND TRANS GENDER COMMUNITY, FORMERLY INCARCERATED INDIVIDUALS, VETERANS AND SENIORS ADVOCATE GOOD S AMARITAN HOSPITAL GOOD SAMARITAN HOSPITAL HAS BEEN ACTIVELY ENGAGED IN THE IMPACT DUPAGE S TEERING COMMITTEE, WHICH IDENTIFIES AND ADDRESSES THE COUNTYS HEALTH NEEDS THROUGH VARIOUS PARTNERSHIPS AND PROGRAMS IMPACT DUPAGES TARGET COMMUNITIES OVERLAP WITH THE HOSPITALS P RIMARY SERVICE AREA, THEREFORE THE HEALTH NEEDS AND PRIORITIES ADDRESSED THROUGH IMPACT DU PAGE ALSO ADDRESS SOME OF THE HEALTH NEEDS OUTLINED IN THE HOSPITALS 2013-2016 CHNA GOOD SAMARITAN HOSPITAL ALSO CONTINUES TO PARTICIPATE IN THE FIGHTING OBESITY REACHING A HEALTH Y WEIGHT AMONG RESIDENTS OF DUPAGE (FORWARD) COALITION, WHICH ADDRESSES OBESITY AND HEALTH Y LIFESTYLES AMONG RESIDENTS LIVING IN DUPAGE COUNTY THE HOSPITAL IS A MEMBER OF FORWARDS HEALTHY HOSPITAL COALITION, WHICH IS A GROUP OF DUPAGE COUNTY HOSPITALS WORKING TO IMPROV E THE HEALTH AND WELLNESS OF EMPLOYEES, PATIENTS AND THEIR FAMILIES THROUGH CREATING A HEA LTHY HOSPITAL ENVIRONMENT IN 2016, THE HOSPITAL COMPLETED A CENTERS FOR DISEASE CONTROL A ND PREVENTION (CDC) WORKSITE WELLNESS ASSESSMENT, WHICH SUPPORTED THE DEVELOPMENT OF THE H OSPITALS SODIUM REDUCTION ACTION PLAN TO SUPPORT THE IMPLEMENTATION OF STRATEGIES, THE HO SPITAL WAS AWARDED A SODIUM REDUCTION MINI GRANT BY THE DUPAGE COUNTY HEALTH DEPARTMENT AN D FORWARD WITH GREAT TEAM EFFORT, THE GOOD SAMARITAN HOSPITAL BETTER FOR US COMMITTEE (TH E HOSPITALS WORKSITE WELLNESS COMMITTEE) AND SODIUM REDUCTION SUB-COMMITTEE WERE ABLE TO S UCCESSFULLY IMPLEMENT ALL OF THE SODIUM REDUCTION ACTION PLAN STRATEGIES AFFORDABLE HOUSI NG WAS IDENTIFIED AS A NEED FOR DUPAGE COUNTY BY THE IMPACT DUPAGE STEERING COMMITTEE HOU SING CAN HAVE A MAJOR IMPACT ON HEALTH AND IS CONSIDERED A SOCIAL DETERMINANT OF HEALTH T HE HOSPITALS COMMUNITY HEALTH MANAGER IS A MEMBER OF THE IMPACT DUPAGE AFFORDABLE HOUSING SUBCOMMITTEE AND HAS BEEN VERY ENGAGED IN THE ASSESSMENT AND PLAN DEVELOPMENT PROCESS AS A PART OF THE ASSESSMENT AND PLANNING PROCESS, THE SUBCOMMITTEE WORKED WITH THE CHICAGO ME TROPOLITAN AGENCY FOR PLANNING TO COMPLETE THE DUPAGE COUNTY AFFORDABLE HOUSING ASSESSMENT AND PLAN THE HOSPITAL RECOGNIZES THE IMPORTANCE

Form and Line Reference	Explanation
PART VI, LINE 2 NEEDS ASSESSMENT	AND IMPACT OF SOCIAL DETERMINANTS OF HEALTH AND WILL CONTINUE TO PARTICIPATE AND BE ENGAGE D IN THE DEVELOPMENT AND IMPLEMENTATION OF THE AFFORDABLE HOUSING PLAN ADVOCATE GOOD SHEP HERD HOSPITAL IN ADDITION TO THE FORMAL SURVEYS CONDUCTED FOR THE ASSESSMENT, THE HOSPITAL PARTNERS WITH LOCAL COMMUNITY GROUPS AND CONGREGATIONS TO HELP ASSESS NEEDS AND PROVIDE R ESOURCES TO IMPROVE THE HEALTH STATUS OF INDIVIDUALS WITHIN THESE GROUPS THE MISSION AND SPIRITUAL CARE TEAM AT THE HOSPITAL WORK CLOSELY WITH SEVERAL COMMUNITY CONGREGATIONS TO S URVEY AND RESPOND TO SPECIFIC NEEDS IDENTIFIED THROUGH THIS PROCESS SOME CONGREGATIONS HA VE ASKED FOR TARGETED EDUCATION ON NUTRITION, MENTAL HEALTH, END OF LIFE ISSUES, AND DIABE TES MANAGEMENT THE HOSPITAL WORKS WITH THESE CONGREGATIONS AND OTHER COMMUNITY GROUPS TO COORDINATE SERVICES TO CLIENTS THE HOSPITAL ALSO ACTS AS A CATALYST BY PROVIDING LEADERSH IP AND RESOURCES TO COMMUNITY COALITIONS TO HELP ADDRESS ISSUES THAT MAY SURFACE ADVOCATE SOUTH SUBURBAN HOSPITAL HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (NOW NAMED THE ALLIANC E FOR HEALTH EQUITY) SOUTH SUBURBAN HOSPITAL IS A MEMBER OF THE HEALTH IMPACT COLLABORATIV E OF COOK COUNTY (HICCC) HICCC IS A PARTNERSHIP OF HOSPITALS, HEALTH DEPARTMENTS AND COMM UNITY ORGANIZATIONS WORKING TO ASSESS COMMUNITY HEALTH NEEDS AND ASSETS, AND TO IMPLEMENT A SHARED PLAN TO MAXIMIZE HEALTH EQUITY AND WELLNESS IN CHICAGO AND COOK COUNTY THIS COLL ABORATIVE WAS DEVELOPED SO THAT PARTICIPATING ORGANIZATIONS COULD EFFICIENTLY SHARE RESOUR CES AND WORK TOGETHER ON DATA COLLECTION, PRIORITY SETTING AND IMPLEMENTATION PLANNING CO OK COUNTY WAS DIVIDED INTO NORTH, CENTRAL AND SOUTH REGIONS TO ENABLE THE INVOLVEMENT OF O THER LOCAL STAKEHOLDERS AND IDENTIFY THE LOCAL NEEDS OF THIS DIVERSE COUNTY SOUTH SUBURBA N HOSPITAL PARTICIPATED IN THE HICCC SOUTH REGION ASSESSMENT THE METHODOLOGY FOR THE CHNA HAD THREE COMPONENTS 1) THE MAPP PROCESS USED BY THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (2/2015-6/2016), 2) USE OF THE HEALTHY COMMUNITIES INSTITUTE (HCI) PLATFORM TO REV IEW COUNTY, SERVICE AREA AND ZIP CODE DATA (3/2014-8/2016), AND 3) REVIEW OF OTHER AVAILAB LE NATIONAL AND LOCAL DATA (1/2016-8/2016) MAPP PROCESS THE HEALTH IMPACT COLLABORATIVE O F COOK COUNTY (HICCC) CONDUCTED A COLLABORATIVE CHNA BETWEEN FEBRUARY 2015 AND JUNE 2016 THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI) DESIGNED AND FACILITATED A COLLABORATIVE, COMM UNITY-ENGAGED ASSESSMENT BASED ON THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSH IPS (MAPP) FRAMEWORK MAPP IS A COMMUNITY-DRIVEN STRATEGIC PLANNING FRAMEWORK THAT WAS DEV ELOPED BY THE NATIONAL ASSOCIATION FOR COUNTY AND CITY HEALTH OFFICIALS (NACCHO) AND THE C ENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) BOTH THE CHICAGO AND COOK COUNTY DEPARTME NTS OF PUBLIC HEALTH USE THE MAPP FRAMEWORK FOR COMMUNITY HEALTH ASSESSMENT AND PLANNING THE MAPP FRAMEWORK PROMOTES A SYSTEM FOCUS, EMPHASIZING THE IMPORTANCE OF COMMUNITY ENGAGE MENT, PARTNERSHIP DEVELOPMENT AND THE DYNAMIC INTERPLAY OF FACTORS AND FORCES WITHIN THE P UBLIC HEALTH SYSTEM THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY CHOSE THIS INCLUSIVE, COMMUNITY-DRIVEN PROCESS SO THAT THE ASSESSMENT AND IDENTIFICATION OF PRIORITY HEALTH ISSU ES WOULD BE INFORMED BY THE DIRECT PARTICIPATION OF STAKEHOLDERS AND COMMUNITY RESIDENTS THE MAPP FRAMEWORK EMPHASIZES PARTNERSHIPS AND COLLABORATION TO UNDERSCORE THE CRITICAL IM PORTANCE OF SHARED RESOURCES AND RESPONSIBILITY TO MAKE THE VISION FOR A HEALTHY FUTURE A REALITY HICCC USED THE COUNTY HEALTH RANKINGS MODEL TO GUIDE THE SELECTION OF ASSESSMENT INDICATORS IPHI WORKED WITH THE HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY STAKEHOLDERS TO IDENTIFY AVAILABLE DATA RELATED TO HEALTH OUTCOMES, HEALTH BEHAVIORS, CLINICAL CARE, P HYSICAL ENVIRONMENT, AND SOCIAL AND ECONOMIC FACTORS THE COLLABORATIVE DECIDED TO ADD MEN TAL HEALTH AS AN ADDITIONAL CATEGORY OF DATA INDICATORS AS PART OF CONTINUING EFFORTS TO ALIGN AND INTEGRATE COMMUNITY HEALTH ASS

Form and Line Reference	Explanation
PART VI, LINE 4 COMMUNITY INFORMATION	DEFINITION OF COMMUNITY ADVOCATE CHRIST MEDICAL CENTER LOCATED IN OAK LAWN, ILLINOIS, CHRI ST MEDICAL CENTER SERVES AN AREA THAT LIES PRIMARILY WITHIN COOK COUNTY AND THE CHICAGO CI TY LIMITS IN ADDITION TO PARTICIPATING IN THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY SOUTH REGION CHNA, CHRIST MEDICAL CENTER CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT TAR GETING ITS DEFINED COMMUNITY - THE HOSPITALS PRIMARY SERVICE AREA (PSA) THIS AREA INCLUDE S APPROXIMATELY 947,915 INDIVIDUALS WITHIN 27 ZIP CODES IN CHICAGO AND SUBURBAN COOK COUNT Y THE DIVERSE POPULATION SERVED IS 59% WHITE, 23% AFRICAN-AMERICAN, 2% ASIAN AND 13% OTHE R BY ETHNICITY, THE PSA IS 29 4% HISPANIC NEARLY 17% OF THE PSA POPULATION OVER THE AGE OF 25 DOES NOT HAVE A HIGH SCHOOL DIPLOMA AS COMPARED TO 12% FOR ILLINOIS, WHILE ALMOST 13 % OF ALL FAMILIES LIVE BELOW THE FEDERAL POVERTY LEVEL COMPARED TO 11% FOR ILLINOIS THE M EDIAN AGE FOR THE PSA IS 37 56 YEARS CHRIST MEDICAL CENTER HAS FOUR ZIP CODES IN ITS PRIM ARY SERVICE AREA WITH A RANKING OF FIVE FOR THE SOCIONEEDS INDEX - ALL WITHIN CHICAGO - WH ICH REPRESENT THE AREAS WITH THE HIGHEST SOCIOECONOMIC NEEDS WEST ENGLEWOOD (99 2), BRIGH TON PARK (96 3), CHICAGO LAWN (97 6), AND AUBURN GRESHAM (95 3) THE INDEX VALUES EACH OF THESE ZIP CODES ARE OVER 90/100, THUS REPRESENTING SOME OF THE HIGHEST AREAS OF NEED IN TH E COUNTRY ADVOCATE CHILDRENS HOSPITAL, WHICH IS INTEGRATED AS PART OF ADVOCATE CHRIST HOS PITAL IN OAK LAWN AND ADVOCATE LUTHERAN GENERAL HOSPITAL IN PARK RIDGE, HAS A TOTAL SERVIC E AREA (TSA) THAT INCLUDES COMMUNITIES SERVED BY CHRIST MEDICAL CENTER, AS WELL AS GEOGRAP HIC AREAS OR COMMUNITIES SERVED BY ADVOCATE TRINITY HOSPITAL ON CHICAGOS SOUTH AND SOUTHEA ST SIDES, ADVOCATE SOUTH SUBURBAN HOSPITAL IN CHICAGOS SOUTH SUBURBS, AND ADVOCATE GOOD SA MARITAN HOSPITAL IN THE WEST AND SOUTHWEST SUBURBAN CHICAGO AREA THE TOTAL PEDIATRIC POPU LATION, AGES 0-17 YEARS, WITHIN THE CHILDRENS HOSPITAL OAK LAWN TSA IS 591,263 CHILDREN IN 77 COMMUNITIES OR 25% OF THE TOTAL POPULATION WITHIN THE SAME AREA THE HOSPITALS DIVERSE SERVICE AREA IS 37% BLACK/NON-HISPANIC, 35% WHITE/NON-HISPANIC AND 24% HISPANIC WITHIN T HE TSA, 56 3% OF ADVOCATE CHILDRENS HOSPITAL PATIENTS (CHILDREN AGES 0-17) RECEIVE MEDICAI D, 38 9% ARE COVERED BY MANAGED CARE HEALTH INSURANCE AND 4 5% HAVE OTHER PAYMENT PLANS H OUSEHOLD INCOME STATISTICS SHOW THAT 26% OF HOUSEHOLDS IN THE TSA EARN LESS THAN $25,000/Y EAR AND 46% HAVE A HIGH SCHOOL EDUCATION OR LESS THERE ARE 20 HOSPITALS PROVIDING PEDIATR IC MEDICAL SERVICES IN ADVOCATE CHILDRENS HOSPITALS SERVICE AREA IN ADDITION TO ADVOCATE, THERE IS ALSO ADVENTIST BOLINGBROOK HOSPITAL, ADVOCATE SOUTH SUBURBAN HOSPITAL, FRANCISCA N ST JAMES HEALTH - CHICAGO HEIGHTS AND OLYMPIA FIELDS, HOLY CROSS HOSPITAL, INGALLS MEMO RIAL HOSPITAL, JACKSON PARK HOSPITAL, LARABIDA CHILDRENS HOSPITAL, LITTLE COMPANY OF MARY HOSPITAL, MERCY HOSPITAL AND MEDICAL CENTER, METROSOUTH MEDICAL CENTER, PALOS COMMUNITY HO SPITAL, PRESENCE ST JOSEPH MEDICAL CENTER, ROSELAND COMMUNITY HOSPITAL, SILVER CROSS HOSP ITAL, SOUTH SHORE HOSPITAL, ST ANTHONY HOSPITAL, ST BERNARD HOSPITAL AND UNIVERSITY OF C HICAGO MEDICAL CENTER HIGH RISK AREAS AND COMMUNITIES OF HIGH NEED WERE FURTHER DETERMINE D BY USE OF THE SOCIAL VULNERABILITY INDEX, WHICH IS AN AGGREGATE MEASURE OF THE CAPACITY OF COMMUNITIES TO PREPARE FOR AND RESPOND TO EXTERNAL STRESSORS ON HUMAN HEALTH, SUCH AS N ATURAL OR HUMAN-CAUSED DISASTERS, OR DISEASE OUTBREAKS THE SOCIAL VULNERABILITY INDEX RAN KS EACH CENSUS TRACT ON 14 SOCIAL FACTORS, INCLUDING POVERTY, LACK OF VEHICLE ACCESS AND C ROWDED HOUSING COMMUNITIES WITH HIGH SOCIAL VULNERABILITY INDEX SCORES HAVE LESS CAPACITY TO DEAL WITH OR PREPARE FOR EXTERNAL STRESSORS AND, AS A RESULT, ARE MORE VULNERABLE TO T HREATS ON HUMAN HEALTH MANY COMMUNITIES IN ADVOCATE CHILDRENS HOSPITALS TSA RANK HIGH IN SOCIAL VULNERABILITY WHICH CAN HAVE A NEGATIVE IMPACT ON CHILDRENS HEALTH SUCH COMMUNITIE S INCLUDE BLUE ISLAND, CALUMET PARK, DIXMOOR, FORD HEIGHTS AND HARVEY IN THE SOUTH SUBURBS , ALONG WITH THE CHICAGO LAWN, ENGLEWOOD AND GAGE PARK NEIGHBORHOODS IN CHICAGO ANOTHER M EASURE IN DETERMINING NEED WAS THE CHILDHOOD OPPORTUNITY INDEX WHICH IS BASED ON SEVERAL I NDICATORS IN EACH OF THE FOLLOWING CATEGORIES DEMOGRAPHICS AND DIVERSITY, EARLY CHILDHOOD EDUCATION, RESIDENTIAL AND SCHOOL SEGREGATION, MATERNAL AND CHILD HEALTH, NEIGHBORHOOD CH ARACTERISTICS OF CHILDREN, AND CHILD POVERTY CHILDREN WHO LIVE IN AREAS OF LOW OPPORTUNIT Y HAVE AN INCREASED RISK FOR A VARIETY OF NEGATIVE HEALTH INDICATORS, SUCH AS PREMATURE MO RTALITY, ARE MORE LIKELY TO BE EXPOSED TO SERIOUS PSYCHOLOGICAL DISTRESS AND ARE MORE LIKE LY TO HAVE POOR SCHOOL PERFORMANCE COMMUNITIES IN THE ADVOCATE CHILDRENS HOSPITAL TSA INC LUDE FORD HEIGHTS, DIXMOOR, DOLTON AND HARVEY IN THE SOUTH SUBURBS, AS WELL AS THE ARCHER HEIGHTS, AUBURN-GRESHAM, BRIGHTON PARK AND CHICAGO LAWN NEIGHBORHOODS IN CHICAGO ADVOCATE LUTHERAN GENERAL HOSPITAL FOR THE 2014-2016 CHNA

Form and Line Reference	Explanation
PART VI, LINE 4 COMMUNITY INFORMATION	CYCLE, LUTHERAN GENERAL HOSPITALS COMMUNITY HEALTH COUNCIL DEFINED COMMUNITY AS THE HOSPIT AL'S PRIMARY SERVICE AREA (PSA) THIS AREA INCLUDES 1,069,146 INDIVIDUALS WITHIN 28 ZIP CO DES-25 OF WHICH ARE IN COOK COUNTY AND 3 IN LAKE COUNTY THE PRIMARY SERVICE AREA (PSA) DE SIGNATION IS DETERMINED BY THE ADVOCATE HEALTH CARE STRATEGIC PLANNING DEPARTMENT, GENERAL LY NOTED AS THE GEOGRAPHIC AREA WHERE 75 PERCENT OF PATIENTS RESIDE ALL 25 LUTHERAN GENER AL HOSPITAL PSA ZIP CODE COMMUNITIES IN COOK COUNTY WERE PART OF THE GEOGRAPHIC AREA WITHI N THE NORTH REGION OF HICCC SOCIOECONOMIC NEED WAS DETERMINED BY THE HEALTHY COMMUNITIES INSTITUTES (HCI) CALCULATIONS TO CREATE AN INDEX USING SIX MAJOR SOCIONEEDS INDICATORS THA T ARE CORRELATED WITH POOR HEALTH OUTCOMES THE INDICATORS INCLUDE INCOME, UNEMPLOYMENT, O CCUPATION, EDUCATION, LANGUAGE AND POVERTY LUTHERAN GENERAL HOSPITALS PSA INCLUDES THE FO LLOWING COMMUNITIES, LISTED IN ORDER FROM GREATEST NEED TO LOWEST NEED COMMUNITIES IRVING PARK/PORTAGE (60641), DUNNING (60634), DES PLAINES (60018), ELMWOOD PARK (60707), HARWOOD HEIGHTS (60706), JEFFERSON PARK (60630), PALATINE (60074), MOUNT PROSPECT (60656), NILES (60714), SKOKIE (60077), PROSPECT HEIGHTS (60070), WHEELING (60090), DES PLAINES (60016), SKOKIE (60076), MORTON GROVE (60053), HARWOOD HEIGHTS (60056), NORWOOD PARK (60631), ARLIN GTON HEIGHTS (60005), FOREST GLEN (60646), ARLINGTON HEIGHTS (60004), GLENVIEW (60025), PA RK RIDGE (60068), BUFFALO GROVE (60089), PALATINE (60067), NORTHBROOK (60062), GLENVIEW (6 0026), LAKE ZURICH (60047) AND DEERFIELD (60015) THE THREE LARGEST COMMUNITIES WITHIN LUT HERAN GENERAL HOSPITALS PSA, AND THE THREE WITH THE HIGHEST SOCIOECONOMIC NEEDS, ARE DUNNI NG (60634) WITH A POPULATION OF 75,196, IRVING PARK (60641) WITH A POPULATION OF 70,970, A ND DES PLAINES (60016) WITH A POPULATION OF 61,060 (2016) THE CITY OF DES PLAINES HAS TWO ZIP CODES WITH DES PLAINES (60018) ACCOUNTING FOR AN ADDITIONAL POPULATION OF 30,788 INDI VIDUALS ADDITIONAL COMMUNITIES WITH DUAL ZIP CODES ARE ARLINGTON HEIGHTS, SKOKIE, GLENVIE W AND HARWOOD HEIGHTS FROM 2010 TO 2016, THE AVERAGE POPULATION GROWTH WITHIN LUTHERAN GE NERAL HOSPITALS PSA WAS 1 25 PERCENT, WHICH WAS HIGHER WHEN COMPARED TO THE ILLINOIS RATE OF 0 43 PERCENT THE THREE COMMUNITIES WITH THE HIGHEST PERCENT POPULATION GROWTH FROM 201 0 TO 2016 WERE GLENVIEW (60026) AT 9 71 PERCENT, MOUNT PROSPECT (60656) AT 5 42 PERCENT AN D PALATINE (60074) AT 4 3 PERCENT THE TWO COMMUNITIES THAT DECREASED IN POPULATION SIZE F ROM 2010 TO 2016 WERE DEERFIELD (60015) BY -1 28 PERCENT AND BUFFALO GROVE (60089) BY -1 1 9 PERCENT ADVOCATE CHILDRENS HOSPITAL THE COMBINED PRIMARY AND SECONDARY SERVICE AREAS OF ADVOCATE CHILDRENS HOSPITAL-PARK RIDGE ARE KNOWN AS THE HOSPITALS TOTAL SERVICE AREA (TSA) THE TSA OF ADVOCATE CHILDRENS HOSPITAL-PARK RIDGE SERVES PATIENTS IN THE LUTHERAN GENER AL HOSPITAL SERVICE AREA, BUT ALSO INCLUDES GEOGRAPHIC AREAS OR COMMUNITIES SERVED BY ADVO CATE GOOD SHEPHERD HOSPITAL IN THE NORTHWEST SUBURBS, ADVOCATE CONDELL MEDICAL CENTER IN T HE NORTH SUBURBS AND PORTIONS OF ADVOCATE ILLINOIS MASONIC MEDICAL CENTER ON THE NORTH SID E OF CHICAGO THE TOTAL PEDIATRIC POPULATION AGES 0-17 YEARS WITHIN THE CHILDRENS HOSPITAL PARK RIDGE TSA IS 841,812 CHILDREN, IN 109 COMMUNITIES, OR 27 PERCENT OF THE TOTAL POPULA TION WITHIN THE SAME AREA HIGH RISK AREAS AND COMMUNITIES OF HIGH NEED ARE FURTHER DETERM INED FOR THE CHILDRENS HOSPITAL BY USE OF THE SOCIAL VULNERABILITY INDEX, WHICH IS AN AGGR EGATE MEASURE OF THE CAPACITY OF COMMUNITIES TO PREPARE FOR AND RESPOND TO EXTERNAL STRESS ORS ON HUMAN HEALTH, SUCH AS NATURAL OR HUMAN-CAUSED DISASTERS OR DISEASE OUTBREAKS THE S OCIAL VULNERABILITY INDEX RANKS EACH CENSUS TRACT ON 14 SOCIAL FACTORS INCLUDING POVERTY, LACK OF VEHICLE ACCESS AND CROWDED HOUSING COMMUNITIES WITH HIGH SOCIAL VULNERABILITY IND EX SCORES HAVE LESS CAPACITY TO DEAL WITH OR PREPARE FOR EXTERNAL STRESSORS AND, AS A RESU LT, ARE MORE VULNERABLE TO THREATS ON HU

Form and Line Reference	Explanation
POVERTY	LUTHERAN GENERAL HOSPITAL FOR LUTHERAN GENERAL HOSPITALS PSA, THE COMMUNITIES WITH THE HIG HEST POVERTY RATES ARE SKOKIE (60077), IRVING PARK/PORTAGE (60641), AND PALATINE (60070) IN THE HOSPITALS PSA, ZIP CODES THAT REPORTED HIGHER PERCENTAGES FOR SPEAKING ENGLISH AT H OME ALSO HAD LOWER POVERTY RATES THE FEDERAL POVERTY GUIDELINES DEFINE POVERTY BASED ON H OUSEHOLD SIZE, RANGING FROM $11,880 FOR A ONE-PERSON HOUSEHOLD TO $24,300 FOR A FOUR PERSO N-HOUSEHOLD AND $40,890 FOR AN EIGHT-PERSON HOUSEHOLD (U S DEPARTMENT OF HEALTH AND HUMAN SERVICES, POVERTY GUIDELINES, 2016, HTTPS //ASPE HHS GOV/POVERTY-GUIDELINES) ADVOCATE CH ILDRENS HOSPITAL NEARLY HALF OF ALL CHILDREN LIVING IN CHICAGO AND COOK COUNTY LIVE AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL THE PERCENTAGE OF CHILDREN IN POVERTY IS HIGHER F OR COOK COUNTY THAN IT IS FOR ILLINOIS AND THE U S , AND AFRICAN AMERICAN AND LATINO CHILD REN HAVE MUCH HIGHER POVERTY RATES THAN NON-HISPANIC WHITE CHILDREN ALTHOUGH THE NUMBER O F CHILDREN LIVING IN POVERTY DECREASED OVERALL IN CHICAGO BETWEEN 2009 AND 2013, THE NUMBE R OF CHILDREN LIVING IN POVERTY DOUBLED IN SUBURBAN COOK COUNTY INSURANCE LUTHERAN GENERA L HOSPITAL WITHIN ILLINOIS, APPROXIMATELY 5 9 PERCENT OF THE POPULATION IS UNINSURED, WITH LUTHERAN GENERAL HOSPITALS PSA UNINSURED RATE AT 4 5 PERCENT LUTHERAN GENERAL HOSPITAL S ERVES A LARGE SENIOR POPULATION, AGE 65 AND OVER, MOST OF WHOM ARE COVERED BY MEDICARE NI LES (60714) AT 26 1 PERCENT, NORTHBROOK (60062) AT 24 3 PERCENT AND HARWOOD HEIGHTS (60706) AT 21 8 PERCENT REPORTED HAVING THE HIGHEST PERCENTAGES OF MEDICARE BENEFICIARIES WHILE SKOKIE (60077) WAS NOT RANKED HIGHEST FOR OVERALL SOCIOECONOMIC NEED, IT HAS THE HIGHEST UNINSURED RATE WITHIN LUTHERAN GENERAL HOSPITALS PSA ADVOCATE CHILDRENS HOSPITAL WITHIN T HE CHILDRENS HOSPITALS TSA, 43 2 PERCENT OF PATIENTS (CHILDREN AGES 0-17) ARE COVERED BY M EDICAID, 51 PERCENT ARE COVERED BY MANAGED CARE HEALTH INSURANCE, 5 PERCENT ARE ON MEDICA RE AND 5 3 PERCENT HAVE OTHER PAYMENT PLANS UNEMPLOYMENT UNEMPLOYMENT RATES WITHIN LUTHER AN GENERAL HOSPITALS PSA HAVE DECREASED AS COMPARED TO 2014 IN 2014, 9 4 PERCENT OF LUTHE RAN GENERAL HOSPITALS PSA WAS UNEMPLOYED, WITH THE CURRENT UNEMPLOYMENT RATE DECREASING TO 8 1 PERCENT THE CURRENT HOSPITAL PSA UNEMPLOYMENT RATE OF 8 1 PERCENT IS LOWER THAN THE CURRENT ILLINOIS RATE OF 9 8 PERCENT (TRUVEN, 2016) IRVING PARK/PORTAGE PARK (12 5 PERCEN T), ELMWOOD PARK (11 6 PERCENT), DUNNING (11 2 PERCENT) AND JEFFERSON PARK (10 9 PERCENT) HAVE HIGHER UNEMPLOYMENT RATES THAN OTHER COMMUNITIES IN THE HOSPITALS PSA AND ARE MUCH HI GHER THAN THE RATES FOR ILLINOIS EMPLOYMENT IS AN IMPORTANT DETERMINANT OF HEALTH AND IT HAS ADVERSE EFFECTS IN HIGH NEED COMMUNITIES HEALTH RESOURCES IN THE DEFINED COMMUNITY LU THERAN GENERAL HOSPITAL THERE ARE SEVEN HOSPITALS WITHIN THE LUTHERAN GENERAL HOSPITAL PRI MARY SERVICE AREA IN ADDITION TO LUTHERAN GENERAL HOSPITAL, THERE IS ALSO COMMUNITY FIRST MEDICAL CENTER, RESURRECTION MEDICAL CENTER, NORTHWEST COMMUNITY HOSPITAL, NORTHSHORE GLE NBROOK HOSPITAL, HOLY FAMILY MEDICAL CENTER AND NORTHSHORE SKOKIE HOSPITAL THERE ARE 973 PRIMARY CARE PHYSICIANS WITHIN THE MARKET AND 1,377 SPECIALISTS THE SPECIALISTS INCLUDE 1 84 OBSTETRICS & GYNECOLOGY PHYSICIANS, 88 CARDIOLOGISTS, 33 OTOLARYNGOLOGISTS, 49 GASTROEN TEROLOGISTS, AND 108 ORTHOPEDIC PHYSICIANS THERE IS ALSO THE ACCESS COMMUNITY HEALTH NETW ORK GENESIS CLINIC FOR HEALTH AND EMPOWERMENT IN DES PLAINES, ILLINOIS, WHICH IS A FEDERAL LY QUALIFIED HEALTH CENTER (FQHC) THAT PROVIDES HEALTH CARE PREDOMINANTLY FOR LOW-INCOME A ND UNINSURED PATIENTS, PRIMARILY FOR THE HISPANIC COMMUNITY THERE IS ALSO ONE FEDERALLY D ESIGNATED UNDERSERVED AREA IN LUTHERAN GENERAL HOSPITALS PSA ADVOCATE CHILDRENS HOSPITAL THERE ARE 20 HOSPITALS AND 572 PEDIATRICIANS PROVIDING PEDIATRIC MEDICAL SERVICES IN ADVOC ATE CHILDRENS HOSPITALS SERVICE AREA IN ADDITION TO ADVOCATE CHILDRENS HOSPITAL, THERE IS ALSO ADVOCATE CONDELL MEDICAL CENTER, ADVOCATE SHERMAN HOSPITAL, ALEXIAN BROTHERS MEDICAL CENTER, CENTEGRA HOSPITALS IN MCHENRY AND WOODSTOCK, COMMUNITY FIRST MEDICAL CENTER, ELMH URST HOSPITAL, EVANSTON HOSPITAL, HIGHLAND PARK HOSPITAL, NORTHWEST COMMUNITY HOSPITAL, NO RTHWESTERN LAKE FOREST HOSPITAL, PRESENCE MERCY MEDICAL CENTER, PRESENCE RESURRECTION MEDI CAL CENTER, PRESENCE ST JOSEPH HOSPITAL, SHRINERS HOSPITAL FOR CHILDREN-CHICAGO, ST ALEX IUS MEDICAL CENTER, SWEDISH COVENANT MEDICAL CENTER AND VISTA MEDICAL CENTER EAST ADVOCAT E GOOD SAMARITAN HOSPITAL FOR THE PURPOSES OF COMMUNITY HEALTH NEEDS ASSESSMENT, GOOD SAMA RITAN HOSPITAL DEFINES THE COMMUNITY AS ITS PRIMARY SERVICE AREA (PSA) THE PSA FOR THE HO SPITAL CONSISTS OF 15 COMMUNITIES REPRESENTING 21 ZIP CODES IN DUPAGE COUNTY AND 3 COMMUNI TIES REPRESENTING 3 ZIP CODES IN WILL AND COOK COUNTIES THE PSA COMMUNITIES INCLUDE LOMBA RD (60148), DOWNERS GROVE (60515, 60516), WESTMONT (60559), WOODRIDGE (60517), DARIEN (605 61), GLEN ELLYN (60137), LISLE (60532), VILLA PARK

Form and Line Reference	Explanation
POVERTY	(60181), OAK BROOK (60523), WILLOWBROOK (60527), BOLINGBROOK (60440), LEMONT (60439), WHE ATON (60189, 60187), ELMHURST (60126), NAPERVILLE (60563, 60540), CLARENDON HILLS (60514), ROMEOVILLE (60446) AND HINSDALE (60521) THE TOTAL POPULATION FOR THE PSA IS 653,410 (201 6) THE DEMOGRAPHIC DATA SHOWS THAT THE HOSPITALS PSA IS 78 65 PERCENT WHITE, 9 45 PERCENT ASIAN, 6 PERCENT AFRICAN AMERICAN, 3 44 PERCENT OTHER, 2 4 PERCENT NATIVE HAWAIIAN/PACIFI C ISLANDER AND 03 PERCENT AMERICAN INDIAN/ALASKAN NATIVE THE PSA IS 10 32 PERCENT HISPAN IC AND 89 68 PERCENT NON-HISPANIC OVER 20 PERCENT OF THE PSA IS UNDER THE AGE OF 18 WHILE 9 PERCENT IS BETWEEN THE AGES OF 18-24 (2015) THE LARGEST AGE GROUP IS 25-64 YEAR OLDS W ITH 52 9 PERCENT OF THE POPULATION BELONGING IN THIS AGE BRACKET (2015) THE SENIOR POPULA TION WAS THE THIRD LARGEST GROUP, WITH 15 3 PERCENT OF THE PSA ABOVE THE AGE OF 65 (2015) THE PRIMARY SERVICE AREA IS 49 PERCENT MALE AND 51 PERCENT FEMALE THE AVERAGE ANNUAL HOU SEHOLD INCOME IN 2015 FOR THE HOSPITALS PSA IS $110,956, WHICH IS SIGNIFICANTLY HIGHER THA N THE STATES AVERAGE HOUSEHOLD INCOME AT $81,390 (2016) THE NUMBER OF FAMILIES LIVING BEL OW THE FEDERAL POVERTY LEVEL IS 7,526, WHICH ACCOUNTS FOR 4 4 PERCENT OF THE PSA POPULATIO N THE ASIAN, NATIVE HAWAIIAN/PACIFIC ISLANDER AND WHITE RACIAL GROUPS HAVE THE HIGHEST AV ERAGE HOUSEHOLD INCOME, WHILE THE BLACK AND AMERICAN INDIAN/ALASKAN NATIVES SUBGROUPS HAD THE LOWEST AVERAGE HOUSEHOLD INCOMES INCOME DISPARITY ALSO EXISTS BETWEEN HISPANIC AND NO N-HISPANIC ETHNICITY THE HISPANIC POPULATIONS AVERAGE HOUSEHOLD INCOME FOR THE PSA IS $82 ,294 WHILE THE AVERAGE HOUSEHOLD INCOME FOR NON-HISPANICS IS $113,285 THE HOSPITALS PSA H AS A DIVERSE PAYOR MIX WITH 14 PERCENT COVERED BY MEDICAID, 3 PERCENT UNINSURED AND ANOTHE R 14 PERCENT COVERED BY MEDICARE HOSPITALS AND HEALTH RESOURCES THERE ARE FIVE HOSPITALS LOCATED WITHIN GOOD SAMARITAN HOSPITALS PSA ADVOCATE GOOD SAMARITAN HOSPITAL IN DOWNERS G ROVE, EDWARD HOSPITAL IN NAPERVILLE, ADVENTIST HINSDALE HOSPITAL IN HINSDALE, ADVENTIST BO LINGBROOK HOSPITAL IN BOLINGBROOK, AND ELMHURST MEMORIAL HOSPITAL IN ELMHURST THE DUPAGE COUNTY HEALTH DEPARTMENT, AS WELL AS THE ACCESS COMMUNITY HEALTH NETWORK FEDERALLY QUALIFI ED HEALTH CENTER (FQHC) CLINICS, PROVIDE HEALTH CARE PRIMARILY FOR LOW-INCOME AND UNINSURE D PATIENTS IN ADDITION, THE DUPAGE HEALTH COALITION/ACCESS DUPAGE, A COLLABORATIVE EFFORT BY HUNDREDS OF INDIVIDUALS AND ORGANIZATIONS IN DUPAGE COUNTY, ALSO PROVIDES A MOSAIC APP ROACH TO PROVIDING ACCESS TO MEDICAL SERVICES FOR THE COUNTYS LOW-INCOME AND MEDICALLY UNI NSURED RESIDENTS IT REPRESENTS A UNIQUE PARTNERSHIP OF COUNTY HOSPITALS (INCLUDING GOOD S AMARITAN HOSPITAL), PHYSICIANS, LOCAL GOVERNMENT, HUMAN SERVICE AGENCIES, AND COMMUNITY GR OUPS WORKING TOGETHER TO ADDRESS THIS FORMIDABLE ISSUE ADVOCATE GOOD SHEPHERD HOSPITAL TH E COMMUNITY HEALTH COUNCIL DEFINED THE COMMUNITY AS THE TOTAL SERVICE AREA (TSA) OF THE HO SPITAL THE TSA INCLUDES COMMUNITIES IN MCHENRY COUNTY, LAKE COUNTY AND A SMALL PORTION OF BARRINGTON, WHICH LIES IN COOK COUNTY THE TSA IS DIVIDED BETWEEN THE PRIMARY SERVICE ARE A (PSA) AND THE SECONDARY SERVICE AREA (SSA) GENERALLY, SEVENTY-FIVE PERCENT OF ALL PATIE NTS SERVED COME FROM THE PSA, AND TWENTY-FIVE PERCENT OF ALL PATIENTS SERVED COME FROM THE SSA GOOD SHEPHERD HOSPITALS PSA INCLUDES THE FOLLOWING COMMUNITIES BARRINGTON (60010), LAKE ZURICH (60047), CARY (60013), FOX RIVER GROVE (60021), CRYSTAL LAKE (60014), ISLAND L AKE (60042), WAUCONDA (60084), MCHENRY (60050, 50051), PALATINE (60067), ALGONQUIN (60102) , AND LAKE IN THE HILLS (60156) THE HOSPITALS SSA CONSISTS OF THE FOLLOWING COMMUNITIES CRYSTAL LAKE (60012), MUNDELEIN (60060), ROUND LAKE (60073), WOODSTOCK (60098), AND CARPEN TERSVILLE (60110) THE HOSPITALS TSA POPULATION IS 489,512 THE POPULATION OF THE PSA IS 3 08,906 AND THE SSA POPULATION IS 180,606 THE GROWTH RATE OF THE PSA IS QUITE SLOW, WITH O NLY A LESS THAN ONE PERCENT GROWTH FROM

Form and Line Reference	Explanation
RACE AND ETHNICITY	THE POPULATION OF MCLEAN COUNTY IS 82 PERCENT WHITE, 7 7 PERCENT BLACK OR AFRICAN AMERICAN , 5 7 PERCENT ASIAN, FIVE PERCENT HISPANIC OR LATINO, 0 26 PERCENT AMERICAN INDIAN AND ALA SKA NATIVE, AND 04 PERCENT NATIVE HAWAIIAN OR PACIFIC ISLANDER (HEALTHY COMMUNITIES INSTI TUTE, CLARITAS, 2016) ECONOMICS INCOME THE MEDIAN HOUSEHOLD INCOME IN MCLEAN COUNTY IS $6 6,355 THE PERCENT OF PEOPLE LIVING BELOW THE POVERTY LEVEL IN MCLEAN COUNTY IS 14 7 PERCE NT HEALTH CARE COVERAGE THE TOTAL NUMBER OF MEDICAID BENEFICIARIES IN MCLEAN COUNTY HAS I NCREASED BY 50 2 PERCENT FROM 2007 TO 2014 THERE WERE 4,499 INDIVIDUALS WHO GAINED MEDICA ID COVERAGE IN 2014 DUE TO THE AFFORDABLE CARE ACT (ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES) ADDITIONALLY, 12 7 PERCENT OF MCLEAN COUNTY RESIDENTS ARE ENROLLED IN ME DICARE (CENTERS FOR MEDICARE AND MEDICAID, 2014) IN 2017, 18 PERCENT OF PATIENTS SEEN AT BROMENN MEDICAL CENTER WERE UNINSURED PATIENTS OR WERE MEDICAID RECIPIENTS NINETY-ONE PER CENT OF RESPONDENTS OF THE 2015 MCLEAN COUNTY COMMUNITY HEALTH SURVEY REPORTED HAVING EITH ER PRIVATE INSURANCE, MEDICAID OR MEDICARE, WHILE EIGHT PERCENT REPORTED HAVING NO INSURAN CE NO INSURANCE WAS SELECTED AS A RESPONSE TO TYPE OF INSURANCE MORE FREQUENTLY BY PEOPLE WITH THE FOLLOWING CHARACTERISTICS YOUNGER AGE, HISPANIC OR LATINO, AND HOMELESSNESS EM PLOYMENT THE PERCENT OF THE CIVILIAN LABOR FORCE THAT IS UNEMPLOYED IN MCLEAN COUNTY IS 5 5 PERCENT, LOWER THAN ILLINOIS AT 9 9 PERCENT THE THREE COMMON INDUSTRIES OF EMPLOYMENT A RE THE FINANCIAL OR INSURANCE INDUSTRY AT 21 6 PERCENT, EDUCATIONAL SERVICES AT 13 2 PERCE NT AND HEALTH CARE AT 10 8 PERCENT (HEALTHY COMMUNITIES INSTITUTE, CLARITAS, 2016) EDUCAT ION EDUCATIONAL LEVEL NINETY-FIVE PERCENT OF THE POPULATION OVER THE AGE OF 25 IN MCLEAN C OUNTY POSSESSES A HIGH SCHOOL DIPLOMA OR HIGHER, AND 43 4 PERCENT HAVE A BACHELORS DEGREE OR HIGHER (HEALTHY COMMUNITIES INSTITUTE, AMERICAN COMMUNITY SURVEY, 2010-2014) THE STATE AVERAGE FOR A BACHELORS DEGREE OR HIGHER IS 32 PERCENT (TOWN CHARTS, 2016) ILLINOIS STAT E UNIVERSITY, ILLINOIS WESLEYAN UNIVERSITY, HEARTLAND COMMUNITY COLLEGE AND LINCOLN COLLEG E ARE ALL LOCATED IN MCLEAN COUNTY HIGH SCHOOL GRADUATION RATES THE 2015 FOUR-YEAR HIGH S CHOOL GRADUATION RATE FOR MCLEAN COUNTY IS 88 PERCENT (ILLINOIS STATE BOARD OF EDUCATION, 2015) THIS IS HIGHER THAN THE GRADUATION RATE FOR ILLINOIS OF 86 PERCENT THE GRADUATION RATE FOR LOW-INCOME STUDENTS AT VARIOUS HIGH SCHOOLS IN MCLEAN COUNTY, HOWEVER, IS LOWER T HAN THE COUNTY GRADUATION RATE WITH PERCENTAGES RANGING FROM A LOW OF 61 PERCENT TO A HIGH OF 83 PERCENT TRUANCY RATE THE 2015 TRUANCY RATE FOR MCLEAN COUNTY IS 2 5 PERCENT COMPAR ED TO THE TRUANCY RATE IN ILLINOIS OF 8 7 PERCENT (ILLINOIS STATE BOARD OF EDUCATION, 2015) STUDENT-TO-TEACHER RATIO THIS INDICATOR SHOWS THE AVERAGE NUMBER OF PUBLIC SCHOOL STUDE NTS PER TEACHER IN THE REGION IT DOES NOT MEASURE CLASS SIZE ACCORDING TO THE NATIONAL C ENTER FOR EDUCATION STATISTICS, LARGER SCHOOLS TEND TO HAVE HIGHER STUDENT-TEACHER RATIOS THERE ARE 16 7 STUDENTS PER TEACHER IN MCLEAN COUNTY (HEALTHY COMMUNITIES INSTITUTE, NATI ONAL CENTER FOR EDUCATION STATISTICS, 2013-2014) THIS HAS INCREASED SLIGHTLY FROM 15 4 ST UDENTS PER TEACHER SINCE 2011-2012 HEALTH CARE RESOURCES IN THE DEFINED COMMUNITY THERE A RE NUMEROUS HEALTH CARE RESOURCES IN MCLEAN COUNTY THERE ARE TWO HOSPITALS, ADVOCATE BROM ENN MEDICAL CENTER LOCATED IN NORMAL AND OSF HEALTHCARE ST JOSEPH MEDICAL CENTER LOCATED IN BLOOMINGTON THERE IS ALSO A FEDERALLY QUALIFIED HEALTH CENTER (FQHC), THE CHESTNUT FAM ILY HEALTH CENTER, LOCATED IN BLOOMINGTON IN ADDITION, THERE ARE FIVE COMMUNITY CLINICS THE COMMUNITY HEALTH CARE CLINIC AND THE COMMUNITY CANCER CENTER ARE BOTH LOCATED IN NORMA L THE JOHN M SCOTT HEALTH RESOURCES CENTER, IMMANUEL HEALTH CENTER AND MCLEAN COUNTY CEN TER FOR HUMAN SERVICES ARE ALL LOCATED IN BLOOMINGTON TWO ADDITIONAL HEALTH CARE RESOURCE S IN MCLEAN ARE THE CLINIC WITHIN THE MCLEAN COUNTY HEALTH DEPARTMENT AND A CRISIS STABILI ZATION UNIT WHICH IS A PART OF CHESTNUT HEALTH SYSTEMS ADVOCATE TRINITY HOSPITAL IN 2016, THE TOTAL POPULATION OF TRINITY HOSPITALS TOTAL SERVICE AREA (TSA) WAS ESTIMATED AT 578,5 51, WITH A PRIMARY SERVICE AREA (PSA) POPULATION OF 380,375 AND A SECONDARY SERVICE AREA (SSA) POPULATION OF 198,176 BOTH PRIMARY (-2 27%) AND SECONDARY (-2 77%) SERVICE AREAS EXP ERIENCED A DECLINE IN POPULATION FROM 2010 TO 2016 THE RACE AND ETHNICITY DISTRIBUTION IN THE TOTAL SERVICE AREA IS PREDOMINANTLY AFRICAN AMERICAN (83 0%) FOLLOWED BY THE WHITE PO PULATION (10 0%) APPROXIMATELY 9 0% OF THE POPULATION IDENTIFIED AS BEING OF HISPANIC OR LATINO ETHNICITY THE HISPANIC POPULATION IS PRIMARILY LOCATED IN FOUR COMMUNITY AREAS EA STSIDE, SOUTH CHICAGO, SOUTH DEERING AND HEGEWISCH THE RACIAL AND ETHNIC BREAKDOWN OF TRI NITY HOSPITALS TOTAL SERVICE AREA IS SUBSTANTIALLY DIFFERENT THAN THAT OF COOK COUNTY AND THE STATE OF ILLINOIS THE MEDIAN HOUSEHOLD INCOME

Form and Line Reference	Explanation
RACE AND ETHNICITY	IN TRINITY HOSPITALS PSA IS $38,029 AND $30,660 IN THE HOSPITALS SECONDARY SERVICE AREA BOTH ARE CONSIDERABLY LOWER AMOUNTS WHEN COMPARED TO THE ILLINOIS MEDIAN HOUSEHOLD INCOME OF $59,608 AND THE COOK COUNTY MEDIAN HOUSEHOLD INCOME OF $56,747 EXAMINING RACE AND INCO ME, THE COMMUNITY HEALTH DATA SHOWED THAT THE AFRICAN AMERICAN POPULATION HAS ONE OF THE L OWEST MEDIAN HOUSEHOLD INCOMES ($35,677 IN THE PSA AND $27,830 IN THE SSA) IN COMPARISON T O OTHER RACES IN TRINITY HOSPITALS PSA, THE PERCENT OF FAMILIES LIVING BELOW THE FPL IS 2 2 85%, WHICH IS HIGHER THAN BOTH STATE (10 79%) AND COUNTY (13 83%) PERCENTAGES THE PERCE NT OF FAMILIES LIVING BELOW THE FPL IN TRINITY HOSPITALS SECONDARY SERVICE AREA IS 31 84%, WHICH IS NEARLY THREE TIMES THE ILLINOIS PERCENTAGE IN THE PSA, 10 47% OF THE POPULATION AND 13 62% OF THE SSA POPULATION HAVE SOME HIGH SCHOOL EDUCATION BUT NO DIPLOMA THIS PER CENTAGE IS HIGHER IN COMPARISON TO THE ILLINOIS RATE OF 6 75% AND THE COUNTY RATE OF 7 44% , HOWEVER, WHEN "LESS THAN 9TH GRADE"SOME HIGH SCHOOL" ARE ADDED TOGETHER, THE DIFFERENCES BETWEEN THE PSA AND THE COUNTY AND STATE NARROW TWENTY-NINE PERCENT OF THE PSA POPULATIO N HAVE A HIGH SCHOOL DIPLOMA AND 28% HAVE TAKEN SOME COLLEGE CLASSES ONLY 12 18% OF THE P SA AND 9 16% OF THE SSA RESIDENTS HAVE A BACHELORS DEGREE COMPARED TO THE 20 99% OF COOK C OUNTY RESIDENTS WITH SUCH A DEGREE IN TRINITY HOSPITALS PSA, 38 2% OF THE POPULATION IS I NSURED BY MEDICAID AND 15 9% BY MEDICARE, WHILE 10 7% HAVE NO INSURANCE IN THE SSA, 48 3% OF THE POPULATION IS INSURED BY MEDICAID, 11 6% BY MEDICARE AND 13 4% HAVE NO INSURANCE ADVOCATE EUREKA HOSPITAL FOR THE PURPOSES OF THIS ASSESSMENT, "COMMUNITY" IS DEFINED AS WO ODFORD COUNTY, ILLINOIS ADVOCATE EUREKA HOSPITAL IS THE ONLY HOSPITAL IN WOODFORD COUNTY, WHICH IS LOCATED IN RURAL CENTRAL ILLINOIS AND THERE ARE NOT ANY FEDERALLY-DESIGNATED MED ICALLY UNDERSERVED AREAS OR POPULATIONS IN THE COUNTY ALTHOUGH THE HOSPITAL PARTICIPATED IN A TRI-COUNTY COLLABORATIVE EXPLAINED EARLIER IN THE DOCUMENT, FOR THIS COMMUNITY HEALTH NEEDS ASSESSMENT, THE FOCUS OF THIS REPORT WILL BE ON WOODFORD COUNTY THE FOLLOWING TOWN S ARE IN WOODFORD COUNTY BAY VIEW GARDENS, BENSON, CONGERVILLE, EL PASO, EUREKA, GERMANTO WN HILLS, GOODFIELD, KAPPA, LOWPOINT, METAMORA, MINONK, PANOLA, ROANOKE, SECOR, SPRING BAY AND WASHBURN POPULATION WOODFORD COUNTY CONSISTS OF A TOTAL POPULATION OF 39,334 (HEALTH Y COMMUNITIES INSTITUTE (HCI), CLARITAS, 2016) EUREKA HAS THE LARGEST POPULATION IN THE C OUNTY WITH 6,861 THE POPULATION IN WOODFORD COUNTY INCREASED BY 1 73 PERCENT FROM 2010 TO 2016 (HCI, CLARITAS, 2016) DEMOGRAPHICS AGE AND GENDER THE MEDIAN AGE IN WOODFORD COUNTY IS 40 0, WHICH IS OLDER THAN THE MEDIAN AGE FOR ILLINOIS AT 37 8 YEARS OF AGE RACE AND E THNICITY THE POPULATION OF WOODFORD COUNTY IS 96 6 PERCENT WHITE, 0 7 PERCENT BLACK OR AFR ICAN AMERICAN, 63 PERCENT ASIAN, 25 PERCENT AMERICAN INDIAN AND ALASKA NATIVE, AND 03 P ERCENT NATIVE HAWAIIAN OR PACIFIC ISLANDER (HCI, CLARITAS, 2016) HOUSEHOLD/FAMILY THE AVE RAGE HOUSEHOLD SIZE IN WOODFORD COUNTY IS 2 62 WITH 14,636 RESIDENTS LIVING AS A PART OF A HOUSEHOLD THIRTY-FIVE PERCENT OF PEOPLE IN A HOUSEHOLD ARE UNDER 18 YEARS OF AGE (HCI, C LARITAS, 2016) TWENTY-ONE PERCENT OF THE HOUSEHOLDS IN WOODFORD COUNTY ARE SINGLE PARENT HOUSEHOLDS ECONOMICS INCOME THE MEDIAN HOUSEHOLD INCOME IN WOODFORD COUNTY IS $69,760 WHI CH IS HIGHER THAN THE ILLINOIS MEDIAN HOUSEHOLD INCOME OF $59,608 (HCI, CLARITAS, 2016) T HE PERCENT OF PEOPLE LIVING BELOW THE FEDERAL POVERTY LINE IS 8 1 PERCENT (HCI, AMERICAN C OMMUNITY SURVEY, 2010-2014) HEALTH CARE COVERAGE IN WOODFORD COUNTY, THE NUMBER OF INDIVI DUALS WHO RECEIVED MEDICAID COVERAGE INCREASED FROM 2,749 IN FISCAL YEAR 2014 TO 4,838 IN FISCAL YEAR 2015 DUE TO THE AFFORDABLE CARE ACT (ILLINOIS DEPARTMENT OF HEALTHCARE AND FAM ILY SERVICES) IN 2017, 16% PERCENT OF PATIENTS SEEN AT ADVOCATE EUREKA HOSPITAL WERE UNIN SURED PATIENTS OR MEDICAID RECIPIE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
EDUCATION	EDUCATIONAL LEVEL NINETY-FOUR PERCENT OF THE POPULATION OVER THE AGE OF 25 IN WOODFORD COUNTY POSSESSES A HIGH SCHOOL DIPLOMA OR HIGHER AND 28 PERCENT HAVE A BACHELORS DEGREE OR HIGHER (HCI, AMERICAN COMMUNITY SURVEY, 2010-2014) EUREKA COLLEGE IS A SMALL LIBERAL ARTS COLLEGE LOCATED IN WOODFORD COUNTY STUDENT-TO-TEACHER RATIO THIS INDICATOR SHOWS THE AVERAGE NUMBER OF PUBLIC SCHOOL STUDENTS PER TEACHER IN THE REGION IT DOES NOT MEASURE CLASS SIZE ACCORDING TO THE NATIONAL CENTER FOR EDUCATION STATISTICS, LARGER SCHOOLS TEND TO HAVE HIGHER STUDENT-TEACHER RATIOS THERE ARE 16 8 STUDENTS PER TEACHER IN WOODFORD COUNTY (HCI, NATIONAL CENTER FOR EDUCATION STATISTICS, 2013-2014) HEALTH CARE RESOURCES IN THE DEFINED COMMUNITY NAME OF FACILITY ADVOCATE EUREKA HOSPITAL - CRITICAL ACCESS HOSPITAL WOODFORD COUNTY PUBLIC HEALTH DEPARTMENT - HEALTH CLINIC HEART HOUSE/SHELTER, EUREKA, IL - COMMUNITY ORGANIZATION

Form and Line Reference	Explanation
PART VI, LINE 5 PROMOTION OF COMMUNITY HEALTH	ADVOCATE CHRIST MEDICAL CENTER THE GOVERNING COUNCIL AT ADVOCATE CHRIST MEDICAL CENTER IS COMPRISED OF LOCAL COMMUNITY LEADERS AND PHYSICIANS GOVERNING COUNCIL MEMBERS SUPPORT HOS PITAL LEADERSHIP IN THEIR PURSUIT OF THE HOSPITALS GOALS, REPRESENT THE COMMUNITYS INTERES T TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY SIXTY-EIGHT PERCENT OF THE CU RRENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS I N ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES SIGNIFICANT PROGRAMS/I NITIATIVES CONTRIBUTING TO A HEALTHIER COMMUNITY IN 2017 INCLUDE *CHRIST MEDICAL CENTER I S ONE OF ONLY EIGHT HOSPITALS NATIONWIDE, AND THE ONLY CHICAGO-AREA HOSPITAL, CITED FOR BE ST HEART-TRANSPLANT PATIENT OUTCOMES, ACCORDING TO DATA COLLECTED BY THE SCIENTIFIC REGIST RY OF TRANSPLANT RECIPIENTS (SRTR) AS REPORTED BY BECKERS HOSPITAL REVIEW *CHRIST MEDICAL CENTER WAS PRESENTED THE GIFT OF HOPE LIFESAVING PARTNER AWARD FOR THE MEDICAL CENTERS EX TRAORDINARY SUPPORT AND COMMITMENT TO SAVING LIVES THROUGH ORGAN AND TISSUE DONATION *CHR IST MEDICAL CENTERS EAST TOWER WAS AWARDED PRESTIGIOUS LEED FOR HEALTHCARE GOLD CERTIFICAT ION BY THE U S GREEN BUILDING COUNCIL FOR SUSTAINABLE DESIGN ELEMENTS IN THE BUILDING T HE MEDICAL CENTER IS THE FIRST IN ADVOCATE TO ACHIEVE THIS RECOGNITION LEED (LEADERSHIP I N ENERGY & ENVIRONMENTAL DESIGN) IS THE NATIONS PREEMINENT PROGRAM FOR THE DESIGN, CONSTRU CTION AND OPERATION OF HIGH-PERFORMANCE GREEN BUILDINGS *CHRIST MEDICAL CENTER RECEIVED R ECOGNITION AS A BLUE DISTINCTION CENTER+ FOR CARDIAC CARE, MATERNITY CARE AND SPINE SURGER Y AND RECOGNITION AS A BLUE DISTINCTION CENTER FOR ADULT CARE BY BLUE CROSS BLUE SHIELD B LUE DISTINCTION CENTERS+ ARE HOSPITALS RECOGNIZED FOR THEIR EXPERTISE AND EFFICIENCY IN DE LIVERING SPECIALTY CARE *CHRIST MEDICAL CENTER RECEIVED ENERGY TO CARE AWARD FROM THE AME RICAN SOCIETY FOR HEALTHCARE ENGINEERING (PART OF THE AMERICAN HOSPITAL ASSOCIATION) FOR R EDUCING ENERGY USE BY 10 PERCENT OR MORE *CHRIST MEDICAL CENTERS COMPREHENSIVE STROKE CEN TER PROGRAM RECEIVED THREE-YEAR RECERTIFICATION FROM DNV-GL HEALTHCARE THE HOSPITAL HAS C REATED, COLLABORATED WITH OR SUPPORTED NUMEROUS ADDITIONAL PROGRAMS NOT INCLUDED IN EARLIE R SECTIONS OF SCHEDULE H, SUCH AS *RONALD MCDONALD HOUSE *ILLINOIS MOBILE HEALTH COALITIO N *CONTINUING EDUCATION SYMPOSIUM AND WORKSHOPS FOR SCHOOL NURSES *CHILDHOOD INJURY PREVEN TION AND CHILD SAFETY SEAT PROGRAM *CHILDRENS HEALTH RESOURCE CENTER PROVIDING RELIABLE HE ALTH INFO TO PARENTS, MATERIALS ON THE MOST COMMON DIAGNOSES/CONDITIONS/TREATMENTS ARE ALS O TRANSLATED INTO SPANISH, POLISH AND ARABIC *LOCAL FOOD PANTRIES ADVOCATE LUTHERAN GENERA L HOSPITAL THE ADVOCATE LUTHERAN GENERAL HOSPITAL GOVERNING COUNCIL IS COMPRISED OF LOCAL COMMUNITY LEADERS AND PHYSICIANS GOVERNING COUNCIL MEMBERS SUPPORT HOSPITAL LEADERSHIP IN THEIR PURSUIT OF THE HOSPITALS GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY SIXTY-THREE PERCENT OF THE CURRENT GOVERNING CO UNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY IN ADDITION, THE ORG ANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FO R SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES LUTHERAN GENERAL HOSPITAL AND ADVOCATE C HILDRENS HOSPITAL, THROUGH THE OFFICE OF MEDICAL EDUCATION, THE GRADUATE MEDICAL EDUCATION COMMITTEE AND THE CENTER FOR RESEARCH EDUCATION AND DEVELOPMENT, SUPPORTS A SUBSTANTIAL A RRAY OF MEDICAL AND HEALTH PROFESSIONS EDUCATION IN ADDITION TO AND IN ALIGNMENT WITH ITS MISSION, LUTHERAN GENERAL HOSPITAL PROVIDES CARE TO UNDERINSURED AND UNINSURED POPULATION S IN THE COMMUNITY THROUGH ITS PROVISION OF CHARITY CARE LUTHERAN GENERAL HOSPITAL ALSO A SSURES ENVIRONMENTAL RESPONSIVENESS, RESOURCE EFFICIENCY AND COMMUNITY SENSITIVITY THROUGH LEED DESIGNATION FOR THE HOSPITALS NEW BED TOWER AND ONGOING EDUCATIONAL ACTIVITIES LUTH ERAN GENERAL HOSPITAL AND ADVOCATE CHILDRENS HOSPITAL LEADERS ALSO ARE ACTIVELY INVOLVED I N THE COMMUNITY THROUGH REPRESENTATION AND/OR PARTICIPATION IN MANY COMMUNITY ORGANIZATION S, SUCH AS KIWANIS, ROTARY AND CHAMBERS OF COMMERCE, AND SERVE ON MULTIPLE BOARDS INCLUDIN G THE NATIONAL ALLIANCE FOR MENTAL ILLNESS (NAMI), HAVE DREAMS (AUTISM), MARCH OF DIMES, H EALTHY SCHOOLS CAMPAIGN, PARTNERSHIP FOR RESILIENCE AND MAINE TOWNSHIP HIGH SCHOOL DISTRIC T 207 IN ADDITION TO ALL PROGRAMS AND SERVICES LISTED EARLIER IN THIS DOCUMENT, LUTHERAN GENERAL HOSPITAL AND ADVOCATE CHILDRENS HOSPITAL HAVE CREATED, COLLABORATED WITH OR SUPPOR TED NUMEROUS ADDITIONAL PROGRAMS INCLUDING THE FOLLOWING *MAINE TOWNSHIP HIGH SCHOOL DIST RICT 207 SCHOOL-BASED HEALTH CENTER *OLDER ADULT SERVICES (INCLUDING ADULT DAY CARE, ALZHE IMERS CLASSES, HOME DELIVERED MEALS) *DIABETES EDUCATION *INTIMATE PARTNER VIOLENCE TASK F ORCE (IN PARTNERSHIP WITH COMMUNITY ORGANIZATIONS)

Form and Line Reference	Explanation
PART VI, LINE 5 PROMOTION OF COMMUNITY HEALTH	*MELANOMA SKIN SCREENINGS *PEDIATRIC CELIAC PROGRAM (FOCUSING ON CLINICAL SERVICES SUPPOR T, EDUCATION AND COMMUNITY OUTREACH) *DEVELOPMENTAL PEDIATRICS PROGRAM *ADULT DOWN SYNDROM E CENTER *POLISH EARLY ALZHEIMERS PROGRAM *CONTINUING EDUCATION SYMPOSIUM AND WORKSHOPS FO R SCHOOL NURSES *PARENT WORKSHOPS, HEALTHY COOKING DEMONSTRATIONS AND CHILDRENS HEALTHY EA TING PROGRAMS PROVIDED AT PARTNER SCHOOL AND THE SCHOOL DISTRICT 63 EXPANDING LEARNING PRO GRAM *CHILDHOOD INJURY PREVENTION AND CHILD SAFETY SEAT PROGRAM *CHILDREN'S HEALTH RESOUR CE CENTER PROVIDING RELIABLE HEALTH INFO TO PARENTS, MATERIALS ON THE MOST COMMON DIAGNOSE S/CONDITIONS/TREATMENTS ARE ALSO TRANSLATED INTO SPANISH, POLISH AND ARABIC ADVOCATE GOOD SAMARITAN HOSPITAL THE GOVERNING COUNCIL AT ADVOCATE GOOD SAMARITAN HOSPITAL IS COMPRISED OF LOCAL COMMUNITY LEADERS AND PHYSICIANS GOVERNING COUNCIL MEMBERS SUPPORT HOSPITAL LEA DERSHIP IN THEIR PURSUIT OF THE HOSPITALS GOALS, REPRESENT THE COMMUNITYS INTEREST TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY SIXTY-EIGHT PERCENT OF THE CURRENT GOV ERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY IN ADDITION , THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COM MUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES ADVOCATE GOOD SAMARITAN HOSPITA L IS ONE OF FOUR RESOURCE HOSPITALS WITHIN EMERGENCY MEDICAL SERVICES (EMS) REGION 8 THE HOSPITAL PROVIDES KEY LEADERSHIP TO THE REGION EMS PROGRAM THROUGH EXECUTING TABLETOP, FUN CTIONAL AND FULL-SCALE EXERCISES TO ADDRESS THE RISKS IN THE AGENCY SPECIFIC HAZARD VULNER ABILITY ANALYSIS (HVA) THESE EXERCISES ARE DONE IN CONJUNCTION WITH STATE, COUNTY AND COM MUNITY PARTNERS, WHICH MAKE THE EMERGENCY PREPAREDNESS PLAN MORE EFFECTIVE AND THOROUGH D OMESTIC VIOLENCE GOOD SAMARITAN HOSPITAL IS COMMITTED TO ADDRESSING DOMESTIC VIOLENCE THRO UGH A MYRIAD OF SERVICES AND COMMUNITY ENGAGEMENT BELOW IS A LIST OF THE HOSPITALS DOMEST IC VIOLENCE SERVICES AND WORK IN COMMUNITY ENGAGEMENT *DOMESTIC VIOLENCE TRAINING FOR ER NURSES *DOMESTIC VIOLENCE TRAINING FOR PHYSICIANS IN THE COMMUNITY *DOMESTIC VIOLENCE SUPP ORT GROUPS *INDIVIDUAL THERAPY FOR DOMESTIC VIOLENCE CLIENTS/PATIENTS *MEMBER OF THE 18TH JUDICIAL COURT DOMESTIC VIOLENCE COORDINATING COUNCIL *DOMESTIC VIOLENCE WORK WITH COMMUNI TY PARISHES CRIMINAL JUSTICE/MENTAL HEALTH COMMITTEE THE HOSPITALS BEHAVIORAL HEALTH DEPAR TMENT IS A MEMBER OF THE DUPAGE COUNTY CRIMINAL JUSTICE/MENTAL HEALTH COMMITTEE THIS COMM ITTEE IS A COALITION OF MENTAL HEALTH SERVICE PROVIDERS, HOSPITALS AND DUPAGE COUNTY MUNIC IPAL SECTORS THE VARIOUS INSTITUTIONS AND ORGANIZATIONS IDENTIFY ISSUES AROUND MENTAL HEA LTH AND ASSESS MENTAL HEALTH SERVICES AND INTERVENTIONS THAT INVOLVE COMMUNITY ORGANIZATIO NS AND LOCAL POLICE DEPARTMENTS THE MANAGER OF GOOD SAMARITAN HOSPITALS BEHAVIORAL HEALTH SERVICES IS ACTIVELY ENGAGED IN THE COMMITTEE AND REPRESENTS THE HOSPITAL AT COMMITTEE ME ETINGS SODIUM REDUCTION INITIATIVE GOOD SAMARITAN HOSPITAL WAS AWARDED A MINI GRANT BY TH E DUPAGE COUNTY HEALTH DEPARTMENT AND FORWARD (FIGHTING OBESITY REACHING WEIGHT AMONG RESI DENTS OF DUPAGE) TO IMPLEMENT A SODIUM REDUCTION INITIATIVE THIS INITIATIVE WAS GEARED TO WARD CREATING A HEALTHIER ENVIRONMENT FOR HOSPITAL, EMPLOYEES, PATIENTS AND THEIR FAMILIES TO ENSURE TIMELY AND THOROUGH IMPLEMENTATION OF STRATEGIES, THE HOSPITAL FORMED A SODIUM REDUCTION SUBCOMMITTEE AND CREATED AN ACTION PLAN WITH ELEVEN SODIUM REDUCTION STRATEGIES MEMBERS FROM THE HOSPITALS EXECUTIVE LEADERSHIP TEAM, PUBLIC RELATIONS, COMMUNITY HEALTH , ENVIRONMENTAL SERVICES AND WORKSITE WELLNESS DEPARTMENTS WORKED TOGETHER TO SUCCESSFULLY IMPLEMENT ONE HUNDRED PERCENT OF THE SODIUM REDUCTION STRATEGIES THE HOSPITAL WILL CONTI NUE TO IMPLEMENT THESE STRATEGIES AND WILL SERVE AS A LEADER ON FORWARDS WORKSITE WELLNESS COMMITTEE BHORADE CANCER CARE CENTER EXPANSION ADVOCATE GOOD SAMARITAN HOSPITAL COMPLETE D ITS EXPANSION OF THE CANCER CARE CENTE

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	THE GOVERNING COUNCIL AT ADVOCATE SOUTH SUBURBAN HOSPITAL IS COMPRISED OF LOCAL COMMUNITY LEADERS AND PHYSICIANS GOVERNING COUNCIL MEMBERS SUPPORT HOSPITAL LEADERSHIP IN THEIR PUR SUIT OF THE HOSPITAL'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY FIFTY NINE PERCENT OF THE CURRENT GOVERNING COUNCIL MEMB ERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES ADVOCATE SOUTH SUBURBAN HOSPITAL IS AN ACUTE-CARE FACILITY PROVIDING A WIDE RANGE OF COMPREHENSIVE INPATIENT, OUTPATIENT, DIAGNOSTIC AND AMB ULATORY MEDICAL SERVICES IN ADDITION TO OFFERING AN ARRAY OF HOSPITAL SERVICES, THIS NOT- FOR-PROFIT FACILITY PROVIDES FREE SCREENINGS AND A VARIETY OF OTHER OUTREACH SERVICES THRO UGHOUT THE COMMUNITY, INCLUDING SENIOR SERVICES SOUTH SUBURBAN HOSPITAL SERVES A LARGE S ENIOR POPULATION AND HOSTS A VARIETY OF PROGRAMS AND SCREENINGS IN THE COMMUNITY FOR SENIO RS, INCLUDING A SENIOR BREAKFAST CLUB PROGRAM THAT HOSTS A VARIETY OF HEALTH EDUCATION FO CUSED ON SENIORS, THE ANNUAL ACTIVE SENIOR EXPO, A PREMIER EVENT DESIGNED ESPECIALLY FOR S ENIORS, AND PARTICIPATION IN A VARIETY OF COMMUNITY HEALTH EVENTS THROUGHOUT THE YEAR SUP PORT GROUPS THE HOSPITAL ALSO HOSTS SUPPORT GROUPS FOR THE COMMUNITY DESIGNED FOR INDIVID UALS LIVING WITH A SPECIFIC ILLNESS COMMUNITY MEMBERS CAN FIND SUPPORT GROUPS FOR ALZHEIM ER'S, DIABETES, PARKINSON'S, EASY BREATHERS, LUPUS, NAMI, CONGESTIVE HEART FAILURE, AND ST ROKE AT THE HOSPITAL - ALL FREE OF CHARGE TO THE COMMUNITY LIFESTYLE CLASSES TO AID THE COMMUNITY WITH LIFESTYLE ADJUSTMENTS, SOUTH SUBURBAN HOSPITAL AND ITS TEAM OF HEALTH CARE PROFESSIONALS OFFER CLASSES ON CONGESTIVE HEART FAILURE, LIFE AFTER A STROKE, AND DIABETES THE HOSPITAL ALSO HAS STRONG PARTNERSHIPS WITH THE AMERICAN CANCER SOCIETY AND THE CANCE R SUPPORT CENTER TO OFFER WELLNESS CLASSES FOR CANCER PATIENTS SANE PROGRAM SEXUAL ASSAU LT NURSE EXAMINERS (SANES) ARE SPECIALISTS IN FORENSIC NURSING SANES NOT ONLY ASSIST PATI ENTS WHO HAVE BEEN SEXUALLY ASSAULTED, BUT THEY ALSO USE THEIR EDUCATION AND EXPERIENCE TO EXPAND THEIR CLINICAL PRACTICES TO ACCOMMODATE VICTIMS OF OTHER FORMS OF VIOLENCE EXPERI ENCED SANES EXTEND THEIR PRACTICE INTO THE CARE OF VICTIMS OF DOMESTIC VIOLENCE AS WELL T HESE SPECIALLY-EDUCATED NURSES CAN BE A VALUABLE RESOURCE TO PROSECUTORS, PARTICULARLY IN CASES WHERE THE VICTIM MAY BE UNWILLING OR UNABLE TO TESTIFY, AND ASSIST LAW ENFORCEMENT A ND THE COURTS IN SENDING THOSE PERPETRATORS OF SEXUAL ASSAULT AND/OR DOMESTIC VIOLENCE TO JAIL IN 2017, SOUTH SUBURBAN HOSPITAL UNDERTOOK MEASURES TO ENHANCE IT'S WOMEN'S HEALTH A ND OB SERVICES BY INVESTING IN THE UNIT'S REDESIGN THE REDESIGN INCLUDED CONSTRUCTION OF SIXTEEN SINGLE OCCUPANCY ROOMS THAT ENHANCE PATIENT PRIVACY AND PROMOTE THE BEST ENVIRONME NT IN WHICH TO HEAL THE HOSPITAL'S VICE PRESIDENT FOR MISSION AND SPIRITUAL CARE SERVES O N THE BOARD OF THE UNITED WAY OF METROPOLITAN CHICAGO SOUTH-SOUTHWEST SUBURBAN CHAPTER TH E UNITED WAY OF METROPOLITAN CHICAGO IS A 501(C)(3) NON-PROFIT ORGANIZATION AND A BRANCH O F THE UNITED WAY OF AMERICA THE UNITED WAY SERVES THE CITY OF CHICAGO AND ITS SURROUNDING SUBURBS, ALLOCATING FUNDING TO OTHER CHARITABLE ORGANIZATIONS, ESPECIALLY THOSE THAT PROV IDE NEEDED HEALTHCARE, EDUCATION AND INCOME SERVICES THE UNITED WAY PROVIDES CRITICAL RES OURCES TO INDIVIDUALS WHO NEED THEM MOST IN THE SOUTH-SOUTHWEST SUBURBS - SOME OF THE SAME COMMUNITIES SERVED BY SOUTH SUBURBAN HOSPITAL ADVOCATE BROMENN MEDICAL CENTER ADVOCATE B ROMENN MEDICAL CENTER'S DEDICATION TO PROMOTING THE HEALTH OF THE COMMUNITY IS EXEMPLIFIED IN NUMEROUS WAYS THE GOVERNING COUNCIL AT ADVOCATE BROMENN MEDICAL CENTER IS COMPRISED O F LOCAL COMMUNITY LEADERS AND PHYSICIANS GOVERNING COUNCIL MEMBERS SUPPORT HOSPITAL LEADE RSHIP IN THEIR PURSUIT OF THE HOSPITAL'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY SEVENTY-EIGHT PERCENT OF THE CURRENT G OVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY IN ADDITI ON, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS C OMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES A VAST MAJORITY OF THE HOSPIT AL'S EXECUTIVE OR LEADERSHIP TEAM ALSO SERVE ON MULTIPLE COMMUNITY BOARDS THAT HELP EITHER DIRECTLY OR INDIRECTLY IMPROVE THE HEALTH OF THE COMMUNITY, INCLUDING, BUT NOT LIMITED TO - UNITED WAY, MCLEAN COUNTY GOVERNMENT BEHAVIORAL HEALTH COORDINATING COUNCIL, EASTER SEA LS, KIWANIS, COMMUNITY HEALTH CARE CLINIC, JOHN M SCOTT HEALTH COMMISSION, MCLEAN COUNTY CHAMBER OF COMMERCE, HEARTLAND COMMUNITY COLLEGE FOUNDATION, ECONOMIC DEVELOPMENT COUNCIL AND IMMANUEL HEALTH CENTER'S BOARD THE PRESIDENT OF ADVOCATE BROMENN MEDICAL CENTER IS AL SO INVOLVED IN MANY BOARDS THAT IMPACT THE COMMUNI

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	TY IN A POSITIVE MANNER, SUCH AS THE BN ADVANTAGE LEADERSHIP COUNCIL, CENTRAL ILLINOIS REG IONAL AIRPORT AUTHORITY, ILLINOIS STATE UNIVERSITY FOUNDATION BOARD OF DIRECTORS, ILLINOIS HEALTH AND HOSPITAL ASSOCIATION PATIENT AND FAMILY ADVISORY COMMITTEE, AND THE COMMUNITY CANCER CENTER THE PRESIDENT AND OTHER MEMBERS OF THE EXECUTIVE TEAM PROVIDE LEADERSHIP TR AINING IN THE COMMUNITY TO GROUPS SUCH AS THE MULTICULTURAL LEADERSHIP PROGRAM AND LEADERS HIP MCLEAN COUNTY IN ADDITION, A MEMBER OF ADVOCATE BROMENN MEDICAL CENTER'S LEADERSHIP T EAM TRAINS STUDENTS FROM THE BLOOMINGTON AREA CAREER CENTER AND ILLINOIS WESLEYAN UNIVERSI TY ON THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT TO HELP PREPARE THE STUDENTS TO TAKE THE CERTIFIED NURSING ASSISTANT EXAM ANOTHER KEY AREA IN WHICH THE HOSPITAL CONT RIBUTES SIGNIFICANTLY TO THE HEALTH OF THE COMMUNITY AND FURTHERS ITS EXEMPT STATUS IS THE COMMUNITY HEALTH CARE CLINIC IN 1993, ADVOCATE BROMENN MEDICAL CENTER PARTNERED WITH OSF HEALTHCARE ST JOSEPH MEDICAL CENTER, ALSO LOCATED IN MCLEAN COUNTY, TO OPEN THE COMMUNIT Y HEALTH CARE CLINIC THE COMMUNITY HEALTH CARE CLINIC PROVIDES SERVICES TO THE MEDICALLY UNDERSERVED POPULATION OF MCLEAN COUNTY TO ENSURE THAT ALL POPULATIONS IN THE COMMUNITY HA VE ACCESS TO HEALTHCARE TO BE ELIGIBLE FOR CARE AT THE CLINIC, AN INDIVIDUAL MUST HAVE A TOTAL HOUSEHOLD INCOME LESS THAN 185 PERCENT OF FEDERAL POVERTY GUIDELINES, HAVE NO ACCESS TO THIRD PARTY INSURANCE (MEDICAID, MEDICARE, ALL KIDS, VETERAN'S BENEFITS, DISABILITY OR EMPLOYER-SPONSORED INSURANCE) AND RESIDE IN MCLEAN COUNTY ALL EMERGENCY ROOM VISITS, DIA GNOSTIC TESTING AND HOSPITAL SERVICES ARE PROVIDED FREE OF CHARGE BY ADVOCATE BROMENN MEDI CAL CENTER AND OSF HEALTHCARE ST JOSEPH MEDICAL CENTER THE COMMUNITY HEALTH CARE CLINIC SAW 1,022 PATIENTS IN 2017, PROVIDED 2,941 PATIENT VISITS AND PRESCRIBED OVER 21,775 PRESC RIPTION MEDICATIONS AT NO CHARGE TO UNINSURED INDIVIDUALS THE CLINIC IS IN A BUILDING OWN ED BY ADVOCATE BROMENN MEDICAL CENTER, FOR WHICH THE HOSPITAL PAID $81,191 FOR THE MAINTEN ANCE AND UPKEEP OF THE FACILITY IN 2017 IN ADDITION TO THE ABOVE, ADVOCATE BROMENN MEDICA L CENTER SERVES AS AN EMERGENCY MEDICAL SERVICES (EMS) RESOURCE FOR EDUCATION AND TRAINING FOR MCLEAN COUNTY, PROVIDING A $293,951 BENEFIT TO THE COMMUNITY THE HOSPITAL ALSO CONTR IBUTES TO THE HEALTH OF THE COMMUNITY BY MAINTAINING AND OFFERING COMMUNITY MEMBERS, NURSI NG STUDENTS, RESIDENTS, PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS ACCESS TO THE A E LIVINGSTON HEALTH SERVICES LIBRARY THIS ACCESS IS PROVIDED FREE OF CHARGE TO THESE INDIVI DUALS THE COST OF THIS SERVICE, IN 2017 $103,461, WAS ABSORBED BY THE HOSPITAL ADVOCATE BROMENN MEDICAL CENTER ALSO PROVIDES A GREAT BENEFIT TO THE COMMUNITY BY PAYING FOR ATHLET IC TRAINERS TO ASSIST AT AREA SCHOOLS TO AID IN THEIR ATHLETIC PROGRAMS THE COST TO THE H OSPITAL TO PROVIDE THIS SERVICE FROM JANUARY-JULY 2017 WAS $75,939 THE PROGRAM WAS DISCON TINUED IN JULY 2017 ADVOCATE BROMENN MEDICAL CENTER IS ALSO AN AMERICAN HEART ASSOCIATION TRAINING CENTER FOR THE COMMUNITY THE COST OF PROVIDING THIS SERVICE IS $43,697 THE NUM EROUS OTHER WAYS ADVOCATE BROMENN MEDICAL CENTER PROMOTES THE HEALTH OF THE COMMUNITY RANG E FROM PROVIDING PET THERAPY AND CLINICAL PASTORAL EDUCATION PROGRAMS TO OFFERING MEETING SPACE TO COMMUNITY NOT-FOR-PROFIT GROUPS AND BEING A TEACHING HOSPITAL FOR BOTH FAMILY PRA CTICE, NEUROLOGY AND NEUROSURGERY RESIDENTS ADVOCATE BROMENN MEDICAL CENTER HAD A FEW SIG NIFICANT CAPITAL PROJECTS THAT BEGAN OR WERE COMPLETED IN 2017 THAT IMPROVED PATIENT CARE OR CONTRIBUTED TO A HEALTHIER COMMUNITY ENVIRONMENT IN 2017, CAPITAL FUNDS WERE ALLOCATED FOR THE RENOVATION AND EXPANSION OF THE INPATIENT MENTAL HEALTH UNIT THE UNIT IS LICENSE D FOR 19 BEDS, BUT CAPS BED CAPACITY AT 12 BEDS DUE TO THE CONDITION AND PHYSICAL CONSTRAI NTS OF THE EXISTING SPACE THE EXPANSION WILL INCREASE THE NUMBER OF BEDS AVAILABLE FOR PA TIENTS NEEDING INPATIENT MENTAL HEALTH S

Form and Line Reference	Explanation
ENVIRONMENTAL IMPROVEMENTS	ADVOCATE HEALTH CARE IS COMMITTED TO GREENING HEALTH CARE BECAUSE IT IS DEEPLY CONNECTED T O OUR CORE MISSION - HEALTH AND HEALING WE UNDERSTAND THAT THE HEALTH OF THE ENVIRONMENT AND THE HEALTH OF THE PATIENTS AND COMMUNITIES WE SERVE IS INEXTRICABLY LINKED - AND THAT A HEALTHY PLANET SUPPORTS HEALTHY PEOPLE REDUCING WASTE, CONSERVING ENERGY AND WATER, MIN IMIZING USE OF TOXIC CHEMICALS, AND CONSTRUCTING ECO-FRIENDLY BUILDINGS FOR TODAY AND TOMO RROW - ALL OF THESE EFFORTS HAVE A DIRECT BENEFIT ON THE HEALTH OF LOCAL COMMUNITIES VIA C LEANER COMMUNITIES, HEALTHIER AIR QUALITY, REDUCED GREEN HOUSE GASES, AND PRESERVATION OF NATURAL 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 D IRECTLY (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 FAMILIES WITHOUT COMPROMISING THE NEEDS OF FUTURE GENERATIONS, ADVOCATE HAS COMMITTED RESO URCES TO SHARING LESSONS LEARNED AND BEST PRACTICES WITH OTHER HOSPITALS AND HEALTH SYSTEM S, BOTH LOCALLY AND NATIONALLY, AND WE DO SO IN A VARIETY OF WAYS ADVOCATE HEALTH CARE WA S ONE OF 12 FOUNDING AND SPONSORING HEALTH SYSTEMS OF THE NATIONAL HEALTHIER HOSPITALS INI TIATIVE, WHICH HAS NOW BECOME A PERMANENT PROGRAM OF PRACTICE GREENHEALTH THE HEALTHIER H OSPITALS PROGRAM ENGAGES OVER 1,300 HOSPITALS IN SIX KEY CATEGORIES OF HEALTH CARE SUSTAIN ABILITY ENGAGED LEADERSHIP, HEALTHIER FOODS, LESS WASTE, LEANER ENERGY, SAFER CHEMICALS, AND SMARTER PURCHASING ENROLLED HOSPITALS HAVE ACCOMPLISHED REDUCTIONS IN MEAT PURCHASING , INCREASED PURCHASING OF LOCAL AND SUSTAINABLE FOOD, REDUCED EXPOSURE TO TOXIC CHEMICALS THROUGH GREEN CLEANING PROGRAMS AND CONVERSION OF MEDICAL PRODUCTS FREE FROM PVC AND DEHP AND DECREASED ENERGY AND WASTE ADVOCATE IS PROUD TO JOURNEY WITH THIS GROWING MASS OF HOS PITALS THROUGH ITS OWN INVOLVEMENT AND LEADERSHIP IN THE HEALTHIER HOSPITALS CHALLENGES A DVOCATE CONTINUES ITS LEADERSHIP, ADVOCACY AND MENTORING ROLE NATIONALLY THROUGH PARTICIPA TION IN SEVERAL HEALTHCARE SUSTAINABILITY LEADERSHIP GROUPS AND ADVISORY BOARDS, ADDRESSIN G ANTIBIOTIC OVERUSE IN AGRICULTURE, SAFER CHEMICALS IN FURNISHING AND MEDICAL PRODUCTS, C LIMATE CHANGE, PLASTICS RECYCLING, AND ENVIRONMENTALLY-PREFERABLE PURCHASING *PRACTICE GR EENHEALTH MARKET TRANSFORMATION GROUP - LESS MEAT, BETTER MEAT *PRACTICE GREENHEALTH MARKE T TRANSFORMATION GROUP - SAFER CHEMICALS *HEALTH CARE CLIMATE COUNCIL *HEALTHCARE PLASTICS RECYCLING COALITION - HEALTHCARE FACILITY ADVISORY BOARD *VIZIENT ENVIRONMENTAL ADVISORY COUNCIL *SIGNATORY OF THE CHEMICAL FOOTPRINT PROJECT ADVOCATE ALSO COMMONLY PROVIDES MENTO RING TO HEALTH CARE COMMUNITY ON SUSTAINABILITY BEST PRACTICES THROUGH PRESENTATIONS AND W EBINARS, AS WELL AS TO INDIVIDUAL HEALTH CARE INSTITUTIONS ON A CASE-BY-CASE BASIS 2 ADV OCATE HEALTH CARE SYSTEM - 2017 ENVIRONMENTAL INITIATIVES *REDUCED CUMULATIVE HOSPITAL EN ERGY CONSUMPTION (ELEVEN HOSPITALS) BY 2 9 PERCENT IN TWELVE MONTHS ENDING 11/30/17 OUR 2 017 ENERGY REDUCTIONS *SAVED ADVOCATE $1,097,000 IN ENERGY COSTS *EQUATED TO ELIMINATING THE ENERGY USE OF APPROXIMATELY 363 AVERAGE AMERICAN HOMES - OR - AVOIDING THE ANNUAL CAR BON EMISSIONS FROM NEARLY 378,080 GALLONS OF GASOLINE *RECYCLED 2,828 TONS OF WASTE FROM HOSPITAL OPERATIONS *RECYCLED 82 PERCENT OF CONSTRUCTION AND DEMOLITION DEBRIS *SAVED NE ARLY 64 TONS OF WASTE FROM LANDFILL AND SAVED OVER $2 1 MILLION VIA OUR SURGICAL AND MEDIC AL DEVICE REPROCESSING PROGRAMS *LAUNCHED A FORMAL RELATIONSHIP AND DONATION PROGRAM WITH PROJECT C U R E , A NON-PROFIT ORGANIZATION THAT WILL RESPONSIBLY REDISTRIBUTE DONATED ME DICAL SUPPLIES AND EQUIPMENT TO UNDER-RESOURCED AREAS AROUND THE GLOBE, FOR ALL ADVOCATE H EALTH CARE FACILITIES ADVOCATE DONATED A TOTAL OF 157 PALLETS OF MISCELLANEOUS MEDICAL SU PPLIES, 31 EXAM TABLES OR OTHER FURNITURE, AND 83 PIECES OF MEDICAL EQUIPMENT TO PROJECT C URE IN 2017, ALL OF WHICH MAY HAVE OTHERWISE BEEN LANDFILLED *PURCHASED 23,157 FEWER REAM S OF PAPER IN 2017 VERSUS 2016 EVEN THOUGH PATIENT VOLUMES ROSE SIGNIFICANTLY - TRANSLATIN G INTO A 5 8% YEAR-OVER-YEAR REDUCTION IN PAPER USAGE *COMPLETED A CONVERSION AWAY FROM H AND SOAP CONTAINING TRICLOSAN, AN ENDOCRINE DISRUPTING CHEMICAL, AT ALL FACILITIES SYSTEM- WIDE, AND SHARED THE STORY WITH OTHER HEALTH SYSTEMS ACROSS THE COUNTRY VIA A NATIONAL CON FERENCE SPEAKING SESSION AND FOLLOW-UP WEBINAR *SPENT 83% OF ADVOCATE'S EXPENSES IN SELEC T CLEANING PRODUCT CATEGORIES (WINDOW, FLOOR, CARPET, BATHROOM, AND GENERAL-PURPOSE CLEANE RS) ON THIRD-PARTY CERTIFIED "GREEN" CLEANERS *INCREASED THE PURCHASE OF HEALTHIER HOSPIT ALS-APPROVED FURNITURE, MADE WITHOUT SELECT CHEMICALS OF CONCERN, INCLUDING PERFLUORINATED COMPOUNDS, PVC (VINYL), FORMALDEHYDE, FLAME RETARDANTS (WHERE CODE PERMISSIBLE) AND ANTIM ICROBIALS, TO 63% OF TOTAL PURCHASES *INCREASED T

Form and Line Reference	Explanation
ENVIRONMENTAL IMPROVEMENTS	HE AMOUNT OF PURCHASED MEDICAL SUPPLIES THAT ARE FREE OF PVC AND DEHP (CHEMICALS OF CONCER N) *PURCHASED 25% OF TOTAL MEAT PRODUCTS FROM LIVESTOCK AND POULTRY RAISED WITHOUT THE RO UTINE USE OF ANTIBIOTICS, SUPPORTING THE JUDICIOUS AND RESPONSIBLE USE OF ANTIBIOTICS IN A GRICULTURE WHICH CAN HELP SLOW THE EMERGENCE OF ANTIBIOTIC-RESISTANT BACTERIA *ENCOURAGED THE PURCHASE OF HEALTHY BEVERAGES (NO SUGAR OR ARTIFICIAL SWEETENERS ADDED) TO 66% OF TOT AL BEVERAGES PURCHASED THROUGHOUT ADVOCATE HEALTH CARE *RELEASED A PUBLIC STATEMENT OF AD VOCATE'S COMMITMENT TO ADDRESSING CLIMATE CHANGE AS AN ORGANIZATION *INSTITUTED A NEW ENV IRONMENTALLY-BASED SOCIAL SCREEN FOR ADVOCATE'S MARKETABLE INVESTMENT PROGRAM, LIMITING EX POSURE TO COMPANIES WITH POOR ENVIRONMENTAL PRACTICES INCLUDING SEVERAL FOSSIL FUEL AND MI NING COMPANIES *RECOGNIZED 27 STAFF MEMBERS WITH HEALTHY ENVIRONMENT AWARDS FOR DEMONSTRA TING OUTSTANDING EFFORTS TOWARD PERSONAL HEALTH OR ENVIRONMENTAL STEWARDSHIP *ENGAGED STA FF TO CONSERVE RESOURCES THROUGH CAMPAIGNS THAT ENCOURAGED PRINT MANAGEMENT AND ENERGY RED UCTION BEST PRACTICES *PLEASE SEE ADVOCATE HEALTH CARE'S PUBLICLY-FACING SUSTAINABILITY & WELLNESS WEBSITE FOR MORE INFORMATION 3 HOSPITAL-BASED ENVIRONMENTAL IMPROVEMENTS IN 20 17 ADVOCATE CHRIST MEDICAL CENTER *EARNED U S GREEN BUILDING COUNCIL LEADERSHIP IN ENERGY AND EFFICIENT DESIGN (LEED) GOLD CERTIFICATION FOR THE NEW EAST PATIENT TOWER, WHICH TOUT S A 34% ENERGY AND 33% WATER USE REDUCTION *PURCHASED 1,847 FEWER REAMS OF PAPER IN 2017 VERSUS 2016, TRANSLATING INTO A 5 4% YEAR OVER YEAR REDUCTION IN PAPER USAGE *AVOIDED 18, 600 POUNDS OF MEDICAL AND SOLID WASTE THROUGH ITS MEDICAL AND SURGICAL DEVICE REPROCESSING PROGRAMS *THROUGH A PARTNERSHIP WITH ITS PRODUCE VENDOR, CHRIST HOSTED TWO FARMERS MARKE TS ON CAMPUS, LEFTOVER PRODUCE WAS DONATED TO LOCAL FOOD PANTRIES FOR REDISTRIBUTION TO TH E COMMUNITY *DONATED 59 PALLETS OF VARIOUS MEDICAL SUPPLIES AND 12 EXAM TABLES TO PROJECT CURE FOR USE IN RESOURCE-LIMITED AREAS AROUND THE WORLD IN 2017 ADVOCATE LUTHERAN GENERA L HOSPITAL *LUTHERAN GENERAL HOSPITAL DIVERTED OVER ONE MILLION POUNDS OF OPERATING WASTE FROM THE LANDFILL THROUGH ITS VARIOUS RECYCLING PROGRAMS *PURCHASED 1,922 FEWER REAMS OF PAPER IN 2017 VERSUS 2016, TRANSLATING INTO A 5% YEAR OVER YEAR REDUCTION IN PAPER USAGE *AVOIDED 20,000 POUNDS OF MEDICAL AND SOLID WASTE THROUGH ITS MEDICAL AND SURGICAL DEVICE REPROCESSING PROGRAMS *PURCHASED 99% THIRD-PARTY CERTIFIED GREEN CLEANERS FOR SELECT CLEA NING PRODUCT CATEGORIES (WINDOW, FLOOR, CARPET, BATHROOM, AND GENERAL-PURPOSE CLEANERS) * IN 2017, LUTHERAN GENERAL DONATED 12 PALLETS OF VARIOUS MEDICAL SUPPLIES TO PROJECT CURE F OR USE IN RESOURCE-LIMITED AREAS AROUND THE WORLD ADVOCATE GOOD SAMARITAN HOSPITAL *COMPL ETED CONSTRUCTION ON THE NEW WEST TOWER, WHICH EARNED LEED SILVER CERTIFICATION FROM THE U S GREEN BUILDING COUNCIL *USED 4% LESS ENERGY PER SQUARE FOOT IN 2017 VERSUS 2016 (WEAT HER NORMALIZED) *DIVERTED OVER 767,000 POUNDS OF OPERATING WASTE FROM THE LANDFILL THROUG H ITS VARIOUS RECYCLING PROGRAMS *AVOIDED 17,400 POUNDS OF MEDICAL AND SOLID WASTE IN 201 6 THROUGH ITS MEDICAL AND SURGICAL DEVICE REPROCESSING PROGRAMS *PURCHASED 1,768 FEWER RE AMS OF PAPER IN 2017 VERSUS 2016, TRANSLATING INTO A 4 9% YEAR OVER YEAR REDUCTION IN PAPE R USAGE *IN 2017, GOOD SAMARITAN DONATED 19 PALLETS OF VARIOUS MEDICAL SUPPLIES AND 30 PI ECES OF MEDICAL EQUIPMENT TO PROJECT CURE FOR USE IN RESOURCE-LIMITED AREAS AROUND THE WOR LD ADVOCATE GOOD SHEPHERD HOSPITAL *DONATED LAND TO AND PARTNERED WITH A LOCAL NON-PROFIT ORGANIZATION, SMART FARM, TO GROW VEGETABLES AND TEACH THE COMMUNITY HOW TO GROW ORGANIC FOOD AND EAT HEALTHY THE SMART FARM DONATED OVER 5,700 POUNDS OF FRESH PRODUCE TO LOCAL F OOD PANTRIES IN 2017 *USED OVER 12% LESS ENERGY PER SQUARE FOOT IN 2017 THAN IN 2016 (WEA THER NORMALIZED) *DIVERTED OVER 550,000 POUNDS OF OPERATING WASTE FROM THE LANDFILL THROU GH ITS VARIOUS RECYCLING PROGRAMS *AVOI

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 ADVOCATES WHOLISTIC PHILOSOPHY TO THAT END, THEY CONTINUE TO DEVELOP AND SUPPORT INITIATIVES THAT ENHANCE AC CESS TO HEALTH AND WELLNESS SERVICES WITHIN THE DIVERSE COMMUNITIES THAT ADVOCATE SERVES SYSTEM LEADERSHIP DIRECTS AND SUPPORTS THE HOSPITALS IN THEIR EFFORTS TO ADDRESS IDENTIFIE D COMMUNITY HEALTH NEEDS ADVOCATE HEALTH CARE CREATED A COMMUNITY HEALTH DEPARTMENT IN 20 16, LED BY A SYSTEM EXECUTIVE AND STAFFED WITH PUBLIC/COMMUNITY HEALTH SPECIALISTS TO EXEC UTE COMMUNITY NEEDS ASSESSMENTS, EVIDENCE BASED PROGRAM DEVELOPMENT AND COLLABORATIVE PART NERSHIPS WITHIN THE COMMUNITIES SERVED BY ADVOCATE PRIOR TO THIS TIME, THE COMMUNITY FACI NG FUNCTION WAS LED BY A TEAM OF SYSTEM-LEVEL INDIVIDUALS WHOSE JOB RESPONSIBILITIES INCLU DED VARIOUS COMMUNITY ROLES MORE CLOSELY ALIGNED WITH COMMUNITY RELATIONS DURING THE INIT IAL 2011-2013 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CYCLE, THE SYSTEM LEADERS PROVIDED OVERSIGHT AND SUPPORT TO THE HOSPITALS FOR DEVELOPING THEIR CHNAS AND SUBSEQUENT PROGRAMMI NG IN 2016, ADVOCATES NEW COMMUNITY HEALTH TEAM CONDUCTED COMPREHENSIVE CHNAS (2014-2016) AND POSTED GOVERNANCE-APPROVED CHNA REPORTS AND CHNA IMPLEMENTATION PLANS ON ADVOCATE'S W EBPAGE IN COMPLIANCE WITH THE AFFORDABLE CARE ACT AT THE DIRECTION OF THE SYSTEM LEVEL, C OMMUNITY HEALTH DEPARTMENT LEADERSHIP ALSO MET MONTHLY IN LATE 2016 THROUGH FIRST QUARTER 2017 TO SIGNIFICANTLY REVISE ADVOCATE HEALTH CARE'S COMMUNITY BENEFITS PLAN THE PLANS GOA LS AND OBJECTIVES WERE CRAFTED AND EXPANDED TO BUILD ON RECENT LEARNINGS AND INCREASED FOC US ON COMMUNITY HEALTH THE PLAN'S BROAD GOALS AND OBJECTIVES WERE DESIGNED TO STRUCTURE S YSTEM-WIDE COMMUNITY BENEFITS ACTIVITIES WITHIN A STRATEGIC FRAMEWORK INCLUDED IN THE COM MUNITY BENEFITS PLAN ARE GOALS FOCUSED ON SYSTEM-WIDE EFFORTS TO ADDRESS THE BROADER ISSUE S OF DISPARITY AND ACCESS, AND TO ALIGN HOSPITAL COMMUNITY HEALTH PLANS WITH SYSTEM STRATE GY AS COMMUNITY HEALTH PLANS AND IMPLEMENTATION STRATEGIES EVOLVE ADVOCATE'S COMMUNITY BE NEFITS PLAN ALSO SETS THE COURSE FOR STRENGTHENING EXISTING PARTNERSHIPS AND BUILDING NEW ONES TO LEVERAGE AND MAXIMIZE THE IMPACT OF ADVOCATES PROGRAMS IN ITS SERVICE AREAS ADVOC ATE'S COMMUNITY BENEFITS PLAN GOALS AND SPECIFIC EXAMPLES OF PROGRAMS AND SERVICES THAT AR E DIRECTED AND MANAGED AT THE SYSTEM LEVEL ARE PROVIDED BELOW GOAL A OPTIMIZE ADVOCATE'S CAPACITY TO MANAGE AN EFFECTIVE COMMUNITY HEALTH STRATEGY BY IMPLEMENTING REGULAR COMMUNI TY HEALTH ASSESSMENTS (CHNAS) AND USING DATA FROM THESE ASSESSMENTS TO GUIDE PROGRAM DEVEL OPMENT DURING 2016, ALL ELEVEN ADVOCATE HEALTH CARE HOSPITALS COMPLETED COMPREHENSIVE COM MUNITY HEALTH NEEDS ASSESSMENTS IN COLLABORATION WITH HEALTH DEPARTMENTS, OTHER HOSPITALS, AND COMMUNITY ORGANIZATIONS ADVOCATE CHILDRENS HOSPITAL, WITH INTEGRATED SITES AT BOTH A DVOCATE LUTHERAN GENERAL HOSPITAL AND ADVOCATE CHRIST MEDICAL CENTER, CONTRIBUTED TO ASSES SMENTS AT THOSE TWO HOSPITALS ALL THE ADVOCATE HOSPITAL ASSESSMENTS ARE AVAILABLE THROUGH THE ADVOCATE HEALTH CARE WEBSITE AT HTTP //WWW ADVOCATEHEALTH COM/CHNAREPORTS AS A FIRST STEP TOWARD DEVELOPING A 2017-2019 IMPLEMENTATION PLAN, THE SYSTEM DIRECTED THE HOSPITAL COMMUNITY HEALTH LEADERS AND STAFF TO IDENTIFY THE STRENGTHS AND OPPORTUNITIES FOR IMPROVE MENT WITHIN THE JUST COMPLETED CYCLE (2014-2016), AS WELL AS IDEAS FOR NEW DATA SOURCES, A ND NEEDS FOR PROFESSIONAL DEVELOPMENT RELATED TO THE OVERALL CHNA PROCESS A NUMBER OF STR ENGTHS WERE IDENTIFIED INCLUDING DEVELOPMENT OF LOCAL COMMUNITY HEALTH COUNCILS (CHC), INV OLVEMENT OF HOSPITAL GOVERNING COUNCIL MEMBERS IN THE CHCS, PARTNERSHIPS WITH HEALTH DEPAR TMENTS, DATA FROM THE HEALTHY COMMUNITIES INSTITUTE, ESPECIALLY THE ZIP CODE LEVEL HOSPITA LIZATION AND EMERGENCY ROOM UTILIZATION DATA, AND THE SHARING OF TEMPLATES AND APPROACHES ACROSS HOSPITAL SITES ADDITIONAL PROFESSIONAL DEVELOPMENT REGARDING DATA RETRIEVAL, ANALY SIS, AND SUMMARIZATION AS WELL AS PROGRAM DEVELOPMENT WERE IDENTIFIED A PROFESSIONAL DEVE LOPMENT PLAN WAS IMPLEMENTED FOR ALL INTERNAL COMMUNITY HEALTH STAFF IN 2017 CHNA DATA TR AINING WAS CONDUCTED USING THE HEALTHY COMMUNITIES INSTITUTE (HCI) PLATFORM WITH THE TEAM 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 CAPAC ITIES OF THE HCI PLATFORM FOR REPORTS AND DATA PRESENTATION ADDITIONALLY, ALL STAFF PROVI DED INPUT REGARDING TRAINING NEEDS RESULTING IN THE ESTABLISHMENT OF A SET OF MINIMUM STAN DARD DATA REQUIREMENTS ADVOCATE WILL BE USING FOR

Form and Line Reference	Explanation
PART VI, LINE 6 AFFILIATED HEALTH CARE SYSTEM	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 DEVELOPMENT AND EVALUATION GOAL B UNDERTAKE OR SUPPORT INITIATIVES THAT ENHANCE ACCESS TO HEALTH CA RE, PREVENTION AND WELLNESS SERVICES ACROSS THE LIFESPAN AND WITHIN THE DIVERSE COMMUNITIE S ADVOCATE SERVES CHARITY CARE AS A NON-PROFIT HEALTH CARE SYSTEM, ADVOCATE PROVIDES CHAR ITY AND FINANCIAL ASSISTANCE TO PATIENTS IN NEED ALTHOUGH ADVOCATES SYSTEM-WIDE CHARITY C ARE POLICY IS VERY GENEROUS, ADVOCATE CONTINUES TO REVIEW AND REFINE ITS POLICY IN AN ONGO ING EFFORT TO ENSURE THAT FINANCIAL ASSISTANCE IS AVAILABLE TO THOSE IN NEED IN A TIMELY M ANNER WHILE EACH HOSPITAL HAS A CHARITY CARE COUNCIL TO REVIEW APPLICATIONS AND DETERMINE ELIGIBILITY, SYSTEM FINANCE LEADERS ARE RESPONSIBLE FOR ONGOING POLICY REVIEW AND REFINEM ENTS TO ASSURE THAT ADVOCATE CONTINUES TO PROVIDE FINANCIAL ASSISTANCE TO INDIVIDUALS WHO NEED HELP, WHEN THEY NEED IT FEDERALLY QUALIFIED HEALTH CENTERS IN ADDITION, ADVOCATES SY STEM LEADERS ENCOURAGE AND SUPPORT ITS HOSPITALS INITIATIVES TO PARTNER WITH FEDERALLY QUA LIFIED HEALTH CENTERS (FQHC), PUBLIC HEALTH DEPARTMENTS AND COMMUNITY CLINICS IN ORDER TO ASSIST THE UNINSURED IN FINDING INSURANCE COVERAGE AND MEDICAL SERVICES FOR EXAMPLE, ADVO CATE SOUTH SUBURBAN HOSPITAL HAS A PARTNERSHIP WITH AUNT MARTHAS YOUTH SERVICE CENTER, AN FQHC, TO IMPROVE ACCESS TO PRIMARY CARE SERVICES FOR UNINSURED AND UNDERINSURED INDIVIDUAL S IN ITS SERVICE AREA ADVOCATE BROMENN MEDICAL CENTER MAINTAINS A COMMUNITY HEALTH CLINIC IN COLLABORATION WITH OSF ST JOSEPHS HOSPITAL, WHEREBY ADVOCATE BROMENN MEDICAL CENTER I S RESPONSIBLE FOR A PORTION OF THE HOSPITAL CARE FOR THE CLINIC PATIENTS HOSPITAL CARE THR OUGHOUT THE YEAR BROMENN IS ALSO THE SOLE PROVIDER OF THE CLINICS INFORMATION TECHNOLOGY (IT) SUPPORT AND PROVIDES THE SPACE OCCUPIED BY THE CLINIC IN ADDITION, BROMENN MEDICAL C ENTER, THROUGH AN INFORMAL REFERRAL AGREEMENT IN PLACE SINCE 2010, COLLABORATES WITH CHEST NUT HEALTH SYSTEMS CHESTNUT HEALTH SYSTEMS OWNS AND OPERATES AN FQHC IN BLOOMINGTON AND P ATIENTS ARE SOMETIMES REFERRED TO BROMENN MEDICAL CENTER FOR SERVICES WORKING WITH OTHER AREA HOSPITALS, ADVOCATE GOOD SAMARITAN HOSPITAL PROVIDES SUPPORT THROUGH THE DUPAGE HEALT H COALITION TO SUSTAIN THE ACCESS DUPAGE COMMUNITY PROGRAM A COMMUNITY COLLABORATION DESIG NED TO PROVIDE LOW-COST PRIMARY MEDICAL CARE SERVICES TO THE LOW-INCOME, MEDICALLY UNINSUR ED RESIDENTS OF DUPAGE COUNTY IN ADDITION, THE HOSPITAL PARTNERS WITH THE DUPAGE COUNTY H EALTH DEPARTMENT'S ENGAGE DUPAGE INITIATIVE FOR INDIGENT PATIENT FINANCIAL ELIGIBILITY IN THE EMERGENCY ROOM AND TO ASSIST WITH OUTPLACEMENT SERVICES FOR THOSE PATIENTS WHO COULD B ENEFIT 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 OV ER 400 SITES OF CARE ADVOCATE COLLABORATES WITH VARIOUS COMMUNITY-BASED ORGANIZATIONS (CB OS) AND FQHC'S IN INNOVATIVE WAYS TO ESTABLISH PRIMARY CARE RELATIONSHIPS FOR MEDICAID AND UNINSURED PATIENTS ADVOCATE ACCOUNTABLE CARE ENTITY (ACE) AS ONE OF THE LARGEST PROVIDER S OF HEALTH CARE SERVICES TO MEDICARE AND MEDICAID PATIENTS IN CHICAGO AND THE SURROUNDING SUBURBS, ADVOCATE HEALTH CARE'S MEDICAID ACCOUNTABLE CARE ORGANIZATION (ACO), ALSO KNOWN AS THE ADVOCATE ACCOUNTABLE CARE ENTITY, TRANSITIONED TO MERIDIAN FAMILY HEALTH PLAN (FHP) OF ILLINOIS AS PART OF AN INTEGRATED CARE MODEL ON APRIL 1, 2016 THE ADVOCATE/MERIDIAN F HP PARTNERSHIP AND COLLABORATION WAS DRIVEN LARGELY BY CHANGES TO THE MEDICAID PROGRAM IN ILLINOIS AND WAS DESIGNED TO ENSURE CURRENT MEDICAID MEMBERS CONTINUE TO RECEIVE HIGH-QUAL ITY AND WELL-COORDINATED CARE DELIVERED

Form and Line Reference	Explanation
ENVIRONMENTAL STEWARDSHIP	ADVOCATE BELIEVES THAT ENVIRONMENTAL HEALTH DEEPLY IMPACTS PERSONAL HEALTH AND THE HEALTH OF COMMUNITIES GROUNDED IN OUR FAITH BELIEFS THAT GUIDE OUR HEALTH MINISTRY, WE ARE CALLE D TO CARE FOR THE EARTH AND WORK DILIGENTLY TO MINIMIZE OUR ENVIRONMENTAL IMPACT AND CONTR IBUTE POSITIVELY TO EFFORTS THAT PRESERVE HEALTHY ENVIRONMENTS FOR GENERATIONS TO COME AD VOCATE IS INVOLVED AS A LEADER IN THE HEALTH CARE SUSTAINABILITY ARENA AS AN ACTIVE MEMBER OF HEALTH CARE WITHOUT HARM, PRACTICE GREENHEALTH, HEALTH CARE CLIMATE COUNCIL AND THE MI DWEST BUSINESS GROUP ON HEALTH, AS WELL AS HEALTH CARE ANCHORS (FOCUSED ON ENVIRONMENTAL S TEWARDSHIP, SUSTAINABILITY, EQUITABLE PROCUREMENT AND WORK FORCE DEVELOPMENT) IN 2010, AD VOCATE BECAME A FOUNDING SPONSOR OF THE HEALTHIER HOSPITALS INITIATIVE, A THREE-YEAR NATIO NAL CAMPAIGN TO IMPLEMENT BEST PRACTICES FOCUSED ON IMPROVING SUSTAINABILITY IN THE HEALTH CARE SECTOR HEALTHIER HOSPITALS IS NOW A PERMANENT PROGRAM OF PRACTICE GREENHEALTH THE PROGRAM ENGAGES OVER 1,300 HOSPITALS IN CHALLENGES IN SIX CATEGORIES ENGAGED LEADERSHIP, HEALTHIER FOODS, LESS WASTE, LEANER ENERGY, SAFER CHEMICALS AND SMARTER PURCHASING IN 200 8, ADVOCATE EMBARKED ON A JOURNEY TO REDUCE ITS CARBON FOOTPRINT AND TO BECOME THE MOST EN ERGY EFFICIENT HEALTH SYSTEM IN THE COUNTRY BY 2015, ADVOCATE HAD REDUCED ENERGY CONSUMPT ION BY 23% FROM THE 2008 BASELINE, REDUCING ENERGY USE BY AN ADDITIONAL 2 1% IN 2017 AND 4 2% SINCE 2015 THE CURRENT GOAL IS TO REDUCE ENERGY UTILIZATION BY YET AN ADDITIONAL 16%, FOR A TOTAL OF 20% REDUCTION OVER THE 2015 BASELINE BY 2020 PROJECT C U R E (COMMISSION ON URGENT RELIEF AND EQUIPMENT) ADVOCATE IS AN OFFICIAL DONATION PARTNER OF PROJECT C U R E , THE WORLDS LEADING MEDICAL SUPPLY DISTRIBUTION ORGANIZATION BENEFITING RESOURCE-LIMIT ED AREAS ACROSS THE GLOBE SURPLUS MEDICAL SUPPLIES AND DECOMMISSIONED EQUIPMENT ARE DONAT ED TO PROJECT C U R E AND MANY ADVOCATE ASSOCIATES ALSO VOLUNTEER TIME AT ITS WAREHOUSE-S ORTING AND PACKAGING SUPPLIES FOR DISTRIBUTION OVERSEAS IN 2017, ADVOCATE DONATED A TOTAL OF 157 PALLETS OF MISCELLANEOUS MEDICAL SUPPLIES, 31 BEDS, MATTRESSES, EXAM TABLES OR FUR NITURE, AND 83 PIECES OF MEDICAL EQUIPMENT TO PROJECT CURE STAKEHOLDER HEALTH ADVOCATE IS A FOUNDING MEMBER AND INVESTING PARTNER OF STAKEHOLDER HEALTH, FORMERLY KNOWN AS HEALTH S YSTEMS LEARNING GROUP MEMBERS OF ADVOCATE STAFF SERVE ON THE ADVISORY COUNCIL AND HAVE BE EN ACTIVELY INVOLVED IN OFFERING THOUGHT LEADERSHIP AS WELL AS CONTRIBUTING TO THE WRITING OF TWO SEMINAL DOCUMENTS-A 2013 HEALTH SYSTEMS LEARNING GROUP MONOGRAPH HTTPS //STAKEHOLD ERHEALTH ORG/PDF/ AND A 2016 BOOK, STAKEHOLDER HEALTH INSIGHTS FROM NEW SYSTEMS OF HEALTH HTTPS //STAKEHOLDERHEALTH ORG/STAKEHOLDER-HEALTH-CHAPTER-1/ THE LATTER PUBLICATION, DEVE LOPED AND PUBLISHED WITH THE SUPPORT OF THE ROBERT WOOD JOHNSON FOUNDATION, IS A RICH AND DETAILED REVIEW OF SOME OF THE BEST PRACTICES IN THE AREAS OF COMMUNITY HEALTH IMPROVEMENT , AND CLINICAL AND COMMUNITY PARTNERSHIPS THE FIRST RELEASE OF THE BOOK OCCURRED AT AN EV ENT AT CHICAGO THEOLOGICAL SEMINARY AND WAS PLANNED AND EXECUTED BY ADVOCATE HEALTH CARE S TAFF AND STAFF OF THE CENTER FOR FAITH AND COMMUNITY HEALTH TRANSFORMATION STAKEHOLDER HE ALTH ASPIRES TO IDENTIFY AND ACTIVATE A MENU OF PROVEN COMMUNITY HEALTH PRACTICES AND PART NERSHIPS THAT WORK FROM THE TOP OF THE MISSION STATEMENT TO THE BOTTOM LINE SPARKED BY A SERIES OF STAKEHOLDER MEETINGS AT THE WHITE HOUSE WITH REPRESENTATIVES OF THE DEPARTMENT O F HEALTH & HUMAN SERVICES CENTER FOR FAITH-BASED & NEIGHBORHOOD PARTNERSHIPS, THE GROUP IS A SELF-ORGANIZED LEARNING COLLABORATIVE OF OVER 50 HOSPITALS AND HEALTH SYSTEMS THAT HAVE ENGAGED IN A SERIES OF MEETINGS ACROSS THE COUNTRY OVER THE PAST FOUR YEARS MEMBERS OF S TAKEHOLDER HEALTH SHARE A COMMITMENT TO THE OPTIMAL FULFILLMENT OF THEIR CHARITABLE MISSIO N, FOCUSING THEIR EFFORTS IN COMMUNITIES WHERE HEALTH INEQUITIES ARE MOST PREVALENT INSPI RED BY THE PASSAGE OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, AND MOTIVATED BY THE RECOGNITION OF THE NEED TO TRANSFORM OUR ORGANIZATIONS AND OUR COMMUNITIES, THE GROUP MAD E A COMMITMENT TO ACCELERATE THIS TRANSFORMATIONAL PROCESS THE AIM IS TO DO SO BY FOSTERI NG THE SHARING OF INNOVATIVE PRACTICES THAT IMPROVE POPULATION HEALTH AND THROUGH THE DEVE LOPMENT OF COORDINATED STRATEGIES THAT TAKE INNOVATION TO SCALE SUSTAINABLE BUILDING SUST AINABILITY, SAFETY AND EFFICIENCY ARE CORE ELEMENTS OF ALL ADVOCATE CONSTRUCTION PROJECTS IN 2017, 82% OR 2,535 TONS OF ADVOCATE CONSTRUCTION WASTE WAS RECYCLED ADVOCATE IS PURSU ING LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN (LEED) CERTIFICATION ON ALL NEW MAJOR BU ILDINGS AND HAS DEVELOPED A NEW TOOL, THE HEALTHY SPACES ROADMAP, TO ENSURE SUSTAINABILITY IN ALL RENOVATIONS AND PROJECTS THROUGHOUT ADVOCATE IN 2017, ADVOCATE CHRIST MEDICAL CEN TER'S EAST TOWER WAS LEED GOLD HEALTHCARE CERTIFIED PROJECTS AT THREE MORE ADVOCATE HOSPI TALS-GOOD SAMARITAN, GOOD SHEPHERD AND LUTHERAN GE

Form and Line Reference	Explanation
ENVIRONMENTAL STEWARDSHIP	NERAL-ARE CURRENTLY PURSUING LEED CERTIFICATION SUSTAINABLE WORK SPACES BEING GREEN AT WO RK IS EASIER WHEN THE WORK ENVIRONMENT IS CONDUCIVE TO SUSTAINABLE PRACTICES AT ADVOCATE, INDOOR AIR QUALITY IS INCREASED AND EXPOSURE TO TOXIC CHEMICALS DECREASED THROUGH ENVIRON MENTALLY-PREFERABLE PURCHASING, INCLUDING FURNITURE, CLEANING PRODUCTS AND MEDICAL SUPPLIE S ASSOCIATES ARE EMPOWERED TO CREATE SUSTAINABLE WORK SPACES THROUGH THE GREEN ADVOCATE A ND SUSTAINABLE WORK SPACE CERTIFICATION PROGRAMS ALL STAFF AND VOLUNTEERS ARE ENCOURAGED TO REDUCE WASTE, RECYCLE AND UTILIZE ELECTRICITY EFFECTIVELY BEING GREEN IS A TEAM EFFORT AND MANY METRICS ARE TRACKED AND REPORTED AT ADVOCATE SITES ADVOCATE BETHANY COMMUNITY H EALTH FUND ("BETHANY FUND") AS INTRODUCED EARLIER, THE BETHANY FUND ADDRESSES THE UNIQUE H EALTH NEEDS OF FOUR TARGETED UNDERSERVED COMMUNITIES ON CHICAGOS WEST SIDE [AUSTIN, GARFIE LD PARK, HUMBOLDT PARK AND NORTH LAWNDALE] BY AWARDING GRANTS TO PROGRAMS THAT PROMOTE HEA LTH AND WELLNESS AND REDUCE HEALTH DISPARITIES AND THEIR DETERMINANTS PRIORITY AREAS INCL UDE DIABETES, SCHOOL DROPOUT PREVENTION, VIOLENCE PREVENTION AND WORKFORCE DEVELOPMENT SI NCE 2007, THE BETHANY FUND HAS AWARDED OVER $9 MILLION THROUGH 375 GRANTS SERVING NEARLY 6 0,000 INDIVIDUALS IN 2017, THE FUND AWARDED $825,000 TO 34 GRANTEES GRANTEE PROGRAMS THI S PAST YEAR INCLUDED THE FOLLOWING PROJECT HOPE (GARFIELD PARK) WHICH SERVES PREGNANT AND PARENTING TEENS AS WELL AS YOUNG ADULTS THROUGH A PROGRAM THAT ADDRESSES THE NEGATIVE EFF ECTS OF VIOLENCE ON INDIVIDUALS AND THEIR FAMILIES, ST AGATHA PARISH (NORTH LAWNDALE) IN PARTNERSHIP WITH MUSIC IN URBAN SCHOOLS INSPIRING CHANGE TO PROVIDE TUITION-FREE VIOLIN LE SSONS TO LOCAL STUDENTS, CHRIST THE KING (AUSTIN) TO SUPPORT STUDENTS ON THE WEST SIDE IN ACHIEVING ACADEMIC EXCELLENCE, AND FREE SPIRIT MEDIA, (NORTH LAWNDALE) TO PROVIDE A COMPRE HENSIVE FOUNDATION IN MEDIA LITERACY AND HANDS-ON MEDIA PRODUCTION EXPERTISE TO YOUTH AND YOUNG ADULTS ON CHICAGOS WEST SIDE IN ADDITION TO ITS GRANT MAKING ROLE, THE BETHANY FUND INVESTS SUBSTANTIAL STAFF TIME AND FINANCIAL RESOURCES TO SUPPORT ORGANIZATIONAL CAPACITY -BUILDING EFFORTS MANY OF THE GRANTEE ORGANIZATIONS ARE SMALL WITH LIMITED STAFF THAT BEN EFIT FROM SUPPORT TO STRENGTHEN ORGANIZATIONAL INFRASTRUCTURE AND BUILD LEADERSHIP CAPACIT Y TO HELP FOSTER GROWTH AND SUSTAINABILITY FOR THESE ORGANIZATIONS, THE BETHANY FUND PROV IDES CAPACITY-BUILDING GRANTS AND SERVICES IN AREAS SUCH AS FUND RAISING, BOARD DEVELOPMEN T, STRATEGIC PLANNING, HUMAN RESOURCES AND FINANCE TO DATE, THE FUND HAS INVESTED NEARLY $270,000 IN CAPACITY-BUILDING AND PROFESSIONAL-DEVELOPMENT SESSIONS THAT HAVE ENGAGED OVER 1,150 STAFF FROM GRANTEE AND COMMUNITY-BASED ORGANIZATIONS GOAL E LEVERAGE RESOURCES AN D MAXIMIZE COMMUNITY ENGAGEMENT BY BUILDING AND STRENGTHENING COMMUNITY PARTNERSHIPS WITH HEALTH DEPARTMENTS AND OTHER DIVERSE COMMUNITY ORGANIZATIONS A KEY OBJECTIVE UNDER THIS G OAL IS ALIGNING INITIATIVES WITH LOCAL HEALTH DEPARTMENTS AND THEIR COMMUNITY HEALTH PRIOR ITIES ALL ADVOCATE HOSPITALS COLLABORATED WITH THEIR RESPECTIVE HEALTH DEPARTMENTS DURING THE 2014-2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CYCLE ONE OF THE PRIMARY VALUES O F ADVOCATES COMMUNITY HEALTH DEPARTMENT IS COLLABORATION WITH PARTNERS, PREFERABLY THROUGH A COLLECTIVE IMPACT MODEL ONE OF THE PRINCIPAL PARTNERS IN PROVIDING FOR COMMUNITY NEEDS IS THE LOCAL HEALTH DEPARTMENT WHILE AT THE DIRECTION OF THE SYSTEM, ALL HOSPITALS ACTIV ELY PARTICIPATED IN COLLABORATIVE ASSESSMENTS AND HEALTH IMPROVEMENT PLANNING WITH THEIR L OCAL HEALTH DEPARTMENTS FOR THE 2014-2016 CHNA PROCESS AND ARE DOING SO AGAIN FOR THE 2017 -2019 PROCESS THERE IS ONE NOTABLE COLLABORATION IN PARTICULAR IN WHICH ADVOCATE SYSTEM L EVEL LEADERSHIP PLAYED A VITAL ROLE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (HICCC) A S INTRODUCED EARLIER, ADVOCATE HEALTH CARE, PRESENCE HEALTH AND THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI) WERE THE THREE FOUNDIN

Form and Line Reference	Explanation
GOAL F PROMOTE ACCOUNTABILITY FOR SYSTEM AND SITE ALIGNMENT	BY INCREASING PROGRAM COORDINATION AND DEVELOPING STRONG GOVERNANCE RELATIONSHIPS KEY TO DEVELOPING STRONG GOVERNANCE RELATIONSHIPS WAS ESTABLISHING SYSTEM BOARD ENGAGEMENT IN SUP PORT OF ADVOCATES COMMUNITY HEALTH VISION AS THE FUNCTION ACCOUNTABLE FOR ADVOCATES SYSTE M-WIDE CHNA PROCESS AND BOTH CHNA AND STATE COMMUNITY BENEFITS REGULATORY REPORTING, THE C OMMUNITY HEALTH DEPARTMENT PROVIDES UPDATES AT LEAST ANNUALLY TO ADVOCATES BOARD OF DIRECT ORS THE MISSION AND SPIRITUAL CARE COMMITTEE OF THE ADVOCATE BOARD OF DIRECTORS IS RESPON SIBLE FOR THE ADOPTION OF COMMUNITY HEALTH STRATEGY AND OBJECTIVES FOR THE SYSTEM, AND UPD ATES ARE PROVIDED ANNUALLY OR MORE FREQUENTLY AS REQUESTED TO KEEP THE COMMITTEE INFORMED OF KEY HOSPITAL FOCUS AREAS AND CHNA IMPLEMENTATION PLAN PROGRESS AS INDICATED EARLIER, A DVOCATE HEALTH CARE ESTABLISHED A COMMUNITY HEALTH DEPARTMENT IN LATE 2015 AND THE DEPARTM ENT WAS FULLY STAFFED AND OPERATING BY JANUARY 2016 THE DEPARTMENTS FIRST ORDER OF BUSINE SS WAS TO DEVELOP A MISSION, VALUES AND VISION (MVV) TO GUIDE ITS ACTIONS THE DEPARTMENT' S MISSION IS "TO TRANSFORM THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE BY PROMOT ING PREVENTION AND ENSURING HEALTH EQUITY, THROUGH COLLABORATIVE PARTNERSHIPS AND EVIDENCE -BASED PRACTICES " THE DEPARTMENT'S VALUES ENCOMPASS BEING "ACCOUNTABLE, COLLABORATIVE, EQ UITABLE, INCLUSIVE, RESILIENT, SUSTAINABLE, TRANSFORMATIVE AND TRANSPARENT " THROUGH THESE ATTRIBUTES, THE VISION "TO WORK COLLABORATIVELY TO TRANSFORM OUR ENVIRONMENT INTO COMMUNI TIES WHERE HEALTH SERVICES ARE ACCESSIBLE AND INTEGRATED, PEOPLE ARE SUPPORTED, HEALTH EQU ITY IS ACHIEVED AND RESULTS ARE MEASURABLE" WILL BE ACHIEVED DURING 2016 AND TO SUPPORT A DVOCATE HOSPITALS PLANS TO IMPLEMENT PROGRAM STRATEGIES AS OUTLINED IN THEIR CHNA REPORTS DURING 2017, SITE-SPECIFIC COMMUNITY HEALTH DEPARTMENT BUDGETS WERE PUT IN PLACE AT ALL AD VOCATE HOSPITALS BY THE SYSTEM VICE PRESIDENT OF COMMUNITY HEALTH AND FAITH OUTREACH HOSP ITAL COMMUNITY HEALTH BUDGETS, INCLUDING ONGOING PROGRAM IMPLEMENTATION COSTS, STAFF SALAR IES, ANNUAL CONTRACTED DATA ACCESS COSTS TO THE CONDUENT-HEALTHY COMMUNITIES INSTITUTE'S C HNA TOOL, TO PARTICIPATE IN THE ALLIANCE FOR HEALTH EQUITY (AHFE) AND FOR ANNUAL SUPPORT F OR AND USE OF THE LYON SOFTWARE CBISA (COMMUNITY BENEFITS REPORTING TOOL) WERE INCLUDED IN THE 2017 BUDGET CYCLE IN PREPARATION FOR YEAR 2018 HOSPITAL GOVERNING COUNCILS ALSO KEY TO PROMOTING ACCOUNTABILITY FOR COMMUNITY HEALTH THROUGHOUT ADVOCATE WAS A SYSTEM LEVEL IM PLEMENTED PROCESS FOR ESTABLISHING HOSPITAL-BASED GOVERNANCE OVERSIGHT FOR EACH HOSPITAL'S CHNA PROCESS, INCLUDING REVIEW AND APPROVAL OF THE HOSPITAL CHNA REPORT AND HIGH LEVEL ST RATEGIES TO ADDRESS KEY SELECTED NEEDS THAT RESULTED FROM THE PRIORITY-SETTING PROCESS TO THAT END, THE SYSTEM EXPANDED THE ROLE OF THE HOSPITAL GOVERNING COUNCILS TO INCLUDE OVER SIGHT OF THE CHNA PROCESS AND APPROVAL OF THE HOSPITAL CHNA REPORTS AND IMPLEMENTATION STR ATEGIES THIS HAS RESULTED IN COMMUNITY HEALTH BEING STRONGLY INTEGRATED INTO ADVOCATE GOV ERNANCE STRUCTURES COMMUNITY HEALTH COUNCILS COMPRISED OF COMMUNITY EXPERTS AND HOSPITAL LEADERS HAVE BEEN DEVELOPED AT EACH HOSPITAL THESE COUNCILS ARE CO-LED BY THE HOSPITAL CO MMUNITY HEALTH LEADER AND A HOSPITAL GOVERNING COUNCIL MEMBER A MINIMUM OF 50% OF THE COU NCIL MEMBERS FOR THE 2016 CHNA REPORT CYCLE WERE COMMUNITY REPRESENTATIVES WITH A FOCUS ON PEOPLE WHO REPRESENTED UNDERSERVED AND VULNERABLE POPULATIONS THE COUNCILS MET AT LEAST FOUR TIMES DURING THE YEAR HOSPITAL COMMUNITY HEALTH STAFF ANALYZED AND PRESENTED PRIMARY AND SECONDARY COMMUNITY HEALTH DATA TO THE HOSPITALS' COMMUNITY HEALTH COUNCILS THE COUN CIL MEMBERS IDENTIFIED THE HOSPITAL SERVICE AREAS SIGNIFICANT HEALTH NEEDS, SUBSEQUENTLY E MPLOYING A CONSENSUS BASED PRIORITY-SETTING PROCESS TO DETERMINE THE NEEDS UPON WHICH TO F OCUS AS PART OF THE PRIORITIZATION PROCESS, THE COUNCILS SCANNED HOSPITAL AND COMMUNITY C HALLENGES AND ASSETS, AS WELL AS POTENTIAL PARTNERSHIPS WITH OTHER ORGANIZATIONS THAT MIGH T RESULT IN A LARGER HEALTH IMPROVEMENT IMPACT CHNA DATA ASSESSMENT RESULTS AND RECOMMEND ATIONS FOR HEALTH IMPROVEMENT PRIORITIES WERE PRESENTED TO THE FULL HOSPITAL GOVERNING COU NCILS FOR ENDORSEMENT ONCE THE HEALTH IMPROVEMENT PRIORITIES AND STRATEGIES WERE APPROVED BY THE HOSPITAL GOVERNING COUNCILS, THE RESULTS WERE PRESENTED TO THE MISSION AND SPIRITU AL CARE COMMITTEE OF THE ADVOCATE HEALTH CARE BOARD OF DIRECTORS, CHARGED WITH SYSTEM OVER SIGHT OF COMMUNITY HEALTH PLANNING, FOR FINAL APPROVAL SERVICE LINE AND POPULATION HEALTH ENGAGEMENT TO SUPPORT FURTHER ALIGNMENT WITHIN ADVOCATE, THE SYSTEM COMMUNITY HEALTH DEPA RTMENT HAS ALSO WORKED TO ENGAGE SYSTEM DEFINED CLINICAL SERVICE LINES IN EXPANDING THEIR FOCUS ON COMMUNITY HEALTH ADVOCATE IS VIEWED AS A LEADER IN THE POPULATION HEALTH MANAGEM ENT ARENA AN EARLY ADOPTER OF MANAGING CARE ACROSS POPULATIONS, ADVOCATE HAS SIGNIFICANT SUCCESS IMPROVING HEALTH OUTCOMES WHILE DECREASING

Form and Line Reference	Explanation
GOAL F PROMOTE ACCOUNTABILITY FOR SYSTEM AND SITE ALIGNMENT	OR MAINTAINING COST OF CARE DELIVERY ADVOCATE'S COMMUNITY HEALTH DEPARTMENT HAS INTENTIO NALLY ALIGNED WITH ADVOCATE POPULATION HEALTH LEADERS AND ADVOCATE SERVICE LINES THIS ALI GNMENT ASSURES THAT MEMBERS OF THE COMMUNITIES ADVOCATE SERVES AND OUR PATIENTS RECEIVE CO MMUNITY-BASED INTERVENTIONS, AS WELL AS EDUCATION AND PROGRAMMING THAT ALIGNS WITH THEIR H EALTH NEEDS THE FOLLOWING ARE EXAMPLES OF EDUCATION AND PROGRAMMING ALIGNED WITH POPULATI ON HEALTH AND SERVICE LINE DEVELOPMENT THAT REFLECT THIS INTEGRATED APPROACH BEHAVIORAL H EALTH BEHAVIORAL HEALTH COUNCIL INTEGRATION STRATEGIES HAVE INCLUDED COMMUNITY HEALTH STAF F OFFERING MENTAL HEALTH FIRST AID TO TARGETED COMMUNITY MEMBERS FOR THE PURPOSE OF REDUCI NG STIGMA, AND TRAINING COMMUNITY MEMBERS TO RECOGNIZE MENTAL HEALTH ISSUES AND UNDERSTAND APPROPRIATE INTERVENTIONS IN 2017, OVER 400 COMMUNITY MEMBERS WERE TRAINED IN THE EIGHT- HOUR EVIDENCE-BASED PROGRAM ADDITIONALLY, ALL HOSPITALS PARTICIPATE IN LOCAL BEHAVIORAL H EALTH AND SUBSTANCE ABUSE COLLABORATIVES ADVOCATE PHYSICIAN PARTNERS (APP) ADVOCATE POPUL ATION HEALTH LEADERS AND ADVOCATE COMMUNITY HEALTH LEADERS ARE PARTNERING TO DEVELOP NEW A PPROACHES TO PATIENT SCREENING AND RESOURCING FOR SOCIAL DETERMINANTS OF HEALTH GOAL G P ROMOTE THE TRAINING OF FUTURE HEALTH PROFESSIONALS TO FURTHER THE TRADITION OF PROVIDING MEDICAL EDUCATION TO UNDERGRADUATE AND GRADUATE MEDICAL STUDENTS AND NURSING STUDENTS, ADV OCATES SYSTEM LEVEL CLINICAL EDUCATION DEPARTMENT HAS DEVELOPED LONG-TERM ACADEMIC AFFILIA TIONS WITH ALL MAJOR UNIVERSITIES IN THE CHICAGO METROPOLITAN AREA FOR THE EDUCATION AND T RAINING OF STUDENTS IN UNDERGRADUATE MEDICAL EDUCATION (UME), GRADUATE MEDICAL EDUCATION (GME), NURSING UNDERGRADUATE AND GRADUATE EDUCATION, AND IN NUMEROUS OTHER ALLIED HEALTH PR OFESSIONAL FIELDS ADVOCATE MEDICAL EDUCATION DEPARTMENTS MISSION IS TO TRAIN THE NEXT GEN ERATION OF PHYSICIANS THROUGH UNDERGRADUATE (UME) AND GRADUATE MEDICAL EDUCATION (GME), AN D TO CONTINUE THE DEVELOPMENT OF ADVOCATE PHYSICIANS THROUGH CONTINUING MEDICAL EDUCATION (CME) AS ONE OF THE LARGEST PROVIDERS OF PRIMARY MEDICAL EDUCATION IN ILLINOIS, THERE WER E 2,288 MEDICAL STUDENT ROTATIONS COMPLETED AND 582 RESIDENTS AND FELLOWS WHO RECEIVED HAN DS-ON TRAINING IN 2017 AT ADVOCATES FOUR ACADEMIC MEDICAL CENTERS, INCLUDING ADVOCATES BRO MENN MEDICAL CENTER, CHRIST MEDICAL CENTER, ILLINOIS MASONIC MEDICAL CENTER AND LUTHERAN G ENERAL HOSPITAL POST-GRADUATE MEDICAL EDUCATION (CME) ADVOCATE HEALTH CARE IS ACCREDITED BY ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME) TO PROVIDE CONTINUING ME DICAL EDUCATION (CME) FOR PHYSICIANS ADVOCATES CME PROGRAM PROVIDES PROFESSIONAL DEVELOPM ENT THROUGH YEAR-ROUND SCHEDULING AND PLANNING OF ACCREDITED COURSES, SEMINARS AND MEETING S FOR ADVOCATE AND NON-ADVOCATE PHYSICIANS AND HEALTH CARE PROFESSIONALS IN THE REGION AD VOCATES MEDICAL STAFF SHARE THEIR EXPERTISE THROUGH GRAND ROUNDS, MORTALITY AND MORBIDITY CONFERENCES, AND JOURNAL CLUBS-AS WELL AS SINGLE ACTIVITIES ADDRESSING A VARIETY OF CLINIC AL AND RESEARCH TOPICS IN 2017, ADVOCATE HOSTED 2,581 CME EVENTS TOTALING 2,513 CME CREDI T HOURS TO 48,592 PARTICIPANTS NURSING EDUCATION UNDERGRADUATE AND GRADUATE (APN/NP/MANAG EMENT) NURSING EDUCATION OCCURS AT TEN ADVOCATE HOSPITALS AND AT MANY ADVOCATE MEDICAL GRO UP SITES NOTABLY, EIGHT ADVOCATE HOSPITALS HAVE EARNED MAGNET RECOGNITION FROM THE AMERIC AN NURSE CREDENTIALING CENTER (ANCC), INCLUDING ADVOCATE BROMENN MEDICAL CENTER, ADVOCATE CONDELL MEDICAL CENTER, ADVOCATE CHRIST MEDICAL CENTER, ADVOCATE GOOD SAMARITAN HOSPITAL, ADVOCATE GOOD SHEPHERD HOSPITAL, ADVOCATE ILLINOIS MASONIC MEDICAL CENTER, ADVOCATE LUTHER AN GENERAL HOSPITAL AND ADVOCATE SHERMAN HOSPITAL MAGNET STATUS REPRESENTS HOSPITAL-WIDE TEAMWORK AND DEDICATION TO CREATING A POSITIVE ENVIRONMENT, WHICH HELPS ATTRACT THE BEST P HYSICIANS AND NURSES, RESULTING IN BETTER OVERALL PATIENT CARE EMERGENCY MEDICAL TECHNICI AN (EMT) EDUCATION ADVOCATE ALSO TAKES A

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7 STATE FILING OF COMMUNITY BENEFIT REPORT	IL

Additional Data

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **8** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	CHRIST HOSP INCL HOPE CHILDREN'S HOSP 4440 WEST 95TH STREET OAK LAWN, IL 60453 http //www advocatehealth com/cmc/ 0000315	X	X	X	X			X			
2	LUTHERAN GEN HOSP INCL LUTH GEN CHILD 1775 DEMPSTER STREET PARK RIDGE, IL 60068 http //www advocatehealth com/luth/ 0004796	X	X	X	X			X			
3	GOOD SAMARITAN HOSPITAL 3815 HIGHLAND AVENUE DOWNERS GROVE, IL 60515 http //www advocatehealth com/gsam/ 0003384	X	X					X			
4	GOOD SHEPHERD HOSPITAL 450 W HIGHWAY 22 BARRINGTON, IL 60010 http //www advocatehealth com/gshp/ 0003475	X	X					X			
5	SOUTH SUBURBAN HOSPITAL & ICU 17800 S KEDZIE HAZEL CREST, IL 60429 http //www advocatehealth com/ssub/ 0004697	X	X					X			

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **8** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
6	BROMENN MEDICAL CENTER 1304 FRANKLIN AVE NORMAL, IL 61761 http //www advocatehealth com/BROMENN/0005645	X	X					X			
7	TRINITY HOSPITAL 2320 EAST 93RD STREET CHICAGO, IL 60617 http //www advocatehealth com/TRIN/0004176	X	X					X			
8	EUREKA HOSPITAL 101 S MAJOR STREET EUREKA, IL 61530 http //www advocatehealth com/eureka/0005652	X	X			X		X			

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 CHRIST MEDICAL CENTER ADVOCATE CHRIST MEDICAL CENTER CONTINUES TO DEMONSTRATE STRONG COMMITMENT TO BUILDING LIFELONG RELATIONSHIPS TO IM PROVE THE HEALTH OF INDIVIDUALS, FAMILIES AND COMMUNITIES IN 2015, ALL FIVE ADVOCATE HEAL TH CARE HOSPITALS PRINCIPALLY SERVING COOK COUNTY, INCLUDING ADVOCATE CHRIST MEDICAL CENTE R, WERE FOUNDING MEMBERS OF THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (HICCC) HICCC MERGED WITH THE HEALTHY CHICAGO HOSPITAL COLLABORATIVE THE MERGER ALLOWED PARTNERS TO FUR THER ALIGN THEIR EFFORTS AND ACHIEVE GREATER COLLECTIVE IMPACT IN CHICAGO AND COOK COUNTY ON JUNE 30, 2017, HOSPITAL PARTNERS FROM BOTH COLLABORATIVES MET TO KICK OFF THE START OF A FULLY MERGED INITIATIVE THE NAME SELECTED FOR THE MERGER WAS THE ALLIANCE FOR HEALTH E QUITY (AFHE) THE ALLIANCE FOR HEALTH EQUITY IS A PARTNERSHIP BETWEEN THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI), HOSPITALS, HEALTH DEPARTMENTS AND COMMUNITY ORGANIZATIONS ACROSS CHICAGO AND COOK COUNTY THIS INITIATIVE IS ONE OF THE LARGEST COLLABORATIVE HOSPITAL-COMM UNITY PARTNERSHIPS IN THE COUNTRY WITH THE CURRENT INVOLVEMENT OF 30+ NONPROFIT AND PUBLIC HOSPITALS, SEVEN LOCAL HEALTH DEPARTMENTS, AND REPRESENTATIVES OF MORE THAN 100 COMMUNITY ORGANIZATIONS SERVING ON ACTION TEAMS PARTNERS ARE COMING TOGETHER WITH THE GOAL OF WORK ING ON STRATEGIES TO ADDRESS THE PRESSING ISSUES IN OUR COMMUNITIES TO ACHIEVE GREATER COL LECTIVE IMPACT GIVEN THE SIZE AND DIVERSITY OF COOK COUNTY, THE COLLABORATIVE CREATED THR EE REGIONS - NORTH, CENTRAL AND SOUTH - FOR PURPOSES OF ORGANIZING THE ASSESSMENT PROCESS CHRIST MEDICAL CENTER WAS APPROPRIATELY ASSIGNED TO THE SOUTH REGION CONSISTING OF BOTH T HE SOUTH SIDE OF CHICAGO AND THE SOUTH SUBURBS OF COOK COUNTY A REGIONAL LEADERSHIP TEAM WAS FORMED INCLUDING REPRESENTATIVES FROM THE HOSPITALS AND HEALTH DEPARTMENTS IN THE REGI ON A REGIONAL STAKEHOLDER GROUP WAS ALSO ORGANIZED INCLUDING MEMBERS OF COMMUNITY ORGANIZ ATIONS REPRESENTING VARIOUS SECTORS FROM FEBRUARY 2015 THROUGH JUNE OF 2016, THE COLLABOR ATIVE COMPLETED AN EXTENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS WITHIN EACH OF THE THREE REGIONS USING THE PUBLIC HEALTH PROCESS-MAPP-MOBILIZING FOR ACTION THROUGH PARTNERSH IPS AND PLANNING ADDITIONALLY, FOR PURPOSES OF THE 2014-2016 CHNA CYCLE, THE HOSPITAL FOR MED A COMMUNITY HEALTH COUNCIL (COUNCIL) CONSISTING OF 25 COMMUNITY AND MEDICAL CENTER LEA DERS THIS COUNCIL, IN PARTNERSHIP WITH THE COMMUNITY HEALTH DEPARTMENT, WAS CONVENED TO O VERSEE THE ASSESSMENT DATA FROM THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY WAS PRESEN TED TO THE COUNCIL INCLUDING THE PRIORITY-SETTING PROCESS THAT IDENTIFIED SOCIAL DETERMINA NTS OF HEALTH, MENTAL HEALTH AND SUBSTANCE ABUSE, ACCESS TO CARE, AND CHRONIC DISEASE AS T HE FOUR COUNTY-WIDE PRIORITIES ALL HOSPITALS THAT PARTICIPATED IN THE COLLABORATIVE AGREE D TO ACCEPT SOCIAL DETERMINANT

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	S AS ONE OF THEIR PRIORITIES, WITH CHRIST MEDICAL CENTER IDENTIFYING THAT ONE OF THEIR STR ATEGIES WITHIN THIS PRIORITY WOULD BE VIOLENCE PREVENTION IN ADDITION, MULTIPLE INDICATOR S FROM THE HEALTHY COMMUNITIES INSTITUTE (HCI) DATA PLATFORM WERE SHARED WITH THE CHRIST M EDICAL CENTERS COMMUNITY HEALTH COUNCIL MANY OF THESE INDICATORS WERE PARTICULARLY USEFUL TO THE ASSESSMENT BECAUSE THE HOSPITALIZATION AND EMERGENCY ROOM VISIT RATES WERE AVAILAB LE BY ZIP CODE, THUS PERMITTING A DEEPER LOOK INTO THE HEALTH STATUS OF THE MEDICAL CENTER S PRIMARY SERVICE AREA (PSA) A CONSENSUS VOTING PROCESS WAS USED BY THE COUNCIL TO SELECT THE SECOND AND THIRD PRIORITIES FOR THE 2014-2016 CHNA CYCLE-ASTHMA AND DIABETES CANCER, HEART DISEASE AND HYPERTENSION (STROKE) WERE NOT SELECTED PRIMARILY BECAUSE THE MEDICAL C ENTER ALREADY HAS INSTITUTES ADDRESSING EACH OF THESE IMPORTANT HEALTH NEEDS THE THREE PR IORITIES SELECTED BY CHRIST MEDICAL CENTER ARE VIOLENCE PREVENTION, ASTHMA AND DIABETES C HRIST MEDICAL CENTER HAS DEVELOPED IMPLEMENTATION PLANS FOR EACH OF THE THREE SELECTED PRI ORITIES COMMUNITY HEALTH STAFF WILL ALSO BE PARTICIPATING IN THE ACTION PLANNING TEAMS ON COMMUNITY SAFETY AND CHRONIC DISEASE PREVENTION CONVENED AS PART OF THE AFHE FOR VIOLENC E PREVENTION AS A SOCIAL DETERMINANT, THE MEDICAL CENTER PLANS TO CONTINUE ITS WORK WITH C EASEFIRE AND COLLABORATE WITH COMMUNITY ORGANIZATIONS TO INVESTIGATE HOW RESTORATIVE JUSTI CE PRACTICES CAN IMPACT THE VIOLENCE ON CHILDREN FOR THE ASTHMA AND DIABETES PRIORITIES, TEAMS WILL BE DEVELOPING EDUCATIONAL, OUTREACH AND ENVIRONMENTAL STRATEGIES IN COLLABORATI ON WITH ADVOCATE CHILDRENS HOSPITAL AND COMMUNITY PARTNERS TO IMPROVE THE MANAGEMENT OF TH ESE DISEASES IN 2014, ADVOCATE HEALTH CARE BEGAN ORGANIZING RESOURCES TO IMPLEMENT THE 20 14-2016 CHNA CYCLE THE SYSTEM SIGNED A THREE-YEAR CONTRACT WITH THE HEALTHY COMMUNITIES I NSTITUTE (HCI), NOW A XEROX COMPANY, TO PROVIDE AN INTERNET-BASED DATA RESOURCE FOR THEIR ELEVEN HOSPITALS DURING THE 2014-2016 CHNA CYCLE THIS ROBUST PLATFORM OFFERED THE HOSPITA LS 171 HEALTH AND DEMOGRAPHIC INDICATORS INCLUDING THIRTY-ONE (31) HOSPITALIZATION AND EME RGENCY DEPARTMENT (ED) VISIT INDICATORS AT THE SERVICE AREA AND ZIP CODE LEVELS IN ADDITI ON, SYSTEM LEADERS COLLABORATED WITH THE STRATEGIC PLANNING DEPARTMENT TO CREATE SETS OF D EMOGRAPHIC, MORTALITY AND UTILIZATION DATA FOR EACH HOSPITAL SITE THIS COLLABORATION WITH STRATEGIC PLANNING CONTINUED DURING THE THREE-YEAR CYCLE ENSURING THAT EACH HOSPITAL SITE HAD DETAILED INPATIENT, OUTPATIENT AND EMERGENCY DEPARTMENT DATA BY THE END OF 2014, A N EW DEPARTMENT OF COMMUNITY HEALTH WAS ESTABLISHED UNDER MISSION AND SPIRITUAL CARE, A VICE -PRESIDENT NAMED TO LEAD THE DEPARTMENT, AND A PLAN DEVELOPED TO ENSURE THAT EACH HOSPITAL IN THE SYSTEM WOULD HAVE A COMMUNITY HEALTH EXPERT TO COORDINATE ITS COMMUNITY HEALTH WOR K THIS NEW SYSTEM LEVEL DEPARTMENT EXPANDED STAFFING RESOURCES AT CHRIST MEDICAL CENTER B Y ADDING A NEW COORDINATOR POS

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	ITION DEDICATED TO THE MEDICAL CENTER AND THE POSITION OF SOUTH REGION DIRECTOR FOR CHRIST MEDICAL CENTER, AS WELL AS ADVOCATE TRINITY AND ADVOCATE SOUTH SUBURBAN HOSPITALS COMMUN ITY HEALTH COUNCIL CHRIST MEDICAL CENTER, IN COLLABORATION WITH ADVOCATE CHILDRENS HOSPITA L, CONVENED A COMMUNITY HEALTH COUNCIL TO OVERSEE ITS COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT THIS COUNCIL WAS CHAIRED BY A MEMBER OF THE MEDICAL CENTERS GOVERNING COUNCIL AND COMPRISED OF REPRESENTATIVES FROM THE MEDICAL CENTERS COMMUNITY HEALTH TEAM, PATIENT ADVOCACY, COMMUNITY HEALTH RELATIONS, AND BUSINESS DEVELOPMENT DEPARTMENTS COMMUNITY MEMB ERS ON THE COUNCIL INCLUDED REPRESENTATION FROM SCHOOL DISTRICTS, YOUTH SERVICES AND FAITH COMMUNITIES, AS WELL AS OTHER COMMUNITY ORGANIZATIONS THE AFFILIATIONS AND TITLES OF THE CHRIST MEDICAL CENTER COMMUNITY HEALTH COUNCIL MEMBERS ARE PROVIDED BELOW ASTERISKS HAVE BEEN USED TO INDICATE INDIVIDUALS WHO REPRESENT MEDICALLY UNDERSERVED, LOW-INCOME AND MIN ORITY POPULATIONS MEMBERS FROM THE COMMUNITY *ARAB AMERICAN FAMILY SERVICES, DIRECTOR* *A UBURN GRESHAM COMMUNITY DEVELOPMENT CORPORATION, EXECUTIVE DIRECTOR* *AUBURN GRESHAM COMMU NITY DEVELOPMENT CORPORATION/SOUTHWEST SMART COMMUNITIES, PROGRAM MANAGER AND TECHNOLOGIST * *BUSCHBACH INSURANCE, BUSINESS OWNER, ADVOCATE CHRIST MEDICAL CENTER GOVERNING COUNCIL M EMBER (COMMUNITY HEALTH COUNCIL CO-CHAIR) *CHICAGO PUBLIC SCHOOLS, COMMUNITY ENGAGEMENT MA NAGER *CHICAGO PUBLIC SCHOOLS, PROJECT MANAGER, STUDENT HEALTH AND WELLNESS PROJECT HOOD (HELPING OTHERS OBTAIN DESTINY), DIRECTOR OF COMMUNITY ENGAGEMENT, ADVOCATE CHRIST MEDICAL CENTER COMMUNITY HEALTH COUNCIL MEMBER (COMMUNITY HEALTH COUNCIL CO-CHAIR) *CHILDRENS HOME AND AID, DIRECTOR, YOUTH SERVICES *CHRISTIAN COMMUNITY HEALTH CENTER, DIRECTOR, QUALITY A SSURANCE *GREATER ST JOHN AME CHURCH, FAITH LEADER* *HISPANIC LEADERSHIP COUNCIL, PRESIDE NT* *LIGHTS OF ZION MINISTRIES, FAITH LEADER* *METROPOLITAN FAMILY SERVICES, PROGRAM SUPER VISOR *METROPOLITAN TENANTS ORGANIZATION, COORDINATOR, OUTREACH SERVICES *OAK LAWN-HOMETOW N SCHOOL DISTRICT 123, SUPERINTENDENT MEMBERS FROM CHRIST MEDICAL CENTER/ADVOCATE CHILDREN S HOSPITAL *ADVOCATE HEALTH CARE, DIRECTOR, COMMUNITY HEALTH, SOUTH REGION *ADVOCATE CHILD RENS HOSPITAL, DIRECTOR, COMMUNITY & HEALTH RELATIONS *ADVOCATE CHRIST MEDICAL CENTER, CAR E MANAGER AND OAK LAWN HEALTH CARE ROTARY *ADVOCATE CHRIST MEDICAL CENTER, COORDINATOR, CO MMUNITY HEALTH *ADVOCATE CHRIST MEDICAL CENTER, COORDINATOR, COMMUNITY HEALTH AND WELLNESS *ADVOCATE CHRIST MEDICAL CENTER, MANAGER, INPATIENT CARE *ADVOCATE CHRIST MEDICAL CENTER, MANAGER, PATIENT AND GUEST RELATIONS *ADVOCATE CHILDRENS HOSPITAL, RONALD MCDONALD CARE M OBILE, NURSE PRACTITIONER *ADVOCATE CHRIST MEDICAL CENTER, VICE PRESIDENT, MISSION AND SPI RITUAL CARE GOVERNING COUNCIL THE GOVERNING COUNCIL AT CHRIST MEDICAL CENTER IS MADE UP OF LOCAL COMMUNITY LEADERS AND PHYSICIANS GOVERNING COUNCIL MEMBERS SUPPORT MEDICAL CENTER LEADERSHIP IN THEIR PURSUIT OF

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
LUTHERAN GENERAL HOSPITAL/ADVOCATE CHILDRENS HOSPITAL STAFF MEMBERS	*ADVOCATE LUTHERAN GENERAL HOSPITAL COMMUNITY AND HEALTH RELATIONS COORDINATOR *ADVOCATE L UTHERAN GENERAL HOSPITAL COMMUNITY AND HEALTH RELATIONS DIRECTOR *ADVOCATE CHILDRENS HOSPI TAL COMMUNITY AND HEALTH RELATIONS DIRECTOR *ADVOCATE LUTHERAN GENERAL HOSPITAL, OLDER ADU LT SERVICES DIRECTOR *ADVOCATE LUTHERAN GENERAL HOSPITAL HEART/VASCULAR/CC/ED/TRAUMA DIREC TOR AND OPERATIONS-REHAB/OUT PATIENT PSYCHOLOGY/NEUROLOGY EXECUTIVE CLINICAL DIRECTOR *ADV OCATE LUTHERAN GENERAL HOSPITAL WOMENS HEALTH AND PROFESSIONAL PRACTICE EXECUTIVE DIRECTOR *ADVOCATE LUTHERAN GENERAL HOSPITAL KOREAN CONCIERGE/PATIENT NAVIGATOR* *ADVOCATE LUTHERA N GENERAL HOSPITAL MENTAL HEALTH SERVICES MANAGER *ADVOCATE CHILDRENS HOSPITAL RONALD MCDO NALD CARE MOBILE/STUDENT HEALTH SERVICES PROGRAM NURSE PRACTITIONER *ADVOCATE LUTHERAN GEN ERAL HOSPITAL POLISH PATIENT NAVIGATOR* *ADVOCATE LUTHERAN GENERAL HOSPITAL MISSION AND SP IRITUAL CARE VICE PRESIDENT AS PART OF THE 2014-2016 CHNA PROCESS, LUTHERAN GENERAL HOSPIT AL AND ADVOCATE CHILDRENS HOSPITAL ALSO CONSULTED WITH THE FOLLOWING COMMUNITY ORGANIZATIO NS *CHICAGO DEPARTMENT OF PUBLIC HEALTH *CHICAGO PUBLIC SCHOOLS DEPARTMENT OF STUDENT HEA LTH *COMMUNITY LEADERS, SOUTH ASIAN, KOREAN AND POLISH COMMUNITIES *DES PLAINES HEALTHY CO MMUNITY PARTNERSHIP *DES PLAINES, PARK RIDGE AND NILES POLICE DEPARTMENTS *FAITH COMMUNITI ES *HANUL FAMILY ALLIANCE (KOREAN COMMUNITY PARTNER) *HEALTH AND MEDICINE POLICY RESEARCH GROUP *HEALTHIER PARK RIDGE COALITION *HEALTHY SCHOOLS CAMPAIGN *ILLINOIS PUBLIC HEALTH IN STITUTE *ILLINOIS STATE BOARD OF EDUCATION, SCHOOL NURSING/HEALTH SPECIAL EDUCATION SERVIC ES *HEALTHIER DES PLAINES PROJECT *HEALTHIER NILES PROJECT *HEALTHIER PARK RIDGE PROJECT * PARK RIDGE, NILES AND DES PLAINES MINISTERIAL ASSOCIATIONS *PARK RIDGE CHAMBER OF COMMERCE HEALTH CARE FORUM *PARK RIDGE COMMUNITY FUND *PARK RIDGE HEALTH COMMISSION *PARK RIDGE HU MAN NEEDS TASK FORCE *PARK RIDGE POLICE CHIEF ADVISORY TASK FORCE *SCHAUMBURG TOWNSHIP SUP ERVISOR AND TRUSTEE *SCHOOL DISTRICT 63 *SCHOOL DISTRICT 64 *SCHOOL DISTRICT 207 *VILLAGE OF GLENVIEW *VILLAGE OF MORTON GROVE *VILLAGE OF NILES THE HOSPITAL CONSIDERED INPUT FROM UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS IN IDENTIFIED HIGH RISK ZIP CODES IN DES PLAINES AND NILES FOR ASSESSING AND DEVELOPING IMPROVEMENT INTERVENTIONS IN THE 2014-2016 CHNA ADVOCATE CHILDRENS HOSPITAL, LOCATED ON TWO CAMPUSES IN THE CHICAGOLAND AREA, SERVES CHILDREN AGES 0-17 THE NORTH CAMPUS IS LOCATED ON THE GROUNDS OF ADVOCATE LUTHERAN GENER AL HOSPITAL IN PARK RIDGE, ILLINOIS, (ADVOCATE CHILDRENS HOSPITAL-PARK RIDGE) WITH WHICH I T SHARES THE SAME TAX ID NUMBER THE SOUTH CAMPUS IS LOCATED ON THE GROUNDS OF ADVOCATE CH RIST MEDICAL CENTER IN OAK LAWN, ILLINOIS, (ADVOCATE CHILDRENS HOSPITAL-OAK LAWN) WITH WHI CH IT SHARES THE SAME TAX ID NUMBER A CHILDRENS HOSPITAL COMMUNITY PROFILE WAS COMPLETED TO SUPPLEMENT THE COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS OF THE RE SPECTIVE ADVOCATE HOSPITALS 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.

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LUTHERAN GENERAL HOSPITAL/ADVOCATE CHILDRENS HOSPITAL STAFF MEMBERS	HILE AN IMPORTANT PART OF THE LUTHERAN GENERAL HOSPITAL CAMPUS, ADMINISTRATIVELY AND OPERA TIONALLY, ALL PEDIATRIC SERVICES REPORT TO THE ADVOCATE CHILDRENS HOSPITAL LEADERSHIP TEAM THE ADVOCATE CHILDRENS HOSPITAL SERVICE AREA INCLUDES COMMUNITIES SERVED BY LUTHERAN GEN ERAL HOSPITAL AS WELL AS AREAS FARTHER NORTH, WEST AND EAST THE HOSPITAL WORKS WITH UNDER SERVED, LOW-INCOME AND MINORITY POPULATIONS THROUGHOUT THE NORTH SUBURBS AND CHICAGO AS ID ENTIFIED THROUGH ADVOCATE-SPONSORED MEDICAID MANAGED CARE PROGRAM UTILIZATION AND THE CHIC AGO PUBLIC HEALTH DEPARTMENTS HEALTHY CHICAGO 2 0 HEALTH PLAN HIGH-RISK AREAS INCLUDE DES PLAINES, ROUND LAKE, WHEELING, WAUKEGAN AND ELGIN, AS WELL AS AVALON PARK AND AVONDALE ON THE NORTH SIDE OF CHICAGO PARTICULARLY HELPFUL TO ASSESSING COMMUNITY HEALTH NEEDS FOR T HE UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS WERE THE CHICAGOS HEALTHY SCHOOL CAMPA IGN, CHICAGO PUBLIC HEALTH DEPARTMENT, AND SCHOOL DISTRICTS 63 AND 64, AS WELL AS UTILIZAT ION DATA FROM THE ADVOCATE MEDICAID MANAGED CARE PROGRAM LUTHERAN GENERAL HOSPITALS 2014- 2016 AND PREVIOUS 2011-2013 CHNA REPORTS AND IMPLEMENTATION PLANS ARE POSTED ON THE ADVOCA TE HEALTH CARE WEBSITE WITH A MECHANISM FOR THE COMMUNITY TO PROVIDE FEEDBACK OR ASK QUEST IONS IN COMPLIANCE WITH REQUIREMENTS OF THE AFFORDABLE CARE ACT AS OF DECEMBER 31, 2017, THE HOSPITAL HAD NOT RECEIVED ANY COMMENTS OR INQUIRIES FROM THE COMMUNITY ADVOCATE GOOD SAMARITAN HOSPITAL ADVOCATE GOOD SAMARITAN HOSPITAL COMPLETED A COMPREHENSIVE COMMUNITY HE ALTH NEEDS ASSESSMENT PROCESS IN 2016, UNDER THE SUPERVISION OF THE GOOD SAMARITAN HOSPITA L COMMUNITY HEALTH COUNCIL (CHC) AND THE HOSPITALS COMMUNITY HEALTH LEADER THE CHC IS A D IVERSE COUNCIL COMPRISED OF GOOD SAMARITAN HOSPITAL LEADERSHIP AND COMMUNITY REPRESENTATIV ES FROM COMMUNITY-BASED ORGANIZATIONS, AND IS LED BY THE HOSPITALS COMMUNITY HEALTH MANAGE R THE CHC IS COMPRISED OF A TOTAL OF 13 MEMBERS OF WHICH SIX ARE HOSPITAL REPRESENTATIVES AND SEVEN ARE COMMUNITY ORGANIZATION REPRESENTATIVES THE CHC SERVES AS AN ADVISORY COUNC IL FOR THE HOSPITALS COMMUNITY HEALTH WORK AND HELPS TO DRIVE THE WORK OF THE HOSPITALS CH NA THROUGH SUPPORTING DATA COLLECTION, DATA REVIEW, PRIORITIZING IDENTIFIED HEALTH NEEDS, AND IDENTIFYING COMMUNITY PARTNERS TO SUPPORT THE CREATION AND DEVELOPMENT OF THE CHNA IMP LEMENTATION PLAN THE CHC CONVENED FOR FIVE TWO-HOUR IN-PERSON MEETINGS THROUGHOUT 2016 TO COMPLETE EACH PHASE OF THE CHNA IN ADDITION TO IN-PERSON MEETINGS, CHC MEMBERS SHARED TH EIR FEEDBACK, COMMENTS AND RECOMMENDATIONS ELECTRONICALLY COMMUNITY REPRESENTATIVE COUNCI L MEMBERS PROVIDED CRITICAL FEEDBACK AND INSIGHT REGARDING NEEDS AND COMMUNITY-BASED PROGR AMS, WHILE HOSPITAL REPRESENTATIVE COUNCIL MEMBERS PROVIDED ESSENTIAL FEEDBACK AND INSIGHT RELATED TO THE HOSPITALS AREAS OF EXPERTISE, CAPACITY AND CURRENT RESOURCES AVAILABLE TO THE COMMUNITY IN ADDITION, COMMUNITY REPRESENTATIVES PROVIDED PERSPECTIVES FROM VARIOUS H EALTH AND SOCIAL DISCIPLINES I

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.

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LUTHERAN GENERAL HOSPITAL/ADVOCATE CHILDRENS HOSPITAL STAFF MEMBERS	NCLUDING KNOWLEDGE ABOUT SOCIAL DETERMINANTS OF HEALTH, SUCH AS HOUSING AND EMPLOYMENT CO MMUNITY REPRESENTATIVES ALSO SHARED SPECIFIC KNOWLEDGE REGARDING THE CORRELATION BETWEEN S OCIAL CONDITIONS AND POOR HEALTH OUTCOMES THESE SOCIAL INDICATORS WERE CRITICAL IN SUCCES SFULLY IDENTIFYING THE HOSPITALS CHNA PRIORITIES THE AFFILIATIONS AND TITLES OF GOOD SAMA RITAN HOSPITALS CHC MEMBERS ARE LISTED BELOW 2016-2017 ADVOCATE GOOD SAMARITAN COMMUNITY HEALTH COUNCIL MEMBERS MEMBERS FROM THE COMMUNITY *DUPAGE HEALTH COALITION, PRESIDENT *DUP AGE COUNTY HEALTH DEPARTMENT, ASSISTANT DIRECTOR, CLIENT ACCESS *DUPAGE COUNTY HEALTH DEPA RTMENT, COORDINATOR, POPULATION HEALTH *DUPAGE PADS, PRESIDENT, CHIEF EXECUTIVE OFFICER *D UPAGE SENIOR CITIZENS COUNCIL, EXECUTIVE DIRECTOR *PEOPLES RESOURCE CENTER, EXECUTIVE DIRE CTOR *SAMARITAN INTERFAITH COUNSELING, CLINICAL DIRECTOR, ADULT SERVICES *MEMBERS FROM GOO D SAMARITAN HOSPITAL STAFF *ADVOCATE GOOD SAMARITAN HOSPITAL, DIRECTOR, BUSINESS DEVELOPME NT *ADVOCATE GOOD SAMARITAN HOSPITAL, DIRECTOR, PUBLIC AFFAIRS AND MARKETING *ADVOCATE GOO D SAMARITAN HOSPITAL, OP, ADVANCED PRACTICE NURSE, PSYCHOLOGY *ADVOCATE GOOD SAMARITAN HOS PITAL, VICE PRESIDENT, MISSION AND SPIRITUAL CARE *DUPAGE EMERGENCY PHYSICIANS, EMERGENCY DEPARTMENT PHYSICIAN, HOSPITAL GOVERNING COUNCIL MEMBER SEVERAL ORGANIZATIONS THAT WERE RE PRESENTED ON THE 2014-2016 CHNA COMMUNITY HEALTH COUNCIL PROVIDED SERVICES TO THE LOW-INCO ME, MINORITY AND/OR UNDERSERVED POPULATIONS WITHIN DUPAGE COUNTY THESE ORGANIZATIONS IMPL EMENTED PROGRAMMING AND PROVIDED SERVICES THAT IMPACTED ONE OR MORE OF THE VULNERABLE POPU LATIONS LISTED ABOVE BELOW IS A LIST OF THE ORGANIZATIONS AND THE VULNERABLE POPULATIONS THEY REPRESENTED DURING THE 2014-2016 CHNA PROCESS *DUPAGE COUNTY HEALTH DEPARTMENT PROVI DES SERVICES TO LOW-INCOME, MINORITY AND MEDICALLY-UNDERSERVED POPULATIONS THROUGH VARIOUS COMMUNITY PROGRAMMING AND HEALTH SERVICES *DUPAGE HEALTH COALITION IS AN ORGANIZATION TH AT FOCUSES ON PROVIDING ACCESS TO HEALTH SERVICES FOR THOSE WHO ARE LOW-INCOME AND MEDICAL LY UNDERSERVED MOST CLIENTS RECEIVING SERVICES THROUGH THIS ORGANIZATION ARE FROM A MINOR ITY POPULATION AND FOREIGN BORN *DUPAGE PADS PROVIDES SUPPORTIVE SERVICES AND TEMPORARY H OUSING TO LOW-INCOME HOMELESS INDIVIDUALS AND FAMILIES IN DUPAGE COUNTY THE ORGANIZATION ALSO CONNECTS LOW-INCOME INDIVIDUALS AND FAMILIES TO SOCIAL AND HEALTH SERVICES *PEOPLES RESOURCE CENTER IS AN ORGANIZATION THAT FOCUSES ON HUNGER AND POVERTY IN DUPAGE COUNTY TH E ORGANIZATION RUNS A FOOD PANTRY, EMPLOYMENT AND TRAINING, AND PROVIDES ENGLISH AS A SECO ND LANGUAGE (ESL) PROGRAMS FOR LOW-INCOME AND/OR FOREIGN-BORN INDIVIDUALS TO IMPROVE STUDE NTS' LEVEL OF ENGLISH ADVOCATE GOOD SAMARITANS 2014-2016 AND THE PREVIOUS 2011-2013 CHNA REPORTS AND IMPLEMENTATION PLANS ARE POSTED ON THE ADVOCATE HEALTH CARE WEBPAGE WITH A MEC HANISM FOR COMMUNITY FEEDBACK AS REQUIRED BY THE AFFORDABLE CARE ACT AS OF DECEMBER 31, 2 017, THERE HAVE BEEN NO COMMEN

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

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	COMMUNITY HEALTH COUNCIL IN CONDUCTING THE 2014-2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CH NA), ADVOCATE SOUTH SUBURBAN HOSPITAL CONSULTED WITH VARIOUS STAKEHOLDERS THAT REPRESENTED THE BROAD INTERESTS OF THE COMMUNITY THE HOSPITAL CONVENED A COMMUNITY HEALTH COUNCIL (C HC) ON FEBRUARY 24, 2016 THE CHCS RESPONSIBILITIES WERE TO 1) OVERSEE COMMUNITY HEALTH W ORK FOR THE HOSPITAL, 2) REVIEW DATA AND PRIORITIZE HEALTH NEEDS IDENTIFIED FOR THE 2014-2 016 COMMUNITY HEALTH NEEDS ASSESSMENT, AND 3) CONTRIBUTE TO THE DEVELOPMENT OF AN IMPLEMEN TATION PLAN TO ADDRESS COMMUNITY HEALTH NEEDS CHAIRED BY A MEMBER OF SOUTH SUBURBAN HOSPI TALS GOVERNING COUNCIL AND MANAGED BY THE REGIONAL DIRECTOR OF COMMUNITY HEALTH, THE CHC I S COMPRISED OF A VARIETY OF REPRESENTATIVES FROM THE COMMUNITY, INCLUDING MULTIPLE COMMUNI TY MEMBERS REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS A LIST OF THE COMMUNITY HEALTH COUNCIL MEMBERS TITLES AND AFFILIATIONS ARE PROVIDED BELOW ASTER ISKS HAVE BEEN USED TO INDICATE INDIVIDUALS WHO REPRESENT MEDICALLY UNDERSERVED, LOW-INCOM E AND MINORITY POPULATIONS 2016 SOUTH SUBURBAN HOSPITAL COMMUNITY HEALTH COUNCIL MEMBERS MEMBERS REPRESENTING THE COMMUNITY *COUNTRY CLUB HILLS SCHOOL DISTRICT 160, SCHOOL NURSE 1 *COUNTRY CLUB HILLS SCHOOL DISTRICT 160, SCHOOL NURSE 2 *FAITH LUTHERAN CHURCH OF HOMEWOO D, PASTOR, ADVOCATE SOUTH SUBURBAN HOSPITAL GOVERNING COUNCIL MEMBER, COMMUNITY HEALTH COU NCIL, CHAIR *GOVERNORS STATE UNIVERSITY, ASSISTANT PROFESSOR 1 *GOVERNORS STATE UNIVERSITY , ASSISTANT PROFESSOR 2 *HAZEL CREST COMMUNITY RESIDENT 1* *HAZEL CREST COMMUNITY RESIDENT 2* *HAZEL CREST COMMUNITY RESIDENT 3* *SOUTH SUBURBAN FAMILY HEALTH, SC, FAMILY MEDICINE PHYSICIAN *SOUTH SUBURBAN MAYORS AND MANAGERS ASSOCIATION, COMMUNITY DEVELOPMENT PLANNER* ADVOCATE SOUTH SUBURBAN HOSPITAL STAFF *ADVOCATE HEALTH CARE, REGIONAL DIRECTOR, COMMUNITY HEALTH *ADVOCATE MEDICAL GROUP, GENERAL SURGEON, ADVOCATE SOUTH SUBURBAN HOSPITAL GOVERNI NG COUNCIL MEMBER *ADVOCATE SOUTH SUBURBAN HOSPITAL, COORDINATOR, COMMUNITY HEALTH *ADVOCA TE SOUTH SUBURBAN HOSPITAL, MARKETING SPECIALIST, PUBLIC AFFAIRS AND MARKETING *ADVOCATE S OUTH SUBURBAN HOSPITAL, VICE PRESIDENT, OPERATIONS, COMMUNITY HEALTH EXECUTIVE SPONSOR THE CHC FUNCTIONS AS A SUBSET OF THE HOSPITALS GOVERNING COUNCIL AND ALL ACTIVITIES AND DECIS IONS MADE BY THE CHC REGARDING THE CHNA ARE SUBMITTED FOR APPROVAL BY THE FULL GOVERNING C OUNCIL GOVERNING COUNCIL AS MENTIONED EARLIER, A MEMBER OF THE SOUTH SUBURBAN HOSPITAL GO VERNING COUNCIL CHAIRS THE COMMUNITY HEALTH COUNCIL, PROVIDING PERIOD FEEDBACK TO THE GOVE RNING COUNCIL ON CHC PROGRESS A MAJORITY OF MEMBERS SERVING ON THE HOSPITALS GOVERNING CO UNCIL (59%) REPRESENT THE COMMUNITY THE PRINCIPAL ROLES OF GOVERNING COUNCIL MEMBERS ARE TO 1) SUPPORT THE HOSPITAL LEADERSHIP IN THEIR PURSUIT OF THE HOSPITALS GOALS, 2) REPRESE NT THE COMMUNITYS INTERESTS TO THE HOSPITAL, AND 3) SERVE AS AN AMBASSADOR OF THE HOSPITAL IN THE COMMUNITY FOR THE CHN

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

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	A, THE ROLE OF THE GOVERNING COUNCIL IS TO PROVIDE INPUT, AND TO REVIEW AND APPROVE THE RE COMMENDATIONS OF THE CHC THE GOVERNING COUNCIL APPROVED SOUTH SUBURBAN HOSPITALS 2016 COM MUNITY HEALTH NEEDS ASSESSMENT REPORT, INCLUDING IDENTIFIED PRIORITIES FOR ACTION AND IMPL EMENTATION STRATEGY, ON DECEMBER 1, 2016 HEALTH IMPACT COLLABORATIVE OF COOK COUNTY IN 20 15, ALL FIVE ADVOCATE HEALTH CARE HOSPITALS PRINCIPALLY SERVING COOK COUNTY, INCLUDING ADV OCATE SOUTH SUBURBAN HOSPITAL, WERE FOUNDING MEMBERS OF THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (HICCC) HICCC IS A BEST PRACTICE COMMUNITY HEALTH INITIATIVE INVOLVING 26 HO SPITALS, 7 HEALTH DEPARTMENTS AND NEARLY 100 COMMUNITY-BASED ORGANIZATIONS THE GOAL OF TH IS COLLABORATIVE IS TO WORK TOGETHER ON A COUNTY-WIDE HEALTH ASSESSMENT AND COMMON HEALTH IMPROVEMENT STRATEGIES ONCE PRIORITIES ARE IDENTIFIED THE ILLINOIS PUBLIC HEALTH INSTITUT E (IPHI) SERVED AS THE BACKBONE ORGANIZATION FOR THE COLLABORATIVE-PROVIDING FACILITATION, DATA COORDINATION AND REPORT PREPARATION ACTIVITIES GIVEN THE SIZE AND DIVERSITY OF COOK COUNTY, THE COLLABORATIVE CREATED THREE REGIONS-NORTH, CENTRAL AND SOUTH-FOR PURPOSES OF ORGANIZING THE ASSESSMENT PROCESS SOUTH SUBURBAN HOSPITAL WAS APPROPRIATELY ASSIGNED TO T HE SOUTH REGION CONSISTING OF BOTH THE SOUTH SIDE OF CHICAGO AND THE SOUTH SUBURBS OF COOK COUNTY, WHERE THE HOSPITAL IS LOCATED COMMUNITY HEALTH STAFF WILL BE PARTICIPATING IN TH E ACTION PLANNING TEAMS FOR CHRONIC DISEASE PREVENTION AND SOCIAL DETERMINANTS OF HEALTH C ONVENED AS PART OF THE HICCC FOR THE ASTHMA AND DIABETES PRIORITIES, TEAMS WILL BE DEVELO PING EDUCATIONAL, OUTREACH AND ENVIRONMENTAL STRATEGIES IN COLLABORATION WITH COMMUNITY PA RTNERS TO IMPROVE THE MANAGEMENT OF THESE DISEASES IN 2017, HICCC MERGED WITH THE HEALTH CHICAGO HOSPITAL COLLABORATIVE THE MERGER ALLOWS PARTNERS TO FURTHER ALIGN THEIR EFFORTS AND ACHIEVE GREATER COLLECTIVE IMPACT IN CHICAGO AND COOK COUNTY ON JUNE 30, 2017, HOSPIT AL PARTNERS FROM BOTH COLLABORATIVES MET TO KICK OFF THE START OF A FULLY MERGED ENTITY T HE NAME SELECTED FOR THE MERGER WAS THE ALLIANCE FOR HEALTH EQUITY (AFHE) THE ALLIANCE FO R HEALTH EQUITY IS A PARTNERSHIP BETWEEN THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI), HOSP ITALS, HEALTH DEPARTMENTS, AND COMMUNITY ORGANIZATIONS ACROSS CHICAGO AND COOK COUNTY BOT H SOUTH SUBURBAN HOSPITALS 2014-2016 CHNA REPORT AND THE PREVIOUS 2011-2013 CHNA REPORT AN D IMPLEMENTATION PLANS AS APPROVED BY THE HOSPITALS GOVERNING COUNCIL ARE POSTED ON THE AD VOCATE HEALTH CARE WEBPAGE WITH A MECHANISM FOR COMMUNITY FEEDBACK AS REQUIRED BY THE AFFO RDABLE CARE ACT AS OF DECEMBER 31, 2017, THERE HAVE BEEN NO COMMENTS OR INQUIRIES RECEIVE D FROM THE COMMUNITY ADVOCATE BROMENN MEDICAL CENTER ADVOCATE BROMENN MEDICAL CENTER, THE MCLEAN COUNTY HEALTH DEPARTMENT, OSF HEALTHCARE ST JOSEPH MEDICAL CENTER AND UNITED WAY OF MCLEAN COUNTY COLLABORATED FOR THE FIRST TIME FOR THE 2016 MCLEAN COUNTY COMMUNITY HEAL TH NEEDS ASSESSMENT THIS EXCI

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.

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ADVOCATE SOUTH SUBURBAN HOSPITAL	TING AND UNIQUE OPPORTUNITY WAS POSSIBLE, ACCORDING TO THE FINAL RULES OF THE PATIENT PROT ECTION AND AFFORDABLE CARE ACT, AS ALL FOUR ENTITIES DEFINE THEIR SERVICE AREA AS MCLEAN C OUNTY THE GOALS OF THE COLLABORATIVE ARE AS FOLLOWS *ESTABLISH THE MCLEAN COUNTY COMMUNI TY HEALTH COUNCIL *ANALYZE DATA COLLECTIVELY *PRIORITIZE AND SELECT THE TOP THREE HEALTH N EEDS FOR MCLEAN COUNTY *GENERATE ONE COMMUNITY HEALTH NEEDS ASSESSMENT FOR MCLEAN COUNTY * WORK COLLABORATIVELY ON A COMMUNITY HEALTH IMPLEMENTATION PLAN ADDRESSING EACH OF THE TOP THREE HEALTH PRIORITIES WITH OTHER KEY COMMUNITY STAKEHOLDERS AT LEAST ONE MEMBER FROM EAC H OF THE FOUR ORGANIZATIONS MADE UP THE EXECUTIVE STEERING COMMITTEE THE STEERING COMMITT EE ANALYZED AN EXTENSIVE QUANTITY OF BOTH PRIMARY AND SECONDARY DATA FROM JULY 2015 TO FEB RUARY 2016 DUE TO THE AVAILABILITY OF NEW DATASETS, THE STEERING COMMITTEE ANALYZED DATA AT A MORE DETAILED LEVEL AND IDENTIFIED HEALTH DISPARITIES FOR GENDER, AGE, RACE/ETHNICITY , AND ZIP CODE FOR A VARIETY OF HEALTH OUTCOMES IN FEBRUARY 2016, THE EXECUTIVE STEERING COMMITTEE PRESENTED 13 HEALTH ISSUES THAT THE DATA SUGGESTED WERE HEALTH PROBLEMS TO THE M CLEAN COUNTY COMMUNITY HEALTH COUNCIL THE MCLEAN COUNTY COMMUNITY HEALTH COUNCIL CONSISTS OF 33 INDIVIDUALS FROM 15 ORGANIZATIONS IN MCLEAN COUNTY REPRESENTING PUBLIC ENTITIES, FA ITH-BASED AND PRIVATE ORGANIZATIONS, SOCIAL SERVICE ORGANIZATIONS, HEALTHCARE FACILITIES A ND CITY AND REGIONAL PLANNING SEVERAL OF THE INDIVIDUALS FROM THE VARIOUS ORGANIZATIONS L ISTED BELOW REPRESENT THE UNDERSERVED, UNINSURED, MINORITY OR LOW-INCOME POPULATIONS MCLE AN COUNTY COMMUNITY HEALTH COUNCIL ADVOCATE HEALTH CARE, HEALTH BLOOMINGTON SCHOOL DISTRIC T 87, YOUTH AND SCHOOLS BLOOMINGTON TOWNSHIP, JOHN M SCOTT HEALTH COMMISSION, UNDERSERVED CHESTNUT HEALTH SYSTEMS, MENTAL HEALTH, FEDERALLY QUALIFIED HEALTH CENTER CITY OF BLOOMIN GTON, CITY PLANNING COMMUNITY HEALTH CARE CLINIC, UNDERSERVED, UNINSURED IMMANUEL HEALTH C ENTER, UNDERSERVED, UNINSURED ILLINOIS STATE UNIVERSITY SCHOOL OF SOCIAL WORK, SOCIAL WORK AND HEALTH RESEARCH MCLEAN COUNTY HEALTH DEPARTMENT, PUBLIC HEALTH MCLEAN COUNTY CENTER F OR HUMAN SERVICES, MENTAL HEALTH, UNDERSERVED MCLEAN COUNTY REGIONAL PLANNING COMMISSION, PLANNING MARCFIRST SPICE, DEVELOPMENTAL DISABILITIES, EARLY CHILDHOOD OSF HEALTHCARE SYSTE M, HEALTH REGIONAL OFFICE OF EDUCATION, SCHOOLS, YOUTH UNITED WAY, CONVENER, FUNDER IN ADD ITION TO EXISTING SECONDARY DATA SOURCES SHARED AND COLLECTED THROUGH THE MCLEAN COUNTY HE ALTH COUNCIL, IT WAS ALSO IMPORTANT TO UTILIZE PRIMARY SURVEY DATA TO COLLECT CURRENT INFO RMATION AND ASK QUESTIONS NOT ASKED ELSEWHERE, SUCH AS RATINGS OF HEALTH ISSUES IN THE COM MUNITY A COMMUNITY HEALTH SURVEY CONSISTING OF 36 DEMOGRAPHIC AND HEALTH-RELATED QUESTION S WAS ADMINISTERED IN MCLEAN COUNTY FROM JULY THROUGH SEPTEMBER 2015 AND YIELDED A TOTAL O F 834 RESPONSES FROM MCLEAN COUNTY RESIDENTS APPROXIMATELY 300 OF THE SURVEYS WERE FROM T HE LOW-INCOME POPULATION BROM

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
CENTRAL ILLINOIS COMMUNITY HEALTH COLLABORATIVE	FOR THE TRI-COUNTY REGION CONSISTING OF PEORIA, WOODFORD AND TAZEWELL COUNTIES, THERE WAS A SECOND COLLABORATIVE CREATED BY A TEAM OF HEALTHCARE PROFESSIONALS FROM OSF HEALTHCARE S AINT FRANCIS MEDICAL CENTER AND UNITYPOINT CALLED THE CENTRAL ILLINOIS COMMUNITY HEALTH CO LLABORATIVE THIS COLLABORATIVE WAS CREATED TO ENGAGE THE ENTIRE COMMUNITY IN IMPROVING PO PULATION HEALTH AS A PART OF THE COMMUNITY HEALTH ASSESSMENT PROCESS MEMBERS OF THE CENTR AL ILLINOIS COMMUNITY HEALTH COLLABORATIVE INCLUDE PEORIA CITY/COUNTY HEALTH DEPARTMENT, TAZEWELL COUNTY HEALTH DEPARTMENT, WOODFORD COUNTY HEALTH DEPARTMENT, KINDRED HOSPITAL, AD VOCATE EUREKA HOSPITAL, HOPEDALE MEDICAL COMPLEX, PEKIN HOSPITAL, HEART OF ILLINOIS UNITED WAY, HEARTLAND COMMUNITY HEALTH CLINIC AND BRADLEY UNIVERSITY, AS WELL AS OSF HEALTHCARE SAINT FRANCIS MEDICAL CENTER AND UNITYPOINT THE DIRECTOR OF COMMUNITY HEALTH FOR ADVOCATE EUREKA HOSPITAL SERVED ON THE CENTRAL ILLINOIS COMMUNITY HEALTH COUNCIL THE COUNCIL MEMB ERS AND ORGANIZATIONS THEY REPRESENT ARE PROVIDED BELOW *SENIOR VICE PRESIDENT AND CEO, O SF SAINT FRANCIS MEDICAL CENTER *VICE PRESIDENT OF AMBULATORY CARE, OSF SAINT FRANCIS MEDI CAL CENTER *DIRECTOR OF BUSINESS & COMMUNITY HEALTH IN AMBULATORY ADMINISTRATION, OSF SAIN T FRANCIS MEDICAL CENTER *VP OF STRATEGY & DEVELOPMENT, UNITYPOINT HEALTH - METHODIST, PRO CTOR *COMMUNITY HEALTH COORDINATOR, HOPEDALE MEDICAL COMPLEX *CONTROLLER, PEKIN HOSPITAL * EPIDEMIOLOGIST, PEORIA CITY/COUNTY HEALTH DEPARTMENT *EPIDEMIOLOGIST, TAZEWELL COUNTY HEAL TH DEPARTMENT *ADMINISTRATOR, TAZEWELL COUNTY HEALTH DEPARTMENT *ADMINISTRATOR, WOODFORD C OUNTY HEALTH DEPARTMENT *CHIEF MEDICAL OFFICER, HEARTLAND HEALTH SERVICES *DIRECTOR OF COM MUNITY HEALTH, ADVOCATE EUREKA HOSPITAL *PRESIDENT, HEART OF ILLINOIS UNITED WAY SEVERAL O F THE INDIVIDUALS FROM THE VARIOUS ORGANIZATIONS LISTED ABOVE REPRESENT THE UNDERSERVED, U NINSURED, MINORITY OR LOW-INCOME POPULATIONS IN ADDITION TO COLLECTING INPUT FROM THE ABO VE COLLABORATIONS, A TRI-COUNTY COMMUNITY HEALTH SURVEY WAS ADMINISTERED FROM JULY THROUGH SEPTEMBER 2015 TO EXAMINE PERCEPTIONS OF COMMUNITY HEALTH ISSUES, UNHEALTHY BEHAVIORS, IS SUES WITH QUALITY OF LIFE, HEALTHY BEHAVIORS AND ACCESS TO HEALTHCARE WOODFORD COUNTY RES ULTS INDICATED THAT 535 RESIDENTS RESPONDED TO THE SURVEY EUREKA HOSPITAL'S 2014-2016 AND PREVIOUS 2011-2013 CHNA REPORTS AND IMPLEMENTATION PLANS ARE POSTED ON THE ADVOCATE HEALT H CARE WEBPAGE WITH A MECHANISM FOR COMMUNITY FEEDBACK AS REQUIRED BY THE AFFORDABLE CARE ACT AS OF DECEMBER 31, 2017, THERE HAVE BEEN NO COMMENTS OR INQUIRIES RECEIVED FROM THE C OMMUNITY PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 6A ADVOCATE CHRIST MEDIC AL CENTER ADVOCATE CHRIST MEDICAL CENTERS CHNA WAS CONDUCTED WITH ADVOCATE CHILDRENS HOSPI TAL, OAK LAWN CAMPUS ADVOCATE CHRIST MEDICAL CENTER AND ADVOCATE CHILDRENS HOSPITAL PARTI CIPATED IN THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (NOW KNOWN AS THE ALLIANCE FOR H EALTH EQUITY), LED BY THE ILLI

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
CENTRAL ILLINOIS COMMUNITY HEALTH COLLABORATIVE	NOIS PUBLIC HEALTH INSTITUTE, THAT INCLUDED OVER 30 HOSPITALS, AS WELL AS 7 HEALTH DEPARTM ENTS, AND OVER 100 COMMUNITY ORGANIZATIONS THIS COLLABORATIVE COMPLETED A COMMUNITY HEALT H NEEDS ASSESSMENT FOR THE NORTH, CENTRAL AND SOUTH REGIONS OF COOK COUNTY CHRIST HOSPITA L WAS AN ACTIVE MEMBER OF THE COLLABORATIVE AND PARTICIPATED FULLY IN THE SOUTH REGION SUR VEY THE PARTICIPATING HOSPITALS IN THE SOUTH REGION INCLUDED *ADVOCATE CHILDRENS HOSPITA L (OAK LAWN, IL) *ADVOCATE SOUTH SUBURBAN HOSPITAL (HAZEL CREST, IL) *ADVOCATE TRINITY HOS PITAL (CHICAGO, IL) *MERCY HOSPITAL AND MEDICAL CENTER (CHICAGO, IL) *PROVIDENT HOSPITAL (CHICAGO, IL) *ROSELAND HOSPITAL (CHICAGO, IL) FOR FULL DETAILS ON THE COLLABORATIVE, PLEAS E REFER TO THE FOLLOWING WEBSITE HTTP //HEALTHIMPACTCC ORG ADVOCATE LUTHERAN GENERAL HOSP ITAL LUTHERAN GENERAL HOSPITAL AND ADVOCATE CHILDREN'S HOSPITAL PARTICIPATED IN THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (HICCC), LED BY THE ILLINOIS PUBLIC HEALTH INSTITUTE THE COLLABORATIVE INCLUDED TWENTY-SIX HOSPITALS, SEVEN HEALTH DEPARTMENTS, AND OVER ONE H UNDRED COMMUNITY ORGANIZATIONS HICCC COMPLETED A CHNA FOR THE NORTH, CENTRAL AND SOUTH RE GIONS OF COOK COUNTY FOR FULL DETAILS ON THE COLLABORATIVE, PLEASE REFER TO FOLLOWING WEB SITE HTTP //HEALTHIMPACTCC ORG ADVOCATE CHILDRENS HOSPITAL ALSO PARTICIPATED IN THE CHIC AGO HOSPITAL COLLABORATIVE LED BY HEALTH AND DISABILITY ADVOCATES, WHICH INCLUDED TWENTY-F IVE HOSPITALS SERVING THE METROPOLITAN CHICAGO AREA FOR FULL DETAILS ON SELECTED ACTION P RIORITY AREAS, PLEASE REFER TO WWW HEALTHYCHIHOSPITALS ORG ADVOCATE LUTHERAN GENERAL HOSP ITAL CO-LED THE NORTH REGION HICCC GROUP WITH PRESENCE RESURRECTION MEDICAL CENTER THERE WERE NINE HOSPITALS, FOUR HEALTH DEPARTMENTS AND THIRTY COMMUNITY ORGANIZATIONS INVOLVED I N THE NORTH REGION THE NINE PARTICIPATING NORTH REGION ILLINOIS HOSPITALS INCLUDED ADVOC ATE LUTHERAN GENERAL HOSPITAL (PARK RIDGE), ADVOCATE ILLINOIS MEDICAL CENTER (CHICAGO), NO RTHSHORE EVANSTON HOSPITAL (EVANSTON), NORTHSHORE GLENBROOK HOSPITAL (GLENVIEW), NORTHSHOR E SKOKIE HOSPITAL (SKOKIE), PRESENCE HOLY FAMILY MEDICAL CENTER (DES PLAINES), PRESENCE RE SURRECTION MEDICAL CENTER (CHICAGO), PRESENCE SAINT FRANCIS HOSPITAL (EVANSTON), AND PRESE NCE SAINT JOSEPH HOSPITAL (CHICAGO) ADVOCATE LUTHERAN GENERAL HOSPITAL UTILIZED THE HICCC NORTH REGION ASSESSMENT AS A FOUNDATION FOR THE HOSPITAL-SPECIFIC COMMUNITY HEALTH NEEDS ASSESSMENT ADVOCATE GOOD SHEPHERD HOSPITAL ADVOCATE GOOD SHEPHERD HOSPITALS CHNA WAS COND UCTED WITH THE FOLLOWING RELATED AND UNRELATED HOSPITALS -RELATED *ADVOCATE CONDELL MEDIC AL CENTER, LIBERTYVILLE, IL (THROUGH THE LAKE COUNTY HEALTH DEPARTMENT) *ADVOCATE SHERMAN HOSPITAL, ELGIN, IL (THROUGH THE MCHENRY COUNTY HEALTH DEPARTMENT) -UNRELATED *CENTEGRA HE ALTH SYSTEMS, MCHENRY, IL (THROUGH THE MCHENRY COUNTY HEALTH DEPARTMENT) *LOVELL FEDERAL H EALTHCARE CENTER, NORTH CHICAGO, IL (THROUGH THE LAKE COUNTY HEALTH DEPARTMENT) *NORTHWEST ERN LAKE FOREST HOSPITAL, LAKE

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Form and Line Reference	Explanation
CENTRAL ILLINOIS COMMUNITY HEALTH COLLABORATIVE	FOREST, IL (THROUGH THE LAKE COUNTY HEALTH DEPARTMENT) *VISTA HEALTH SYSTEMS, WAUKEGAN, I L (THROUGH THE LAKE COUNTY HEALTH DEPARTMENT) ADVOCATE SOUTH SUBURBAN HOSPITAL ADVOCATE SO UTH SUBURBAN HOSPITAL PARTICIPATED IN THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (HICC C), LED BY THE ILLINOIS PUBLIC HEALTH INSTITUTE, THAT INCLUDED 26 HOSPITALS, AS WELL AS 7 HEALTH DEPARTMENTS, AND OVER 100 COMMUNITY ORGANIZATIONS HICCC COMPLETED A COMMUNITY HEAL TH NEEDS ASSESSMENT FOR THE NORTH, CENTRAL AND SOUTH REGIONS OF COOK COUNTY FOR FULL DETA ILS ON THE COLLABORATIVE, PLEASE REFER TO THE FOLLOWING WEBSITE HTTP //HEALTHIMPACTCC ORG / COLLABORATIVE MEMBERS IN THE SOUTH REGION CONSISTED OF 8 HOSPITALS, 4 HEALTH DEPARTMENT S AND A NUMBER OF COMMUNITY ORGANIZATIONS THE PARTICIPATING SOUTH REGION ILLINOIS HOSPITA LS INCLUDED THREE ADVOCATE-RELATED HOSPITALS ADVOCATE TRINITY HOSPITAL (CHICAGO, IL), ADV OCATE CHILDRENS HOSPITAL (OAK LAWN, IL), AND ADVOCATE CHRIST MEDICAL CENTER (OAK LAWN, IL) THE NON-RELATED HOSPITALS PARTICIPATING IN THE SOUTH REGIONAL ASSESSMENT INCLUDED MERCY HOSPITAL AND MEDICAL CENTER (CHICAGO, IL), PROVIDENT HOSPITAL-COOK COUNTY HEALTH AND HOSPI TAL SYSTEM (CHICAGO, IL), ROSELAND COMMUNITY HOSPITAL (CHICAGO, IL), AND SOUTH SHORE HOSPI TAL (CHICAGO, IL) SOUTH SUBURBAN HOSPITAL UTILIZED THE HICCC SOUTH REGIONAL ASSESSMENT AS A FOUNDATION FOR A MORE SITE-SPECIFIC SOUTH SUBURBAN HOSPITAL COMMUNITY HEALTH NEEDS ASSE SSMENT ADVOCATE BROMENN MEDICAL CENTER ADVOCATE BROMENN MEDICAL CENTERS CHNA WAS CONDUCTE D WITH AN UNRELATED HOSPITAL OSF HEALTHCARE ST JOSEPH MEDICAL CENTER ADVOCATE TRINITY HO SPITAL ADVOCATE TRINITY HOSPITAL PARTICIPATED IN THE HEALTH IMPACT COLLABORATIVE OF COOK C OUNTY (HICCC), LED BY THE ILLINOIS PUBLIC HEALTH INSTITUTE, THAT INCLUDED 26 HOSPITALS, AS WELL AS 7 HEALTH DEPARTMENTS, AND OVER 100 COMMUNITY ORGANIZATIONS HICCC COMPLETED A COM PREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE NORTH, CENTRAL AND SOUTH REGIONS OF C OOK COUNTY FOR FULL DETAILS ON THE COLLABORATIVE, PLEASE REFER TO FOLLOWING WEB SITE HTT P //HEALTHIMPACTCC ORG COLLABORATIVE MEMBERS IN THE SOUTH REGION CONSISTED OF 8 HOSPITALS, 4 HEALTH DEPARTMENTS AND A NUMBER OF COMMUNITY ORGANIZATIONS THE PARTICIPATING SOUTH REG ION ILLINOIS HOSPITALS INCLUDED THREE RELATED HOSPITALS ADVOCATE SOUTH SUBURBAN HOSPITAL (CHICAGO, IL), ADVOCATE CHILDRENS HOSPITAL (OAK LAWN, IL), AND ADVOCATE CHRIST MEDICAL CEN TER (OAK LAWN, IL) NON-RELATED HOSPITALS INCLUDED MERCY HOSPITAL AND MEDICAL CENTER (CHIC AGO, IL), PROVIDENT HOSPITALCOOK COUNTY HEALTH AND HOSPITAL SYSTEM (CHICAGO, IL), ROSELAND COMMUNITY HOSPITAL (CHICAGO, IL), AND SOUTH SHORE HOSPITAL (CHICAGO, IL) TRINITY HOSPITA L UTILIZED THE HICCC SOUTH REGION ASSESSMENT AS A FOUNDATION FOR A MORE SITE-SPECIFIC TRIN ITY HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT THE HICCC SOUTH REGION REPORT MAY BE ACCES SED USING THE FOLLOWING WEBSITE LINK HTTP //HEALTHIMPACTCC ORG/WP-CONTENT/UPLOADS/2016/12 /POST-SOUTH-REPORT PDF ADVOCAT

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Form and Line Reference	Explanation
PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 7D	ADVOCATE CHRIST MEDICAL CENTER *ON MARCH 15, 2017, A PRESENTATION WAS DELIVERED TO THE OAK LAWN HEALTH CARE ROTARY *ON MARCH 23, 2017, A PRESENTATION ABOUT THE CURRENT CHNA WAS PR ESENTED TO THE ADVOCATE CHRIST MISSION AND SPIRITUAL CARE CHAPLAINS ADVOCATE LUTHERAN GEN ERAL HOSPITAL THE 2016 CHNA REPORT WAS PRESENTED TO THE HEALTHIER PARK RIDGE COALITION AND HEALTHIER DES PLAINES PROJECT THE REPORT WAS ALSO PRESENTED TO THE COMMUNITY HEALTH COUN CIL ON FEBRUARY 15, 2017 ADVOCATE GOOD SAMARITAN HOSPITAL ADVOCATE HEALTH CARE PARISH NUR SES - THE GOOD SAMARITAN HOSPITAL COMMUNITY HEALTH MANAGER PRESENTED THE CHNA TO ADVOCATE HEALTH CARE PARISH NURSES THAT SERVE CONGREGATIONS IN GOOD SAMARITAN HOSPITALS PRIMARY AND SECONDARY SERVICE AREAS KEY DATA RESULTS AND COMMUNITY HEALTH PRIORITIES WERE OUTLINED I N DETAIL AND EACH PARISH NURSE RECEIVED THE WEBSITE LINK OR HARD-COPY OF THE CHNA GOOD SA MARITAN HOSPITAL CANCER CARE TEAM THE GOOD SAMARITAN HOSPITAL COMMUNITY HEALTH MANAGER PRE SENTED THE CHNA TO THE CANCER CARE COMMUNITY ENGAGEMENT COORDINATOR AND NURSE NAVIGATOR T HE PRESENTATION INCLUDED KEY DATA RESULTS AND HEALTH PRIORITIES THE CHNA SUPPORTS THE DEV ELOPMENT AND COMPLETION OF THE CANCER CARE CENTERS MINI CHNA IN ADDITION, ALL MEMBERS OF THE COMMUNITY HEALTH COUNCIL AND ADVOCATE GOOD SAMARITAN GOVERNING COUNCIL RECEIVED A COPY OF THE FINAL REPORT AND A COPY OF THE CHNA WAS MAILED TO THE AMERICAN CANCER SOCIETY (DUP AGE COUNTY OFFICE) AND THE COMMUNITY MEMORIAL FOUNDATION TO SHARE WITH THEIR COMMUNITY PAR TNERS AND STAKEHOLDERS ADVOCATE GOOD SHEPHERD HOSPITAL GOOD SHEPHERD HOSPITALS COMMUNITY HEALTH STAFF PRESENTED THE CHNA RESULTS TO THE GENERAL COMMUNITY AT A NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) BARRINGTON EVENT AND TO THE CONDELL MEDICAL CENTER COMMUNITY HEALTH COUNCIL COMMUNITY HEALTH STAFF ALSO PRESENTED THE RESULTS INTERNALLY TO THE SENIOR LEADE RSHIP TEAM, CANCER COMMITTEE AND THE GOVERNING COUNCIL IN ADDITION, THE HOSPITAL SENT AN ANNOUNCEMENT OF THE CHNA RESULTS TO EACH GOOD SHEPHERD HOSPITAL EMPLOYEE, WHICH INCLUDED A BRIEF DESCRIPTION OF THE CHNA RESULTS AND THE LINK TO THE FULL REPORT ADVOCATE SOUTH SUB URBAN HOSPITAL ON SEPTEMBER 20, 2017, THE CHNA WAS PRESENTED TO THE HARVEY PUBLIC SCHOOLS NURSE THE COMMUNITY HEALTH COORDINATOR DISCUSSED THE PREVALENCE OF ASTHMA AS A HEALTH DET ERRENT IN THE HARVEY COMMUNITY AS A RESULT OF THE NEEDS ASSESSMENT AND HOW IT AFFECTS CHIL DREN IN THIS COMMUNITY A COPY WAS ALSO LEFT TO SHARE WITH THE SCHOOL BOARD ADVOCATE BROM ENN MEDICAL CENTER AN OVERVIEW OF THE PROCESS AND RESULTS OF THE 2016 MCLEAN COUNTY COMMUN ITY HEALTH NEEDS ASSESSMENTS WERE GIVEN TO THE FOLLOWING GROUPS *MCLEAN COUNTY REGIONAL P LANNING COMMISSION BOARD *ADVOCATE BROMENN MEDICAL CENTER DELEGATE CHURCH ASSOCIATION *CIT Y OF BLOOMINGTON COUNCIL *ADVOCATE BROMENN MEDICAL CENTER AND EUREKA HOSPITAL GOVERNING CO UNCIL *UNITED WAY OF MCLEAN COUNTY BOARD OF DIRECTORS *OSF HEALTHCARE SYSTEMS BOARD OF DIR ECTORS *MCLEAN COUNTY BOARD OF

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 7D	HEALTH *LEADERSHIP MCLEAN COUNTY SEVERAL INTERVIEWS WERE ALSO CONDUCTED BY THE LOCAL MEDI A SUMMARIZING THE 2016 MCLEAN COUNTY COMMUNITY HEALTH ASSESSMENT AN ARTICLE ALSO APPEARED IN THE AREA NEWSPAPER ADVOCATE EUREKA HOSPITAL THE RESULTS OF THE 2016 ADVOCATE EUREKA H OSPITAL CHNA WERE PRESENTED TO *THE ADVOCATE BROMENN MEDICAL CENTER AND ADVOCATE EUREKA H OSPITAL DELEGATE CHURCH ASSOCIATION *THE ADVOCATE BROMENN MEDICAL CENTER AND ADVOCATE EURE KA HOSPITAL GOVERNING COUNCIL PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 11 A DVOCATE CHRIST MEDICAL CENTER 2014-2016 CHNA CHRIST MEDICAL CENTER AND ADVOCATE CHILDRENS HOSPITAL PARTICIPATED IN THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY THROUGH A DATA-DR IVEN COLLABORATIVE ASSESSMENT AND PRIORITIZATION PROCESS, THE HICCC IDENTIFIED FOUR PRIORI TY FOCUS AREAS THE FOUR FOCUS AREAS FOR HICCC INCLUDE THE FOLLOWING *IMPROVING SOCIAL, E CONOMIC, AND STRUCTURAL DETERMINANTS OF HEALTH/REDUCING SOCIAL AND ECONOMIC INEQUITIES, *I MPROVING MENTAL AND BEHAVIORAL HEALTH, *PREVENTING AND REDUCING CHRONIC DISEASE (FOCUS ON RISK FACTORS-NUTRITION, PHYSICAL ACTIVITY AND TOBACCO), AND *INCREASING ACCESS TO CARE AND COMMUNITY RESOURCES ALL HOSPITALS WITHIN THE COLLABORATIVE INCLUDED THE FIRST FOCUS AREA -IMPROVING SOCIAL, ECONOMIC, AND STRUCTURAL DETERMINANTS OF HEALTH-AS A PRIORITY IN THEIR CHNA AND IMPLEMENTATION PLAN EACH HOSPITAL SELECTED AT LEAST ONE OF THE OTHER FOCUS AREAS AS A PRIORITY NEEDS SELECTED TO ADDRESS BY CHRIST MEDICAL CENTER THROUGH THE PROCESS OF UTILIZING CHRIST MEDICAL CENTERS COMMUNITY HEALTH COUNCIL (CHC) AND ANALYZING ZIP CODE LEV EL DATA, CHC MEMBERS SELECTED ASTHMA AND DIABETES AS ADDITIONAL PRIORITIES AS A RESULT OF THE 2014-2016 CHNA PROCESS, CHRIST MEDICAL CENTER WILL HAVE THREE PRIORITIES FOR IMPLEMEN TATION PLANNING AS FOLLOW *ASTHMA *DIABETES *SOCIAL DETERMINANTS OF HEALTH VIOLENCE PREVE NTION VIOLENCE PREVENTION REDUCE VIOLENCE AND INCREASE AWARENESS OF VIOLENCE PREVENTION IN THE PRIMARY SERVICE AREA - THE STRATEGIES WILL INCLUDE EXPANDING THE PARTNERSHIP WITH CEA SEFIRE TO IMPLEMENT AN EVIDENCE-BASED MODEL THAT ADDRESSES VIOLENCE PREVENTION ADDITIONAL VIOLENCE INTERRUPTERS WILL BE HIRED TO COMPLEMENT THE EXISTING INTERRUPTERS ALREADY WORKI NG AT THE MEDICAL CENTER CHRIST MEDICAL CENTER AND ADVOCATE CHILDRENS HOSPITAL WILL CONTI NUE TO ACTIVELY PARTICIPATE IN THE ALLIANCE FOR HEALTH EQUITY (FORMERLY KNOWN AS HEALTH IM PACT COLLABORATIVE OF COOK COUNTY) TO IDENTIFY ADDITIONAL INTERVENTIONS AND RESOURCES TO S UPPORT VIOLENCE PREVENTION STRATEGIES PROGRAM RESULTS FOR 2017 WERE AS FOLLOWS *A TOTAL OF 607 PATIENTS RECEIVED CEASEFIRE INTERVENTION SERVICES *A TOTAL OF 803 VIOLENT INJURY P ATIENTS FROM THE HOSPITALS PSA AND SSA WERE TREATED AT CHRIST MEDICAL CENTER *A TOTAL OF 1,237 VIOLENT INJURY PATIENTS RECEIVED SERVICES FROM THE MEDICAL CENTERS TRAUMA CLINIC BEH AVIORAL HEALTH PROGRAM *90 8% OF INJURY PATIENTS RECEIVED VIOLENCE PREVENTION SERVICES TH ROUGH THE CEASEFIRE PROGRAM *

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Form and Line Reference	Explanation
PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 7D	96 4% OF GUNSHOT/VIOLENT INJURY PATIENTS TREATED AT THE MEDICAL CENTER WERE REFERRED TO CO MMUNITY-BASED BEHAVIORAL HEALTH SERVICES *77 9% OF GUNSHOT/VIOLENT INJURY PATIENTS RECEIV ED SERVICES FROM THE MEDICAL CENTERS TRAUMA CLINIC BEHAVIORAL HEALTH PROGRAM ASTHMA REDUC E THE INCIDENCE OF UNCONTROLLED ASTHMA AMONG ADULTS AND CHILDREN WITHIN THE PRIMARY SERVIC E AREA-STRATEGIES WILL INCLUDE PARTNERING WITH THE METROPOLITAN TENANT ORGANIZATION ON THE HEALTHY HOMES INITIATIVE FOR CHILDREN WITH ASTHMA COMMUNITY HEALTH STAFF WILL COLLABORAT E WITH CLINICAL STAFF IN INPATIENT MEDICAL CENTER UNITS AS WELL AS THE EMERGENCY DEPARTMEN T (ED) TO IMPROVE DISEASE SELF-MANAGEMENT SKILLS FOR PATIENTS AND FAMILIES WITH ASTHMA CH RIST MEDICAL CENTER WILL COLLABORATE WITH ADVOCATE CHILDRENS HOSPITAL-OAK LAWN TO PROVIDE "KICKIN' ASTHMA," AN EVIDENCE-BASED EDUCATION/DISEASE SELF-MANAGEMENT PROGRAM IN HIGH RISK SCHOOLS IN THE PRIMARY SERVICE AREA PROGRAM RESULTS FOR 2017 WERE AS FOLLOWS *A CONTRAC T WITH METROPOLITAN TENANT ORGANIZATION (MTO) WAS EXECUTED IN DECEMBER 2017 AS A RESULT, THERE WERE NO STAFF TRAINED, NO HEALTHY HOME WORKSHOPS WERE OFFERED, OR ANY HEALTHY HOME I NSPECTIONS COMPLETED DUE TO 2017 BEING A PLANNING YEAR *THE AMERICAN LUNG ASSOCIATIONS BR EATHE WELL LIVE WELL PROGRAM IS BEING EVALUATED AS THE ASTHMA SELF MANAGEMENT PROGRAM TO I MPLEMENT FOR ADULTS *ADVOCATE CHILDRENS HOSPITALS HEALTH EDUCATOR WAS TRAINED IN LATE 201 7 TO PROVIDE THE NATIONAL LUNG ASSOCIATIONS KICKIN ASTHMA CLASSES THE HEALTH EDUCATOR WIL L OFFER CLASSES BEGINNING FIRST QUARTER 2018 DIABETES REDUCE THE INCIDENCE OF DIABETES IN PSA COMMUNITIES THAT HAVE THE HIGHEST SOCIONEEDS INDEX - AUBURN GRESHAM, CHICAGO LAWN, BR IGHTON PARK, AND WEST ENGLEWOOD CREATED BY THE HEALTHY COMMUNITIES INSTITUTE, THE SOCIONE EDS INDEX IS A MEASURE OF SOCIOECONOMIC NEED THAT IS CORRELATED WITH POOR HEALTH OUTCOMES INDICATORS FOR THE INDEX ARE WEIGHTED TO MAXIMIZE THE CORRELATION OF THE INDEX WITH PREMA TURE DEATH RATES AND PREVENTABLE HOSPITALIZATION RATES THIS INDEX COMBINES MULTIPLE SOCIO ECONOMIC INDICATORS INTO A SINGLE COMPOSITE VALUE AS A SINGLE INDICATOR, THE INDEX CAN SE RVE AS A CONCISE WAY TO EXPLAIN WHICH AREAS ARE OF HIGHEST NEED THE SCORES CAN RANGE FROM 1 TO 100 A SCORE OF 100 REPRESENTS THE HIGHEST SOCIOECONOMIC NEED STRATEGIES INCLUDE 1 IMPLEMENTATION OF THE CENTER OF DISEASE CONTROL (CDC) NATIONAL DIABETES PREVENTION PROGR AM'S (DPP) PREVENT T2 IN TARGETED COMMUNITY AREAS IN PARTNERSHIP WITH COMMUNITY-BASED ORGA NIZATIONS AND FAITH COMMUNITIES, 2 ESTABLISHMENT OF CHRIST MEDICAL CENTER AS A DESIGNATED DIABETES PREVENTION PROGRAM APPROVED SITE BY COLLABORATING WITH CLINICAL DIABETES EDUCATI ON TEAM, AND 3 INCREASING COMMUNITY EDUCATIONAL OPPORTUNITIES TO SUPPORT DIABETES SELF-MA NAGEMENT SKILLS PROGRAM RESULTS FOR MAY 2017 TO DECEMBER 2017 WERE AS FOLLOWS *THE CDC A PPLICATION WAS SUBMITTED IN MAY 2017 AND PENDING STATUS WAS RECEIVED IN JUNE 2017 *ONE YE AR-LONG DPP PREVENT T2 COHORT

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BECOME A TRAUMA-INFORMED CHILDREN'S HOSPITAL	PLANS INCLUDE BECOMING THE FIRST TRAUMA-INFORMED CHILDRENS HOSPITAL IN THE METROPOLITAN CH ICAGO AREA, AS WELL AS FURTHERING THE PARTNERSHIP WITH THE ADVERSE CHILDHOOD EXPERIENCES (ACE) PROGRAM OF THE HEALTH AND MEDICINE POLICY RESEARCH GROUP TO DETERMINE BEST PRACTICES FOR TRAINING THE HOSPITALS CLINICAL TEAM ON ACES AND THEIR IMPACT ON IMPROVING CHILDRENS H EALTH OUTCOMES ADVOCATE CHILDRENS HOSPITAL WILL ALSO WORK CLOSELY WITH THE CHICAGO DEPART MENT OF PUBLIC HEALTH TO ASSIST IN REACHING ITS HEALTHY CHICAGO 2 0 GOAL OF BECOMING A TRA UMA-INFORMED CITY AND WITH ILLINOIS SENATOR DICK DURBIN TO SUPPORT LEGISLATION TO FURTHER TRAUMA-INFORMED CARE FOR CHILDREN PROGRAM RESULTS IN 2017 WERE AS FOLLOWS *ADVOCATE CHIL DRENS HOSPITAL HAS SECURED EXECUTIVE LEADERSHIP SUPPORT INCLUDING THE CHIEF MEDICAL OFFICE R *A WORKGROUP HAS BEEN FORMED TO DETERMINE NECESSARY PROCESS AND POLICY CHANGES *PATIEN T SCREENING AND ASSESSMENT TOOLS WERE REVIEWED AND STAFF TRAINING MODULES WERE DEVELOPED *PEER SUPPORT FOR THE CLINICAL TEAM WAS PROVIDED *RESILIENCY TRAINING THROUGH THE VITAL H EARTS PROGRAM, WHICH IS AN EVIDENCE-BASED BEST PRACTICE MODEL OF FOSTERING RESILIENCY AND SELF-CARE FOR CLINICIANS, WAS USED TO TRAIN OVER 200 CLINICIANS IMPROVE CHILDRENS ACCESS TO PRIMARY HEALTH CARE IN ADVOCATE CHILDRENS HOSPITALS PSA AND SSA STRATEGIES INCLUDE OFFE RING TARGETED, SCHOOL-BASED HEALTH SERVICES TO HIGH RISK, LOW-INCOME CHILDREN WHO ARE UNIN SURED OR ARE RECEIVING MEDICAID SERVICES INCLUDE PRIMARY MEDICAL CARE, IMMUNIZATIONS, AST HMA AND WEIGHT MANAGEMENT, WELLNESS AND HEALTH EDUCATION ADVOCATE CHILDRENS HOSPITAL WILL IMPROVE ACCESS TO PRIMARY HEALTH SERVICES THROUGH A MOBILE HEALTH CLINIC-THE RONALD MCDON ALD CARE MOBILE, IMPROVE COMPLIANCE FOR PHYSICALS AND IMMUNIZATIONS AT TARGETED SCHOOLS, E STABLISH MEDICAL AND SOCIAL REFERRAL NETWORKS AND IMPROVE ASTHMA EDUCATION AND COMPLIANCE FOR PATIENTS SEEN ON THE CARE MOBILE PROGRAM RESULTS FOR 2017 WERE AS FOLLOWS *ADVOCATE CHILDRENS HOSPITAL TREATED 1,301 PATIENTS IN OAK LAWN PSA/SSA *THE CARE MOBILE TEAM PROVI DED A COMBINED TOTAL OF 2,226 PHYSICALS PROVIDED IN THE NORTH AND SOUTH PSA/SSA (A NEW ELE CTRONIC MEDICAL RECORD SYSTEM DID NOT PROVIDE SEPARATE DATA FOR BOTH THE NORTH AND SOUTH C AMPUSES) *A TOTAL OF 2,008 VACCINES WERE GIVEN IN OAK LAWN PSA/SSA, WITH A REPORTED A 95- 98% COMPLIANCE RATE FOR SELECT SCHOOLS IN THE SERVICE AREA *REFERRAL PARTNERSHIPS EXIST W ITH ADVOCATE HEALTH CARE, MOBILE CARE CHICAGO FOR DENTAL AND ASTHMA, AGELESS EYE CARE, AND METROPOLITAN FAMILY SERVICES FOR FOLLOW-UP AND SPECIALTY SERVICES REFERRALS AS NEEDED ST UDENTS WERE ALSO GIVEN LOCAL REFERRAL LISTS FOR FEDERALLY QUALIFIED HEALTH CENTERS AND PRO VIDERS WHO ACCEPT MEDICAID IN ORDER TO ESTABLISH A MEDICAL HOME GOING FORWARD *A TOTAL OF 1,465 STUDENTS WERE REFERRED TO A PRIMARY CARE PHYSICIAN, DENTIST, OPTOMETRIST OR SPECIAL IST REFERRAL SERVICES WILL BE ENHANCED IN 2018 WHEN THE CLINICAL TEAM WILL HAVE ACCESS TO NOWPOW, A SOCIAL AND HEALTH S

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BECOME A TRAUMA-INFORMED CHILDREN'S HOSPITAL	ERVICES REFERRAL SYSTEM THIS PROGRAM WILL ALSO PROVIDE MORE FREQUENT CONTACT WITH PARENTS OF REFERRED PATIENTS TO INCREASE FOLLOW-UP WITH COMMUNITY RESOURCES AND SCHEDULED APPOINT MENTS REDUCE INCIDENCE OF UNCONTROLLED ASTHMA IN CHILDREN STRATEGIES INCLUDE TARGETING AS THMA SELF-MANAGEMENT SERVICES TO LOW-INCOME CHILDREN TREATED ON THE RONALD MCDONALD CARE M OBILE ADVOCATE CHILDRENS HOSPITAL RESPIRATORY CARE SPECIALISTS AND HEALTH EDUCATORS WILL ALSO OFFER THE NATIONAL LUNG ASSOCIATIONS KICKIN ASTHMA SCHOOL-BASED ASTHMA EDUCATION PROG RAM TO TARGETED MIDDLE AND HIGH SCHOOL AGED STUDENTS PROGRAM RESULTS 2017 WERE AS FOLLOWS *SIXTY-THREE CARE MOBILE PATIENTS RECEIVED CONCENTRATED 1 1 EDUCATION REGARDING ASTHMA S ELF-MANAGEMENT SEVENTY-FIVE PERCENT OF STUDENTS SURVEYED POST SESSION COMPREHENDED AND RE TAINED INFORMATION TAUGHT *ADVOCATE CHILDRENS HOSPITAL HEALTH EDUCATOR WAS TRAINED IN LAT E 2017 TO PROVIDE THE NATIONAL LUNG ASSOCIATIONS KICKIN ASTHMA CLASSES THE HEALTH EDUCATO R WILL OFFER CLASSES BEGINNING FIRST QUARTER 2018 HEALTH NEEDS NOT SELECTED TO ADDRESS BY ADVOCATE CHILDRENS HOSPITAL CHILDHOOD OBESITY WHILE NOT AN IDENTIFIED AREA FOR ACTION, CH ILDHOOD OBESITY IS BEING ADDRESSED THROUGH THE HOSPITAL-SPONSORED PROACTIVE KIDS PROGRAM F OR WEIGHT LOSS AND WEIGHT MANAGEMENT, AND SOON THROUGH THE HOSPITAL'S NEW HEALTHY ACTIVE L IVING PROGRAM, WHICH IS A WEIGHT MANAGEMENT PROGRAM FOR OVERWEIGHT AND OBESE CHILDREN LARG ELY INSURED THROUGH MEDICAID ORAL HEALTH ADVOCATE CHILDRENS HOSPITAL IS COLLABORATING WIT H MOBILE CARE CHICAGO, AN ORGANIZATION PROVIDING MOBILE DENTAL CARE TO THE AREA'S UNDERSER VED WHERE APPROPRIATE, PATIENTS SEEN THROUGH THE CHILDRENS HOSPITALS RONALD MCDONALD CARE MOBILE PROGRAM ARE REFERRED FOR CARE TO MOBILE CARE CHICAGO AND AREA DENTISTS ACCEPTING M EDICAID ADVOCATE LUTHERAN GENERAL HOSPITAL 2014-2016 CHNA IN 2016, ADOVCATE LUTHERAN GENE RAL HOSPITAL (LUTHERAN GENERAL HOSPITAL) COMPLETED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WITH INPUT FROM THE COMMUNITY HEALTH COUNCIL THE COUNCIL IS COMPOSED OF VARIOUS KEY STAKEHOLDERS FROM COMMUNITIES WITHIN LUTHERAN GENERAL HOSPITAL'S SERVICE AREA AFTER REVIEWING PRIMARY AND SECONDARY DATA, THE COUNCIL SELECTED THREE HEALTH NEEDS AS P RIORITIES FOR HOSPITAL ACTION HEART DISEASE, HEALTH LITERACY AND WORKFORCE DEVELOPMENT T HE HOSPITAL'S COMMUNITY HEALTH COUNCIL MET QUARTERLY DURING THE 2014-2016 CHNA PROCESS TH ERE WERE TWO ADDITIONAL MEETINGS IN 2016 FOR DATA REVIEW AND PRIORITIZATION OF HEALTH NEED S OUTLINED BELOW ARE THE THREE SELECTED PRIORITIES AND RESPECTIVE 2017 UPDATES FOR EACH P RIORITY LUTHERAN GENERAL HOSPITALS SELECTED HEALTH NEEDS TO ADDRESS HEALTH LITERACY NAVIG ATING THE HEALTH CARE SYSTEM PROGRAM-STRATEGY ONE PARTNER WITH ADVOCATE CHILDREN'S HOSPIT AL PARK RIDGE TO ENGAGE AND SUPPORT LOCAL SCHOOL DISTRICTS IN IMPLEMENTING THE NAVIGATING THE HEALTH CARE SYSTEM, A HEALTH LITERACY CURRICULUM 2017 NAVIGATING THE HEALTH CARE SYST EM-STRATEGY ONE UPDATES/PROGRE

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BECOME A TRAUMA-INFORMED CHILDREN'S HOSPITAL	SS *PARTNERED WITH THREE SCHOOLS IN DISTRICT 207 (MAINE EAST, WEST AND SOUTH) TO IMPLEMENT THE NAVIGATING THE HEALTH CARE SYSTEM PROGRAM *THREE TEACHERS WERE TRAINED IN THE NAVIGA TING THE HEALTH CARE SYSTEM CURRICULUM *FOUR CLASSES WERE OFFERED TO THE NIGHT SCHOOL STU DENTS OF DISTRICT 207 *FORTY-FIVE STUDENTS COMPLETED THE NAVIGATING THE HEALTH CARE SYSTE M CURRICULUM *THERE WAS A 10% INCREASE IN KNOWLEDGE AMONG DISTRICT 207 STUDENTS MEASURED BY THE HEALTH LITERACY POST-TEST AGENCY FOR HEALTHCARE RESEARCH AND QUALITY-STRATEGY TWO PARTNER WITH LUTHERAN GENERAL HOSPITAL PHYSICIANS TO IMPLEMENT THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ) HEALTH LITERACY ASSESSMENT AND RECOMMENDATIONS WITHIN THE PRIM ARY CARE SETTING 2017 AGENCY FOR HEALTHCARE RESEARCH AND QUALITY PROGRAM-STRATEGY TWO UPD ATES/PROGRESS *2017 WAS A STRATEGIC PLANNING YEAR FOR IMPLEMENTING THE AGENCY FOR HEALTHCA RE RESEARCH AND QUALITY ASSESSMENTS AND ACTION PLANS, THUS THERE WERE NO HEALTH LITERACY A SSESSMENTS COMPLETED CARDIOVASCULAR DISEASE EMPOWER TO SERVE (ETS) PROGRAM-STRATEGY ONE PARTNER WITH PRESENCE RESURRECTION MEDICAL CENTER (PRMC) TO TRAIN COMMUNITY LEADERS WITH T HE EMPOWERED TO SERVE CURRICULUM (ETS), A HEART HEALTH CURRICULUM, IN IRVING PARK (60641) 2017 EMPOWER TO SERVE PROGRAM-STRATEGY ONE UPDATES/PROGRESS *ONE INTERN WAS TRAINED BY LU THERAN GENERAL HOSPITAL TO FACILITATE EMPOWERED TO SERVE IN THE IRVING PARK FOOD PANTRY * ONE COMPLETE SERIES OF ETS WAS OFFERED AND IMPLEMENTED AT THE IRVING PARK FOOD PANTRY *TH IRTY-SIX PARTICIPANTS ATTENDED THE IRVING PARK FOOD PANTRY EMPOWER TO SERVE SESSIONS *LUT HERAN GENERAL HOSPITAL COLLABORATED WITH DOMINICAN UNIVERSITY TO COORDINATE TEN WEEKLY COO KING DEMONSTRATIONS, PRECEEDING THE ETS CLASSES *THERE WAS A SIX PERCENT INCREASE IN KNOW LEDGE FOR THE SURVEY QUESTION OF "WHY IS CHECKING YOUR BLOOD PRESSURE IMPORTANT " *THERE W AS A FORTY-TWO PERCENT INCREASE IN KNOWLEDGE AMONG PARTICIPANTS WHO WERE ABLE TO IDENTIFY THE SYMPTOMS OF A STROKE USING F A S T BLOOD PRESSURE CHECKS-STRATEGY TWO TRACK THE BLOO D PRESSURE OF ADULTS WHO UTILIZE THE IRVING PARK FOOD PANTRY IN THE 60641 ZIP CODE 2017 B LOOD PRESSURE CHECKS-STRATEGY TWO UPDATES/PROGRESS *ONE-HUNDRED AND TWO PARTICIPANTS FROM THE IRVING PARK FOOD PANTRY RECEIVED A BLOOD PRESSURE SCREENING *THERE WERE TWELVE SCREEN INGS THAT OCCURRED EVERY WEDNESDAY FROM JUNE THROUGH NOVEMBER 2017 *WHEN ASKED, "CAN YOU NAME AT LEAST ONE RISK FACTOR FOR HEART DISEASE?" EIGHTY-THREE PERCENT OF PARTICIPANTS COU LD STATE WHAT NORMAL BLOOD PRESSURE WAS IN THE POST-ASSESSMENT, COMPARED TO TWENTY-SEVEN P ERCENT IN THE PRE-ASSESSMENT *WHEN ASKED, "DO YOU KNOW WHAT AN OPTIMAL (NORMAL) BLOOD PRE SSURE RANGE IS?" NINETY-SEVEN PERCENT OF PARTICIPANTS ANSWERED CORRECTLY IN THE POST-ASSES SMENT, COMPARED TO SIXTY-SEVEN PERCENT IN THE PRE-ASSESSMENT *NINETY PERCENT OF PARTICIPA NTS ANSWERED BOTH QUESTIONS CORRECTLY IN THE POST-ASSESSMENT COMPARED TO FORTY-NINE PERCEN T IN THE PRE-ASSESSMENT WORKS

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CULTURAL HEALTH DISPARITIES	AS INDICATED IN THE 2011-2013 CHNA, CULTURAL HEALTH DISPARITIES STILL EXIST, BUT THIS AREA WAS NOT CHOSEN AS A PRIORITY FOR THE 2014-2016 CHNA AS STATED IN AN EARLIER SECTION, LUT HERAN GENERAL HOSPITAL HAS CONTINUED TO EXPAND AND ENHANCE ITS CULTURAL INITIATIVES TO ADD RESS HEALTH EQUITY THESE INITIATIVES INCLUDE THE SOUTH ASIAN CARDIOVASCULAR CENTER AND PR OGRAMS FOR THE KOREAN, POLISH AND HISPANIC COMMUNITIES ADVOCATE CHILDRENS HOSPITAL HEALTH NEEDS NOT SELECTED TO ADDRESS CHILDHOOD OBESITY ADVOCATE CHILDREN'S HOSPITAL DID NOT SELE CT CHILDHOOD OBESITY AS A HEALTH NEED THE HOSPITAL IS, HOWEVER, ADDRESSING CHILDHOOD OBES ITY THROUGH THE HOSPITALS HEALTHY ACTIVE LIVING PROGRAM-A WEIGHT MANAGEMENT PROGRAM FOR OV ERWEIGHT AND OBESE CHILDREN LARGELY INSURED THROUGH MEDICAID COMPONENTS OF THE PROGRAM AR E OFFERED TO STUDENTS IN THE EXPANDED LEARNING PROGRAM OF EAST MAINE SCHOOL DISTRICT 63 A STHMA HOSPITAL UTILIZATION DATA SHOWS THAT DES PLAINES AND WHEELING-AREAS WITH LARGE VOLUM ES OF MEDICAID MANAGED CARE PARTICIPANTS-ARE TWO OF THE TOP NINE COMMUNITIES ACCOUNTING FO R SIXTY-ONE PERCENT OF ALL ASTHMA DISCHARGES DATA ALSO SHOWS THAT THE EMERGENCY ROOM (ER) RATE DUE TO PEDIATRIC ASTHMA HAS STEADILY RISEN SINCE 2009 WHILE ASTHMA WAS NOT SPECIFIC ALLY SELECTED AS A HEALTH NEED, ASTHMA EDUCATION AND TREATMENT ARE A FOCUS OF PRIMARY CARE SERVICES BEING PROVIDED AS PART OF THE SCHOOL-BASED MODEL DESCRIBED ABOVE SELECT SCHOOLS WITH LARGE CONCENTRATIONS OF CHILDREN WHO EXPERIENCE ASTHMA, AS IDENTIFIED BY STAFF OF TH E RONALD MCDONALD CARE MOBILE, WILL RECEIVE THE AMERICAN LUNG ASSOCIATION'S KICKIN' ASTHMA PROGRAM THIS PROGRAM OFFERS SMALL GROUP EDUCATION REGARDING TRIGGERS, SYMPTOMS AND PROPE R MANAGEMENT OF THE DISEASE ADVOCATE GOOD SAMARITAN HOSPITAL 2014-2016 CHNA HEALTH NEEDS SELECTED TO ADDRESS HEALTHY LIFESTYLES OBESITY AND POOR NUTRITION ARE THE MAIN CAUSES OF M ANY CHRONIC DISEASES AND HEALTH ISSUES INCLUDING HEART DISEASE, STROKE, SOME CANCERS AND D IABETES TAKING THIS INTO CONSIDERATION, THE CHC SELECTED HEALTHY LIFESTYLES AS ONE OF THE TWO HEALTH PRIORITIES TO ADDRESS, DUE TO THE LARGE IMPACT IT HAS ON QUALITY OF LIFE AND O VERALL HEALTH STATUS THE PREVENTION OF OBESITY, PROPER NUTRITION AND PHYSICAL ACTIVITY HA VE THE POTENTIAL TO DECREASE THE RATE OF CHRONIC DISEASE THUS INCREASING LIFE EXPECTANCY A ND QUALITY OF LIFE THE TERM HEALTHY LIFESTYLES IS USED TO ENCOMPASS MULTIPLE FACTORS THAT CAUSE OBESITY AND IMPACT QUALITY DATA ALSO REVEALED THAT LOW-INCOME POPULATIONS WITHIN D UPAGE COUNTY HAVE HIGHER RATES OF OBESITY INDICATING OBESITY PREVENTION AND NUTRITION EDUC ATION IS AN ESSENTIAL NEED IN THE MORE VULNERABLE COMMUNITIES WITHIN THE HOSPITAL'S PRIMAR Y SERVICE AREA (PSA) BELOW, ARE STRATEGIES THAT THE HOSPITAL WILL IMPLEMENT TO ADDRESS TH E HEALTHY LIFESTYLES PRIORITY IN THE HOSPITALS DEFINED COMMUNITY FOOD PANTRY WORKSHOPS-ST RATEGY ONE PARTNER WITH UNIVERSITY OF ILLINOIS EXTENSION, NORTHERN ILLINOIS FOOD BANK AND LOCAL FOOD PANTRIES TO IMPLEM

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CULTURAL HEALTH DISPARITIES	ENT HEALTHY LIFESTYLE WORKSHOPS IN FOOD PANTRIES WITHIN GOOD SAMARITAN HOSPITAL'S PSA 201 7 FOOD PANTRY WORKSHOP-STRATEGY ONE UPDATES/PROGRESS A SERIES OF 4 WORKSHOPS PER PANTRY WE RE IMPLEMENTED IN 2017 PEOPLES RESOURCE CENTER (WESTMONT) HAD 16 PARTICIPANTS (CONSISTENT THROUGHOUT SERIES) AND WEST SUBURBAN COMMUNITY FOOD PANTRY HAD 20 PARTICIPANTS (CONSISTEN T THROUGHOUT SERIES) THERE WERE TWO FOOD PANTRIES THAT PARTICIPATED-PEOPLES RESOURCE CENT ER (WESTMONT) AND WEST SUBURBAN COMMUNITY FOOD PANTRY AN AVERAGE OF 65 PERCENT OF WORKSHO P SERIES PARTICIPANTS REPORTED THAT THEY PLANNED ON MAKING AT LEAST ONE HEALTHY CHANGE IN THEIR LIFESTYLE AS A RESULT OF THE WORKSHOP(S) 72 PERCENT OF WORKSHOP PARTICIPANTS REPORT ED THAT THEY "MOST OF THE TIME"ALMOST ALWAYS" THINK ABOUT HEALTHY FOOD CHOICES WHEN FEEDIN G THEIR FAMILY AS A RESULT OF THE WORKSHOP(S) AN AVERAGE OF 90 PERCENT OF WORKSHOP PARTIC IPANTS "AGREED" TO "STRONGLY AGREED" THAT THEY LEARNED NEW AND PRACTICAL INFORMATION AS A RESULT OF THE WORKSHOPS AN UNEXPECTED ADDITIONAL POSITIVE OUTCOME OF THE WORKSHOP SERIES HAS BEEN THAT THE PARTICIPANTS HAVE BEGUN TO SHARE RECIPES AND IDEAS ABOUT IMPROVING THEIR LIFESTYLES WITH EACH OTHER, CREATING AN INFORMAL PEER SUPPORT GROUP HEALTHY SCHOOLS PROG RAM-STRATEGY TWO PARTNER WITH ACTION FOR HEALTHY KIDS TO SUPPORT SCHOOLS IN GOOD SAMARITA N HOSPITAL'S PSA IN CREATING A HEALTHY SCHOOL ENVIRONMENT AND BECOMING RECOGNIZED AS A CER TIFIED HEALTHY SCHOOL UNDER THE USDA'S HEALTHIER US SCHOOLS CHALLENGE 2017 HEALTHY SCHOOL S PROGRAM - STRATEGY TWO UPDATES/PROGRESS GOOD SAMARITAN HOSPITAL AND ACTION FOR HEALTHY K IDS (AFHK) IS COLLABORATING WITH TWO SCHOOLS IN THE HOSPITAL'S PSA BOTH SCHAFER AND SIPLE Y ELEMENTARY SCHOOLS HAVE 50 PERCENT OF STUDENTS WHO ARE LOW-INCOME AND ELIGIBLE FOR FREE/ REDUCED LUNCH BOTH PARTNER SCHOOLS HAVE ACTIVE SCHOOL HEALTH TEAMS THAT ARE ENGAGED IN TH E IMPLEMENTATION OF ACTION PLAN STRATEGIES IN 2017, THERE HAVE BEEN AT LEAST 15 TECHNICAL ASSISTANCE INTERACTIONS WITH EACH PARTNER SCHOOL THE AVERAGE SHI SCORE WAS 71 95% (SIPLE Y 66 67%, SCHAFER 77 22%) BOTH SCHOOLS IMPLEMENTED AT LEAST ONE PHYSICAL ACTIVITY IMPROVE MENT STRATEGY BOTH SCHOOLS SHARED INFORMATION ON PHYSICAL ACTIVITY AND NUTRITION WITH PAR ENTS THROUGH THE SCHOOL NEWSLETTER PROACTIVE KIDS-STRATEGY THREE GOOD SAMARITAN HOSPITAL , IN PARTNERSHIP WITH EDWARD-ELMHURST HEALTH SYSTEM, WILL IMPLEMENT AN 8-WEEK HEALTHY LIFE STYLE PROGRAM FOR OBESE AND OVERWEIGHT CHILDREN LIVING IN GOOD SAMARITAN HOSPITALS PSA 20 17 PROACTIVE KIDS - STRATEGY THREE UPDATES/PROGRESS GOOD SAMARITAN HOSPITAL AND EDWARD-ELM HURST HEALTH OFFERED ONE PAK SESSION AT THE LOMBARD PARK DISTRICT -10 KIDS WERE IN ATTEND ANCE FOR THE FIRST PAK SESSION AT THE LOMBARD PARK DISTRICT -48 PERCENT OF PAK REGISTRANT S ATTENDED THE FIRST CLASS OF EACH SESSION -7 OUT OF THE 10 (70 PERCENT) KIDS GRADUATED F ROM THE PROGRAM -40 PERCENT OF PARTICIPANTS RECOGNIZED A SIGNIFICANT TO SOLID IMPROVEMENT IN THEIR COMMITMENT TO FITNES

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CULTURAL HEALTH DISPARITIES	S AT THE CONCLUSION OF THE 8-WEEK PROGRAM -40 PERCENT OF PROGRAM PARTICIPANTS REPORTED RE COGNIZING A SIGNIFICANT TO SOLID IMPROVEMENT IN THEIR DIET AND NUTRITION AT THE CONCLUSION OF THE 8-WEEK PROGRAM CARDIOVASCULAR WORKSHOPS - STRATEGY FOUR THE GOOD SAMARITAN HOSPI TAL CARDIOVASCULAR (CV) SERVICE LINE WILL CREATE AND IMPLEMENT 2-3 HEALTHY LIFESTYLE WORKS HOPS IN THE HOSPITALS PSA 2017 CARDIOVASCULAR WORKSHOPS - STRATEGY FOUR UPDATES/PROGRESS GOOD SAMARITAN HOSPITAL'S CV SERVICE LINE IMPLEMENTED 2 WORKSHOPS IN 2017 -63 PEOPLE PART ICIPATED IN HEALTHY LIFESTYLE WORKSHOPS IN 2017 -100 PERCENT OF PARTICIPANTS WERE ABLE TO IDENTIFY AT LEAST TWO RISK FACTORS FOR HEART AND BRAIN ATTACKS AT THE CONCLUSION OF THE W ORKSHOP -2 ORGANIZATIONS HOSTED THE WORKSHOP IN 2017-GLORIA DEI LUTHERAN CHURCH AND VILLA ST BENEDICT MENTAL HEALTH THE CHC SELECTED MENTAL HEALTH AS THE SECOND HEALTH NEED PRIO RITY DATA TRENDS INDICATED THAT MENTAL HEALTH ISSUES ARE INCREASING AND THE NEED FOR MENT AL HEALTH SERVICES AND PROGRAMMING IS CONTINUING TO GROW THIS IS A HEALTH NEED THAT IS AL SO CORRELATED WITH SUBSTANCE ABUSE AS MANY SUBSTANCE USERS/ABUSERS ALSO EXPERIENCE MENTAL HEALTH ISSUES AND MANY INDIVIDUALS WITH MENTAL HEALTH DISORDERS EXPERIENCE SUBSTANCE ABUSE ISSUES THE NATIONAL ALLIANCE FOR MENTAL ILLNESS (NAMI), ONE OF THE LEADING MENTAL HEALTH AGENCIES IN DUPAGE COUNTY, PROVIDED MENTAL HEALTH DATA THAT ALSO INDICATED THE NEED FOR R ESILIENCE AND MENTAL HEALTH CRISIS TRAINING AMONG ADOLESCENTS AND YOUNG ADULTS THE HIGH R ATES OF ED VISITS AND HOSPITALIZATION DUE TO MENTAL HEALTH ISSUES ARE PREVENTABLE THROUGH EMPLOYING COPING MECHANISMS AND RESILIENCE TRAINING THE CHC IS SPECIFICALLY INTERESTED IN PROGRAMS THAT PREVENT MENTAL HEALTH EMERGENCIES AND DECREASE ED VISITS AND HOSPITALIZATIO N DUE TO MENTAL HEALTH ISSUES BELOW, ARE STRATEGIES THAT THE HOSPITAL WILL IMPLEMENT TO A DDRESS MENTAL HEALTH IN THE HOSPITALS PSA ENDING THE SILENCE-STRATEGY ONE PARTNER WITH N ATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI DUPAGE) TO IMPLEMENT THE ENDING THE SILENCE (ETS) PROGRAM IN MIDDLE AND HIGH SCHOOLS WITHIN GOOD SAMARITAN HOSPITAL'S PSA 2017 ENDING THE SILENCE - STRATEGY ONE UPDATES/PROGRESS -IN 2017, OVER 11 ETS CLASSES WERE HELD AT WESTMO NT HIGH AND EISENHOWER MIDDLE SCHOOLS -OVER 200 STUDENTS PARTICIPATED AND COMPLETED THE E TS PROGRAM -2 SCHOOLS HOSTED THE ETS PROGRAM IN 2017 - WESTMONT HIGH SCHOOL AND EISENHOWE R MIDDLE SCHOOL -92 PERCENT OF WESTMONT HIGH SCHOOL STUDENTS REPORTED THEY KNEW THE SIGNS OF MENTAL ILLNESS IN THE POST EVALUATION SURVEY -63 PERCENT OF WESTMONT HIGH SCHOOL STUD ENTS REPORTED FEELING MORE COMFORTABLE TALKING ABOUT MENTAL ILLNESS ON THE POST EVALUATION SURVEY -74 PERCENT OF WESTMONT HIGH SCHOOL STUDENTS REPORTED LEARNING NEW INFORMATION AB OUT MENTAL ILLNESS ON THE POST EVALUATION SURVEY MENTAL HEALTH FIRST AID - STRATEGY TWO PROVIDE MENTAL HEALTH FIRST AID (MHFA) TO HOSPITAL ASSOCIATES AND STAFF AND COMMUNITY ORGA NIZATIONS/BUSINESSES SERV

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ADVOCATE GOOD SHEPHERD HOSPITAL	2014-2016 CHNA GOOD SHEPHERD HOSPITAL CONDUCTED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASS ESSMENT WHICH INCLUDED THE SELECTION OF HEALTH PRIORITIES THROUGH A CONSENSUS PRIORITIZATI ON PROCESS BY THE COMMUNITY HEALTH COUNCIL THE COUNCIL RECOMMENDED, AND THE HOSPITAL GOVE RNING COUNCIL APPROVED, TWO HEALTH AREAS FOR PRIORITY ACTION OBESITY AND MENTAL HEALTH S TEPS BEING TAKEN TO ADDRESS THE TWO PRIORITIES ARE BELOW NEEDS SELECTED TO ADDRESS OBESIT Y GOOD SHEPHERD HOSPITAL IS ADDRESSING OBESITY IN THE SERVICE AREA THROUGH THREE EVIDENCE- BASED PROGRAMS THE FIRST PROGRAM IS THE NUTRITION AND PHYSICAL ACTIVITY SELF-ASSESSMENT F OR CHILD CARE (GO NAP SACC) PROGRAM THE GO NAP SACC PROGRAM IS AN EVIDENCE-BASED EARLY IN TERVENTION PROGRAM TARGETING INFANTS THROUGH PRE-KINDERGARTEN WHICH AIMS TO ADVANCE THE CH ILDCARE ENVIRONMENT BY IMPROVING NUTRITION, PHYSICAL ACTIVITY AND POLICIES IN THE CHILD CA RE CENTER THE HOSPITAL WILL LEAD THE GO NAP SACC ASSESSMENT PROCESS WITH CHILDCARE CENTER S IN COMMUNITIES WITH HIGH SOCIONEEDS INDEX SCORES WITHIN THE HOSPITAL SERVICE AREA SOCIO ECONOMIC NEED WAS DETERMINED BY THE HEALTHY COMMUNITIES INSTITUTES (HCI) CALCULATIONS TO C REATE AN INDEX USING SIX MAJOR SOCIO-NEEDS INDICATORS THAT ARE CORRELATED WITH POOR HEALTH OUTCOMES THE INDICATORS INCLUDE INCOME, UNEMPLOYMENT, OCCUPATION, EDUCATION, LANGUAGE, A ND POVERTY GOOD SHEPHERD HOSPITAL HAS PARTNERED WITH ADVOCATE CONDELL MEDICAL CENTER AND ADVOCATE SHERMAN HOSPITAL TO MAKE THIS PROGRAM A REGIONAL INITIATIVE IN 2017, ADVOCATE HE ALTH CARE LED THE LAUNCH OF A MULTI-STAKEHOLDER CHICAGOLAND COALITION TO RAISE FUNDS FOR T HE WEB-BASED GO NAP SACC PROGRAM FOR THE STATE OF ILLINOIS THE UNIVERSITY OF NORTH CAROLI NA PERFORMED ON-LINE DEMONSTRATIONS OF GO NAP SACC TO COALITION MEMBERS AND COMMUNITY PART NERS GOOD SHEPHERD HOSPITAL STAFF HELD MULTIPLE PLANNING MEETINGS WITH THE LAKE COUNTY HE ALTH DEPARTMENT AND COMPLETED A NAP SACC TRAINING THE COMMUNITY HEALTH STAFF ALSO DEVELOP ED A NAP SACC INFORMATION GUIDE AND PROMOTIONAL MATERIALS FOR RECRUITING CHILDCARE CENTERS IN THE COMMUNITY THE SECOND OBESITY-PREVENTION PROGRAM IS THE CENTERS FOR DISEASE CONTRO L AND PREVENTION (CDC) WORKSITE WELLNESS PROGRAM WHICH TARGETS ADULTS IN THE WORKPLACE TH E PROGRAM FOLLOWS THE CDC FOUR-STEP WORKPLACE HEALTH MODEL AND INVOLVES USING THE CDC WORK SITE HEALTH SCORECARD WORKSITE NUTRITION AND PHYSICAL ACTIVITY PROGRAMS ARE DESIGNED TO I MPROVE HEALTH-RELATED BEHAVIORS AND HEALTH OUTCOMES GOOD SHEPHERD HOSPITAL COMMUNITY HEAL TH STAFF IS WORKING WITH THE HOSPITALS COMMUNITY RELATIONS DIRECTOR TO PROVIDE WORKSITE HE ALTH TRAINING AND PROGRAMS TO CHAMBERS OF COMMERCE AND SMALL BUSINESSES WITHIN THE SERVICE AREA IN 2017, GOOD SHEPHERD HOSPITAL ESTABLISHED RELATIONSHIPS WITH THE ALGONQUIN/LAKE I N THE HILLS (LITH) CHAMBER OF COMMERCE AND THE CRYSTAL LAKE CHAMBER OF COMMERCE THE CHAMB ERS ASSISTED IN FACILITATING RELATIONSHIPS WITH LOCAL SMALL BUSINESSES THAT WERE INTERESTE D IN CREATING AND IMPLEMENTING

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.

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ADVOCATE GOOD SHEPHERD HOSPITAL	A WORKSITE WELLNESS PROGRAM HOSPITAL STAFF PROVIDED A WORKSITE WELLNESS PRESENTATION TO 17 CHAMBER BUSINESSES THROUGH THE ALGONQUIN/LITH CHAMBER OF COMMERCE CASA (COURT APPOINTE D SPECIAL ADVOCATE) MCHENRY COUNTY COMPLETED THE CDC WORKSITE WELLNESS SCORECARD ASSESSMEN T AND DRAFTED AN ACTION PLAN FOR 2018 AFTER CASA REVIEWED THEIR WORKSITES STRENGTHS AND W EAKNESSES, THEY SELECTED TO TARGET STAFF EDUCATION AND POLICIES IN THEIR 2018 ACTION PLAN THE THIRD OBESITY PREVENTION INITIATIVE IS FOOD INSECURITY (FI) SCREENING AND RESOURCE RE FERRAL THE FI SCREEN RAPIDLY IDENTIFIES HOUSEHOLDS AT RISK FOR FOOD INSECURITY, ENABLING PROVIDERS TO TARGET SERVICES THAT AMELIORATE THE ASSOCIATED HEALTH AND DEVELOPMENTAL CONSE QUENCES THE TWO - ITEM EVIDENCE-BASED FI SCREEN TOOL WAS ORIGINALLY DESIGNED TO BE SENSIT IVE, SPECIFIC AND VALID AMONG LOW-INCOME FAMILIES WITH YOUNG CHILDREN THE HOSPITAL WILL C OLLABORATE WITH SENIOR SERVICE ORGANIZATIONS IN THE GOOD SHEPHERD HOSPITAL SERVICE AREA TO SCREEN SENIORS FOR FOOD INSECURITY, USING THE HUNGER VITAL SIGN FI QUESTIONNAIRE INDIVID UALS WHO ARE IDENTIFIED AS FOOD INSECURE ARE REFERRED TO COMMUNITY RESOURCES (FOOD PANTRIE S, SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), MEALS ON WHEELS, CONGREGATE MEAL PROG RAMS, FARMERS MARKETS AND COMMUNITY GARDENS IN 2017, GOOD SHEPHERD HOSPITAL STAFF CREATED THE GOOD SHEPHERD HOSPITAL FOOD AND NUTRITION RESOURCE GUIDE WITH 45 RESOURCES THROUGHOUT THE COMMUNITY THIS GUIDE IS AVAILABLE TO ANY COMMUNITY MEMBER AND IS PROVIDED TO ALL SEN IORS SCREENING POSITIVE FOR FOOD INSECURITY AT THE LOCAL SENIOR PARTNER LOCATIONS COMMUNI TY HEALTH STAFF RECRUITED AND TRAINED TWO AGENCIES WHO COUNSEL AND ASSIST SENIORS IN THE C OMMUNITY, THE GOOD SHEPHERD HOSPITAL SENIOR SERVICES DEPARTMENT AND THE BARRINGTON AREA CO UNCIL ON AGING (BACOA) EACH OF THESE AGENCIES INCORPORATED THE HUNGER VITAL SIGN FI SCREE NING INTO THEIR COUNSELING APPOINTMENTS WITH SENIORS IN 2017, 180 SENIORS COMPLETED THE H UNGER VITAL SIGN SCREENING AND SEVEN SENIORS SCREENED POSITIVE FOR FOOD INSECURITY (FOUR P ERCENT) MENTAL HEALTH THE HOSPITAL IS ADDRESSING MENTAL HEALTH IN THE GOOD SHEPHERD HOSPI TAL SERVICE AREA THROUGH THREE STRATEGIES THE FIRST STRATEGY UTILIZES MENTAL HEALTH FIRST AID TRAINING MENTAL HEALTH FIRST AID IS AN INTERNATIONAL EVIDENCE-BASED PROGRAM, DESIGNE D TO HELP PEOPLE RECOGNIZE INDIVIDUALS WITH MENTAL HEALTH PROBLEMS AND PROVIDE SKILLS TO H ELP THOSE WHO ARE HAVING A MENTAL HEALTH CRISIS TO ACCESS HELP THE HOSPITAL WILL HOLD MUL TIPLE EIGHT-HOUR MENTAL HEALTH FIRST AID SESSIONS IN MCHENRY COUNTY USING THE MENTAL HEAL TH YOUTH FIRST AID CURRICULUM, THE HOSPITAL WILL TARGET TEACHERS, PHYSICAL EDUCATION (PE) INSTRUCTORS AND COACHES THE HOSPITAL WILL ALSO HOLD EIGHT-HOUR MENTAL HEALTH FIRST AID SE SSIONS FOR GOOD SHEPHERD HOSPITAL CARE MANAGERS, SOCIAL WORKERS AND ONCOLOGY NURSE NAVIGAT ORS FINALLY, THE HOSPITAL WILL ENSURE THE TRAINING OF TWO INDIVIDUALS TO BECOME MENTAL HE ALTH FIRST AID INSTRUCTORS, WH

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.

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ADVOCATE GOOD SHEPHERD HOSPITAL	ICH REQUIRES COMPLETING A 40-HOUR TRAINING COURSE IN 2017, GOOD SHEPHERD HOSPITAL HOSTED ONE MENTAL HEALTH FIRST AID TRAINING IN PUBLIC SAFETY TO 23 FIRST RESPONDERS IN WAUCONDA A ND THROUGHOUT THE COMMUNITY THIS SESSION WAS HELD IN PARTNERSHIP WITH ADVOCATE CONDELL ME DICAL CENTER POST-SURVEY RESULTS SHOWED ONE HUNDRED PERCENT OF PARTICIPANTS HAD AN INCREA SED KNOWLEDGE OF DE-ESCALATION TECHNIQUES AND WERE MORE CONFIDENT ABOUT RECOGNIZING AND CO RRECTING MISCONCEPTIONS ABOUT MENTAL HEALTH AND MENTAL ILLNESSES THROUGH COLLABORATION WI TH CONDELL MEDICAL CENTER, THE HOSPITAL ALSO SPONSORED ONE POLICE OFFICER FROM THE WAUCOND A POLICE DEPARTMENT TO COMPLETE THE 40-HOUR MENTAL HEALTH FIRST AID PUBLIC SAFETY INSTRUCT OR COURSE THIS POLICE OFFICER NOW IS INSTRUCTING OTHER POLICE OFFICERS AND FIRST RESPONDE RS IN THE COMMUNITY IN THE 8-HOUR MENTAL HEALTH FIRST AID CLASS AFTER MULTIPLE MEETINGS W ITH SCHOOL DISTRICTS, DISCUSSING MENTAL HEALTH YOUTH FIRST AID TRAINING, IT WAS DISCOVERED THAT AN EIGHT-HOUR COURSE IS DIFFICULT TO SCHEDULE FOR TEACHERS DURING THE SCHOOL DAY DU E TO THIS, THE HOSPITAL ARRANGED A ONE-HOUR QUESTION, PERSUADE AND REFER (QPR) AND STRESS MANAGEMENT TRAINING FOR 64 HEINEMAN MIDDLE SCHOOL STAFF AND ADMINISTRATORS QPR IS AN EVID ENCE-BASED SUICIDE PREVENTION TRAINING DESIGNED TO EMPOWER A PERSON WITH THE TOOLS TO IDEN TIFY IF SOMEONE IS SUICIDAL AND REFER THEM TO PROFESSIONAL RESOURCES WAUCONDA HIGH SCHOOL SCHEDULED A MENTAL HEALTH YOUTH FIRST AID TRAINING SESSION FOR FEBRUARY OF 2018, WITH THE CURRICULUM TAILORED TO FIT INTO THE SCHOOL PROFESSIONAL DEVELOPMENT SCHEDULE THE SECOND STRATEGY TO ADDRESS MENTAL HEALTH IS TO INCREASE THE NUMBER OF ADULTS WHO ARE SCREENED FOR DEPRESSION AND, IF POSITIVE, REFERRED TO SUPPORTIVE SERVICES BY HEALTH CARE PROFESSIONALS COLLABORATIVE CARE FOR THE MANAGEMENT OF DEPRESSIVE DISORDERS IS A MULTICOMPONENT, HEALT HCARE SYSTEM-LEVEL INTERVENTION THAT USES CASE MANAGERS TO LINK PRIMARY CARE PROVIDERS, PA TIENTS AND MENTAL HEALTH SPECIALISTS THIS COLLABORATION IS DESIGNED TO IMPROVE THE ROUTIN E SCREENING AND DIAGNOSIS OF DEPRESSIVE DISORDERS, INCREASE PROVIDER USES OF EVIDENCE-BASE D PROTOCOLS FOR THE PROACTIVE MANAGEMENT OF DIAGNOSED DEPRESSIVE DISORDERS, AND IMPROVE CL INICAL AND COMMUNITY SUPPORT FOR ACTIVE PATIENT ENGAGEMENT IN TREATMENT GOAL SETTING AND S ELF-MANAGEMENT GOOD SHEPHERD HOSPITAL IS SCREENING HOSPITAL PATIENTS, AGE 65 AND OLDER, O BSTETRIC PATIENTS AND CARDIOLOGY PATIENTS HOSPITAL HEALTH CARE PROFESSIONALS REFER INDIVI DUALS WHO SCREEN POSITIVE TO COMMUNITY AND MENTAL HEALTH SUPPORT SERVICES IN 2017, GOOD S HEPHERD HOSPITAL STRENGTHENED RELATIONSHIPS WITH THE LAKE COUNTY HEALTH DEPARTMENT AND THE MCHENRY COUNTY MENTAL HEALTH BOARD WITH THE GOAL OF IMPROVING THE REFERRAL PROCESS COMMU NITY HEALTH STAFF COMPLETED VERIFICATION THAT DEPRESSION SCREENINGS USING THE PHQ-9 SCREEN ING TOOL ARE OCCURRING AT GOOD SHEPHERD HOSPITAL REFERRALS TO MENTAL HEALTH PROVIDERS ARE BEING COMPLETED BY PHYSICIANS

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ADVOCATE SOUTH SUBURBAN HOSPITAL	2014-2016 CHNA AS AN IMPORTANT PART OF THE CHNA PROCESS, SOUTH SUBURBAN HOSPITAL'S COMMUNI TY HEALTH TEAM REVIEWED HICCC DATA AS WELL AS ADDITIONAL SERVICE AREA SPECIFIC DATA FROM P RIMARY AND SECONDARY SOURCES THIS DATA HIGHLIGHTED THE PREVALENT HEALTH ISSUES WITHIN THE HOSPITAL'S PRIMARY AND SECONDARY SERVICE AREA AFTER REVIEW OF EXTENSIVE DATA, THE LEADIN G CAUSES OF DEATH, HOSPITALIZATIONS AND OVERARCHING HEALTH ISSUES WERE SUMMARIZED AND PRES ENTED TO THE HOSPITAL'S COMMUNITY HEALTH COUNCIL FOR PRIORITIZATION DATA PRESENTED TO THE CHC TARGETED THE FOLLOWING HEALTH CONDITIONS IDENTIFIED AS IMPORTANT IN SOUTH SUBURBAN HO SPITAL'S PRIMARY AND SECONDARY SERVICE AREA ASTHMA, CANCER, DIABETES, HEART DISEASE, HYPE RTENSION AND STROKE THE FOLLOWING CRITERIA WERE ALSO CONSIDERED IN DETERMINING PRIORITIES *DEGREE TO WHICH COMMUNITY PARTNERS ARE INVOLVED IN SOLVING/ADDRESSING THE HEALTH ISSUE, *HOSPITAL AND COMMUNITY RESOURCES AVAILABLE TO ADDRESS THE HEALTH ISSUE, *HOSPITAL'S CAPA CITY TO ADDRESS THE HEALTH ISSUES, *IMPORTANCE OF THE HEALTH PROBLEM TO THE COMMUNITY, AND *DEGREE TO WHICH EFFECTIVE PROGRAMS ARE AVAILABLE TO THE COMMUNITY AFTER DISCUSSION AND REVIEW OF SIGNIFICANT DATA FINDINGS, THE CHC MEMBERS WERE INSTRUCTED TO RANK THE SEVEN HEA LTH CONDITIONS BY VOTING ON THOSE THAT THEY PERCEIVED TO BE THE MOST IMPORTANT TO ADDRESS FOR THE COMMUNITIES WITHIN THE HOSPITAL'S PRIMARY SERVICE AREA THE MULTI-VOTING STRATEGY RESULTED IN ASTHMA AND DIABETES RECEIVING THE HIGHEST NUMBER OF VOTES HOUSING WAS SELECTE D AS A FOCUS AREA BY CHC MEMBERS AS THE SOCIAL, ECONOMIC OR STRUCTURAL DETERMINANT OF HEAL TH RELATED TO THE HICCC PRIORITY THEREFORE, FOR THE 2014-2016 CHNA, SOUTH SUBURBAN HOSPIT AL SELECTED THREE PRIORITIES FOR IMPLEMENTATION PLANNING 1) ASTHMA, 2) DIABETES, AND 3) H OUSING AS A SOCIAL DETERMINANT OF HEALTH (SDOH) NEEDS SELECTED AS PRIORITIES TO ADDRESS A STHMA ASTHMA AND OTHER RESPIRATORY-RELATED DISEASES WITHIN SOUTH SUBURBAN HOSPITAL'S PSA W ERE SELECTED AS THE TOP HEALTH NEED TO ADDRESS AN EXAMINATION OF SOUTH SUBURBAN HOSPITAL' S INPATIENT ADMISSIONS AND EMERGENCY DEPARTMENT UTILIZATION DATA SHOWED THERE WERE A SIGNI FICANT NUMBER OF INDIVIDUALS THAT SEEK SERVICES FOR ASTHMA/RESPIRATORY HEALTH ISSUES FROM THE HOSPITAL IN FACT, PULMONARY ADMISSIONS WERE THE SECOND MOST PREVALENT TYPE OF INPATIE NT ADMISSION AND THE EIGHTH MOST PREVALENT REASON FOR EMERGENCY DEPARTMENT VISITS THE SEV ERITY AND PREVALENCE OF ASTHMA IS MOST EVIDENT IN LOW-INCOME, MINORITY COMMUNITIES TO ADD RESS ASTHMA IN THE HIGH-RISK COMMUNITIES THE HOSPITAL SERVES, THE HOSPITAL HAS DIRECTED IT S KICKIN' ASTHMA PROGRAM TOWARD THE MOST VULNERABLE COMMUNITIES IN ITS SERVICE AREA THESE COMMUNITIES INCLUDE CHICAGO HEIGHTS, 60411, HARVEY, 60426, MARKHAM, 60428, HAZEL CREST, 60429, AND COUNTRY CLUB HILLS, 60478 THE FOLLOWING OUTCOMES WERE ACHIEVED DURING 2017 ST RATEGY 1 EXPAND THE KICKIN ASTHMA PROGRAM TO SCHOOLS IN THE FOLLOWING ZIP CODES 60411, 6 0426, 60428, 60429 AND 60478

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ADVOCATE SOUTH SUBURBAN HOSPITAL	*3 PARTNER SCHOOLS HOSTED THE KICKIN ASTHMA PROGRAM IN 2017 *31 STUDENTS PARTICIPATED IN THE PROGRAM AT A PARTICIPATION RATE OF 88% *ZERO OF THE 31 STUDENTS WHO TOOK THE KICKIN' ASTHMA CLASS HAD AN ED VISIT WITHIN 3 MONTHS POST PROGRAM STRATEGY 2 WORK WITH THE SOUTH SUBURBAN HOSPITAL ASTHMA COMMITTEE TO IMPROVE DISEASE SELF-MANAGEMENT SKILLS FOR PATIENTS AND FAMILIES WITH ASTHMA* *87% OF PEDIATRIC PATIENTS AGE 5-17 YEARS WITH A DIAGNOSIS OF ASTHMA SYMPTOMS IN THE ED RECEIVED AN ASTHMA ACTION PLAN *78% OF PEDIATRIC PATIENTS AGE 5 -17 YEARS WITH A DIAGNOSIS OF ASTHMA SYMPTOMS IN THE ED RECEIVED ASTHMA EDUCATION AS DOCUM ENTED IN THE CHART *93% OF PEDIATRIC PATIENTS WITH A DIAGNOSIS OF ASTHMA SYMPTOMS IN THE ED WERE DISCHARGED WITH STEROIDS *100% OF PEDIATRIC PATIENTS WITH A PRIMARY DIAGNOSIS OF ASTHMA SYMPTOMS IN THE ED HAD PARENTS OR GUARDIANS WHO INDICATED THE DISCHARGE PRESCRIPTIO NS WERE FILLED AS VERIFIED BY A POST-DISCHARGE CALL *READMISSIONS/REVISITS RATES FOR 2017 WAS 4% OF ED PEDIATRIC VISITS FOR ASTHMA THAT REPRESENTED READMISSIONS FOR ASTHMA FOR THE CALENDAR YEAR THERE WERE 229 ED VISITS WITH ONLY 10 READMISSIONS/REVISITS IT SHOULD BE NOTED THAT DATA FROM JULY THROUGH DECEMBER WAS NOT CAPTURED BY THE RESPIRATORY DEPARTMENT DUE TO SIGNIFICANT STAFF CHANGES STRATEGY 3 PROVIDE ASTHMA EDUCATION THROUGH PARTNERSHIP S WITH COMMUNITY ORGANIZATIONS THAT TEACH PARTICIPANTS WHAT ADULTS SHOULD DO IN CASE A CHI LD EXPERIENCES AN ASTHMA ATTACK *THERE WERE 7 PARTNERSHIPS ESTABLISHED WITH COMMUNITY-BAS ED ORGANIZATIONS IN 2017 WITH A TOTAL OF 17 HOURS OF ASTHMA EDUCATION OFFERED *24 PARTICI PANTS FROM THE 7 PARTNER ORGANIZATIONS WERE TRAINED IN ASTHMA EDUCATION *ALL ATTENDEES IN DICATED AN INCREASED KNOWLEDGE OF ASTHMA DURING A POST TRAINING POLL DIABETES ACCORDING T O THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH, MORE THAN 29 MILLION PEOPLE IN THE UNITED STAT ES HAVE DIABETES MELLITUS ABOUT ONE-THIRD OF THESE PEOPLE ARE UNAWARE THAT THEY HAVE DIAB ETES AND ARE NOT UNDER MEDICAL CARE EACH YEAR, 1 9 MILLION NEW CASES OF DIABETES ARE DIAG NOSED IN PEOPLE AGE 20 YEARS AND OLDER IN ILLINOIS, APPROXIMATELY 800,000 PEOPLE 18 YEARS OF AGE AND OLDER HAVE DIAGNOSED DIABETES, WITH ANOTHER 500,000 PEOPLE UNAWARE THEY HAVE T HE DISEASE INDIVIDUALS WITH DIABETES ARE AT INCREASED RISK FOR HEART DISEASE, BLINDNESS, KIDNEY FAILURE, AND LOWER EXTREMITY AMPUTATIONS (NOT RELATED TO INJURIES) DIABETES AND IT S COMPLICATIONS OCCUR AMONG ALL AGE, RACIAL AND ETHNIC GROUPS TO ADDRESS DIABETES IN THE HIGHER RISK COMMUNITIES IT SERVES, THE HOSPITAL IS SEEKING TO BECOME A CDC RECOGNIZED FACI LITY TO IMPLEMENT THE PREVENT T2 DIABETES PREVENTION PROGRAM THE HOSPITAL HAS PARTNERED W ITH LOCAL CHURCHES AND COMMUNITY PARTNERS TO HOST THE PROGRAM THE PROGRAM IS DESIGNED TO EDUCATE INDIVIDUALS WHO HAVE BEEN DIAGNOSED WITH PRE-DIABETES TO PREVENT OR DELAY THE ONSE T OF DIABETES THROUGH EDUCATION, DIET AND EXERCISE THE FOLLOWING OUTCOMES WERE ACHIEVED D URING 2017 STRATEGY 1 HIRE A

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ADVOCATE SOUTH SUBURBAN HOSPITAL	LIFESTYLE COACH TO IMPLEMENT THE NATIONAL DIABETES PREVENTION PROGRAM (DPP), PREVENT T2, IN MARKHAM (60428) AND CHICAGO HEIGHTS (60411) IN COLLABORATION WITH COMMUNITY ORGANIZATIO NS *THE HOSPITAL COMMUNITY HEALTH COORDINATOR RECEIVED TRAINING TO BECOME A LIFESTYLE COA CH TO FACILITATE THE 2017 SESSION *2 CONTRACTUAL LIFESTYLE COACHES RECEIVED TRAINING IN N OVEMBER 2017 TO EXECUTE ADDITIONAL SESSIONS IN 2018 *THERE WAS 1 COHORT IN PROGRESS DURIN G 2017 WITH 16 CLASSES HELD *SOUTH SUBURBAN HOSPITAL PARTNERED WITH ABUNDANT LIVING CHRIS TIAN CENTER IN DOLTON, ILLINOIS, TO HOST THE INAUGURAL SESSION IN 2017 *60% OF THE PARTICI PANTS WERE ELIGIBLE TO PARTICIPATE IN THE PREVENT T2 PROGRAM BASED ON THEIR A1C LEVEL *40 % OF THE ORIGINAL PROGRAM PARTICIPANTS ARE STILL IN THE PROGRAM *IMPACT INDICATOR MEASURE MENTS WILL NOT BE AVAILABLE UNTIL ONE YEARS WORTH OF DATA IS CAPTURED AND EXAMINED STRATE GY 2 ESTABLISH SOUTH SUBURBAN HOSPITAL AS A CDC DESIGNATED DIABETES PREVENTION PROGRAM AP PROVED SITE *SOUTH SUBURBAN HOSPITAL COMPLETED, SUBMITTED AND RECEIVED CDC PENDING APPROV AL ON MAY 3, 2017, TO BECOME A CDC APPROVED SITE *A TIMELINE FOR PROGRAM IMPLEMENTATION W AS DEVELOPED FOR THE PREVENT T2 PROGRAM IN JULY 2017 *THE FIRST PREVENT T2 PROGRAM BEGAN ON TUESDAY, AUGUST 22, 2017 *50% OF PARTICIPANTS IN THE PROGRAM SELF-REPORTED = 150 MINUT ES OF MODERATE PHYSICAL ACTIVITY STRATEGY 3 RAISE AWARENESS OF PREDIABETES THROUGH EDUCA TION PROGRAMS IN FAITH-BASED ORGANIZATIONS IN MARKHAM (60428) AND CHICAGO HEIGHTS (60411) *6 COMMUNITY PARTNERS WERE IDENTIFIED TO HOST PREDIABETES AWARENESS SESSIONS *5 EDUCATIO N SESSIONS WERE CONDUCTED REGARDING DIABETES AWARENESS *189 INDIVIDUALS RECEIVED EDUCATIO NAL INFORMATION AT COMMUNITY PARTNER SITES REGARDING PREDIABETES *SOUTH SUBURBAN HOSPITAL S DIETITIAN PROVIDED COUNSELING TO 50 INDIVIDUALS AT VICTORY APOSTOLIC CHURCH IN JULY 2017 TO HELP THEM UNDERSTAND HOW FOOD IMPACTS DIABETES *SOUTH SUBURBAN HOSPITALS DIETITIAN AN D PHYSICIAN PROVIDED DIABETES EDUCATION TO 186 INDIVIDUALS IN 2017, WITH 10 INDIVIDUALS RE FERRED TO THE PREVENT T2 PROGRAM

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SOCIAL DETERMINANTS OF HEALTH HOUSING	ACCORDING TO THE AMERICAN LUNG ASSOCIATION, HOMES MAY BE THE MOST CRITICAL ENVIRONMENT FOR MANAGING ASTHMA HOMES OFTEN CONTAIN KNOWN ASTHMA TRIGGERS, INCLUDING SECONDHAND SMOKE, D AMPNESS AND MOLD, COCKROACHES AND DUST MITES "HOMES" INCLUDE APARTMENTS AND OTHER MULTI-U NIT HOUSING, GROUP HOMES, SHELTERS AND INSTITUTIONALIZED SETTINGS, AS WELL AS SINGLE-FAMIL Y HOUSES INDIVIDUALS SUFFERING FROM ASTHMA AND OTHER LUNG DISEASES CAN BE HELPED BY ADOPT ING POLICIES THAT CREATE SAFE HOME ENVIRONMENTS TO ADDRESS THIS SOCIAL DISPARITY, THE HOS PITAL HAS CHOSEN TO IMPLEMENT A HEALTHY HOMES AWARENESS PROGRAM TO IMPROVE HEALTH OUTCOMES FOR ASTHMA PATIENTS IN THE HOSPITALS PRIMARY SERVICE AREA STRATEGY 1 INCORPORATE HEALTH Y HOMES INITIATIVE INTO THE "KICKIN" ASTHMA PROGRAM WITHIN THE PSA *A CONTRACT WITH METRO POLITAN TENANTS ORGANIZATION WAS EXECUTED IN LATE 2017 *HOSPITAL STAFF WILL BE OFFERED TR AINING IN THE HEALTHY HOMES INITIATIVE IN 2018 STRATEGY 2 PARTNER WITH METROPOLITAN TENA NTS ORGANIZATION TO PROVIDE HEALTHY HOMES EDUCATION TO DECREASE ASTHMA TRIGGERS IN HOMES I N PSA COMMUNITIES *A CONTRACT WITH MTO WAS ESTABLISHED IN DECEMBER 2017 STRATEGY 3 WORK WITH THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY TO IDENTIFY ADDITIONAL RESOURCES TO S UPPORT THE HEALTHY HOMES INITIATIVE *PROGRAM STAFF ATTENDED 4 SDOH ACTION TEAM MEETINGS I N 2017 *THE HEALTH IMPACT COLLABORATIVE AND THE CHICAGO HOSPITAL COLLABORATIVE HAVE JOINE D TO CREATE THE ALLIANCE FOR HEALTH EQUITY THE COMMUNITY HEALTH TEAM WILL CONTINUE TO ATT END MEETINGS AND WORK ON COLLABORATIVE PROJECTS SOUTH SUBURBAN HOSPITAL'S COMMUNITY HEALT H COUNCIL REVIEWED ADDITIONAL DATA FROM PRIMARY AND SECONDARY SOURCES THIS DATA HIGHLIGHT ED THE PREVALENT HEALTH ISSUES WITHIN THE HOSPITAL'S PRIMARY SERVICE AREA (PSA) AFTER REV IEW OF HOSPITAL, HICCC, COUNTY, STATE AND HEALTHY COMMUNITIES INSTITUTE (HCI) DATA, THE LE ADING CAUSES OF DEATH, HOSPITALIZATIONS AND OVERARCHING HEALTH ISSUES WERE SUMMARIZED AND PRESENTED TO THE HOSPITALS COMMUNITY HEALTH COUNCIL FOR PRIORITIZATION DATA PRESENTED TO THE COUNCIL TARGETED THE FOLLOWING HEALTH CONDITIONS IDENTIFIED AS IMPORTANT IN SOUTH SUBU RBAN HOSPITAL'S PRIMARY SERVICE AREA ASTHMA, CANCER, DIABETES, HEART DISEASE, AND HYPERTE NSION AND STROKE AFTER DISCUSSION AND REVIEW OF SIGNIFICANT DATA FINDINGS, THE COMMUNITY HEALTH COUNCIL RANKED THE FIVE HEALTH CONDITIONS BY VOTING ON THOSE THAT THEY PERCEIVED TO BE THE MOST IMPORTANT TO ADDRESS FOR COMMUNITIES WITHIN THE HOSPITAL'S PRIMARY SERVICE AR EA THIS STRATEGY RESULTED IN ASTHMA AND DIABETES BEING IDENTIFIED AS THE HEALTH NEEDS TO ADDRESS HOUSING WAS SELECTED AS A FOCUS AREA BY MEMBERS AS THE SOCIAL, ECONOMIC OR STRUCT URAL DETERMINANT OF HEALTH RELATED TO THE HICCC THE COUNCIL SELECTED HOUSING AS THIS HAS A SIGNIFICANT IMPACT ON ASTHMA NEEDS NOT SELECTED ALTHOUGH CANCER, HEART DISEASE, AND HYP ERTENSION AND STROKE WERE NOT SELECTED TO ADDRESS DURING THE CHNA PROCESS, SOUTH SUBURBAN HOSPITAL REMAINS COMMITTED TO

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
SOCIAL DETERMINANTS OF HEALTH HOUSING	SERVING THE HEALTH NEEDS OF THE COMMUNITY FOR INDIVIDUALS WITH THESE HEALTH CONDITIONS CA NCER SOUTH SUBURBAN HOSPITALS CANCER CENTER OFFERS AN ARRAY OF SERVICES, INCLUDING RADIATI ON THERAPY, BRACHYTHERAPY, IMAGE GUIDED RADIATION THERAPY, INTENSITY MODULATED RADIATION T HERAPY, AND MINIMALLY INVASIVE APPROACHES TO CANCER TREATMENT THE BREAST HEALTH CENTER OF FERS EARLY DETECTION SERVICES AS WELL AS ADVANCED PROCEDURES INCLUDING SENTINEL LYMPH NODE BIOPSY FOR BREAST CANCER TREATMENT FOR CANCER DIAGNOSIS AND STAGING ADDITIONALLY, SOUTH SUBURBAN HOSPITAL HAS AN INTEGRATED CANCER COMMITTEE AND CANCER CARE TEAM THAT ARE DEDICAT ED TO DEVELOPING A COMPREHENSIVE, MULTIDISCIPLINARY APPROACH THROUGHOUT THE YEAR VARIOUS EDUCATION AND SCREENING PROGRAMS ARE ALSO HELD IN THE COMMUNITY AND AT THE HOSPITAL THAT F OCUS ON BREAST, LUNG AND PROSTATE CANCERS SOME SERVICES INCLUDE GENETIC COUNSELING, PATIE NT NAVIGATION, CLINICAL TRIALS AND RESEARCH - ALL DESIGNED TO IMPROVE QUALITY OF LIFE FOR PATIENTS AND THEIR FAMILIES ADDITIONALLY, SOUTH SUBURBAN HOSPITAL HAS A STRONG PARTNERSHI P WITH THE CANCER SUPPORT CENTER AND THE AMERICAN CANCER SOCIETY THAT PROMOTES HEALTH AND WELL-BEING FOR INDIVIDUALS LIVING WITH CANCER HEART DISEASE THROUGH THE ADVOCATE HEART IN STITUTE, SOUTH SUBURBAN HOSPITAL OFFERS A CONTINUUM OF SERVICES FROM SCREENING TO DIAGNOSI S AND TREATMENT ADVANCED TREATMENT AND SERVICES INCLUDE COMPREHENSIVE DIAGNOSTIC SERVICES , INCLUDING MINIMALLY-INVASIVE ENDOVASCULAR PROCEDURES, ELECTROPHYSIOLOGICAL PROCEDURES, C OMPUTED TOMOGRAPHY SCANNING, THREE-PHASE CARDIAC REHABILITATION AND A CONGESTIVE HEART FAI LURE PROGRAM THE HOSPITAL COMMITS TO COMMUNITY PREVENTION PROGRAMS BY CONDUCTING HEART HE ALTH EDUCATION CLASSES, AND FREE AND REDUCED HEART RISK SCREENINGS FOR CARDIOVASCULAR HEAL TH THE CONGESTIVE HEART FAILURE PROGRAM IS A COMPREHENSIVE INPATIENT AND OUTPATIENT PROGR AM DESIGNED TO STRENGTHEN THE HEART, IMPROVE HEALTH AND MONITOR CHANGE THE OVERALL GOAL I S TO RESTORE CARDIAC HEALTH AND REDUCE HOSPITALIZATION THROUGH THERAPY, DIET AND OTHER SER VICES THE CARDIAC REHABILITATION PROGRAM IS FOR INDIVIDUALS REQUIRING REHABILITATION SERV ICES FOLLOWING A CARDIOVASCULAR INCIDENT THIS INDIVIDUALIZED PROGRAM IS DESIGNED TO REDUC E BLOOD PRESSURE, BODY MASS INDEX AND STRESS LEVELS THOUGH CUSTOMIZED EXERCISE PROGRAMS, Y OGA AND STRENGTHENING TECHNIQUES HYPERTENSION AND STROKE SOUTH SUBURBAN HOSPITAL IS AN IL LINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH)-DESIGNATED PRIMARY STROKE CENTER AND HAS EARNED THE AMERICAN HEART ASSOCIATIONS GET WITH THE GUIDELINES-STROKE GOLD-PLUS QUALITY ACHIEVEME NT AWARD THE IDPH DESIGNATION SIGNIFIES THAT THE HOSPITAL DELIVERS THE CRITICAL STROKE CA RE ELEMENTS REQUIRED TO ACHIEVE LONG-TERM SUCCESS IN IMPROVING OUTCOMES ACHIEVING STROKE CERTIFICATION ENSURES THAT THE HOSPITAL OFFERS THE HIGHEST LEVEL OF CARE FOR THOSE WHO ARE EXPERIENCING AND RECOVERING FROM A STROKE THE HOSPITAL ALSO OFFERS COMMUNITY EDUCATION E VENTS AND A STROKE SUPPORT GRO

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Form and Line Reference	Explanation
SOCIAL DETERMINANTS OF HEALTH HOUSING	UP FOR INDIVIDUALS AND THEIR CAREGIVERS THAT IS HELD MONTHLY AT THE HOSPITAL

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Form and Line Reference	Explanation
ADVOCATE BROMENN MEDICAL CENTER	2014-2016 CHNA HEALTH NEEDS SELECTED THE MCLEAN COUNTY COMMUNITY HEALTH COUNCIL SELECTED A CCESS TO APPROPRIATE HEALTHCARE FOR THE UNDERSERVED AND AREAS OF HIGH SOCIOECONOMIC NEEDS, BEHAVIORAL HEALTH, AND OBESITY AS THE THREE HEALTH PRIORITIES FOR THE 2016 MCLEAN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT IN ADDITION TO COMPLETING A JOINT COMMUNITY HEALTH NEED S ASSESSMENT FOR MCLEAN COUNTY, BROMENN MEDICAL CENTER, THE MCLEAN COUNTY HEALTH DEPARTMEN T, OSF HEALTHCARE ST JOSEPH MEDICAL CENTER AND UNITED WAY OF MCLEAN COUNTY COMPLETED THE JOINT MCLEAN COUNTY 2017-2019 COMMUNITY HEALTH IMPROVEMENT PLAN TO DEVELOP THE 2017-2019 COMMUNITY HEALTH IMPROVEMENT PLAN, A SUBCOMMITTEE COMPRISED OF KEY STAKEHOLDERS FOR EACH O F THE HEALTH PRIORITIES LISTED BELOW WAS FORMED THE SUBCOMMITTEES PLAYED AN INTEGRAL ROLE IN THE DEVELOPMENT OF THE INTERVENTION STRATEGIES AND ASSOCIATED PROCESS AND OUTCOME INDI CATORS ACCESS TO APPROPRIATE CARE FOR THE UNDERSERVED AND AREAS OF HIGH SOCIOECONOMIC NEE DS ACCESS TO APPROPRIATE CARE FOR THE UNDERSERVED AND AREAS OF HIGH SOCIOECONOMIC NEED WAS SELECTED AS A HEALTH PRIORITY BY THE MCLEAN COUNTY COMMUNITY HEALTH COUNCIL NOT ONLY BECA USE OF ITS HIGH PRIORITY SCORE (158 6) DERIVED FROM THE HANLON METHOD, BUT FOR SEVERAL OTH ER REASONS ACCESS TO APPROPRIATE CARE IS AN IMPORTANT ISSUE THAT AFFECTS MANY HEALTH OUTC OMES IMPROVING ACCESS IN SPECIFIC AREAS AND FOR TARGETED POPULATIONS CAN HAVE A WIDESPREA D IMPACT ON A VARIETY OF HEALTH OUTCOMES RANGING FROM ORAL HEALTH TO BEHAVIORAL HEALTH DA TA PRESENTED TO THE COUNCIL ALSO INDICATED THAT THERE ARE SIGNIFICANT GEOGRAPHIC AND RACIA L/ETHNIC DISPARITIES IN MCLEAN COUNTY THAT MAY BE RELATED TO ACCESS TO CARE RESEARCH AND SUBJECT MATTER EXPERTISE SUGGESTED THAT THERE ARE A VARIETY OF FACTORS THAT CAN IMPROVE AC CESS TO APPROPRIATE CARE RANGING FROM INCREASED CAPACITY FOR URGENT CARE CLINICS AND PRIMA RY CARE OFFICES, TRANSPORTATION, AND PROVIDER AND CONSUMER EDUCATION HIGHLIGHTS FOR STEPS TAKEN IN 2017, AS A PART OF THE 2017-2019 MCLEAN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN TO ADDRESS ACCESS TO APPROPRIATE CARE FOR THE UNDERSERVED, ARE LISTED BELOW *ADVOCATE BR OMENN AND OSF HEALTHCARE ST JOSEPH MEDICAL CENTER COLLABORATED WITH THE COMMUNITY HEALTH CARE CLINIC FOR COORDINATING APPROPRIATE ACCESS TO COMPREHENSIVE CARE (CAATCH) CAATCH IS AN EMERGENCY ROOM NAVIGATION PROGRAM FOR NAVIGATORS AND/OR CARE COORDINATORS TO ENGAGE THO SE WITHOUT A PRIMARY CARE HOME *THE PARTNERSHIP FOR HEALTH PILOT PROGRAM BEGAN IN APRIL 2 017 THE PROGRAM IS A PRIVATE-PUBLIC PARTNERSHIP TO IMPROVE THE HEALTH AND FITNESS OF PEOP LE WITH DEVELOPMENTAL AND INTELLECTUAL DISABILITIES AND THEIR SUPPORT WORKERS PARTNERS IN CLUDE ADVOCATE BROMENN HEALTH AND FITNESS CENTER, MARCFIRST, ADVOCATE BROMENN CHARITABLE F OUNDATION, THE MCLEAN COUNTY HEALTH DEPARTMENT AND THE MCLEAN COUNTY BOARD FOR THE CARE AN D TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY (377 BOARD) *CREATED AN INVENTORY OF SITES WITH INTEGRATED AND/O

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ADVOCATE BROMENN MEDICAL CENTER	R CO-LOCATED BEHAVIORAL HEALTH SERVICES *THE MCLEAN COUNTY HEALTH DEPARTMENT BEGAN A MOBI LE WOMEN, INFANT AND CHILDREN'S (WIC) CLINIC IN 2017 SERVICES PROVIDED AS A PART OF THE P ROGRAM INCLUDE CERTIFICATIONS, NUTRITION EDUCATION, WIC COUPONS, FARMER'S MARKET COUPONS A ND REFERRALS AND INFORMATION ON COMMUNITY RESOURCES *THE COMMUNITY HEALTH CARE CLINIC AND HOME SWEET HOME MINISTRIES LAUNCHED A FOOD FARMACY PILOT PROGRAM IN AUGUST 2017 THE PROG RAM PROVIDES PATIENTS AT THE CLINIC WHO HAVE DIABETES OR HEART DISEASE A PRESCRIPTION PASS THE PASS CAN BE USED TO OBTAIN FREE FRESH PRODUCE AND OTHER FOOD FROM THE BREAD FOR LIFE CO-OP ADVOCATE BROMENN MEDICAL CENTER AND OSF HEALTHCARE ST JOSEPH MEDICAL CENTER SUPPO RT THE COMMUNITY HEALTH CARE CLINIC ADDITIONALLY, THE DIRECTOR OF COMMUNITY HEALTH FOR AD VOCATE BROMENN MEDICAL CENTER SERVES ON THE MCLEAN COUNTY WELLNESS COALITION ACCESS TO HEA LTHY FOODS COMMITTEE AND ASSISTED WITH REARRANGING THE SHOPPING ORDER FOR THE CO-OP, AS WE LL AS ASSISTING WITH LABELING HEALTHIER OPTIONS ADDITIONAL ACCESS TO APPROPRIATE CARE INT ERVENTIONS ARE LISTED IN THE 2017-2019 MCLEAN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN AT HTTP //WWW ADVOCATEHEALTH COM/CHNAREPORTS BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE ABUSE) BEHAVIORAL HEALTH WAS SELECTED AS A HEALTH PRIORITY BY THE MCLEAN COUNTY COMMUNITY HEALTH COUNCIL FOR SEVERAL REASONS BEHAVIORAL HEALTH RECEIVED THE HIGHEST PRIORITY SCORE (175 7) FROM THE HANLON METHOD, CLEARLY INDICATING THE NEED FOR FURTHER IMPROVEMENTS IN TH IS AREA IN MCLEAN COUNTY IN ADDITION, THERE ARE NUMEROUS HEALTH DISPARITIES IN BLOOMINGTO N ZIP CODE 61701 AND NORMAL ZIP CODE 61761 FOR BOTH MENTAL HEALTH AND SUBSTANCE ABUSE THE RE IS ALSO A GREAT DEAL OF PUBLIC SUPPORT AND MOMENTUM TO IMPROVE MENTAL HEALTH IN MCLEAN COUNTY AS HAS BEEN THE CASE FOR THE LAST FEW YEARS MCLEAN COUNTY IS WELL SITUATED TO COLL ABORATE ON MENTAL HEALTH DUE TO THE ON-GOING EFFORTS OF NUMEROUS ORGANIZATIONS MENTAL HEA LTH WAS ALSO PREVIOUSLY SELECTED AS A KEY HEALTH PRIORITY BY BOTH HOSPITALS AND THE HEALTH DEPARTMENT DURING THE PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENTS, GIVING FURTHER MOMENTU M TO THE EFFORTS OF IMPROVING MENTAL HEALTH FOR COUNTY RESIDENTS HIGHLIGHTS FOR STEPS TAK EN OR PROGRAMS OFFERED IN 2017, AS A PART OF THE 2017-2019 MCLEAN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN TO ADDRESS BEHAVIORAL HEALTH, ARE LISTED BELOW *IN 2016, ADVOCATE BROMEN N MEDICAL CENTER PROVIDED AN IN-KIND DONATION OF $5,000 TO PROJECT OZ TO HELP FURTHER THEI R EFFORTS OF OFFERING ENDING THE SILENCE IN SCHOOLS IN MCLEAN COUNTY ENDING THE SILENCE I S A PROGRAM AIMED AT REDUCING BEHAVIORAL HEALTH STIGMA, I E , SUICIDE PREVENTION AND MENTA L HEALTH AWARENESS THE $5000 DONATION HELPED PROJECT OZ OFFER THE ENDING THE SILENCE PROG RAM IN 2017 TO 443 SIXTH GRADE STUDENTS AT BLOOMINGTON JUNIOR HIGH SCHOOL AND 18 SEVENTH A ND EIGHTH GRADE STUDENTS IN THE BOYS AND GIRLS CLUB PROGRAM AT BLOOMINGTON JUNIOR HIGH SCH OOL *TWO-HUNDRED AND FIFTY-TH

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ADVOCATE BROMENN MEDICAL CENTER	REE MCLEAN COUNTY COMMUNITY MEMBERS WERE TRAINED IN MENTAL HEALTH FIRST AID (MHFA) IN COLL ABORATION WITH THE MCLEAN COUNTY MHFA COLLABORATIVE MENTAL HEALTH FIRST AID IS AN EVIDENC E-BASED PROGRAM DESIGNED TO INCREASE AWARENESS OF MENTAL HEALTH ISSUES AND DECREASE THE ST IGMA RELATED TO MENTAL HEALTH *IN JUNE, THE MCLEAN COUNTY MHFA COLLABORATIVE HOSTED A YOU TH MHFA INSTRUCTOR TRAINING COURSE EIGHT INSTRUCTORS FROM MCLEAN COUNTY WERE TRAINED *IN MAY 2017, ADVOCATE BROMENN MEDICAL CENTER SENT A MEMBER OF THE LEADERSHIP TEAM TO BECOME A CERTIFIED MHFA INSTRUCTOR THE HOSPITAL ALSO OFFERED MHFA FOR MEMBERS OF THE LEADERSHIP TEAM IN FEBRUARY 2017 AND TO NURSES IN APRIL, SEPTEMBER AND NOVEMBER 2017 AS A PART OF A S TRATEGY TO TRAIN INTERNAL STAFF *CHESTNUT HEALTH SYSTEMS IN PARTNERSHIP WITH ADVOCATE BRO MENN MEDICAL CENTER, THE MCLEAN COUNTY HEALTH DEPARTMENT AND OSF HEALTHCARE ST JOSEPH MED ICAL CENTER WAS AWARDED A GRANT BY THE ILLINOIS DIVISION OF MENTAL HEALTH, DEPARTMENT OF H EALTH AND HUMAN SERVICES, TO HOST A TWO-DAY ADVERSE CHILDHOOD EXPERIENCES (ACES) MASTER TR AINING FOR 25 INDIVIDUALS THE TRAINING COURSE WAS HELD ON OCTOBER 12 AND 13, 2017, WITH I NSTRUCTORS FROM THE FOLLOWING ORGANIZATIONS IN MCLEAN COUNTY ADVOCATE BROMENN MEDICAL CEN TER, BABY FOLD, CENTER FOR YOUTH AND FAMILY SOLUTIONS, CHESTNUT HEALTH SYSTEMS, DISTRICT 8 7, HOME SWEET HOME MINISTRIES, MCLEAN COUNTY COURT SERVICES, MCLEAN COUNTY HEALTH DEPARTME NT, PATH, PROJECT OZ, REGIONAL OFFICE OF EDUCATION #17, AND OSF HEALTHCARE *ADVOCATE BROM ENN MEDICAL CENTERS PRESIDENT IS A MEMBER OF THE MCLEAN COUNTY BEHAVIORAL HEALTH COORDINAT ING COUNCIL THE COUNCIL RECEIVED A GRANT IN THE FALL OF 2017 FOR PAY FOR SUCCESS THE GRA NT PROVIDED FOR TWO DAYS OF TRAINING FOR 10-12 PROVIDERS ON A NEW REIMBURSEMENT MODEL CALL ED PAY FOR SUCCESS ONLY FOUR GOVERNMENTAL BODIES ACROSS THE COUNTRY WERE CONSIDERED FOR T HE GRANT THE FOCUS OF PAY FOR SUCCESS IS ON HOW THE DETERMINATION WILL BE MADE ABOUT SUPE R UTILIZERS OF SUBSTANCE ABUSE AND/OR MENTAL HEALTH SERVICES, AND HOW TO GET THEM INTO HOU SING THAT FITS THEIR NEEDS *IN 2017, THE DIRECTOR OF COMMUNITY HEALTH FOR ADVOCATE BROMEN N MEDICAL CENTER LED A COMMITTEE TO WORK ON A COLLABORATIVE BEHAVIORAL HEALTH AWARENESS CA MPAIGN FOR MCLEAN COUNTY ADDITIONAL BEHAVIORAL HEALTH INTERVENTIONS ARE LISTED IN THE 201 7-2019 MCLEAN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN AT HTTP //WWW ADVOCATEHEALTH COM/CH NAREPORTS OBESITY OBESITY WAS SELECTED AS ONE OF THE THREE TOP HEALTH PRIORITIES BY THE M CLEAN COUNTY COMMUNITY HEALTH COUNCIL BECAUSE IT RANKED AS NUMBER THREE ACCORDING TO ITS P RIORITY SCORE OF 153 8 FROM THE HANLON METHOD ADDITIONALLY, THE COUNCIL FELT THAT BY IMPR OVING OBESITY, MANY OTHER HEALTH OUTCOMES, SUCH AS HEART DISEASE, CANCER AND DIABETES MAY ALSO BE POSITIVELY IMPACTED IT WAS ALSO SELECTED BECAUSE OBESITY IS A WIDESPREAD ISSUE AF FECTING A LARGE NUMBER OF PEOPLE ACROSS ALL SOCIAL AND ECONOMIC SECTORS THERE ARE ALSO MA NY SIGNIFICANT EFFORTS UNDERWA

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ADVOCATE TRINITY HOSPITAL	2014-2016 CHNA AS AN IMPORTANT PART OF THE CHNA PROCESS, TRINITY HOSPITAL'S COMMUNITY HEAL TH TEAM REVIEWED HICCC DATA AS WELL AS ADDITIONAL SERVICE AREA SPECIFIC DATA FROM PRIMARY AND SECONDARY SOURCES THIS DATA HIGHLIGHTED THE PREVALENT HEALTH ISSUES WITHIN THE HOSPIT AL'S PRIMARY AND SECONDARY SERVICE AREA AFTER REVIEW OF EXTENSIVE DATA, THE LEADING CAUSE S OF DEATH, HOSPITALIZATIONS AND OVERARCHING HEALTH ISSUES WERE SUMMARIZED AND PRESENTED T O THE HOSPITAL'S COMMUNITY HEALTH COUNCIL (CHC) FOR PRIORITIZATION DATA PRESENTED TO THE COUNCIL TARGETED THE FOLLOWING HEALTH CONDITIONS IDENTIFIED AS IMPORTANT IN TRINITY HOSPIT AL'S PRIMARY AND SECONDARY SERVICE AREA ASTHMA, CANCER, DIABETES, HEART DISEASE, HYPERTEN SION, STROKE, MENTAL HEALTH AND VIOLENCE THE FOLLOWING CRITERIA WERE ALSO CONSIDERED IN D ETERMINING PRIORITIES *THE ALIGNMENT OF THE HOSPITAL'S MISSION, AND EXISTING PROGRAMS, *T HE ABILITY TO MAKE AN IMPACT WITHIN A REASONABLE TIME FRAME, *HOSPITAL AND COMMUNITY RESOU RCES TO ADDRESS THE HEALTH ISSUE, *THE IMPORTANCE OF THE HEALTH PROBLEM TO THE COMMUNITY, AND *AVAILABILITY OF EVIDENCE-BASED PROGRAMS WITH PROVEN MEASURABLE OUTCOMES TO ADDRESS ID ENTIFIED COMMUNITY NEEDS AFTER DISCUSSION AND REVIEW OF SIGNIFICANT DATA FINDINGS, THE CH C MEMBERS WERE INSTRUCTED TO RANK THE SEVEN HEALTH CONDITIONS BY VOTING ON THOSE THAT THEY PERCEIVED TO BE THE MOST IMPORTANT TO ADDRESS FOR THE COMMUNITIES WITHIN THE HOSPITAL'S P RIMARY SERVICE AREA THE MULTI-VOTING STRATEGY RESULTED IN ASTHMA AND DIABETES RECEIVING T HE HIGHEST NUMBER OF VOTES WORKFORCE DEVELOPMENT WAS SELECTED AS A FOCUS AREA BY CHC MEMB ERS AS THE SOCIAL, ECONOMIC OR STRUCTURAL DETERMINANT OF HEALTH RELATED TO THE HICCC PRIOR ITY THEREFORE, FOR THE 2014-2016 CHNA, TRINITY HOSPITAL HAS SELECTED THREE PRIORITIES FOR IMPLEMENTATION PLANNING ASTHMA, DIABETES, AND WORKFORCE DEVELOPMENT (SOCIAL DETERMINANT OF HEALTH) HEALTH NEEDS SELECTED TO ADDRESS SOCIAL DETERMINANTS OF HEALTH - HEALTHCARE WO RKFORCE DEVELOPMENT WITH UNEMPLOYMENT RATES AS HIGH AS 32 PERCENT IN SOME OF THE NEIGHBORH OODS IN CHICAGO, EFFECTIVE WORKFORCE DEVELOPMENT PROGRAMS PLAY A CRUCIAL ROLE IN PREPARING INDIVIDUALS FOR ENTRY-MIDDLE SKILL OPPORTUNITIES WITHIN THE HEALTHCARE SECTOR THE HEALTH CARE WORKFORCE COLLABORATIVE IS A PARTNERSHIP BETWEEN ADVOCATE HEALTH CARE AND JP MORGAN C HASE BANK TO ESTABLISH AN INTENTIONAL SERIES OF PARTNERSHIPS, AIMED AT ENHANCING THE ALIGN MENT BETWEEN ADDRESSING AVAILABLE HEALTHCARE JOBS AND THE SKILLS OF CURRENT JOB SEEKERS IN THE GREATER CHICAGOLAND AREA THE PROGRAM AIMS TO DEVELOP AND IMPLEMENT "BEST PRACTICES" TO BE ADOPTED BY OTHER METROPOLITAN AREAS AND HEALTHCARE ORGANIZATIONS THE COLLABORATIVE WILL SERVE MORE THAN 1,000 INDIVIDUALS BY 2020, ALL OF WHOM WILL RECEIVE SUPPORTIVE SERVIC ES AND GUARANTEED POST-PROGRAM INTERVIEWS WITH ADVOCATE OR OTHER REGIONAL HEALTH CARE PROV IDERS TRINITY HOSPITAL WILL SERVE AS AN INTERNSHIP SITE FOR EDUCATIONAL INSTITUTIONS IN O UR SERVICE AREA HTTP //WWW AD

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ADVOCATE TRINITY HOSPITAL	VOCATEGIVING ORG/ABOUT/HEALTHCARE-WORKFORCE-COLLABORATIVE/EXE CUTIVE-SUMMARY/ PROGRAM RESU LTS FOR 2017 WERE AS FOLLOWS *A TOTAL OF 50 PARTICIPANTS WERE ENROLLED IN CLINICAL AND NO N-CLINICAL EDUCATION FOR ENTRY TO MID-LEVEL HEALTH CARE POSITIONS *78% OF PARTICIPANTS EN ROLLED IN THE PROGRAM COMPLETED CLINICAL AND NON-CLINICAL ROTATIONS AT TRINITY HOSPITAL * 32% OF PARTICIPANTS WERE INTERVIEWED FOR EMPLOYMENT FOR ENTRY LEVEL TO MIDDLE SKILLS POSIT IONS *20% OF PARTICIPANTS WERE EMPLOYED BY ADVOCATE HEALTH CARE *20% OF PARTICIPANTS WER E EMPLOYED BY OTHER HEALTH CARE ORGANIZATIONS *27 PARTICIPANTS WERE ACCECPTED AS INTERNS A TOTAL OF 24 CAREER DEVELOPMENT CLASSES WERE PROVIDED AND 4,762 HOURS OF SERVICE WERE CO MPLETED AT TRINITY HOSPITAL ASTHMA ASTHMA IS A CONDITION IN WHICH A PERSONS AIR PASSAGES BECOME INFLAMED, AND THE NARROWING OF THE RESPIRATORY PASSAGES MAKES IT DIFFICULT TO BREAT HE ASTHMA IS ONE OF THE MOST COMMON LONG-TERM DISEASES OF CHILDREN ADDITIONALLY, IT AFFE CTS 15 7 MILLION NON-INSTITUTIONALIZED ADULTS NATIONWIDE SYMPTOMS CAN INCLUDE TIGHTNESS I N THE CHEST, COUGHING, AND WHEEZING THESE SYMPTOMS ARE OFTEN BROUGHT ON BY EXPOSURE TO IN HALED ALLERGENS (DUST, POLLEN, CIGARETTE SMOKE, ANIMAL DANDER, ETC) AN ASTHMA ATTACK CAN ALSO BE BROUGHT ON BY EXERTION AND STRESS THERE IS NO CURE FOR ASTHMA BUT, FOR MOST PEOP LE, THE SYMPTOMS CAN BE MANAGED THROUGH A COMBINATION OF LONGER-ACTING MEDICATIONS FOR PRE VENTATIVE MAINTENANCE AND SHORT-TERM RESCUE INHALERS FOR ACUTE ATTACKS IN SOME CASES, HOW EVER, ASTHMA SYMPTOMS ARE SEVERE ENOUGH TO WARRANT HOSPITALIZATION, AND THE DISEASE CAN EV EN RESULT IN DEATH (HEALTHY COMMUNITIES INSTITUTE (HCI), 2016) TRINITY HOSPITALS GOAL IS TO DECREASE THE AGE-ADJUSTED EMERGENCY ROOM/HOSPITALIZATION RATE DUE TO ADULT ASTHMA IN PR IMARY SERVICE AREA (PSA) COMMUNITIES 60617 AND 60619 THE KEY STRATEGY WILL BE TO EXPAND THE COMMUNITY HEALTH WORKER PROGRAM TO ENGAGE PATIENTS AND CONDUCT HOME VISTS TO IDENTIFY TRIGGERS AND BARRIERS TO ASTHMA MANAGEMENT TRINITY HOSPITAL WILL PARTNER WITH THE METROPO LITAN TENANTS ORGANIZATION TO DELIVER THE HEALTHY HOMES INITIATIVE TO COMMUNITY MEMBERS T HE HEALTHY HOMES INITIATIVE WORKS WITH COMMUNITY MEMBERS TO REMEDIATE ANY ISSUES IN THEIR HOME THAT MAY IMPACT THEIR ASTHMA PROGRAM RESULTS FOR 2017 WERE AS FOLLOWS *ESTABLISHED A NEW PROCESS TO CONDUCT ASTHMA CONTROL TESTS (ACT) WITH HOSPITAL INPATIENTS AND ER PATIEN TS AS PART OF THE PROJECT HEALTH PROGRAM *25 ASTHMA CONTROL TESTS WERE PROVIDED TO TRINIT Y HOSPITAL ER PATIENTS AND INPATIENTS PRESENTING WITH ASTHMA SYMPTOMS *4% OF ER PATIENTS SCORED GREATER THAN 19 ON THEIR ACT SCORE AT 3-MONTHS POST DISCHARGE AS COMPARED TO THEIR ER ACT SCORE *A CONTRACT WITH METROPOLITAN TENANT ORGANIZATION (MTO) WAS EXCUTED IN DECEM BER 2017 AS A RESULT, THERE WERE NO STAFF TRAINED, NO HEALTHY HOME WORKSHOPS WERE OFFERED , OR ANY HEALTHY HOME INSPECTIONS COMPLETED DUE TO 2017 BEING A PLANNING YEAR DIABETES AC CORDING TO THE AMERICAN DIABET

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

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	ES ASSOCIATION, 29 1 MILLION AMERICANS (9 3%) HAVE DIABETES AMONG THE INDIVIDUALS WITH DI ABETES, 1 25 MILLION HAVE TYPE 1 DIABETES AS OF 2010, DIABETES REMAINED THE 7TH LEADING C AUSE OF DEATH IN THE US AS RECORDED BY VITAL STATISTICS RECORDS FURTHER, DIABETES IS LIST ED ON A TOTAL OF 234,051 DEATH CERTIFICATES AS AN UNDERLYING OR CONTRIBUTING CAUSE OF DEAT H (AMERICAN DIABETES ASSOCIATION, 2016) THE PERCENTAGE OF AMERICANS AGE 65+ WITH BOTH DIA GNOSED AND UNDIAGNOSED DIABETES REMAINS HIGH AT 25 9%, OR 11 8 MILLION SENIORS TO REDUCE THE INCIDENCE OF DIABETES, TRINITY HOSPITAL WILL IMPLEMENT THE CENTERS FOR DISEASE CONTROL AND PREVENTIONS DIABETES PREVENTION PROGRAM (DPP) PREVENT T2 IN PRIMARY SERVICE AREA COMM UNITIES 60617 AND 60619 PROGRAM IMPLEMENTATION AND MAINTENANCE WILL BE COMPLETED IN PART NERSHIP WITH COMMUNITY-BASED AND FAITH ORGANIZATIONS TRINITY HOSPITAL WILL ALSO SEEK DESI GNATION AS A NATIONAL DIABETES PREVENTION SITE IN COLLABORATION WITH THE CLINICAL DIABETES EDUCATION TEAM ADDITIONALLY, TRINITY HOSPITAL WILL INCREASE COMMUNITY EDUCATION OPPORTUN ITIES TO SUPPORT DIABETES SELF-MANAGEMENT SKILLS PROGRAM RESULTS FOR 2017 WERE AS FOLLOWS NATIONAL DIABETES PREVENTION PROGRAM (DPP) *THE CDC APPLICATION WAS SUBMITTED IN MAY 201 7 AND PENDING STATUS WAS RECEIVED IN JUNE 2017 *ONE YEAR-LONG DPP PREVENT T2 COHORT BEGAN IN AUGUST 2017 A TOTAL OF 17 OUT OF 24 CLASSES WERE PRESENTED FOR THE COHORT IN 2017 *1 8 PARTICIPANTS WERE ENROLLED IN THE DPP PROGRAM *50% OF PARTICIPANTS REPORTED AT LEAST 15 0 MINUTES OF MODERATE PHYSICAL ACTIVITY BY DECEMBER 2017 *94% OF PARTICIPANTS COMPLETED 9 OF 16 CLASSES WITHIN THE FIRST SIX MONTHS PRE-DIABETES COMMUNITY WORKSHOPS *3 FAITH PART NERS WERE ENGAGED TO OFFER PRE-DIABETES AWARENESS WORKSHOPS *60 PARTICIPANTS ATTENDED PRE -DIABETES EDUCATION WORKSHOPS *20 PARTICIPANTS WERE REFERRED FOR ADDITIONAL FOLLOW-UP TO THE DPP PROGRAM *90% OF PARTICIPANTS INCREASED THEIR KNOWLEDGE OF HOW NUTRITION IMPACTS D IABETES *90% OF PARTICIPANTS DEMONSTRATED TWO WAYS TO PREVENT DIABETES HEALTH NEEDS NOT SELECTED TO ADDRESS IN 2014-2016 CHNA HEART DISEASE ONE OF THE KEY HEALTH ISSUES IDENTIFIE D BUT NOT SPECIFICALLY TARGETED IN TRINITY HOSPITAL'S COMMUNITY HEALTH IMPLEMENTATION PLAN WAS HEART DISEASE TRINITY HOSPITAL IS ADDRESSING THE HEART DISEASE NEEDS OF THE COMMUNIT Y THROUGH THE NEWLY INTEGRATED ADVOCATE HEART INSTITUTE THE HEART INSTITUTE SERVICES ARE COMPREHENSIVE AND RANGE FROM CARDIOVASCULAR DIAGNOSTICS AND DETECTION TO TREATMENT AND SUR GERY, USING THE MOST ADVANCED DIAGNOSTIC AND THERAPEUTIC TOOLS AVAILABLE THE INSTITUTE AL SO OFFERS CPR TRAINING, A FREE HEART RISK ASSESSMENT AND AN AFFORDABLE HEART CT SCAN IN 2 015, TRINITY HOSPITAL OPENED A NEW CARDIAC CATHETERIZATION LAB WHICH OFFERS PROCEDURES USE D TO DIAGNOSE CARDIOVASCULAR CONDITIONS IN ADDITION TO THE NEW CATHETERIZATION LAB, THE H OSPITAL DEVELOPED A NEW STATE-OF-THE-ART CARDIAC REHABILITATION FACILITY OFFERING PHASE I AND II CARDIAC REHABILITATION

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

Form and Line Reference	Explanation
ADVOCATE EUREKA HOSPITAL	2014-2016 CHNA ADVOCATE EUREKA HOSPITAL PARTICIPATED IN THE PRIORITY SETTING PROCESS AS OU TLINED IN APPENDIX 7, PAGE 102, IN THE TRI-COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT 2016 R EPORT THE LINK FOR THE ASSESSMENT CAN BE FOUND AT HTTP //HEALTHYHOI ORG IN BRIEF, THE F OLLOWING STEPS OCCURRED DURING THE PRIORITIZATION PROCESS WITH THE CENTRAL ILLINOIS COMMUN ITY HEALTH COLLABORATIVE *DATA WAS PRESENTED FOR HEALTH CONCERNS FOR THE TRI-COUNTY REGIO N *DISCUSSION OCCURRED REGARDING THE ISSUES AND POTENTIAL GROUPING OF ISSUES *THE PEARL TE ST WAS APPLIED FROM THE HANLON METHOD *THE COLLABORATIVE COUNCIL VOTED TO NARROW ISSUES *T HE COLLABORATIVE COUNCIL VOTED A SECOND TIME BASED ON MAGNITUDE, SEVERITY AND ABILITY TO I MPACT THROUGH COLLABORATION *CONSENSUS WAS AGREED UPON FOR TWO HEALTH PRIORITIES FOR THE T RI-COUNTY REGION THE TWO NEEDS IDENTIFIED DURING THE PRIORITIZATION PROCESS ARE *HEALTHY EATING/ACTIVE LIVING, AND *MENTAL HEALTH HEALTH NEED SELECTED MENTAL HEALTH THE COMMUNITY HEALTH NEEDS ASSESSMENT TEAM AT ADVOCATE EUREKA HOSPITAL SELECTED MENTAL HEALTH AS A HEALT H PRIORITY FOR SEVERAL REASONS IN ADDITION TO MENTAL HEALTH BEING IDENTIFIED AS A TOP HEA LTH PRIORITY FOR THE CENTRAL ILLINOIS COMMUNITY HEALTH COLLABORATIVE, BEHAVIORAL HEALTH WA S ALSO IDENTIFIED AS ONE OF THREE HEALTH PRIORITIES FOR THE TRI-COUNTY HEALTH DEPARTMENT C OLLABORATION THE HEALTH DEPARTMENTS UTILIZED THE MOBILIZING FOR ACTION THROUGH PLANNING A ND PARTNERSHIPS (MAPP) PROCESS TO DETERMINE THE HEALTH PRIORITIES SPECIFIC TO WOODFORD CO UNTY, ON DECEMBER 3, 2015, SEVERAL STAFF MEMBERS FROM ADVOCATE EUREKA HOSPITAL, INCLUDING THE ADMINISTRATOR OF ADVOCATE EUREKA HOSPITAL, PARTICIPATED IN THE LOCAL FORCES OF CHANGE ASSESSMENT CONDUCTED BY THE WOODFORD COUNTY HEALTH DEPARTMENT AS A PART OF THE TRI-COUNTY MAPP PROCESS MENTAL HEALTH WAS IDENTIFIED AS ONE OF THE TOP THREE FORCES OF CHANGE BY THE 30 INDIVIDUALS THAT PARTICIPATED IN THE ASSESSMENT FORCES OF CHANGE ARE DEFINED AS THOSE THINGS THAT INFLUENCE THE HEALTH AND QUALITY OF LIFE FOR WOODFORD COUNTY RESIDENTS A SEC OND REASON MENTAL HEALTH WAS SELECTED AS A KEY HEALTH PRIORITY IS THAT WOODFORD COUNTY RES IDENTS THAT PARTICIPATED IN THE 2016 TRI-COUNTY COMMUNITY HEALTH SURVEY PERCEIVED MENTAL H EALTH AS THE SECOND MOST IMPORTANT HEALTH ISSUE IN THE COMMUNITY IN ADDITION TO THE ABOVE SURVEY DATA AND LOCAL FORCES OF CHANGE ASSESSMENT RESULTS, THE NUMBER OF SUICIDE ATTEMPTS IN WOODFORD COUNTY FOR THE FIRST HALF OF 2016 HAS EXCEEDED THE NUMBER OF ATTEMPTS FOR THE ENTIRE YEAR IN BOTH 2014 AND 2015 THE NUMBER OF DEATHS DUE TO SUICIDE ALSO INCREASED FRO M 2014-2015 AS STATED ABOVE, MENTAL HEALTH WAS ALSO PREVIOUSLY SELECTED AS A KEY HEALTH P RIORITY FOR THE 2011-2013 COMMUNITY HEALTH NEEDS ASSESSMENT BY BOTH EUREKA HOSPITAL AND TH E WOODFORD COUNTY HEALTH DEPARTMENT IT IS CLEAR FROM COMMUNITY INPUT AND CURRENT DATA THA T CONTINUED EFFORTS ARE NEEDED TO REDUCE THE STIGMA ASSOCIATED WITH MENTAL HEALTH AND GIVE FURTHER MOMENTUM TO THE EFFOR

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

Form and Line Reference	Explanation
ADVOCATE EUREKA HOSPITAL	TS OF IMPROVING MENTAL HEALTH FOR COUNTY RESIDENTS HIGHLIGHTS FOR STEPS TAKEN IN 2017 TO ADDRESS MENTAL HEALTH ARE LISTED BELOW *THREE MENTAL HEALTH FIRST AID (MHFA) COURSES WERE HOSTED AT ADVOCATE EUREKA HOSPITAL *THE ADVOCATE EUREKA HOSPITAL MHFA INSTRUCTOR *RECEI VED ADDITIONAL MHFA CERTIFICATIONS IN OLDER ADULTS AND HIGHER EDUCATION *TAUGHT TWO SESSIO NS ON DEPRESSION AND ANXIETY FOR FRESHMAN FROM EUREKA HIGH SCHOOL AT EUREKA COLLEGE *TAUGH T A MHFA COURSE TO 21 RESIDENTIAL ASSISTANTS AT EUREKA COLLEGE *SERVED AS A MEMBER OF THE TRI-COUNTY BEHAVIORAL HEALTH IMPLEMENTATION PLAN SUBCOMMITTEE *ONE HUNDRED AND SIXTEEN COU NSELING AND PSYCHIATRIC SERVICES WERE OFFERED ON-SITE AT EUREKA HOSPITAL THE SERVICES WER E PROVIDED BY THE TAZWOOD CENTER FOR WELLNESS AT THE HOSPITAL AND ALLOWED RESIDENTS TO REC EIVE CARE LOCALLY VERSUS TRAVELING OUTSIDE OF THE COUNTY FOR CARE *TELEPSYCHIATRY CONSULT S WERE AVAILABLE AT ADVOCATE EUREKA HOSPITAL BEGINNING IN AUGUST 2017, THUS EXPANDING ACCE SS TO PSYCHIATRIC CARE HEALTH NEED NOT SELECTED HEALTHY BEHAVIORS ADVOCATE EUREKA HOSPITA L DID NOT SELECT HEALTHY BEHAVIORS AS A PRIORITY HEALTH NEED FOR THE HOSPITALS 2014-2016 C OMMUNITY HEALTH NEEDS ASSESSMENT THE HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT TEAM WANT ED TO FOCUS ITS EFFORTS ON ONE MAJOR INITIATIVE AS ITS RESOURCES ARE LIMITED AS A CRITICAL ACCESS HOSPITAL THE HOSPITAL WILL, HOWEVER, CONTINUE TO SUPPORT THE EFFORTS OF THE TRI-C OUNTY HEALTHY EATING/ACTIVE LIVING IMPLEMENTATION SUBCOMMITTEE A STAFF MEMBER FROM THE HO SPITAL HAS SERVED ON THIS COMMITTEE TO ASSIST IN PROMOTING HEALTHY EATING AND ACTIVE LIVIN G IN THE TRI-COUNTY REGION THE HOSPITAL ALSO EMPLOYS NURSES IN MOST OF THE PUBLIC SCHOOLS IN WOODFORD COUNTY WHO CAN REINFORCE HEALTHIER EATING HABITS AND INCREASED EXERCISE AMONG STUDENTS PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 13B ALL HOSPITAL FACILI TIES N/A PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 13H ALL HOSPITAL FACILITI ES OTHER FACTORS USED IN DETERMINING AMOUNTS CHARGED TO PATIENTS INCLUDE DECEASED PATIENT S WITH NO ESTATE, HOMELESS PATIENTS, OR PATIENTS WHO RECEIVE CARE IN A HOMELESS CLINIC, PA TIENTS WITH RELIGIOUS AFFILIATION WITH A VOW OF POVERTY, PATIENTS WHO QUALIFY FOR A STATE DEPARTMENT OF HUMAN SERVICES (DHS) ASSISTANCE PROGRAM, BUT HAVE NO MEDICAL COVERAGE (E G , ILLINOIS AMI/GA, FOOD STAMP, PRESCRIPTION, WOMEN, FREE LUNCH AND BREAKFAST PROGRAM, TEMPO RARY ASSISTANCE FOR NEEDY FAMILIES (TANF), INFANTS AND CHILDREN (WIC), MEDICAID ELIGIBLE P ATIENTS BUT NOT ON THE DATE OF SERVICE, WHY WAIT AND WISE WOMEN PROGRAMS, COUNTY HEALTH CL INIC PATIENTS, LEGAL ASSISTANCE FOUNDATION OF ILLINOIS REFERRALS, INDIVIDUALS WITH A VALID ADDRESS AT LOW-INCOME/SUBSIDIZED HOUSING, QUALIFIED INDIVIDUALS OF LOW INCOME HOME ENERGY ASSISTANCE PROGRAM, INCARCERATED INDIVIDUALS, INCOMPETENT INDIVIDUALS WITH COMPROMISED DI AGNOSES (E G , PSYCHIATRIC), INDIVIDUALS MEETING DEFINED CREDIT REPORTING (OR OTHER EXTERN AL REPORTING) RESULT THRESHOLD

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

Form and Line Reference	Explanation
ADVOCATE EUREKA HOSPITAL	S, PATIENTS WITH PRIOR HISTORY OF INABILITY TO MAKE PAYMENTS, PATIENTS WITH COURT FILED OR APPROVED BANKRUPTCY DETERMINATIONS) PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, L INE 15E ALL HOSPITAL FACILITIES N/A PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LIN ES 16A, 16B AND 16C ALL HOSPITAL FACILITIES HTTP //WWW ADVOCATEHEALTH COM/FINANCIALASSISTA NCE PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 16J ALL HOSPITAL FACILITIES AD VOCATE HEALTH AND HOSPITALS CORPORATION COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTA NCE 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 INCLUDE S A STATEMENT THAT FINANCIAL COUNSELING, INCLUDING FINANCIAL ASSISTANCE CONSIDERATION, IS AVAILABLE UPON REQUEST 2 SIGNAGE IS CLEARLY AND CONSPICUOUSLY POSTED IN LOCATIONS THAT A RE VISIBLE TO THE PUBLIC, INCLUDING, BUT NOT LIMITED TO HOSPITAL REGISTRATION AREAS (I E , PATIENT ACCESS, EMERGENCY DEPARTMENT) 3 BROCHURES ARE PLACED IN HOSPITAL REGISTRATION A REAS (I E , PATIENT ACCESS, EMERGENCY DEPARTMENT) AND INCLUDE GUIDANCE ON HOW A PATIENTS M AY 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 IN CLUDED 4 A HANDOUT SUMMARIZING ADVOCATES FINANCIAL ASSISTANCE POLICY AND FINANCIAL ASSIS TANCE APPLICATION ARE GIVEN TO ALL UNINSURED PATIENTS WHO RECEIVE MEDICALLY NECESSARY HOSP ITAL SERVICES AT THE EARLIEST PRACTICAL TIME OF SERVICE 5 ADVOCATES WEBSITE PROMINENTLY NOTES THAT FINANCIAL ASSISTANCE IS AVAILABLE, WITH AN EXPLANATION OF THE APPLICATION PROCE SS, A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY, AND THE FINANCIAL ASSISTANCE APPLICATION PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 18E ALL HOSPITAL FACILITIES N/A PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 19E ALL HOSPITAL FACILITIES ADVOCA TE HEALTH AND HOSPITALS CORPORATION DOES NOT PERFORM ACTIONS SUCH AS THOSE LISTED IN LINES 19A-D UNTIL REASONABLE EFFORTS HAVE BEEN MADE TO DETERMINE A PATIENT'S FAP ELIGIBILITY P ART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 20A ALL HOSPITAL FACILITIES ADVOCAT E DOES NOT ENGAGE IN EXTRAORDINARY COLLECTION ACTIONS (ECAS) AND AS DESCRIBED BELOW USES A LL OPPORTUNITIES TO INFORM INDIVIDUALS OF THE FAP PROCESS IF ADVOCATE EVER WERE TO USE AN ECA IT WOULD PROVIDE THE INDIVIDUAL WITH ALL REQUIRED INFORMATION INCLUDING PROVIDING THE FAP AT LEAST 30 DAYS BEFORE INITIATING AN ECA PART V, SECTION C - DESCRIPTION FOR PART V , SEC B, LINE 20E ALL HOSPITAL FACILITIES ADVOCATE MAKES REASONABLE EFFORTS TO DETERMINE A PATIENT'S ELIGIBILITY UNDER ITS FAP, INCLUDING SENDING A SERIES OF LETTERS AND ATTEMPTING TO WORK WITH THE PATIENT THROUGH THE FINANCIAL COUNSELING PROCESS AND/OR PHONE CALLS ALL CORRESPONDENCE ASKS THE PATIENT TO NOTIFY THE HOSPITAL IF HE/SHE IS EXPERIENCING "DIFFICU LTY IN PAYING YOUR BILL" ADVO

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	AHC-Beverly Health Facility-WALK-IN CTR 9831 S Western Ave Chicago, IL 60643	Patient Care - Out Patient
1	AHC-Burbank Health Facility 4901 W 79th Street Burbank, IL 60459	Patient Care - Out Patient
2	AHC-Evergreen Park Health Facility 1357 W 103rd Street STE 100 200 Chicago, IL 60643	Patient Care - Out Patient
3	AHC-Evergreen Plaza - UM 9730 S Western Ave STE 733 Evergreen Park, IL 60805	Patient Care - Out Patient
4	AHC-Evergreen Peds 9730 S Western Ave STE 500 Evergreen Park, IL 60805	Patient Care - Out Patient
5	AHC-Frankfort AHC 328 N LaGrange Road Frankfort, IL 60423	Patient Care - Out Patient
6	AHC-Halsted & Blackhawk Health Facility 1460 N Halsted Avenue Chicago, IL 60614	Patient Care - Out Patient
7	AHC-Irving and Western 4025 North Western Ave Chicago, IL 60618	Patient Care - Out Patient
8	AHC-Logan Square Health Facility 2511 North Kedzie Chicago, IL 60647	Patient Care - Out Patient
9	AHC-Oak Park-North Ave Health Facility 6434 W North Avenue Oak Park, IL 60639	Patient Care - Out Patient
10	AHC-Orland Square Health CT WALK-IN CARE 29 Orland Square Drive Orland Park, IL 60462	Patient Care - Out Patient
11	AHC-Palos 7620 W 111th Street Palos Hills, IL 60465	Patient Care - Out Patient
12	AHC-Six Corners AHC 4211 North Cicero STE 308 306 3 Chicago, IL 60641	Patient Care - Out Patient
13	AHC-South Holland 100 W 162nd Street South Holland, IL 60473	Patient Care - Out Patient
14	AHC-Southeast Health Facility 2301 East 93rd St STE 117 2nd 3 Chicago, IL 60617	Patient Care - Out Patient

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

	Name and address	Type of Facility (describe)
16	AHC-Southwest Highway 11824 SW Highway STE 135 140 15 Palos Heights, IL 60463	Patient Care - Out Patient
1	AHC-Sykes Health CTR - WALK-IN CARE 2545-55 S Martin Luther King Drive Chicago, IL 60616	Patient Care - Out Patient
2	AHC-West Suburban - UM Office 3 Erie Court Oak Park, IL 60439	Patient Care - Out Patient
3	ABMG-Crossroads Medical 128 W Main St Lexington, IL 61753	Patient Care - Out Patient
4	ABMG-Crossroads Medical 385 S Orange St El Paso, IL 61738	Patient Care - Out Patient
5	ABMG-Crossroads Medical 307 W Main St Lexington, IL 61753	Patient Care - Out Patient
6	ABMG-Fairbury Medical Associates 115 E Walnut Fairbury, IL 61739	Patient Care - Out Patient
7	ABMG-Healthpoint 1437 E College Ave Normal, IL 61761	Patient Care - Out Patient
8	ABMG-Illinios Heart & Lung Associates 1302 Franklin Ave Normal, IL 61761	Patient Care - Out Patient
9	ABMG-Illinois Heart & Lung -Billing Offc 1300 Franklin Ave Normal, IL 61761	Patient Care - Out Patient
10	ABMG-Illinois Heart & Lung -Pontiac Offc 1508 W Reynolds STE A Pontiac, IL 61764	Patient Care - Out Patient
11	ABMG-LeRoy Family Medicine 911 S Chestnut Leroy, IL 61752	Patient Care - Out Patient
12	ABMG-Medical Hills Internists 1401 Eastland Dr Bloomington, IL 61701	Patient Care - Out Patient
13	ABMG-Sugar Creek Medical I 1302 Franklin Ave STE 1100 Normal, IL 61761	Patient Care - Out Patient
14	ABMG-Sugar Creek Medical II 1302 Franklin Ave STE 2500 Normal, IL 61761	Patient Care - Out Patient

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

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

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

	Name and address	Type of Facility (describe)
31	ABMG-Town & Country 105 S Major St Eureka, IL 61530	Patient Care - Out Patient
1	ABMG-Town & Country 415 W Front Roanoke, IL 61561	Patient Care - Out Patient
2	ABMG-Twin Cities Behavioral HealthEAP 403 Virginia Ave Normal, IL 61761	Patient Care - Out Patient
3	ABMG-Twin Cities Behavioral HealthEAP 403 Virginia Ave 2nd Flr Normal, IL 61761	Patient Care - Out Patient
4	ABMG-Twin Cities Behavioral HealthEAP 303 N Hershey Rd STE 2C Bloomington, IL 61761	Patient Care - Out Patient
5	CH-ACMC - Outpatient CTR Lockport 1206 E 9th St STE 110 170 250 Lockport, IL 60441	Patient Care - Out Patient
6	CH-Advocate PTOT (Christ) 12340-50 S Harlem Avenue Palos Heights, IL 60463	Patient Care - Out Patient
7	CH-Ambulatory Building 4440 W 95th Street Oak Lawn, IL 60453	Patient Care - In Patient
8	CH-Breast Health CTR 4545 W 103rd Street Oak Lawn, IL 60453	Patient Care - Out Patient
9	CH-Christ POB 4400 W 95th Street Suites - VARIOU Oak Lawn, IL 60453	Patient Care - Out Patient
10	CH-Christ Women's Health CTR 18210 S LaGrange Road STE 200 Tinley Park, IL 60477	Patient Care - Out Patient
11	CH-Development CTR 4546 W 95th Street Oak Lawn, IL 60453	Patient Care - Out Patient
12	CH-Family Practice 4140 W SW Highway Hometown, IL 60456	Patient Care - Out Patient
13	CH-High Tech Offices - Hospital 11800 SW Highway Palos Heights, IL 60463	Patient Care - Out Patient
14	CH-Physician's Offices 11745 SW Highway Palos Heights, IL 60463	Patient Care - Out Patient

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

	Name and address	Type of Facility (describe)
46	CH-Physician's Offices 4151 Naperville Road Lisle, IL 60532	Patient Care - Out Patient
1	CH-Physician's Offices 9848 S Roberts Road Palos Heights, IL 60465	Patient Care - Out Patient
2	GSAM-GOOD SAMARITAN HOSPITAL - OTP 6840 Main Street 1st Flr STE 202 Downers Grove, IL 60515	Patient Care - Out Patient
3	GSAM-Good Samaritan Hospital Cancer Care 3745 Highland Avenue Downers Grove, IL 60515	Patient Care - In Patient
4	GSAM-Good Samaritan POB Tower 1 3825 Highland Ave STE 2J 4H 4K Downers Grove, IL 60515	Patient Care - Out Patient
5	GSAM-Good Samaritan POB Tower 2 3825 Highland Ave STE 1031071103 Downers Grove, IL 60515	Patient Care - Out Patient
6	GSAM-Lemont Walk In ClinicRadiology 15900 W 127th St STE 100 131 Lemont, IL 60439	Patient Care - Out Patient
7	GSAM-Midwest CTR For Day Surgery 3811 Highland Avenue Downers Grove, IL 60515	Patient Care - Out Patient
8	GSAM-North Pavilion 3743 Highland Avenue Downers Grove, IL 60515	Patient Care - Out Patient
9	GSAM-Woodridge Imaging CTR 7530 Woodward Avenue Woodridge, IL 60517	Patient Care- Out Patient
10	GSH-Adult & Pediatric Rehab CtrPinehrst 5150 NorthW Highway Crystal Lake, IL 60014	Patient Care - Out Patient
11	GSH-Briarwood Building 2272 Countyline Rd STE 100200300 Algonquin, IL 60102	Patient Care - Out Patient
12	GSH-Good Shepherd OTP CTR & Imaging CTR 525 Congress Parkway 1st Flr 225 Crystal Lake, IL 60014	Patient Care - Out Patient
13	GSH-Good Shepherd POB Building 1 27790 W HWY 22 STE 2513141619 Barrington, IL 60010	Patient Care - Out Patient
14	GSH-Good Shepherd POB Building 2 27750 W HWY 22 STES G50G6014021 Barrington, IL 60010	Patient Care - Out Patient

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

	Name and address	Type of Facility (describe)
61	GSH-Imaging CTR 2284 W Countyline Road Algonquin, IL 60014	Patient Care - Out Patient
1	GSH-Lake Zurich Breast Imaging CTR 350 Surryse Road STE 140 150 25 Lake Zurich, IL 60047	Patient Care - Out Patient
2	GSH-North Suburban Clinic 2575 Algonquin Road Algonquin, IL 60102	Patient Care - Out Patient
3	BH-POB Building 414 S Homan Chicago, IL 60624	Patient Care - Out Patient
4	BH-POB Building 3410 W Van Buren Chicago, IL 60624	Patient Care - Out Patient
5	FCN-Bolingbrook Quadrangle Building C 391 Quadrangle Drive N-4 Bolingbrook, IL 60440	Patient Care - Out Patient
6	CH-Rotunda Medical Building 4340 W 95th St STE 104 105 106 Oak Lawn, IL 60453	Patient Care - Out Patient
7	ABMCAEH -ABMC Landmark Drive Location 207 Landmark Normal, IL 61761	Office - Other
8	Advanced MRI (AMRI) 2204 Eastland Drive STE 200 Bloomington, IL 61701	Patient Care - Out Patient
9	ABMC-BroMenn Outpatient CTR 3024 E Empire Street Bloomington, IL 61704	Patient Care - Out Patient
10	ABMCAEH-Community Cancer CTRCyberknife 407 E Vernon Normal, IL 61761	Patient Care - Out Patient
11	ABMCAEH-Home HealthHospiceComm Health 407 E Vernon Normal, IL 61761	Patient Care - Out Patient
12	ABMCAEH-Il Heart & Lung Cardiology 1302 Franklin Ave MOB 4500 Normal, IL 61761	Patient Care - Out Patient
13	ABMCAEH-Offc Building-Advocate Phys Ptr 3004 General Electric Road STE 1 Bloomington, IL 61704	Patient Care - Out Patient
14	ABMCAEH-Franklin Avenue Building 900 Franklin Ave Normal, IL 61761	Patient Care - Out Patient

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

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

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

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

	Name and address	Type of Facility (describe)
76	ABMCAEH-Medical Office Building 1302 Franklin Ave Normal, IL 61761	Patient Care - Out Patient
1	ABMCAEH-POB Building 1300 Franklin Ave Normal, IL 61761	Patient Care - Out Patient
2	TH-Sleep CTR 1111 E 87th Street STE 500 Chicago, IL 60617	Patient Care- Out Patient
3	TH-Trinity POB 2301-2315 E 93rd StSTE 117213306 Chicago, IL 60617	Patient Care - Out Patient
4	TH-Wound Care Clinic 8751 S Greenwood STE600 100 Chicago, IL 60619	Patient Care- Out Patient
5	SSHS-Frankfort Medical Office 20325 S Graceland Lane Frankfort, IL 60423	Patient Care - Out Patient
6	SSHS-South Suburban Hospital - Crete 1024-1036 E Steger Road 4 STE Crete, IL 60417	Patient Care- Out Patient
7	SSHS-South Suburban Hospital Cancer CTR 17750 S Kedzie Hazel Crest, IL 60429	Patient Care - Out Patient
8	SSHS-South Suburban Medical Office & SC 16532 Oak Park Avenue STE LL1 Tinley Park, IL 60477	Patient Care - Out Patient
9	SSHS-South Suburban POB 17850 S Kedzie STE LL 1 2 LL St Hazel Crest, IL 60429	Patient Care - Out Patient
10	GSH-Advocate Good Shepherd HLTHFIT CTR 1301 S Barrington Road Barrington, IL 60005	Patient Care - Out Patient
11	GSAM-Good Samaritan Wellness CTR 3551 Highland Avenue Downers Grove, IL 60515	Patient Care - Out Patient
12	LGHS-Parkside CTR 1875 Dempster Street Park Ridge, IL 60068	Patient Care - Out Patient
13	OHC-Downers Grove CTR 3551 Highland Avenue STE 200 Downers Grove, IL 60515	Patient Care - Out Patient
14	OHC-Elk Grove CTR 1502 Elmhurst Road Elk Grove Village, IL 60007	Patient Care - Out Patient

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

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

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

	Name and address	Type of Facility (describe)
91	OHC-Hazel Crest CTR 17850 S Kedzie Avenue STE 1100 Hazel Crest, IL 60429	Patient Care - Out Patient
1	OHC-Lake Zurich CTR 350 Surryse Road Lake Zurich, IL 60047	Patient Care- Out Patient
2	OHC-LGOHC-I 7255 Caldwell Niles, IL 60714	Patient Care - Out Patient
3	OHC-Tinley Park CTR - Occ Health 18210 S LaGrange Road STE 211 Tinley Park, IL 60477	Patient Care - Out Patient
4	LGHS-Nesset Health CTR 1775 Ballard Road Park Ridge, IL 60068	Patient Care - Out Patient
5	LGHS-Yacktman Children's Pavillion 1675 Dempster Street Park Ridge, IL 60068	Patient Care - Out Patient
6	LGHS-CTR for Advanced Care 1700 Luther Lane Park Ridge, IL 60068	Patient Care - Out Patient
7	LGHS-Adult Down Syndrome Clinic 1610 Luther Lane Park Ridge, IL 60068	Patient Care - Out Patient
8	AIS-AHHC dba Advocate Imaging-Wilmette 114 Skokie Blvd Wilmette, IL 60091	Patient Care - Out Patient
9	LGHS-Cardiac Risk 8820 Dempster Street Park Ridge, IL 60068	Patient Care - Out Patient
10	LGHS-East Pavillion-Old Science Building 1775 Western Ave Park Ridge, IL 60068	Patient Care - Out Patient
11	LGHS-Vacant 1999 Dempster Street Park Ridge, IL 60068	Patient Care - Out Patient
12	AMG - Des Plaines 701 Lee Street STE LL 10011030 Des Plaines, IL 60016	Patient Care - Out Patient
13	AMG - Glenview 1255 Milwaukee Road Glenview, IL 60025	Patient Care - Out Patient
14	AMG - Heart and Vascular of Illinois 3118 N Ashland Avenue Chicago, IL 60657	Patient Care - Out Patient

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

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

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

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

	Name and address	Type of Facility (describe)
106	AMG - Heart and Vascular of Illinois 5151 W 95th Street 2nd Flr Oak Lawn, IL 60453	Patient Care - Out Patient
1	AMG - Hyde Park 1301 E 47th Street Unit 2 Chicago, IL 60615	Patient Care - Out Patient
2	AMG - Lockport Primary Care 1206 E 9th Street STE 210 Lockport, IL 60441	Patient Care - Out Patient
3	AMG - Mundelein Internal Medicine 550 N Lake Street Mundelein, IL 60060	Patient Care - Out Patient
4	AMG - Oak Lawn 4712 W 103rd Street Oak Lawn, IL 60453	Patient Care - Out Patient
5	AMG - Parkside CTR 1875 W Dempster St STE 525 110 Park Ridge, IL 60068	Patient Care - Out Patient
6	AMG - Posen 2590 W Walter Zimny Drive Posen, IL 60469	Patient Care - Out Patient
7	AMG - Richton Park 4511 Sauk Trail Richton Park, IL 60471	Patient Care - Out Patient
8	AMG - Southeast Location 2301 E 93rd Street STE 213 Chicago, IL 60617	Patient Care - Out Patient
9	AMG - Wauconda 224 Brown Street Wauconda, IL 60522	Patient Care - Out Patient
10	AMG- Metrodocs 431 Lakeview Court Mount Prospect, IL 60056	Patient Care - Out Patient
11	AMG Alexian Brothers 800 Biesterfield Road STE 645 Elk Grove Village, IL 60007	Office - No Patient Care
12	AMG Alpine Family Medicine 350 Surryse Road STE 100 Lake Zurich, IL 60047	Patient Care - Out Patient
13	AMG Bartlett 1054 Norwood Lane Bartlett, IL 60103	Patient Care - Out Patient
14	AMG Downers Grove 1341 Waren Avenue Downers Grove, IL 60515	Patient Care - Out Patient

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

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

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

	Name and address	Type of Facility (describe)
121	AMG Glenbrook 2551 Compass Drive Glenview, IL 60026	Patient Care - Out Patient
1	AMG Hampshire 1000 S State Street Hampshire, IL 60140	Patient Care - Out Patient
2	AMG Huntley 12151-12199 Regency Center Huntley, IL 60142	Patient Care - Out Patient
3	AMG Island Lake 27979 Converse Road Island Lake, IL 60042	Patient Care - Out Patient
4	AMG Lemont 6319 S Fairview Wesmont, IL 60559	Patient Care - Out Patient
5	AMG Libertyville Winchester 1870 Winchester Road STE 143 Libertyville, IL 60048	Patient Care - Out Patient
6	AMG Lincolnwood 6540 N Lincoln Avenue Lincolnwood, IL 60712	Patient Care - Out Patient
7	AMG Primary Care Specialists 150 N River Road Des Plaines, IL 60016	Patient Care - Out Patient
8	AMG Pulaski 10627 S Pulaski Chicago, IL 60655	Patient Care - Out Patient
9	AMG Riverside 7234 W Ogden Avenue Downers Grove, IL 60515	Patient Care - Out Patient
10	AMG Swedish Covenant 5140 N California Ave STE 505 Chicago, IL 60625	Patient Care - Out Patient
11	AMG-AMG-Chicago-900 W Nelson 900 W Nelson 1st Flr Chicago, IL 60657	Patient Care - Out Patient
12	AMG-Amundsen School Based Health CTR 5110 N Damen Avenue Rm 307 Chicago, IL 60625	Patient Care - Out Patient
13	AMG-CTR for Advanced Cardiology 1875 Dempster STE 580 585 590 5 Park Ridge, IL 60068	Patient Care - Out Patient
14	AMG-Chicago Greenwood 1111 E 87th Street STE 900A Chicago, IL 60619	Patient Care - Out Patient

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

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

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

	Name and address	Type of Facility (describe)
136	AMG-Doctors of the North Shore 6131 W Dempster Street Morton Grove, IL 60053	Patient Care - Out Patient
1	AMG-Doctors Office 3040 North Wilton Chicago, IL 60657	Patient Care - Out Patient
2	AMG-Downers Grove Internists 3825 Highland Avenue STE 5B Downers Grove, IL 60515	Patient Care - Out Patient
3	AMG-Family Practice - Arlington Heights 825 East Golf Road Arlington Heights, IL 60005	Patient Care - Out Patient
4	AMG-Family Practice at Ravenswood 4600 N Ravenswood Avenue Chicago, IL 60640	Patient Care - Out Patient
5	AMG-Gartner Dentistry Building 811 W Wellington Avenue Chicago, IL 60657	Patient Care - Out Patient
6	AMG-Grand Oaks Health CTR Hollister Gr 1800 Hollister Drive STE G2 Libertyville, IL 60048	Patient Care - Out Patient
7	AMG-Great Lakes REIT (GLR) Internal Med 27790 W Highway 22 Bldg 1 STE 16 Barrington, IL 60010	Patient Care - Out Patient
8	AMG-Illinois Masonic Physician Group 4211 N Cicero STE 300 Chicago, IL 60641	Patient Care - Out Patient
9	AMG-Internal Medicine - Buffalo Grove 214 McHenry Road STE B19 B20 Buffalo Grove, IL 60089	Patient Care - Out Patient
10	AMG-Ivy Physicians Group 2437 N Sport Avenue 1st Flr Chicago, IL 60614	Patient Care - Out Patient
11	AMG-Lakeview School Based Health CTR 4015 N Ashland Avenue Rm 103 Chicago, IL 60657	Patient Care - Out Patient
12	AMG-Libertyville Office Building 716 S Milwaukee Avenue Libertyville, IL 60048	Patient Care - Out Patient
13	AMG-Medical Office Building 3000 North Halsted St SUITES VARIO Chicago, IL 60657	Patient Care - Out Patient
14	MCC AMG Cicero 10837 S Cicero Ave STE 200 110 Oak Lawn, IL 60453	Patient Care - Out Patient

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

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

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

	Name and address	Type of Facility (describe)
151	MCC AMG Hickory Cardiac Care 3611 W 183rd Street Hazel Crest, IL 60429	Patient Care - Out Patient
1	MCC AMG Ravinia 14741 Ravinia Drive Orland Park, IL 60467	Patient Care - Out Patient
2	MCC AMG Ridgeland 9830 S Ridgeland Avenue Chicago Ridge, IL 60415	Patient Care - Out Patient
3	MCC AMG South Suburban POB 17850 S Kedzie Ave STE 3250 Hazel Crest, IL 60429	Patient Care - Out Patient
4	MCC AMG Trinity POB 2301/2315 E 93rd St STE 222 Chicago, IL 60617	Patient Care - Out Patient
5	MCC St James POB 3800 Burke Drive STE 201 Olympia Fields, IL 60449	Patient Care - Out Patient
6	Midwest Heart SpecialistsAMGBarrington 27750 W Highway 22 STE 240 Barrington, IL 60010	Patient Care - Out Patient
7	Midwest Heart SpecialistsAMGDowners Gr 3825 Highland Ave STE 400 Downers Grove, IL 60515	Patient Care - Out Patient
8	Midwest Heart SpecialistsAMG Elmhurst 133 E Brush Hill Rd STE 202 Elmhurst, IL 60126	Patient Care - Out Patient
9	Midwest Heart SpecialistsAMGHoffman Es 1555 Barrington Rd STE 3200 Hoffman Estates, IL 60194	Patient Care - Out Patient
10	Midwest Heart SpecialistsAMGNaperville 801 S Washington 4th Flr Naperville, IL 60540	Patient Care - Out Patient
11	Midwest Heart SpecialistsAMG Winfield 25 N Winfield Rd STE 301 Winfield, IL 60190	Patient Care - Out Patient
12	Midwest Pediatric Cardiology AMGBilling 621 Plainfield Road STE 105 Willowbrook, IL 60527	Office - No Patient Care
13	Midwest PediatricCardiologyAMG Aurora 2020 Ogden Avenue STE 400 Aurora, IL 60504	Patient Care - Out Patient
14	Midwest Pediatric CardiologyAMGCPOB 4440 W 95th Street STE 108 Oak Lawn, IL 60453	Patient Care - Out Patient

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

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

	Name and address	Type of Facility (describe)
166	Midwest Pediatric Cardiology AMG Crest 16151 Weber Road Unit 107 Crest Hill, IL 60403	Patient Care - Out Patient
1	Midwest Pediatric Cardiology AMG Hope 4440 W 95th St STE 1100H Oak Lawn, IL 60453	Patient Care - Out Patient
2	Midwest Pediatric Cardiology AMGLockpt 1206 9th Street STE 310 Lockport, IL 60441	Patient Care - Out Patient
3	Midwest Pediatric CardiologyAMGMRIVL 209 E 86th Place STE D Merrillville, IN 46410	Patient Care - Out Patient
4	Midwest Pediatric Cardiology AMG MHS 1555 Barrington Rd STE 3200 Hoffman Estates, IL 60169	Patient Care - Out Patient
5	Midwest Pediatric CardiologyAMGMunster 800 MacArthur Blvd STE 3 Munster, IN 46321	Patient Care - Out Patient
6	Midwest Pediatric CardiologyAMGNPRVL 1020 E Ogden Ave STE 302 Naperville, IL 60563	Patient Care - Out Patient
7	Midwest Pediatric Cardiology AMGOak Ln 4700 W 95th Street STE 205 Oak Lawn, IL 60453	Patient Care - Out Patient
8	Midwest Pediatric CardiologyAMGRockfrd 5701 Strathmoor Dr STE 1 3 Rockford, IL 61107	Patient Care - Out Patient
9	AMG-Park Ridge Pediatric Nephrology 1480 Renaissance Dr STE 211 Park Ridge, IL 60068	Patient Care - Out Patient
10	AMG-PEDS - Deerfield 720 Osterman Avenue 103 Deerfield, IL 60015	Patient Care - Out Patient
11	AMG-Ravenswood Medical Group 1945 W Wilson Avenue Ste 2100 4 Chicago, IL 60640	Patient Care - Out Patient
12	AMG-Tinley Park Medical Office 16750 S 80th Avenue STE B Tinley Park, IL 60477	Patient Care - Out Patient
13	AMG-AMG Orland Park Clinic & Orland Park 9550 W 167th Street Orland Park, IL 60467	Patient Care - Out Patient
14	AMG-Chicago (Medicine & Surgery) AMG 11250 S Western Ave Chicago, IL 60643	Patient Care - Out Patient

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

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

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

	Name and address	Type of Facility (describe)
181	AMG-Olympia Fields 4001 Vollmer Road Olympia Fields, IL 60461	Patient Care - Out Patient
1	AMG-Olympia Fields Cancer Care Institute 3700 W 203rd Street Olympia Fields, IL 60461	Patient Care - Out Patient
2	AMG-Olympia Fields Corp & Phys Therapy 20110 Governors Highway Olympia Fields, IL 60461	Patient Care - Out Patient
3	AMG-Elgin 1140 N Mclean Blvd STE E F Elgin, IL 60120	Patient Care - Out Patient
4	ACC 95th St 2210 W 95th St Chicago, IL 60643	Patient Care - Out Patient
5	ACL Lab Service CTR 3048 N Wilton Lab Chicago, IL 60657	Patient Care - Out Patient
6	ACL Lab Service CTR 1775 Ballard Road LL Park Ridge, IL 60068	Patient Care - Out Patient
7	ACL Lab Service CTR - Parkside Ctr 1875 Dempster St STE 504 Park Ridge, IL 60068	Patient Care - Out Patient
8	ACMG Oak Lawn 95 street 210 4220 W 95th Street Oak Lawn, IL 60453	Patient Care - Out Patient
9	AMG-Lockport Primary Care 1206 E 9th Street STE 100 Lockport, IL 60441	Patient Care - Out Patient
10	AMG-Lockport Primary Care 1206 E 9th Street STE 250 Lockport, IL 60441	Patient Care - Out Patient
11	AMG-Algonquin County Line Rd 2284 Countyline Rd Algonquin, IL 60201	Patient Care - Out Patient
12	AMG-Algonquin Merchant Drive 1486 Merchant Drive Algonquin, IL 60102	Patient Care - Out Patient
13	AMG-Algonquin Randall Rd 600 S Randall Road Algonquin, IL 60102	Patient Care - Out Patient
14	AMG-Algonquin Ryan Parkway 1345 Ryan Parkway Algonquin, IL 60102	Patient Care - Out Patient

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

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

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

	Name and address	Type of Facility (describe)
196	AMG-Darien 2622 w 83rd St Darien, IL 60561	Patient Care- Out Patient
1	AMG-Naperville 100 Spalding Av Naperville, IL 60540	Patient Care- Out Patient
2	AMG-Ingleside 214 Washington St Ingleside, IL 60041	Patient Care- Out Patient
3	AMG-Wonder Lake 7432 Hancock Dr Wonder Lake, IL 60097	Patient Care- Out Patient
4	AMG-East Dundee 151 E Dundee Avenue East Dundee, IL 60118	Patient Care - Out Patient
5	AMG-Elgin 1710 Randall Rd 1710 Randall Rd STE 200 250 380 Elgin, IL 60123	Patient Care - Out Patient
6	AMG-Elgin 750 Fletcher Drive 750 Fletcher Drive STE 206 Elgin, IL 60123	Patient Care - Out Patient
7	AMG-Elk Grove 1502 S Elmhurst Rd Elk Grove Village, IL 60007	Office - No Patient Care
8	AMG-Finance 2311 22nd Street Ste 202 Oakbrook, IL 60523	Office - No Patient Care
9	AMG-Finance-Phy Comp 2311 22nd Street Ste 315 Oakbrook, IL 60523	Office - No Patient Care
10	AMG-Hometown 4140 SW HW Hometown, IL 60456	Patient Care - Out Patient
11	AMG-Lemont 15900 W 127th street Lemont, IL 60439	Patient Care - Out Patient
12	AMG-LeRoy 911 S Chestnut Le Roy, IL 61752	Patient Care - Out Patient
13	AMG-Lexington 307 W Main Lexinton, IL 61753	Patient Care - Out Patient
14	AMG-Libertville 801 S Milwaukee 801 S Milwaukee Rd Libertyville, IL 60048	Patient Care - Out Patient

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

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

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

	Name and address	Type of Facility (describe)
211	AMG-Lincolnshire 100 Village Green Dr Ste 120 Lincolnshire, IL 60069	Patient Care - Out Patient
1	AMG-Lincolnshire 100 Village Green Dr Ste 210 Lincolnshire, IL 60069	Patient Care - Out Patient
2	AMG-Lombard & AMG Lemont 500 East 22nd Street STE A Lombard, IL 60148	Patient Care - Out Patient
3	AMG-McHenry 5403 Bull Valley Road 5403 Bull Valley Road McHenry, IL 60050	Patient Care - Out Patient
4	AMG-Merrionette Park 11600 S Kedzie Merrionette Park, IL 60803	Patient Care - Out Patient
5	AMG-Mundelein 560 N Midlothian 560 N Midlothian STE 400 Mundelein, IL 60060	Patient Care - Out Patient
6	AMG-Oak Lawn 4400 W 95th Ste 101 4400 W 95th Street Oak Lawn, IL 60453	Patient Care - Out Patient
7	AMG Oak Lawn 4400 W 95th Ste 102 4400 W 95th Street Oak Lawn, IL 60453	Patient Care - Out Patient
8	AMG Oak Lawn 4400 W 95th Ste 108 4400 W 95th Street Oak Lawn, IL 60453	Patient Care - Out Patient
9	AMG Oak Lawn 4400 W 95th Ste 109111112 4400 W 95th Street Oak Lawn, IL 60453	Patient Care - Out Patient
10	AMG Oak Lawn 4400 W 95th Ste 207 4400 W 95th Street Oak Lawn, IL 60453	Patient Care - Out Patient
11	AMG Oak Lawn 4400 W 95th Ste 301 4400 W 95th Street Oak Lawn, IL 60453	Patient Care - Out Patient
12	AMG Oak Lawn 4400 W 95th Ste 403 4400 W 95th Street Oak Lawn, IL 60453	Patient Care - Out Patient
13	AMG Oak Lawn 4400 W 95th Ste 404 4400 W 95th Street Oak Lawn, IL 60453	Patient Care - Out Patient
14	AMG Oak Lawn 4400 W 95th Ste 407 4400 W 95th Street Oak Lawn, IL 60453	Patient Care - Out Patient

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

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

	Name and address	Type of Facility (describe)
226	AMG Oak Lawn 4400 W 95th Ste 408 4400 W 95th Street Oak Lawn, IL 60453	Patient Care - Out Patient
1	AMG Oak Lawn 4400 W 95th Ste 413 4400 W 95th Street Oak Lawn, IL 60453	Patient Care - Out Patient
2	AMG Oak Lawn 4700 w 95th Ste 308 4700 W 95th Street Oak Lawn, IL 60453	Patient Care - Out Patient
3	AMG Oak Lawn 95 street 200 4220 W 95th Street Oak Lawn, IL 60453	Patient Care - Out Patient
4	AMG Orland Park 165th 10745 W 165th street Orland Park, IL 60467	Patient Care - Out Patient
5	AMG Orland Park Ravinia 14741 Ravinia Drive Orland Park, IL 60467	Patient Care - Out Patient
6	AMG Palos Heights Harlem Ave 12332 S Harlem Ave Palos Heights, IL 60463	Patient Care - Out Patient
7	AMG Palos Heights Harlem Ave 12400 S Harlem Ave Palos Heights, IL 60463	Patient Care - Out Patient
8	AMG Palos Heights SW Hwy 11800 SW Highway Palos Heights, IL 60463	Patient Care - Out Patient
9	AMG Palos Hills 7620 W 111th St Palos Hills, IL 60465	Patient Care - Out Patient
10	AMG Park Ridge Busse Highway 850 Busse Hwy Park Ridge, IL 60068	Patient Care - Out Patient
11	AMG Winfield 25 N Winfield Winfield, IL 60527	Patient Care - Out Patient
12	AMG Woodstock 3703 Doty Road 3703 Doty Rd Bldg1 Ste 4 Woodstock, IL 60098	Patient Care - Out Patient
13	AMG-Aurora Cardiology 4100 Healthway Drive Aurora, IL 60504	Patient Care - Out Patient
14	AMG-Aurora PEDS Specialists 2020 Ogden Ave Aurora, IL 60504	Patient Care - Out Patient

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

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

	Name and address	Type of Facility (describe)
241	AMG-Barrington Garlands 6000 Garlands Lane Barrington, IL 60010	Patient Care - Out Patient
1	AMG-Barrington GSHP Occ Hlth 27790 W Highway 22 Ste 19 Barrington, IL 60010	Patient Care - Out Patient
2	AMG-Barrington GSHP Occ Hlth 27790 W Highway 22 Ste 20 Barrington, IL 60010	Patient Care - Out Patient
3	AMG-Barrington GSHP Sleep 27790 W Highway 22 Ste 20 Barrington, IL 60010	Patient Care - Out Patient
4	AMG-Barrington Pepper Rd 22285 Pepper Rd Barrington, IL 60010	Patient Care - Out Patient
5	AMG-Bloomington 1401 Eastland Dr 1401 Eastland Drive Bloomington, IL 61701	Patient Care - Out Patient
6	AMG-Bloomington 2204 Eastland Dr 2204 Eastland Drive Bloomington, IL 61704	Patient Care - Out Patient
7	AMG-Bloomington 2406 E Empire 2406 E Empire Bloomington, IL 61704	Patient Care - Out Patient
8	AMG-Bloomington 3024 E Empire ImmCare 3024 E Empire Bloomington, IL 61704	Patient Care - Out Patient
9	AMG-Bloomington 3024 E Empire OccHlth 3024 E Empire Bloomington, IL 61704	Patient Care - Out Patient
10	AMG-Bloomington 3024 E Empire Surgery 3024 E Empire Bloomington, IL 61704	Patient Care - Out Patient
11	AMG-Bloomington 3024 E Empire 3A 3024 E Empire Bloomington, IL 61704	Patient Care - Out Patient
12	AMG-Bloomington 3024 E Empire 3D 3024 E Empire Bloomington, IL 61704	Patient Care - Out Patient
13	AMG-Bloomington 3024 E Empire 3E-3F 3024 E Empire Bloomington, IL 61704	Patient Care - Out Patient
14	AMG-Bloomington Hershey 303 N Hershey Bloomington, IL 61704	Patient Care - Out Patient

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

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

	Name and address	Type of Facility (describe)
256	AMG-Bolingbrook Weber Drive 130 Weber Drive Bolingbrook, IL 60440	Patient Care - Out Patient
1	AMG-Burbank 4901 W 79th Street Burbank, IL 60459	Patient Care - Out Patient
2	AMG-Chicago 3040 N Wilton 2nd Flr 3040 North Wilton Chicago, IL 60657	Patient Care - Out Patient
3	AMG-Chicago 3048 N Wilton 1st Flr 3040 North Wilton Chicago, IL 60657	Patient Care - Out Patient
4	AMG-Chicago 3048 N Wilton 3rd Flr OB MW 3040 North Wilton Chicago, IL 60657	Patient Care - Out Patient
5	AMG-Chicago 3048 N Wilton 3rd Flr 3040 North Wilton Chicago, IL 60657	Patient Care - Out Patient
6	AMG-Chicago 9831 S Western 9831 S Western Ave Chicago, IL 60643	Patient Care - Out Patient
7	AMG-Chicago Creticos Cancer CTR 901 Wellington Ave Chicago, IL 60657	Patient Care - Out Patient
8	AMG-Chicago Doty (Pullman) 10834 S Doty Ave Chicago, IL 60628	Patient Care - Out Patient
9	AMG-Chicago E 118th street 3550 E118th Street Chicago, IL 60625	Patient Care - Out Patient
10	AMG-Chicago E 93rd Suite 117-213 2301 E 93rd Street Chicago, IL 60617	Patient Care - Out Patient
11	AMG-Chicago E 93rd Suite 222 2315 E 93rd Street Chicago, IL 60617	Patient Care - Out Patient
12	AMG-Chicago E 93rd Suite 322 2301 E 93rd Street Chicago, IL 60617	Patient Care - Out Patient
13	AMG-Chicago E 93rd Suite 440 2301 E 93rd Street Chicago, IL 60617	Patient Care - Out Patient
14	AMG-Chicago Evergreen 1357 W 103rd St Chicago, IL 60643	Patient Care - Out Patient

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

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

	Name and address	Type of Facility (describe)
271	AMG-Chicago Greenwood Sleep 1111 E 87th Street STE 500 Chicago, IL 60619	Patient Care - Out Patient
1	AMG-Chicago HalstedBlackhawk 1460 N Halsted Ave Chicago, IL 60622	Patient Care - Out Patient
2	AMG-Chicago Irv & Wstrn 4025 N Western Ave Chicago, IL 60634	Patient Care - Out Patient
3	AMG-Chicago Marine Drive 4646 N Marine Drive Chicago, IL 60640	Patient Care - Out Patient
4	AMG-Chicago N Broadway 5304 N Broadway Ave Chicago, IL 60640	Patient Care - Out Patient
5	AMG-Chicago N Central Ave 3942 N Central Ave Chicago, IL 60617	Patient Care - Out Patient
6	AMG-Chicago N Cicero 4211 N Cicero Chicago, IL 60641	Patient Care - Out Patient
7	AMG-Chicago N Kedzie AMG Chicago Logan Square Chicago, IL 60647	Patient Care - Out Patient
8	AMG-Chicago North Ave 6434 W North Avenue Chicago, IL 60302	Patient Care - Out Patient
9	AMG-Chicago Sykes AMG Sykes Chicago, IL 60616	Patient Care - Out Patient
10	AMG-Chicago W Bryn Mawr Suite 350 8550 W Bryn Mawr Chicago, IL 60631	Patient Care - Out Patient
11	AMG-Chicago W Bryn Mawr Suite 650 8550 W Bryn Mawr Chicago, IL 60631	Patient Care - Out Patient
12	AMG-Chicago W Bryn Mawr Suite 700 8550 W Bryn Mawr Chicago, IL 60631	Patient Care - Out Patient
13	AMG-Chicago W Bryn Mawr Suite 800 8550 W Bryn Mawr Chicago, IL 60631	Patient Care - Out Patient
14	AMG-Chicago W Foster AMG Chicago Foster Chicago, IL 60610	Patient Care - Out Patient

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

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

	Name and address	Type of Facility (describe)
286	AMG-Chicago Wellington Dentistry 811 Wellington Ave Chicago, IL 60657	Patient Care - Out Patient
1	AMG-Crystal Lake Congress Parkway 525 Congress Parkway Crystal Lake, IL 60014	Patient Care - Out Patient
2	AMG-Crystal Lake Memorial Court 284 Memorial Court Crystal Lake, IL 60014	Patient Care - Out Patient
3	AMG-Des Plaines ACMG 8901 Golf Rd Des Plaines, IL 60016	Patient Care - Out Patient
4	AMG-Des Plaines Lee St Suite 003 701 Lee Street Des Plaines, IL 60016	Patient Care - Out Patient
5	AMG-Des Plaines Lee St Suite 100 701 Lee Street Des Plaines, IL 60016	Patient Care - Out Patient
6	AMG-Des Plaines Lee St Suite 800 701 Lee Street Des Plaines, IL 60016	Patient Care - Out Patient
7	AMG-Des Plaines Rand Rd 77 Rand Rd Des Plaines, IL 60016	Patient Care - Out Patient
8	AMG-Downers Grove 4900 Main st 1st Fl 4900 Main Street Downers Grove, IL 60515	Patient Care - Out Patient
9	AMG-Downers Grove 4900 Main st Bsmnt 4900 Main Street Downers Grove, IL 60515	Patient Care - Out Patient
10	AMG-Downers Grove GSAM Sleep 3815 Highland Ave Downers Grove, IL 60515	Patient Care - Out Patient
11	AMG-Downers Grove GSAM Suite 103 3825 Highland Ave Downers Grove, IL 60515	Patient Care - Out Patient
12	AMG-Downers Grove GSAM Suite 107 3825 Highland Ave Downers Grove, IL 60515	Patient Care - Out Patient
13	AMG-Downers Grove GSAM Suite 200 3551 Highland Ave Downers Grove, IL 60515	Patient Care - Out Patient
14	AMG-Downers Grove GSAM Suite 306 3825 Highland Ave Downers Grove, IL 60515	Patient Care - Out Patient

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

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

	Name and address	Type of Facility (describe)
301	AMG-Downers Grove GSAM Suite 400 3825 Highland Ave Downers Grove, IL 60515	Patient Care - Out Patient
1	AMG-Downers Grove GSAM Suite 4H4K 3825 Highland Ave Downers Grove, IL 60515	Patient Care - Out Patient
2	AMG-Downers Grove GSAM Suite 5B 3825 Highland Ave Downers Grove, IL 60515	Patient Care - Out Patient
3	AMG-Downers Grove S Main suite 101 6840 S Main Street Downers Grove, IL 60515	Patient Care - Out Patient
4	AMG-Downers Grove S Main suite 202 6840 S Main Street Downers Grove, IL 60515	Patient Care - Out Patient
5	AMG-Downers Grove S Main suite 2nd Flr 6840 S Main Street Downers Grove, IL 60515	Patient Care - Out Patient
6	AMG-El Paso 385 S Orange El Paso, IL 61738	Patient Care - Out Patient
7	AMG-Eldorado 306 Eldorado Bloomington, IL 61704	Support
8	AMG-Elgin Fletcher Suite 101 745 Fletcher Rd Elgin, IL 60123	Patient Care - Out Patient
9	AMG-Elgin Fletcher Suite 302 745 Fletcher Rd Elgin, IL 60123	Patient Care - Out Patient
10	AMG-Elgin Randall Suite 107 1710 Randall Rd STE 107 Elgin, IL 60123	Patient Care - Out Patient
11	AMG-Elgin Randall Suite 201 (eff 4115) 1710 Randall Rd STE 201 Elgin, IL 60123	Patient Care - Out Patient
12	AMG-Elgin Randall Suite 340 1710 Randall Rd Elgin, IL 60123	Patient Care - Out Patient
13	AMG-Eureka 105 S Major Eureka, IL 61530	Patient Care - Out Patient
14	AMG-Evergreen Park S Western Ave Parking 9730 S Western Ave Evergreen Park, IL 60805	Patient Care - Out Patient

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

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

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

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

	Name and address	Type of Facility (describe)
316	AMG-Evergreen Park S Western Ave Ste 500 9730 S Western Ave Evergreen Park, IL 60805	Patient Care - Out Patient
1	AMG-Evergreen Park S Western Ave Ste 733 9730 S Western Ave Evergreen Park, IL 60805	Patient Care - Out Patient
2	AMG-Fairbury 115 E Walnut Fairbury, IL 61739	Patient Care - Out Patient
3	AMG-Fox River Grove 912 Northwest Highway Fox River Grove, IL 60010	Patient Care - Out Patient
4	AMG-Frankfort Graceland 20325 S Graceland Frankfort, IL 60423	Patient Care - Out Patient
5	AMG-Frankfort LaGrange 21160 S LaGrange Ave Frankfort, IL 60423	Patient Care - Out Patient
6	AMG-Glenview Milwaukee 1255 Milwaukee Glenview, IL 60025	Patient Care - Out Patient
7	AMG-Glenview Waukegan 1412 Waukegan Rd Glenview, IL 60025	Patient Care - Out Patient
8	AMG-Gurnee Hunt Club Rd Imm Care 1445 Hunt Club Rd Gurnee, IL 60031	Patient Care - Out Patient
9	AMG-Gurnee Hunt Club Rd Sleep 1445 Hunt Club Rd Gurnee, IL 60031	Patient Care - Out Patient
10	AMG-Gurnee Hunt Club Rd Suite 301 1425 Hunt Club Rd Gurnee, IL 60031	Patient Care - Out Patient
11	AMG-Gurnee Hunt Club Rd Suite 304 1445 Hunt Club Rd Gurnee, IL 60031	Patient Care - Out Patient
12	AMG-Hazel Crest W 177th street 3330 W 177th Street Hazel Crest, IL 60429	Patient Care - Out Patient
13	AMG-Hazel Crest S Kedzie (SANE) 17680 S Kedzie Hazel Crest, IL 60429	Patient Care - Out Patient
14	AMG-Hazel Crest S Kedzie (SHAH) 17680 S Kedzie Hazel Crest, IL 60429	Patient Care - Out Patient

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

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

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

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

	Name and address	Type of Facility (describe)
331	AMG-Hazel Crest SSUB EMP Hlth 17850 S Kedzie Hazel Crest, IL 60429	Patient Care - Out Patient
1	AMG-Hazel Crest SSUB Suite 2100 17850 S Kedzie Hazel Crest, IL 60429	Patient Care - Out Patient
2	AMG-Hazel Crest SSUB Suite 2300 17850 S Kedzie Hazel Crest, IL 60429	Patient Care - Out Patient
3	AMG-Hazel Crest SSUB Suite 3100 3500 17850 S Kedzie Hazel Crest, IL 60429	Patient Care - Out Patient
4	AMG-Lake Zurich Suite 110 350 Surryse Road STE 110 Lake Zurich, IL 60047	Patient Care - Out Patient
5	AMG-Libertyville 755 S Milwaukee 755 S Milwaukee Ave Libertyville, IL 60048	Patient Care - Out Patient
6	AMG-Libertyville Garfield suite 200 890 Garfield Libertyville, IL 60048	Patient Care - Out Patient
7	AMG-Libertyville Garfield suite 202 890 Garfield Libertyville, IL 60048	Patient Care - Out Patient
8	AMG-McHenry 633 Ridgeview Drive McHenry, IL 60050	Patient Care - Out Patient
9	AMG-Niles Caldwell 7255 N Caldwell Niles, IL 60714	Patient Care - Out Patient
10	AMG-Niles Milwaukee 7900 Milwaukee Ave Niles, IL 60714	Patient Care - Out Patient
11	AMG-Normal Behavioral Health 403 W Virginia Ave Normal, IL 61761	Patient Care - Out Patient
12	AMG-Normal Billing Office 1304 Franklin Ave Normal, IL 61761	Patient Care - Out Patient
13	AMG-Normal Ednocrinology 1302 Franklin Ave Normal, IL 61761	Patient Care - Out Patient
14	AMG-Normal ENY Surgical Associates 207 Landmark Normal, IL 61761	Patient Care - Out Patient

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

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

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

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

	Name and address	Type of Facility (describe)
346	AMG-Normal General & Colorectal Surgery 1300 Franklin Ave Normal, IL 61761	Patient Care - Out Patient
1	AMG-Normal Ill Heart and Lung Cardiology 1302 Franklin Ave Normal, IL 61761	Patient Care - Out Patient
2	AMG-Normal Ill Heart & Lung Pulmonology 1302 Franklin Ave Normal, IL 61761	Patient Care - Out Patient
3	AMG-Normal Neurology 1300 Franklin Ave Normal, IL 61761	Patient Care - Out Patient
4	AMG-Normal Pediatrics 1302 Franklin Ave Normal, IL 61761	Patient Care - Out Patient
5	AMG-Normal Primary Care & Immediate Care 1302 Franklin Ave Normal, IL 61761	Patient Care - Out Patient
6	AMG-Orland Square Orland Drive 29 Orland Park Drive Orland Park, IL 60467	Patient Care - Out Patient
7	AMG-Park Ride Yacktman 1675 Dempster Park Ridge, IL 60068	Patient Care - Out Patient
8	AMG-Park Ridge Adult Down Sydrome 1610 Luther Lane Park Ridge, IL 60068	Patient Care - Out Patient
9	AMG-Park Ridge CAC GynOnc Oncology 1700 Luther Lane Park Ridge, IL 60068	Patient Care - Out Patient
10	AMG-Park Ridge Cardio Vascular 1700 Luther Lane Park Ridge, IL 60068	Patient Care - Out Patient
11	AMG-Park Ridge LGH Sleep CTR 1775 Dempster Park Ridge, IL 60068	Patient Care - Out Patient
12	AMG-Park Ridge Nesset 1775 Ballard Rd Park Ridge, IL 60068	Patient Care - Out Patient
13	AMG-Park Ridge Parkside suite 270 1875 W Dempster Park Ridge, IL 60068	Patient Care - Out Patient
14	AMG-Park Ridge Parkside Suite 285 1875 W Dempster Park Ridge, IL 60068	Patient Care - Out Patient

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

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

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

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

	Name and address	Type of Facility (describe)
361	AMG-Park Ridge Parkside Suite 310 1875 W Dempster Park Ridge, IL 60068	Patient Care - Out Patient
1	AMG-Park Ridge Parkside Suite 325 1875 W Dempster Park Ridge, IL 60068	Patient Care - Out Patient
2	AMG-Park Ridge Parkside Suite 340 1875 WDempster Park Ridge, IL 60068	Patient Care - Out Patient
3	AMG-Park Ridge Parkside Suite 360 1875 W Dempster Park Ridge, IL 60068	Patient Care - Out Patient
4	AMG-Park Ridge Parkside Suite 470 1875 W Dempster Park Ridge, IL 60068	Patient Care - Out Patient
5	AMG-Park Ridge Parkside Suite 490 1875 W Dempster Park Ridge, IL 60068	Patient Care - Out Patient
6	AMG-Park Ridge Parkside Suite 520 1875 W Dempster Park Ridge, IL 60068	Patient Care - Out Patient
7	AMG-Park Ridge Parkside Suite 550 1875 W Dempster Park Ridge, IL 60068	Patient Care - Out Patient
8	AMG-Park Ridge Parkside suite 555-556 1875 W Dempster Park Ridge, IL 60068	Patient Care - Out Patient
9	AMG-Park Ridge Parkside Suite 640 1875 W Dempster Park Ridge, IL 60068	Patient Care - Out Patient
10	AMG-Park Ridge Renaissance Drive 1480 Renaissance Drive Park Ridge, IL 60068	Patient Care - Out Patient
11	AMG-Park Ridge Yacktman OB 1675 Dempster Park Ridge, IL 60068	Patient Care - Out Patient
12	AMG-Plainfeild 24600 W 127th Street Bld B Plainfield, IL 60544	Patient Care - Out Patient
13	AMG-Pontiac Illinois Heart and Lung 1508 W Reynolds Pontiac, IL 61764	Patient Care - Out Patient
14	AMG-Riverside 7234 W Ogden Ave Riverside, IL 60546	Patient Care - Out Patient

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

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

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

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

	Name and address	Type of Facility (describe)
376	AMG-Roanoke 415 W Front Roanoke, IL 61561	Patient Care - Out Patient
1	AMG-South Elgin 2000 McDonald Road South Elgin, IL 60177	Patient Care - Out Patient
2	AMG-South Elgin 2000 McDonald Road South Elgin, IL 60177	Patient Care - Out Patient
3	AMG-South Holland 100 W 162nd Street South Holland, IL 60473	Patient Care - Out Patient
4	AMG-Tinley Park - CMC 8th ave suite E 16750 S 80th Ave Tinley Park, IL 60477	Patient Care - Out Patient
5	AMG-Tinley Park High Tech 18210 S LaGrange Ave Tinley Park, IL 60477	Patient Care - Out Patient
6	AMG-Tinley Park La Grange Ave Suite 105 18210 S LaGrange Ave Tinley Park, IL 60477	Patient Care - Out Patient
7	AMG-Tinley Park La Grange Ave Suite 200 18210 S LaGrange Ave Tinley Park, IL 60477	Patient Care - Out Patient
8	AMG-Tinley Park La Grange Ave Suite 209 18210 S LaGrange Ave Tinley Park, IL 60477	Patient Care - Out Patient
9	AMG-Tinley Park Sleep CTR 16532 Oak Park Ave Tinley Park, IL 60477	Patient Care - Out Patient
10	AMG-Vernon Hills OB 565 Lakeview Drive Vernon Hills, IL 60061	Patient Care - Out Patient
11	AMG-Wrigley Field 1060 W Addison Chicago, IL 60613	Patient Care - Out Patient
12	AMG-Peterson 4801 W Peterson 506 Chicago, IL 60646	Patient Care - Out Patient
13	AHHC-Family Care Network 440 QUADRANGLE DRIVE STE K Bolingbrook, IL 60440	Patient Care - Out Patient
14	AMG-East Dundee 151 E Dundee Avenue STE C East Dundee, IL 60098	Patient Care - Out Patient

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

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

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

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

	Name and address	Type of Facility (describe)
391	BROMENN 1609 Northtown Rd Unit 8 Normal, IL 61761	Patient Care - Out Patient
1	AMG-Niles 7900 N Milwaukee Ave Ste 2-34 Niles, IL 60714	Patient Care - Out Patient
2	AMG-Niles 7900 N Milwaukee Ave Ste 16 Niles, IL 60714	Patient Care - Out Patient
3	BROMENN 1111 Trinity Lane Unit E Bloomington, IL 61704	Patient Care - Out Patient
4	AMG-Bartlett 1050 Norwood Ln Bartlett, IL 60103	Patient Care - Out Patient
5	AMG-Oak Lawn 4400 W 95th St Ste 106 Oak Lawn, IL 60453	Patient Care - Out Patient
6	AMG-Chicago 1273 Milwaukee Ave Chicago, IL 60622	Patient Care - Out Patient
7	AMG-Martin Luther King 2535 S Martin Luther King Dr Chicago, IL 60616	Patient Care - Out Patient
8	AMG-Libertyville Ambulatory Building 825 S Milwaukee Ave 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 Health and Hospitals Corp

Employer identification number
36-2169147

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" 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) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 74

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 6

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, Part I and II	Grants and Other Assistance to Domestic Organizations and Domestic Governments FOR AMOUNTS REPORTED ON SCHEDULE I, ADVOCATE HEALTH AND HOSPITALS CORPORATION REPORTS ONLY 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 HEALTH AND HOSPITALS CORPORATION THE PURPOSES OF THESE GRANTS IS TO SUPPORT COMMUNITY PROGRAMS CASH CONTRIBUTIONS ARE NOT MADE TO INDIVIDUALS, FOR PROFIT BUSINESSES, OR PRIVATE PROVIDERS

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACTION FOR HEALTHY KIDS 600 W Van Buren Street Chicago, IL 60607	47-0902020	501(c)(3)	11,250				SUPPORT EXEMPT MISSION
ALLIANCE OF LOCAL SERVICE ORGANIZATIONS 2401 W North Avenue Chicago, IL 60647	36-4207887	501(c)(3)	30,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALZHEIMERS ASSOCIATION 850 Essington RD STE 200 Joliet, IL 60435	13-3039601	501(c)(3)	5,925				SPONSOR EVENTS
AMERICAN CANCER SOCIETY INC 225 N Michigan Ave Chicago, IL 60601	13-1788491	501(c)(3)	59,100				sponsor events

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION PO Box 50035 Prescott, AZ 863045035	13-5613797	501(c)(3)	14,750				SUPPORT EXEMPT
ASSOCIATION HOUSE OF CHICAGO 1116 N Kedzie Avenue Chicago, IL 60651	36-2166961	501(c)(3)	20,000				SUPPORT EXEMPT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARRINGTON CHILDRENS CHARITIES 117 S Cook St 235 Barrington, IL 60010	27-0963289	501(c)(3)	5,250				SUPPORT EXEMPT
BARRINGTON LEADS 117 S Cook St 245 Barrington, IL 60010	46-5117099	501(c)(3)	17,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHANY CHRISTIAN SERVICES INC 12416 S Harlem Ave STE 305 Palos Heights, IL 60463	38-1405282	501(c)(3)	10,000				SPONSOR EVENTS
BETTER BOYS FOUNDATION 1512 S Pulaski Rd Chicago, IL 60623	36-2484473	501(c)(3)	20,000				SUPPORT EXEMPT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOCKS TOGETHER 3711 West Chicago Avenue Chicago, IL 60651	36-3983087	501(c)(3)	20,000				SUPPORT EXEMPT
BREAKTHROUGH URBAN MINISTRIES 402 N Louis Ave Chicago, IL 60624	36-3810926	501(c)(3)	30,000				SUPPORT EXEMPT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CANCER SUPPORT CENTER 2028 Elm Road Homewood, IL 60430	36-3880404	501(c)(3)	14,650				SUPPORT EXEMPT MISSION
CASA CENTRAL 1343 N California Ave Chicago, IL 60622	36-2728618	501(c)(3)	15,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CCA ACADEMY 1231 South Pulaski Road Chicago, IL 60623	36-3001358	501(c)(3)	30,000				SUPPORT EXEMPT MISSION
CHILDRENS HEART FOUNDATION PO Box 2844 Glenview, IL 60026	36-4077528	501(c)(3)	9,600				SPONSOR EVENTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHOOSE DUPAGE 2525 Cabot Drive STE 303 Lisle, IL 60532	32-0177792	501(c)(6)	10,000				COMMUNITY SUPPORT
CHRIST THE KING JESUIT COLLEGE PREP 5088 W Jackson Blvd Chicago, IL 60644	26-0556958	501(c)(3)	25,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLUSTER TUTORING PROGRAM 5460 West Augusta Blvd Chicago, IL 60651	36-3835179	501(c)(3)	15,000				SUPPORT EXEMPT MISSION
COALITION TO PROTECT AMERICA'S HLTH CARE PO Box 30211 Bethesda, MD 208240211	52-2253225	501(c)(4)	125,000				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMM DEVELOP CORP OF THE BN AREA 200 W College Ave STE 402 Normal, IL 61761	26-1436471	501(c)(3)	21,000				SUPPORT EXEMPT MISSION
COMMUNITYHEALTH 2611 W Chicago Ave Chicago, IL 60622	36-3831793	501(c)(3)	25,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL FOR HEALTH & HUMAN SRV MINISTRIES 700 Prospect Avenue Cleveland, OH 44115	13-3118966	501(c)(3)	10,000				SUPPORT EXEMPT MISSION
CRISIS CENTER SO SUBURBIA CORP PO Box 39 Tinley Park, IL 60477	36-3039964	501(c)(3)	9,420				SPONSOR EVENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISTO REY JESUIT HIGH SCHOOL 1852 West 22nd Place Chicago, IL 60608	04-3730980	501(c)(3)	69,400				SUPPORT EXEMPT MISSION
DEMOCRACY COLLABORATIVE FOUNDATION 1422 Euclid Ave Ste 1652 Cleveland, OH 44115	20-0387511	501(c)(3)	15,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNERS GROVE ECONOMIC 5159 Mochel Downers Grove, IL 60515	87-0772222	501(c)(6)	7,500				COMMUNITY SUPPORT
DR PEDRO ALBIZU CAMPOS HIGH SCHOOL 2739 W Division Chicago, IL 60622	36-2754514	501(c)(3)	25,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUPAGE HABITAT FOR HUMANITY 1600 E Roosevelt Rd Wheaton, IL 60137	36-4003119	501(c)(3)	10,000				SPONSOR EVENTS
DUPAGE HEALTH COALITION 511 Thornhill Drive STE M Carol Stream, IL 60188	36-4448208	501(c)(3)	395,289				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ECONOMIC DEVELOPMENT COUNCIL 200 W College Avenue STE 402 Normal, IL 61761	37-1169886	501(c)(6)	15,000				COMMUNITY SUPPORT
ERIE ELEMENTARY CHARTER SCHOOL 1405 N Washtenaw Chicago, IL 60622	37-1504399	501(c)(3)	10,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITHHEALTH INNOVATIONS INC Medical Center Boulevard WinstonSalem, NC 271571098	23-7426944	501(c)(3)	7,000				SUPPORT EXEMPT MISSION
FREE SPIRIT MEDIA 906 S Homan Ave Floor 5 Chicago, IL 60624	36-4456215	501(c)(3)	25,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GARFIELD PARK CONSERVATORY ALLIANCE 300 N Central Park Avenue Chicago, IL 60624	36-4200490	501(c)(3)	20,000				SUPPORT EXEMPT MISSION
GENEVIEVE MELODY STEM ELEMENTARY SCHOOL 3937 W Wilcox St Chicago, IL 60624	36-6005821	501(c)(3)	25,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GILDA'S CLUB CHICAGO 205 West Wacker Drive Ste 1400 Chicago, IL 60606	36-4115144	501(c)(3)	58,900				SUPPORT EXEMPT MISSION
GIRLS IN THE GAME 1401 S Sacramento Drive Chicago, IL 60623	36-4024533	501(c)(3)	20,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER WEST TOWN COMM DEVELOP PROJ 500 N Sacramento Blvd Chicago, IL 60612	36-3657734	501(c)(3)	35,000				SUPPORT EXEMPT MISSION
HARPER COLLEGE EDUCATIONAL FOUNDATION 1200 West Algonquin Road Palatine, IL 60067	23-7348228	501(c)(3)	5,500				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEAD FOR THE CURE FOUNDATION 2020 Baltimore Suite 201 Kansas City, MO 64108	20-8345719	501(c)(3)	6,125				SPONSOR EVENTS
HEALTHY SCHOOLS CAMPAIGN 175 N Franklin Suite 300 Chicago, IL 60606	36-4308068	501(c)(3)	25,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
I AM ABLE CENTER FOR FAMILY DEV INC 3408 W Roosevelt Rd Chicago, IL 60624	36-3861251	501(c)(3)	15,000				SUPPORT EXEMPT MISSION
IHREF 24676 Network Place Chicago, IL 606731246	23-7421930	501(c)(3)	530,750				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ILLINOIS BUSINESS & ECONOMIC 333 W Wacker Suite 2600 Chicago, IL 60606	81-1265157	501(c)(3)	50,000				SUPPORT EXEMPT MISSION
ILLINOIS MANUFACTURING EXCELLENCE CENTER 1501 W Bradley Ave Peoria, IL 61625	37-1368934	501(c)(3)	27,405				SPONSOR EVENTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ILLINOIS PUBLIC HEALTH INSTITUTE 954 W Washington Blvd MB10 Chicago, IL 60607	26-2757523	501(c)(3)	8,150				SPONSOR EVENTS
INSTITUTE FOR NONVIOLENCE CHICAGO 4926 West Chicago Avenue Chicago, IL 60651	81-1098722	501(c)(3)	20,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHN MARSHALL METROPOLITAN HIGH SCHOOL 3250 W Adams Street Chicago, IL 60624	36-4263664	501(c)(3)	35,000				SUPPORT EXEMPT MISSION
KIPP CHICAGO 2007 South Halsted Street Chicago, IL 60608	30-0135927	501(c)(3)	25,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAWNDALE CHRISTIAN LEGAL CENTER 1530 S Hamlin Avenue Chicago, IL 60623	27-2285007	501(c)(3)	45,000				SUPPORT EXEMPT MISSION
LEGAL PREP CHARTER ACADEMIES 4319 W Washington Blvd Chicago, IL 60647	27-1071296	501(c)(3)	25,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES IL 1001 E Touhy Ave Des Plaines, IL 60018	36-2584799	501(c)(3)	22,000				SUPPORT EXEMPT MISSION
MAKE-A-WISH FOUNDATION 640 North LaSalle Street Ste 280 Chicago, IL 60654	36-3422138	501(c)(3)	11,000				SPONSOR EVENTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARCH OF DIMES FOUNDATION 111 W Jackson Blvd Ste 1650 Chicago, IL 60604	13-1846366	501(c)(3)	77,450				SPONSOR EVENTS
MARILLAC ST VINCENT FAMILY SERVICES 212 S Francisco Ave Chicago, IL 60612	36-2109717	501(c)(3)	25,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MIKVA CHALLENGE 322 S Michigan Ave Ste 400 Chicago, IL 60626	52-2033353	501(c)(3)	10,000				SUPPORT EXEMPT MISSION
MUSEUM OF SCIENCE & INDUSTRY 57th Street and Lake Shore Drive Chicago, IL 60637	36-2167797	501(c)(3)	58,333				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATL KIDNEY FOUNDATION OF IL 215 West Illinois Suite 1C Chicago, IL 60654	36-6009226	501(c)(3)	20,570				SUPPORT EXEMPT MISSION
NEIGHBORSPACE 455 N Sacramento Ste 204 Chicago, IL 60612	36-4105593	501(c)(3)	20,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH LAWNDALE EMPLOYMENT NETWORK 3726 W Flournoy Chicago, IL 60624	36-4295189	501(c)(3)	40,000				SUPPORT EXEMPT MISSION
NORWEGIAN AMERICAN HOSPITAL 1044 N Francisco Ave Chicago, IL 60622	36-1564290	501(c)(3)	25,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PASS PREGNANCY CARE CENTER 17214 Oak Park Avenue Tinley Park, IL 60477	36-3345840	501(c)(3)	10,000				SUPPORT EXEMPT MISSION
PROACTIVE KIDS FOUNDATION 1101 Belter Drive Wheaton, IL 60189	37-1556796	501(c)(3)	8,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PUERTO RICAN CULTURAL CENTER 2739 W Division Street Chicago, IL 60622	23-7347778	501(c)(3)	25,000				SUPPORT EXEMPT MISSION
PURDUE RESEARCH FOUNDATION 403 W State St Room 134 West Lafayette, IN 47907	35-1052049	501(c)(3)	60,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHSIDE PREGNANCY CENTER 9115 S Cicero Ave Oak Lawn, IL 60453	36-3367445	501(c)(3)	10,000				SPONSOR EVENTS
SPECIAL OLYMPICS ILLINOIS 500 Waters Edge Suite 100 Lombard, IL 60148	36-2922811	501(c)(3)	13,950				SPONSOR EVENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST AGATHA PARISH 3147 West Douglas Blvd Chicago, IL 60623	36-2170923	501(c)(3)	10,000				SUPPORT EXEMPT MISSION
STROKE SURVIVORS EMPOWERING PO Box 855 Lombard, IL 601480855	27-1925734	501(c)(3)	12,500				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAPROOTS INC 2718 W Adams Street 2nd Floor Chicago, IL 60612	36-3041825	501(c)(3)	30,000				SUPPORT EXEMPT MISSION
THE BOULEVARD OF CHICAGO 3456 West Franklin Boulevard Chicago, IL 60624	36-4075641	501(c)(3)	30,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TURNING THE PAGE 906 S Homan Avenue 6th Floor Chicago, IL 60624	52-2081934	501(c)(3)	20,000				SUPPORT EXEMPT MISSION
UCAN 3605 W Fillmore St Chicago, IL 60624	36-2167937	501(c)(3)	30,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIV OF ILL AT CHICAGO 1603 West Taylor St M/C 923 Chicago, IL 60612	37-6000511	501(c)(3)	180,000				GRANT FOR CURE
VILLAGE OF BARRINGTON 200 So Hough Street Barrington, IL 60010	36-6005782	501(c)(6)	6,125				COMMUNITY SUPPORT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VILLAGE OF OAK LAWN 6451 West 93rd Place Oak Lawn, IL 60453	36-6006024	501(c)(6)	10,880				COMMUNITY SUPPORT
WORLD BUSINESS CHICAGO 177 N State Street Suite 500 Chicago, IL 60601	36-4313685	501(c)(3)	75,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG MEN'S EDUCATIONAL NETWORK (YMEN) 1241 S Pulaski Road Chicago, IL 60623	36-4124098	501(c)(3)	35,000				SUPPORT EXEMPT MISSION
YWCA MCLEAN COUNTY 1201 N Hershey Road Bloomington, IL 61704	37-0661264	501(c)(3)	15,945				SUPPORT EXEMPT MISSION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Advocate Health and Hospitals Corp

Employer identification number
36-2169147

Part I Questions Regarding Compensation

			Yes	No
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**	Yes	
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**	Yes	
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 1A	REV KATHIE B SCHWICH, SENIOR VICE PRESIDENT-MISSION AND SPIRITUAL CARE, RECEIVED AN ANNUAL HOUSING ALLOWANCE OF $55,000 FROM ADVOCATE HEALTH AND HOSPITALS CORPORATION JAMES SKOGSBERGH, PRESIDENT AND CHIEF EXECUTIVE OFFICER OF ADVOCATE HEALTH AND HOSPITALS CORPORATION, IS A MEMBER OF SEVERAL LUNCHEON CLUBS WHERE HE CONDUCTS BUSINESS MEETINGS ON BEHALF OF AHHC JAMES SKOGSBERGH, PRESIDENT AND CHIEF EXECUTIVE OFFICER OF ADVOCATE HEALTH AND HOSPITALS CORPORATION, RECEIVES AS PART OF HIS BENEFITS PACKAGE, FINANCIAL PLANNING SERVICES JAMES SKOGSBERGH, PRESIDENT AND CHIEF EXECUTIVE OFFICER OF ADVOCATE HEALTH AND HOSPITALS CORPORATION, WAS PERMITTED TO USE FIRST CLASS TRAVEL IN ACCORDANCE WITH THE ORGANIZATION'S POLICY JAMES SKOGSBERGH, PRESIDENT AND CHIEF EXECUTIVE OFFICER OF ADVOCATE HEALTH AND HOSPITALS CORPORATION, RECEIVED A TAX GROSS-UP IN 2017 THE GROSS-UP WAS INCLUDED IN INCOME AND REPORTED ON HIS 2017 FORM W-2 DOMINICA TALLARICO, PRESIDENT OF LUTHERAN/CONDELL, RECEIVED A TAX GROSS-UP IN 2017 THE GROSS-UP WAS INCLUDED IN INCOME AND REPORTED ON HER 2017 FORM W-2 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) RICK FLOYD, FORMER PRESIDENT OF LUTHERAN GENERAL HOSPITAL, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT of $792,488 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, MICHAEL FARRELL $366,234, BRUCE D SMITH $117,737, KEVIN BRADY $145,836, SCOTT POWDER $112,610, REV KATHIE B SCHWICH $76,889, KELLY JO GOLSON $98,962, JAMES DAN $110,293, DAVID FOX $135,822, KAREN LAMBERT $125,615, KENNETH LUKHARD $166,000, RICHARD HEIM $97,983, RICK FLOYD $142,230, DOMINICA TALLARICO $118,730, VINCENT BUFALINO $250,795 AND COLLEEN KANNADAY $118,117 THE FOLLOWING EMPLOYEES HAVE NOT YET FULLY VESTED AND THEREFORE THE CONTRIBUTIONS ARE REPORTED AS DEFERRED COMPENSATION SUSAN CAMPBELL $97,304, EARL J BARNES II $47,573 AND TERIKA RICHARDSON $49,313 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

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1James Skogsbergh President & CEO, Director	(I)	1,536,274	2,484,514	6,030,964	1,652,575	24,129	11,728,456	3,923,100
	(II)	0	0	0	0	0	0	0
1Gail D Hasbrouck Corp Secretary 01/17, DIRECTOR	(I)	360,146	313,772	227,994	92,303	16,451	1,010,666	106,321
	(II)	0	0	0	0	0	0	0
2William P Santulli Executive Vice President, COO	(I)	930,226	905,144	1,412,493	661,298	24,668	3,933,829	1,262,976
	(II)	0	0	0	0	0	0	0
3Lee B Sacks MD Executive Vice President, CMO	(I)	750,194	581,990	391,891	402,023	18,481	2,144,579	112,776
	(II)	0	0	0	0	0	0	0
4James Doheny VP, SYS CONTR & ASST TREASURER	(I)	345,367	115,083	34,442	24,688	27,204	546,784	0
	(II)	0	0	0	0	0	0	0
5Rev Kathie B Schwich SVP, MISSION & SPIRITUAL CARE	(I)	203,930	221,679	122,503	142,934	80,885	771,931	56,539
	(II)	0	0	0	0	0	0	0
6Kevin Brady SVP, CHF HUMAN RESOURCES OFFC	(I)	485,331	389,720	239,107	274,218	36,923	1,425,299	149,680
	(II)	0	0	0	0	0	0	0
7Vincent Bufalino MD PRESIDENT PHYS& AMB SVCS/AMG	(I)	546,621	356,952	1,043,660	291,525	26,862	2,265,620	623,659
	(II)	0	0	0	0	0	0	0
8Susan Campbell SVP OF PATIENT CR-CHF NRS OFFC	(I)	372,072	225,262	43,657	245,031	20,271	906,293	75,419
	(II)	0	0	0	0	0	0	0
9Kelly Jo Golson SVP, CHIEF MARKETING OFFICER	(I)	393,396	213,174	169,184	147,032	2,920	925,706	69,327
	(II)	0	0	0	0	0	0	0
10Dominic J Nakis SVP, CFO & TREASURER	(I)	680,607	581,990	360,878	402,023	27,641	2,053,139	226,308
	(II)	0	0	0	0	0	0	0
11Scott Powder SVP, CHIEF STRATEGY OFFICER	(I)	413,940	269,534	184,724	180,245	24,929	1,073,372	93,292
	(II)	0	0	0	0	0	0	0
12Bruce D Smith SVP, INFORMATION SYS/CIO 07/17	(I)	272,935	317,618	236,193	95,307	17,827	939,880	112,776
	(II)	0	0	0	0	0	0	0
13Earl J Barnes II SVP, Gen Counsel & Corp Sec	(I)	480,769	125,000	31,550	204,240	35,472	877,031	0
	(II)	0	0	0	0	0	0	0
14Barbara Byrne MD SVP, Chief Information Officer	(I)	211,534	25,000	18,162	202,653	4,495	461,844	0
	(II)	0	0	0	0	0	0	0
15Michael Farrell PRESIDENT -ADV CHILDREN'S HOSP	(I)	725,074	520,064	1,485,572	512,046	20,034	3,262,790	887,596
	(II)	0	0	0	0	0	0	0
16David Fox President, Good Samaritan Hosp	(I)	482,137	332,396	233,086	233,916	26,531	1,308,066	125,514
	(II)	0	0	0	0	0	0	0
17Dominica Tallarico PRES LUTHERAN/CONDELL	(I)	135,847	85,389	63,264	77,878	7,331	369,709	0
	(II)	313,339	199,241	147,617	181,716	17,105	859,018	100,794
18Terika Richardson PRESIDENT, TRINITY/S-SUB HOSP	(I)	319,233	80,725	23,649	200,067	32,471	656,145	0
	(II)	0	0	0	0	0	0	0
19Richard Heim President, Christ Medical CTR	(I)	370,625	241,126	165,366	241,066	22,102	1,040,285	82,216
	(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				
21Colleen Kannaday President, BroMenn Medical CTR	(I)	431,834	282,108	194,131	192,756	22,952	1,123,781	100,794
	(II)	0	0	0	0	0	0	0
1Karen Lambert President,Good Shepherd/Condel	(I)	491,433	284,170	209,254	222,329	37,692	1,244,878	100,794
	(II)	0	0	0	0	0	0	0
2Kenneth Lukhard President, Christ Med 07/17	(I)	590,959	412,044	293,645	136,946	22,572	1,456,166	167,156
	(II)	0	0	0	0	0	0	0
3Rick Floyd PRESIDENT, LUTHERAN HOSP 07/17	(I)	365,477	388,970	1,040,254	127,361	36,178	1,958,240	163,224
	(II)	0	0	0	0	0	0	0
4Hamad Farhat Neurosurgeon	(I)	1,737,500	0	-11,062	21,988	31,525	1,779,951	0
	(II)	0	0	0	0	0	0	0
5Michel Ilbawi Pediatric CV Surgery	(I)	1,090,000	189,362	-4,784	21,988	23,862	1,320,428	0
	(II)	0	0	0	0	0	0	0
6Dean Karahalios Neurosurgeon	(I)	1,197,000	2,167	-12,687	21,988	39,354	1,247,822	0
	(II)	0	0	0	0	0	0	0
7Egon Doppenberg Neurosurgeon	(I)	1,097,000	0	-7,005	21,988	20,601	1,132,584	0
	(II)	0	0	0	0	0	0	0
8Ryan Trombly Neurosurgeon	(I)	878,000	141,460	-8,302	21,988	34,617	1,067,763	0
	(II)	0	0	0	0	0	0	0
9James Dan MD PRES PHYS& AMB SVCS/AMG - 7/16	(I)	22,661	353,547	473,502	54,967	8,952	913,629	163,224
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Advocate Health and Hospitals Corp

Employer identification number
36-2169147

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	89,655,000	0	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	116,432,024	51,324,288	43,219,722	51,142,165
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	1,034,454	0	0	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	111,807,084	0	0	0
11	Other spent proceeds	3,590,486	51,134,288	43,219,722	51,142,165
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2005	2009	2009	2009

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 100 %		0 110 %		0 110 %		0 110 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5		0 100 %		0 110 %		0 110 %		0 110 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		0 600 %						
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X			X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV **Arbitrage** (Continued)

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

Part V **Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
PURPOSE OF BOND SERIES 2003 ISSUED 10/29/2003	SCHEDULE K PART 1(F) (CUSIP # 45200PXH5) THE PROCEEDS OF THE ILLINOIS HEALTH FACILITIES AU THORITY REVENUE BONDS, SERIES 2003A, 2003B AND SERIES 2003C (ADVOCATE HEALTH CARE NETWORK) WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING CERTAIN CAPI TAL EXPENDITURES OF CERTAIN OF THE HEALTH CARE FACILITIES OF THE ORGANIZATION AND ADVOCATE NORTH SIDE HEALTH NETWORK PURPOSE OF BOND SERIES 2008C ISSUED 10/10/2007 SCHEDULE K PART I (F) (CUSIP #45200FAZ2) THE PROCEEDS OF THE ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SE RIES 2007B-1, SERIES 2007B-2 AND SERIES 2007B-3 (ADVOCATE HEALTH CARE NETWORK), WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING CERTAIN CAPITAL EXPENDI TURES OF CERTAIN OF THE HEALTH CARE FACILITIES OF THE ORGANIZATION AND ADVOCATE NORTH SIDE HEALTH NETWORK, AND OF REFUNDING ALL OR A PORTION OF THE ORGANIZATION'S SERIES 1997A BOND S, SERIES 1997B BONDS, SERIES 2003B BONDS AND SERIES 2005 BONDS WHICH WERE ISSUED ON JANUA RY 9, 1997, OCTOBER 23, 2003, AND JULY 7, 2005, RESPECTIVELY THE SERIES 2007B BONDS WERE EXCHANGED FOR THE ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2008C-1, SERIES 2008C-2 A, SERIES 2008C-2B, SERIES 2008C-3A, AND SERIES 2008C-3B (ADVOCATE HEALTH CARE NETWORK) ON APRIL 25, 2008 BASED ON THE ADVICE OF BOND COUNSEL, THE ORGANIZATION IS TREATING THE SER IES 2008C BONDS AS THE SAME ISSUE AS THE SERIES 2007B BONDS FOR FEDERAL INCOME TAX PURPOSE S PURPOSE OF BOND SERIES 2008A-1 ISSUED 1/24/2013 SCHEDULE K PART I (F) (CUSIP # 45200FED 7) THE SERIES 2008A-1 BONDS WERE REISSUED FOR FEDERAL INCOME TAX PURPOSES ON JANUARY 24, 2 013 PURPOSE OF BOND SERIES 2008A-2 ISSUED 2/1/2013 SCHEDULE K PART I (F) (CUSIP # 45200FE E5) THE SERIES 2008A-2 BONDS WERE REISSUED FOR FEDERAL INCOME TAX PURPOSES ON FEBRUARY 1, 2013 PURPOSE OF BOND SERIES 2008A-3 ISSUED 5/1/2012 SCHEDULE K PART I (F) (CUSIP # 45200F EF2) THE SERIES 2008A-3 BONDS WERE REISSUED FOR FEDERAL INCOME TAX PURPOSES ON MAY 1, 2012 PURPOSE OF BOND SERIES 2008D ISSUED 12/01/2008 SCHEDULE K PART I (F) (CUSIP # 45200FSB6) THE PROCEEDS OF THE ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2008D (ADVOCATE HEAL TH CARE NETWORK) WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANC ING THE COSTS OF PURCHASING ASSETS OF CONDELL MEDICAL CENTER AND THE COSTS OF CONSTRUCTING AND EQUIPPING A NEW PATIENT TOWER FOR ADVOCATE CONDELL MEDICAL CENTER THE ACQUIRED ASSET S INCLUDE CONDELL MEDICAL CENTER, A 283-LICENSED BED ACUTE CARE HOSPITAL LOCATED IN LIBERT YVILLE, ILLINOIS PURPOSE OF BOND SERIES 2010 ISSUED 1/06/2010 SCHEDULE K PART I (F) (CUSI P # 45200FK65) THE PROCEEDS OF THE ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2010 (ADVOCATE HEALTH CARE NETWORK) WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUN DS, OF REFUNDING THE ORGANIZATION'S SERIES 2008B-1, SERIES 2008B-2, SERIES 2008B-3, SERIES 2008B-4 AND SERIES 2008B-5 BONDS, OF FINANCING THE COSTS RELATED TO THE MERGER WITH BROME NN HEALTHCARE SYSTEM AND THE C

Return Reference	Explanation
PURPOSE OF BOND SERIES 2003 ISSUED 10/29/2003	OSTS RELATED TO THE CONSTRUCTING AND EQUIPPING A NEW PATIENT TOWER FOR ADVOCATE BROMENN ME DICAL CENTER AS WELL AS FINANCING CERTAIN CAPITAL EXPENDITURES AT OTHER HEALTH CARE FACILI TIES OF THE ORGANIZATION THE MERGED ASSETS INCLUDE BROMENN REGIONAL MEDICAL CENTER, A 221 -LICENSED BED ACUTE CARE HOSPITAL LOCATED IN BLOOMINGTON, ILLINOIS AND EUREKA COMMUNITY HO SPITAL, A 25-LICENSED BED GENERAL ACUTE CARE HOSPITAL LOCATED IN EUREKA, ILLINOIS PURPOSE OF BOND SERIES 2011 ISSUED 9/21/2011 SCHEDULE K PART I (F) (CUSIP # 45203HCA8) THE PROCEE DS OF THE SERIES 2011A-2, SERIES 2011B, SERIES 2011C AND SERIES 2011D BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING THE COST OF CONSTRUCTING, R ENOVATING AND EQUIPPING A NINE STORY AMBULATORY CARE FACILITY AT ADVOCATE CHRIST MEDICAL C ENTER AND CERTAIN OTHER CAPITAL PROJECTS AT THE HEALTH CARE FACILITIES OF THE ORGANIZATION , ADVOCATE NORTH SIDE HEALTH NETWORK AND ADVOCATE CONDELL MEDICAL CENTER PURPOSE OF BOND SERIES 2012 ISSUED 11/29/2012 SCHEDULE K PART I (F) (CUSIP # 45203HNJ7) THE PROCEEDS OF TH E SERIES 2012 BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FIN ANCING THE COST OF CONSTRUCTING, RENOVATING AND EQUIPPING AN OUTPATIENT CENTER AT ADVOCATE ILLINOIS MASONIC MEDICAL CENTER, AN AMBULATORY CARE FACILITY AT ADVOCATE CHRIST MEDICAL C ENTER AND CERTAIN OTHER CAPITAL PROJECTS AT THE HEALTH CARE FACILITIES OF THE ORGANIZATION , ADVOCATE NORTH SIDE HEALTH NETWORK AND ADVOCATE CONDELL MEDICAL CENTER PURPOSE OF BOND SERIES 2013A ISSUED 8/8/2013 SCHEDULE K PART I (F) (CUSIP # 45203HUC4) THE PROCEEDS OF THE SERIES 2013A BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FIN ANCING THE COST OF CONSTRUCTING, RENOVATING AND EQUIPPING AN ICU EXPANSION PROJECT AT ADVO CATE TRINITY HOSPITAL, A CAMPUS MODERNIZATION PROJECT AT ADVOCATE GOOD SHEPHERD HOSPITAL, AN EMERGENCY DEPARTMENT/SURGERY EXPANSION PROJECT AT ADVOCATE LUTHERAN GENERAL HOSPITAL, A ND CERTAIN OTHER CAPITAL PROJECTS AT THE HEALTH CARE FACILITIES OF THE ORGANIZATION, ADVOC ATE NORTH SIDE HEALTH NETWORK AND ADVOCATE CONDELL MEDICAL CENTER PURPOSE OF BOND SERIES 2014 ISSUED 12/18/2014 SCHEDULE K PART I (F) (CUSIP # 45203HE40) THE PROCEEDS OF THE SERIE S 2014 BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF ADVANCE RE FUNDING CERTAIN OF THE SERIES 2008D BONDS PREVIOUSLY ISSUED BY THE ILLINOIS FINANCE AUTHOR ITY FOR THE BENEFIT OF THE BORROWER AND ADVANCE REFUNDING THE SERIES 2007A BONDS PREVIOUSL Y ISSUED BY THE ILLINOIS FINANCE AUTHORITY FOR THE BENEFIT OF ADVOCATE SHERMAN HOSPITAL P URPOSE OF BOND SERIES 2015 ISSUED 9/24/2015 FORM SCHEDULE K PART I (F) (CUSIP # 45203H4J8) THE PROCEEDS OF THE SERIES 2015 BONDS WERE USED FOR THE PURPOSE OF FINANCING THE COST OF CONSTRUCTING, RENOVATING AND EQUIPPING CERTAIN CAPITAL PROJECTS AT THE HEALTH CARE FACILIT IES OF THE MEMBERS OF THE OBLIGATED GROUP INCLUDING WITHOUT LIMITATION A BED TOWER AT ADVO CATE GOOD SAMARITAN HOSPITAL A

Return Reference	Explanation
PURPOSE OF BOND SERIES 2003 ISSUED 10/29/2003	ND RENOVATIONS AT ADVOCATE CHRIST MEDICAL CENTER PURPOSE OF BOND SERIES 2015B ISSUED 10/2 2/2015 FORM SCHEDULE K PART I (F) (CUSIP # 45203H6T4) THE PROCEEDS OF THE SERIES 2015B BON DS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF ADVANCE REFUNDING A PORTION OF THE SERIES 2010A, SERIES 2010B, SERIES 2010C AND SERIES 2010D BONDS PREVIOUSLY ISSUED BY THE ILLINOIS FINANCE AUTHORITY FOR THE BENEFIT OF THE BORROWER PURPOSE OF BOND SERIES 2011A-1 ISSUED 9/21/2011 FORM SCHEDULE K PART I (F) (CUSIP # 45203HCM2) THE PROCEED S OF THE SERIES 2011A-1 BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUN DS, OF REFUNDING ALL OF THE ORGANIZATION'S SERIES 1998A AND SERIES 1998B BONDS FORM SCHED ULE K PART II LINE 3 FOR THOSE BOND ISSUES WHERE THE TOTAL PROCEEDS LISTED IN PART II, LIN E 3 ARE NOT IDENTICAL TO THE ISSUE PRICE FOR THE RELATED BOND ISSUE SHOWN IN PART I, COLUM N (E), THE DIFFERENCE REPRESENTS INVESTMENT EARNINGS SERVICE CONTRACTS AND RESEARCH AGREE MENTS SCHEDULE K PART III LINE 3B, ALL BOND ISSUES INTERNAL COUNSEL REVIEWS ALL MANAGEMENT OR SERVICE CONTRACTS AND RESEARCH AGREEMENTS THEREFORE, THE ORGANIZATION DOES NOT ROUTIN ELY ENGAGE OUTSIDE BOND COUNSEL TO REVIEW THE CONTRACTS BOND COUNSEL DOES REVIEW CONTRACT S RELATED TO THE FINANCED PROPERTY DURING DUE DILIGENCE PRIOR TO A BOND TRANSACTION PRIVA TE BUSINESS USE PERCENTAGE SCHEDULE K PART III LINES 4-6, ALL BOND ISSUES PRIVATE BUSINESS USE PERCENTAGE WAS CALCULATED BASED ON NEW MONEY PORTION OF THE BOND ISSUE ONLY PRIVATE SECURITY AND PAYMENT TEST SCHEDULE K PART III LINE 7, ALL BOND ISSUES ADVOCATE MONITORS TH E PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED T HE AMOUNT OF PRIVATE PAYMENTS ARBITRAGE REBATE COMPUTATION SCHEDULE K PART IV LINE 2C (BO ND SERIES 2003, CUSIP # 45200PXH5) THE REBATE COMPUTATION WAS PERFORMED AS OF OCTOBER 29, 2013 SCHEDULE K PART IV LINE 2C (BOND SERIES 2008A-3, CUSIP # 45200FEF2) THE REBATE COMPU TATION WAS PERFORMED AS OF MAY 1, 2017 SCHEDULE K PART IV LINE 2C (BOND SERIES 2008C, CUS IP # 45200FAZ2) THE REBATE COMPUTATION WAS PERFORMED AS OF OCTOBER 10, 2017 SCHEDULE K PA RT IV LINE 2C (BOND SERIES 2008D, CUSIP # 45200FSB6) THE REBATE COMPUTATION WAS PERFORMED AS OF DECEMBER 1, 2013 SCHEDULE K PART IV LINE 2C (BOND SERIES 2010, CUSIP # 45200FK65) T HE REBATE COMPUTATION WAS PERFORMED AS OF JANUARY 6, 2015 SCHEDULE K PART IV LINE 2C (BON D SERIES 2011A-1, CUSIP # 45203HCM2) THE REBATE COMPUTATION WAS PERFORMED AS OF SEPTEMBER 21, 2016 SCHEDULE K PART IV LINE 2C (BOND SERIES 2011A-2, 2011BCD CUSIP # 45203HCA8) THE REBATE COMPUTATION WAS PERFORMED AS OF SEPTEMBER 21, 2016 SCHEDULE K PART IV LINE 2C (BON D SERIES 2012, CUSIP # 45203HNJ7) THE REBATE COMPUTATION WAS PERFORMED AS OF NOVEMBER 29, 2017 SWAP PROVIDERS SCHEDULE K PART IV LINE 4B ON DECEMBER 28, 2011 THE ORIGINAL SWAP REL ATING TO THESE BONDS WITH CITIBANK N A WAS SEPARATED INTO TWO TRANCHES AND NOVATED (ASSIG NED TO) TWO SEPARATE SWAP COUN

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Advocate Health and Hospitals Corp

Employer identification number
36-2169147

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	5,030,000	39,045,000	51,945,000	0
2	Amount of bonds legally defeased	0	136,010,000	169,025,000	0
3	Total proceeds of issue	352,851,959	176,137,450	243,841,007	202,235,524
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	2,331,125	2,640,929	2,992,121	1,649,390
8	Credit enhancement from proceeds	3,418,607	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	154,520,722	173,462,191	118,008,697	200,461,255
11	Other spent proceeds	192,581,505	34,330	122,840,189	124,879
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2009	2010	2012	2013

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X	X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X			X		X		X
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X		X	X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	SEE PART VI		0		0		0	
c	Term of hedge		2680 %						
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
b	Name of provider	TRINITY PLUS FUNDING		0		0		0	
c	Term of GIC	210 %							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Advocate Health and Hospitals Corp

Employer identification number
36-2169147

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY	86-1091967	45203HNJ7	11-29-2012	150,003,863	SEE SCHEDULE K, PART VI		X		X		X
B	ILLINOIS FINANCE AUTHORITY	86-1091967	45203HUC4	08-08-2013	103,136,955	SEE SCHEDULE K, PART VI		X		X		X
C	ILLINOIS FINANCE AUTHORITY	86-1091967	45203HE40	12-18-2014	341,558,564	SEE SCHEDULE K, PART VI		X		X		X
D	ILLINOIS FINANCE AUTHORITY	86-1091967	45203H4J8	09-24-2015	104,517,375	SEE SCHEDULE K, PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	5,110,000	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	150,184,694	103,146,877	348,661,358	104,528,531
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	140,326,425	0
7	Issuance costs from proceeds	1,646,514	1,285,192	2,627,651	1,436,749
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	148,493,974	101,849,526	0	103,068,646
11	Other spent proceeds	44,206	12,160	205,707,281	23,136
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2014	2015	2015	2016

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X	X			X
16	Has the final allocation of proceeds been made?		X		X	X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		1 120 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %						0 %	
6	Total of lines 4 and 5	0 %				1 120 %		0 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Advocate Health and Hospitals Corp

Employer identification number
36-2169147

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY	86-1091967	45203H6T4	10-22-2015	73,276,988	SEE SCHEDULE K, PART VI		X		X		X
B	ILLINOIS FINANCE AUTHORITY	86-1091967	45203HCM2	09-21-2011	12,453,367	SEE SCHEDULE K, PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	7,325,000		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	75,644,840	12,453,367		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrows	68,175,984	0		
7	Issuance costs from proceeds	715,867	130,427		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	0	0		
11	Other spent proceeds	6,752,989	12,322,940		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2019	2011		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X					
15	Were the bonds issued as part of an advance refunding issue?	X			X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Advocate Health and Hospitals Corp

Employer identification number
36-2169147

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total				▶ $								

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

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

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) IBEAWUCHI MBANU	FAMILY MBR-T RICHARDSON	351,779	Employment		No
(1) ANNA KATZ	FAMILY MBR- LEE SACKS	323,733	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(3) DANIEL DOHERTY	FAM MBR- J DAN, FRM OFF	202,915	EMPLOYMENT		No
(1) JULIE NAKIS	FAMILY MBR- D NAKIS	97,394	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) MICHAEL MAHONEY	FAMILY MBR- D NAKIS	81,056	EMPLOYMENT		No
(1) EMILY HEIM	FAMILY MBR- R HEIM	61,055	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) JAMES RICHARDSON	FAMILY MBR- M RICHARDSON	55,900	EMPLOYMENT		No
(1) ALLISON LUKHARD	FAMILY MBR- K LUKHARD	15,954	EMPLOYMENT		No

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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 Health and Hospitals Corp

Employer identification number

36-2169147

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	providing inpatient and outpatient healthcare services to the community regardless of the patients' ability to pay included in these health care services are the provision of char ity care and trauma care as part of its community benefits strategy and its mission, advo cate is committed to promoting initiatives that enhance access to health care for people w ho are uninsured, underinsured and low income an example of this is advocate's provision of charity care advocate offers a very generous charity care program - requiring no payme nts 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 time s the federal poverty level advocate also considers an individual's extenuating circumsta nces to qualify patients for charity care for uninsured patients, advocate will presumpti vely provide charity care if the financial status has been verified by a third party and, in these cases, the patient is not required to submit a separate charity care application If presumptive criteria is not available for uninsured patients, then financial assistanc e eligibility is available using an income-based screening advocate extends its income-ba sed financial assistance policy to its insured patients as well, also taking into consider ation the insured individual's extenuating circumstances although advocate's charity care policy is very generous, advocate continues to review and refine its policy in an ongoing effort to ensure that financial assistance is available to those who need help in a timel y manner advocate hospitals maintain highly visible signage and brochures in multiple lan guages to inform patients of the availability of financial help and financial counselors information about advocate's charity care program and charity applications is provided to all uninsured patients during registration and is mailed to them in advance of the first p atient billing after that, each uninsured patient bill includes summary information regar ding the charity care program advocate is also one of the largest providers of health car e services to medicaid and medicare patients in chicago and the surrounding suburbs advoc ate health care is dedicated to providing expert emergency care - today and into the futur e in the area of trauma care, level 1 designation is the highest level for trauma centers as level 1 trauma centers, five advocate hospitals-advocate christ medical center, advoc ate condell medical center, advocate good samaritan hospital, advocate illinois masonic me dical center and advocate lutheran general hospital-care for the most seriously injured pe ople in chicagoland as is the case with all illinois level i trauma centers, advocate's t rauma centers are staffed by on-site, 24-hour-a-day trauma surgeons, feature 24-hour surgi cal and nonsurgical services, such as radiology and anesthesia, and can accommodate helico pter transports advocate oper

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	ates nearly one-quarter of all level ı trauma centers ın ılllnois and ıs the largest traum a system ın the state twenty percent of trauma patients ın metropolitan chicago are treat ed annually ın an advocate trauma center ın 2017, advocate's level ı trauma hospitals tre ated 9,773 trauma patients, and an additional 1,350 trauma patients were treated at advoca te's level ıı designated trauma hospitals, ıncludıng advocate bromenn medical center, advo cate good shepherd hospital and advocate sherman hospital Form 990, Part III, Line 4b hea lth care services provided by physicians employed by the organization as part of advocate 's broad array of services and programs designed to meet community health needs, advocate physicians target unique health access needs of the uninsured, underinsured, underserved, low income and special needs individuals living in chicagoland and central illinois commun ities examples of these programs include advocate adult down syndrome center established in 1992 through a partnership between advocate lutheran general hospital and the national association for down syndrome (nads), the advocate medical group adult down syndrome cent er provides crucial psychosocial and medical services to adolescents and adults with down syndrome living in all areas of illinois many in this unique population are on public ass istance and, for most of these individuals, there are few sources of reimbursement for the se much-needed services the center's multidisciplinary approach to comprehensive medical care, with a strong emphasis on preventive medicine, provides practical approaches to heal th education and health risk reduction, including supporting people with down syndrome in their own health promotion efforts a significant focus for the center moving forward is t he continued expansion of research and patient education efforts each year approximately 3,000 individuals are served through over 7,000 visits including care in the office, the p atient's home, at residential facilities, nursing homes and in the hospital maine townshi p district 207 school-based health centers (sbhc) maine township district 207 was faced wi th approximately 30 percent of its students not being able to meet, or experiencing signif icant difficulty meeting, the state-mandated physical and immunization requirements due to being uninsured or underinsured following several years of planning and in collaboration with advocate medical group and advocate lutheran general hospital, the district opened a school based-health center (d207 sbhc) in maine east high school in march 2003 to provide these students with access to vital health care services advocate employees serve as med ical director, pediatrician, nurse practitioner and mental health worker for the grant-fun ded clinic all prescriptions are processed and filled by the advocate pharmacy and advoca te keeps the clinic equipped with office supplies and other equipment the center also ser ves as a training site for ped

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	iatric and family medicine residents open to all high school students in maine township h igh school district 207, the d207 sbhc has helped to provide many students with physicals and immunizations which has allowed the district to maintain its 99% il state compliance r ate for the 2017-18 school year the d207 sbhc continues to provide free or low-cost servi ces including physicals, immunizations, emergent care, behavioral health treatment, nutrit ional counseling and educational programs the center's medical director and staff have ha d 1,568 contacts during the 2017/2018 school year and more than 25,560 student contacts si nce the facility's inception medfest in 2017, advocate medical group sponsored medfest, a collaborative with special olympics of illinois, for the 19th year in a row in 2017 medf est is annually held at various locations in the state the event provides people with int ellectual disabilities opportunities to participate in sports training and competitions, c reating avenues for inclusion and acceptance for this underserved population throughout il linois the free clinical services result in participants' enhanced physical fitness and c omfort with the medical community amg provided 1,405 free athletic physicals to special o lympians at the united center in chicago in 2017, allowing them opportunities to particip a te in competitions throughout the year advocate medical group has also provided free phys icals to special olympians in bloomington for the past 5 years and in orland park for over ten years, providing 37 and 260 physical exams, respectively, in 2017 in addition to the examples provided above, advocate physicians provide year-round health education, lecture s, screenings and consultations at community health events throughout the metropolitan chi cago area and bloomington/normal area

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	graduate medical education (gme)/medical students/other health professionals education adv ocate is committed to training health care providers in a broad range of medical specialti es as one of the largest providers of training in primary care medicine in illinois, ther e were 2,288 medical student rotations completed and 582 residents and fellows who receive d hands-on training in 2017 at advocate's four academic medical centers - advocate bromenn medical center, advocate christ medical center, advocate illinois masonic medical center and advocate lutheran general hospital in addition, and dependent on each hospital's or a dvocate's system-level academic affiliations, the training of undergraduate and graduate s tudent nurses and students in other allied health professions, such as respiratory care, r adiologic technology, physical and speech therapy, pharmaceutical services, etc , occurs t hroughout advocate's multiple sites advocate's spiritual leaders oversee a nationally acc redited clinical pastoral education program supervising over 180 student units each year, this program is the largest in the country, providing opportunities for seminary students and local faith leaders to grow and develop spiritual care ministry skills not included in the above expense and revenue amounts but important to the organization's role in train ing health care professionals, are the nursing residency programs at advocate good samarit an hospital and advocate illinois masonic medical center Form 990, Part III, Line 4D desc ription of advocate health care advocate is the largest fully integrated health care syste m in illinois and one of the largest health care providers in the midwest in 2017, as par t of a network of nearly 400 sites of care, advocate's more than 37,000 associates provide d care at twelve hospitals, including a children's hospital located on two campuses (oak l awn and park ridge), totaling more than 3,500 beds advocate had a combined total of 170,7 00 inpatient admissions, 2,203,000 outpatient visits and 547,293 emergency department visi ts in 2017 advocate health care earned 100 top hospitals recognition by truven health ana lytics at three of its hospitals in 2017, including advocate condell medical center, advoc ate illinois masonic medical center and advocate sherman hospital eight advocate hospital s - advocate bromenn medical center, advocate christ medical center, advocate condell medi cal center, advocate good samaritan hospital, advocate good shepherd hospital, advocate il linois masonic medical center, advocate lutheran general hospital and advocate sherman hos pital - have been awarded the amercian nurses credentialing center's magnet designation-th e highest honor for nursing excellence advocate has also been recognized with the visiona ry and system for change award by practice greenhealth for the 10th consecutive year in a ddition, advocate has been ranked as one of the best places to work by the chicago tribune , one of the 150 best places t

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	o work in healthcare by modern healthcare, and one of the best places to work for nurses b y nurses org diversity incorporated has also recognized advocate as one of the top 10 hea lth systems for diversity in the us advocate was again recognized as one of hospitals and health networks most wired health systems in 2017 advocate provides expert emergency car e to the chicago area's seriously injured people through its five level i trauma centers (the state's highest designation in trauma care), which comprise the largest emergency and level 1 trauma network in illinois, and three level ii trauma centers in 2017, advocate's five level i trauma centers handled 9,773 trauma visits out of an overall combined total of 274,635 emergency room visits that occurred at these sites, and the level ii trauma cen ters handled a total of 1,350 trauma visits out of a combined total of 127,639 emergency r oom visits the three advocate hospitals that are not level i or level ii trauma centers, including advocate children's hospital (on two campuses-oak lawn and park ridge), handled a combined total of 145,019 non-trauma emergency room visits two advocate hospitals also serve as point of dispensing hospitals for coordination of disaster communication-advocate illinois masonic medical center for the city of chicago and advocate christ medical cente r for a 5-county geographic area leadership of the metropolitan chicago and collar county disaster and communication coordination efforts requires significant involvement in both national and local bioterrorism and disaster preparedness activities advocate provides se rvices for complex surgeries during pregnancy and neonatal periods the advocate children' s hospital center for fetal care is one of the first in chicagoland, and one of only 33 me dical centers in north america, performing advanced in-utero fetal therapy procedures adv ocate also treats more pediatric patients than any other hospital or system in the state in addition, four of advocate's hospitals are designated level iii (the state's highest le vel) neonatal intensive care units (nicu) these hospitals handle the most ill babies from other advocate hospitals and through transfers from non-advocate hospitals in the chicago land area in 2017, these advocate hospitals had a total of 3,928 nicu admissions, up subs tantially from the 2,168 nicu admissions the previous year more people trust their hearts (cardiac care) to advocate, and advocate diagnoses and treats more cancer than any health system in illinois this is important because health research shows there is a positive r elationship between the number of procedures performed and quality outcomes in addition, the organization is also recognized as having one of the largest home health companies in the state advocate has one of the largest physician networks of primary care physicians, specialists and sub-specialists in illinois of the 6,300 physicians affiliated with advoc ate, 5,000 of them are members

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	of advocate physician partners, the system's care management organization, with 1,500 emp loyed through advocate medical group advocate has academic and teaching affiliations with most major universities in the chicago metropolitan area at its four teaching hospitals, advocate trains more primary care physicians and residents than any other health care sys tem in the state advocate health care is one of the nations largest aco's and is national ly recognized for it's ability to positively affect rising healthcare costs while medicar e health care costs rose nationally by 5 8% in 2015 and 1 24% in 2016, advocate decreased medicare costs in its medicare shared savings program by 2 1% and 2 08% respectively advo cate continues to be the market leader in working with payers to offer new solutions that align incentives and lead to improved quality with reduced costs to payers, employers and patients as a not-for-profit, mission-based health system affiliated with the evangelical lutheran church in america and the united church of christ, advocate contributed $702 5 m illion in charitable care and services to communities across chicagoland and central illin ois in 2017 mission incorporated as advocate health care in january 1995, the system has a long tradition of providing health care dating back more than 100 years to hospitals fou nded by predecessor churches of the evangelical lutheran church in america and the united church of christ advocate's common mission, values, and philosophy (mvp) was developed fr om the similar mission-oriented histories of both organizations the mission of advocate h ealth care is to serve the health needs of individuals, families and communities through a wholistic philosophy rooted in our fundamental understanding of human beings as created i n the image of god the values of advocate serve as an internal compass to guide relations hips and actions they include equality, compassion, excellence, partnership and stewardsh ip the philosophy of advocate is grounded in the principles of human ecology, faith, and community-based health care these principles arise from an understanding of human beings as whole persons in light of their relationships with god, themselves, their families and society in which they live through its actions, advocate health care affirms these princi ples population served advocate health care provides quality health care to various commu nities in the chicagoland area and central illinois regardless of race, creed, national or igin, age or ability to pay in 2017, advocate experienced 170,700 total inpatient admissi ons, 2,203,000 outpatient visits, 547,293 emergency department visits and 20,587 deliverie s in addition, advocate home health services had a total of 26,987 admissions and advocat e hospice reported a total of 134,914 adult patient days in 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	board delegating powers to executive committee the corporate member's executive committee has nine members, consisting of the chairperson, the vice chairperson, the president, the chairpersons of the finance, planning, health outcomes and mission and spiritual care committees, and two other directors the past chairperson of the board of directors may serve as an ex-officio member of the committee, with vote each of the executive committee's members is on the board the scope of the executive committees' authority includes be responsible for planning educational programs for the board of directors, conduct an evaluation of the members of the board of directors, have such authority as shall be delegated by the board of directors, and act on behalf of the board of directors between meetings the executive committee is accountable as a body to the board of directors FORM 990, PART VI, LINE 2 officer business relationship as james dan, m d , vincent bufalino, m d , gail d hasbrouck, earl barnes ii, james doheny, and dominic j nakis are either directors or officers of wholly owned advocate entities, they are deemed to have a business relationship pursuant to the instructions for form 990 as james dan, m d , vincent bufalino, m d , and lee b sacks, m d , are either directors or officers of wholly owned advocate entities, they are deemed to have a business relationship pursuant to the Instructions for form 990 as james dan, m d , vincent bufalino, m d , gail d hasbrouck, earl barnes ii, james doheny, scott powder, and william p santulli are either directors or officers of wholly owned advocate entities, they are deemed to have a business relationship pursuant to the instructions for form 990 FORM 990, PART VI, QUESTION 4 the advocate health care network and aurora health care, inc Systems entered into an affiliation agreement december 4, 2017 and the transaction occurred on april 1, 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 6	DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS BYLAWS 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 directors of the board are corporate members of advocate health and hospital board, which elects the board of directors FORM 990, PART VI, QUESTION 7B descr classes of persons, decisions requiring appr & type of voting rights the following reserve powers identified in the bylaws require the approval of the corporate member, advocate health care network appoint outside auditors and establish and revise all financial control policies, and any changes to such policies, before such policies or changes become effective, cause the corporation to pay, loan or otherwise transfer property and funds to other entities affiliated with the corporate member, amend the bylaws without action or approval by the board of directors (after ten days notice) to the corporation's board of directors of the proposed amendment(s) with an opportunity for board members to consult with the corporate member regarding the proposed amendment, approval of the overall mission, philosophy and values statements and any amendments or supplements to such statements, approval of the overall strategic plans, approval of all overall operating and capital budgets before any expenditure, pursuant to such budgets are made or committed, and approval of all expenditures above any limit that may be established by the board of the corporate member, approval of the incurrence or guarantee of any indebtedness for borrowed money which has not already been approved as a part of the budget approval process or which is above any limit that may be established by the board of the corporate member, approval of all transfers of ownership or donations of assets above any limit that may be established by the board of the corporate member, approval of all amendments to the articles of incorporation and bylaws of the corporation before they become effective, approval of any merger, consolidation, or dissolution, and approval of the creation of or affiliation with any subsidiary or affiliate, before such entity is created or the entrance into any joint venture if the contemplated activity will involve the expenditure of funds or the assumption of obligations which have not already been approved as a part of the budget approval process or require member approval under the financial control policies

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 PREPARATION PROCESS INCLUDES ONGOING CONSULTATION WITH ITS OUTSIDE TAX CONSULTING FIRM AND TAX LEGAL COUNSEL, both of which possess expertise in health care and tax-exempt return preparation, to advise and assist with preparation of the form 990 these advisors worked closely with the organization's finance, tax, and legal associates and other members of the organization's team assembled to participate in the preparation of the form 990 the form 990 is reviewed by finance management, the tax manager, the vp of finance/corporate controller, the chief financial officer, and advocate's outside tax consulting firm and tax legal counsel prior to presenting the form 990 to the board of director's audit committee in november, the organization's team, including its advisors, met frequently to discuss and review drafts of the form 990 at the november audit committee meeting, the vp of finance/corporate controller and chief financial officer coordinated a review of the form 990 with committee members, as the audit committee is the committee of the board of directors charged with oversight of audit and tax matters the vp of finance/corporate controller and chief financial officer responded to the audit committee Members' questions and provided the opportunity for detailed discussion of the form 990 The changes identified were incorporated, and then a complete copy of the final form 990 was provided to each member of the organization's board of directors before the form 990 was filed

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 12C	DESCRIBE THE PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO VARIOUS PEOPLE, INCLUDING MEMBERS OF ADVOCATE'S BOARD OF DIRECTORS, GOVERNING COUNCILS, OFFICERS, ASSOCIATES, VOLUNTEERS, AND MEDICAL STAFF MEMBERS WITH ADMINISTRATIVE RESPONSIBILITIES ANNUALLY, THE COMPLIANCE DEPARTMENT SENDS THIS POLICY AND THE ADVOCATE CODE OF BUSINESS CONDUCT TO A RANGE OF INDIVIDUALS WHO MAY BE IN A POSITION TO EXERCISE SUBSTANTIAL INTEREST OVER A PARTICULAR MATTER (DEFINED AS INTERESTED PERSONS) THEY ARE REQUIRED TO READ THE POLICIES AND PROVIDE A DISCLOSURE STATEMENT TO THE COMPLIANCE DEPARTMENT, WHICH IDENTIFIES ACTIVITIES AND RELATIONSHIPS THAT COULD POTENTIALLY GIVE RISE TO A CONFLICT OF INTEREST THE CHIEF COMPLIANCE OFFICER REVIEWS THE DISCLOSURES AND PROVIDES A REPORT TO THE SYSTEM BUSINESS CONDUCT (COMPLIANCE) COMMITTEE, EXECUTIVE MANAGEMENT TEAM AND THE AUDIT COMMITTEE OF THE BOARD FOR REVIEW THE REPORT IS THEN PROVIDED, IN RELEVANT PART, TO THE SITE CHIEF EXECUTIVE OFFICERS POTENTIAL CONFLICTS ARE REVIEWED BY THE COMPLIANCE DEPARTMENT ON A CASE BY CASE BASIS FOLLOW UP PROCEDURES CONDUCTED ARE UNIQUE TO THE GIVEN CIRCUMSTANCE, AND MAY INCLUDE REVIEWING THE POTENTIAL CONFLICT WITH THE INTERESTED PERSON, OR INVESTIGATING THE MATTER IN CONSULTATION WITH THE INTERESTED PERSON'S SUPERVISOR AND/OR SITE MANAGEMENT IN CIRCUMSTANCES WHERE THE INTERESTED PERSON IS NOT A MEMBER OF THE BOARD, OR GOVERNING COUNCIL, OR A COMMITTEE THEREOF, OR A PERSON OF INTEREST, IF IT IS DETERMINED THAT THERE IS AN ACTUAL CONFLICT OF INTEREST, THE SUPERVISOR OF THE INDIVIDUAL IS RESPONSIBLE FOR MAKING AN APPROPRIATE RESPONSE, POTENTIALLY INCLUDING A RESTRICTION OF THE INDIVIDUAL'S JOB DUTIES WITH RESPECT TO THE MATTER GIVING RISE TO THE CONFLICT

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	contributions from subsidiaries $170,000,000 contribution from parent $100,000,000 fasb 158 adjustments $77,583,097 ---------- TOTAL $347,583,097

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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 Health and Hospitals Corp

Employer identification number
36-2169147

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

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

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

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 SERVIces	IL	NA									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(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	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1b		No
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	Yes	
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: 36-2169147
Name: Advocate Health and Hospitals Corp

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
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 26-2525968	Health Care	IL	501(c)(3)	3	AHHC	Yes	
3075 Highland Parkway STE 600 Downers Grove, IL 60515 36-3196629	Health Care	IL	501(c)(3)	3	AHHC	Yes	
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	Yes	
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 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 36-3315416	Health Services	IL	NA	C Corp					No
Advocate Health Centers Inc 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 36-4217291	Medical Services	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 Services	IL	NA	C Corp					No
Dreyer Clinic Inc 3075 Highland Parkway Suite 600 Aurora, IL 60515 36-2690329	Medical Services	IL	NA	C Corp					No
BroMenn Physician Management Corporation 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 37-1313150	Medical Services	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
The Delphi Group IV Inc 1425 N Randall Road Elgin, IL 60123 36-4017279	Health Cost Mgt	IL	NA	C Corp					No
Sherman Ventures Inc 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-4292309	Holding Company	IL	NA	C Corp					No
Advocate HPN NFP 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 81-0893878	Health Imprv mgmt	IL	NA	C Corp					No
ADVOCATE INSURANCE SPC 878 West Bay Road PO Box 1159 GRAND CAYMAN KY1-1102 CJ 98-0422925	INSURANCE	CJ	NA	C CORP	29,365,000	208,654,000	100 000 %	Yes	
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 PURChase 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 Care Network	C	100,000,000	COST
Advocate North Side Health Network	Q	77,992,251	COST
Advocate North Side Health Network	C	75,000,000	COST
Advocate Condell Medical Center	C	75,000,000	COST
Advocate North Side Health Network	L	67,818,727	COST
Advocate Condell Medical Center	L	56,137,966	COST
Advocate Condell Medical Center	Q	45,431,850	COST
Advocate North Side Health Network	P	42,936,515	COST
Advocate Insurance SPC	Q	24,554,659	COST
Advocate Charitable Foundation	C	21,108,492	COST
Advocate Insurance SPC	F	20,000,000	COST
Advocate Condell Medical Center	P	19,478,787	COST
Advocate North Side Health Network	R	13,380,136	COST
EHS Home Health Care Service Inc	Q	10,018,024	COST
Advocate North Side Health Network	S	5,847,664	COST
Advocate Condell Medical Center	R	5,463,226	COST
EHS Home Health Care Service Inc	L	1,922,440	COST
Advocate Health Care Network	P	1,171,564	COST
Advocate North Side Health Network	M	1,091,461	COST
EHS Home Health Care Service Inc	P	958,000	COST
Advocate Condell Medical Center	S	888,951	COST
Advocate North Side Health Network	K	800,197	COST
Advocate Condell Medical Center	M	474,346	COST
Advocate Condell Medical Center	K	326,238	COST
Advocate Insurance SPC	P	257,133	COST

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
EHS Home Health Care Service Inc	M	238,920	COST
Advocate Condell Medical Center	A	184,483	COST
EHS Home Health Care Service Inc	A	14,840	COST
Advocate North Side Health Network	A	13,611	COST