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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
Presence Chicago Hospitals Network

Doing business as
SEE SCHEDULE O

Number and street (or P O box if mail is not delivered to street address) | Room/suite
200 South Wacker Drive

City or town, state or province, country, and ZIP or foreign postal code
Chicago, IL 60606

D Employer identification number
36-2235165

E Telephone number
(877) 737-4636

G Gross receipts $ 1,143,894,627

F Name and address of principal officer
MARTIN JUDD
200 South Wacker Drive
Chicago, IL 60606

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 ▶ 0928

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

J Website: ▶ www presencehealth org

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

L Year of formation 1949

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
INSPIRED BY THE HEALING MINISTRY OF JESUS CHRIST, PRESENCE HEALTH, A CATHOLIC HEALTH SYSTEM, PROVIDES COMPASSIONATE, HOLISTIC CARE WITH A SPIRIT OF HEALING AND HOPE IN THE COMMUNITIES IT SERVES

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**	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	4
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	846
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,019,667
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	229,580

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,385,094	4,328,264
9	Program service revenue (Part VIII, line 2g)	1,076,348,628	1,121,774,942
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-215,088	101,810
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,559,819	17,689,611
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,100,078,453	1,143,894,627
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,374	17,000
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	447,752,936	429,233,874
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	641,685,491	665,564,869
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,089,454,801	1,094,815,743
19	Revenue less expenses Subtract line 18 from line 12	10,623,652	49,078,884

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	694,898,221	747,842,616
21	Total liabilities (Part X, line 26)	415,424,261	151,164,413
22	Net assets or fund balances Subtract line 21 from line 20	279,473,960	596,678,203

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

****** 2018-11-15
Signature of officer Date

TONYA MERSHON TAX OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JACOB J ZEHNDER	JACOB J ZEHNDER			P01564049

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶ 34-6565596

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 CORPORATION IS PART OF THE PRESENCE HEALTH SYSTEM AND ACTS IN ACCORDANCE WITH THE PRESENCE HEALTH MISSION, WHICH IS AS FOLLOWS INSPIRED BY THE HEALING MINISTRY OF JESUS CHRIST AND AS PART OF PRESENCE HEALTH, A CATHOLIC HEALTH SYSTEM, PRESENCE CHICAGO HOSPITALS NETWORK PROVIDES HEALTHCARE SERVICES IN A COMPASSIONATE, HOLISTIC MANNER IN THE SPIRIT OF HEALING AND HOPE

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 $	5,451,430	including grants of $	) (Revenue $	4,747,152)
4b	(Code See Additional Data)	(Expenses $	940,616,071	including grants of $	17,000) (Revenue $	1,097,488,901)
4c	(Code See Additional Data)	(Expenses $	18,605,209	including grants of $	) (Revenue $	26,712,058)
4d	Other program services (Describe in Schedule O)	(Expenses $		including grants of $	) (Revenue $	)
4e	**Total program service expenses ▶**		964,672,710			

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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	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**	0		
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**	0		
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**		
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**	Yes	
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	5		
	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	4		
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			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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
▶ROBERT R LAMONT 1000 REMINGTON BOULEVARD SUITE 100 BOLINGBROOK, IL 60440 (630) 914-2618

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) ▶								4,972,166	8,811,029	1,310,226

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 ▶ 449

			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
JAMERSON AND BAUWENS ELECTRICAL 3055 MACARTHUR BLVD NORTHBROOK, IL 60062	ELECTRICAL CONTRACTING	11,471,548
STREAMWOOD MGMT SERVICES 5730 WEST ROOSEVELT RD FOREST PARK, IL 60644	MANAGEMENT SERVICES	5,206,339
CEP AMERICA 2100 POWELL STREET SUITE 900 EMERYVILLE, CA 94608	PHYSICIAN FEES	5,105,880
US BANK CORPORATE TRUST PO BOX 70870 ST PAUL, MN 55170	CLINICAL AGENCY	3,738,221
MICHUDA CONSTRUCTION INC 18505 WEST CREEK DRIVE SUITE 1A TINELY PARK, IL 60477	CONSTRUCTION SERVICES	3,716,531

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 ▶ 125

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	3,782,510		
	e Government grants (contributions)	1e	545,754		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶		4,328,264		
Program Service Revenue		Business Code				
	2a NET PATIENT REVENUE	621990	1,082,645,147	1,082,645,147		
	b ~~MEANINGFUL USE & BC BONUS~~	900099	6,057,344	6,057,344		
	c ~~RETIREMENT COMMUNITY RENT~~	623000	25,286,655	25,286,655		
	d ~~INTERCOMPANY RENT~~	900004	2,689,105	2,689,105		
	e ~~PHARMACY~~	446110	5,096,691	4,507,423	589,268	
	f All other program service revenue		0	0	0	0
	g Total. Add lines 2a–2f . . . . ▶		1,121,774,942			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		101,810		68,948	32,862
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross rents	1,150,653				
	b Less rental expenses					
	c Rental income or (loss)	1,150,653	0			
	d Net rental income or (loss) . . . . . ▶		1,150,653			1,150,653
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	0	0			
	d Net gain or (loss) . . . . . ▶					
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . **a**					
	b Less direct expenses . . . **b**					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . . . **a**					
	b Less direct expenses . . . **b**					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . . **a**					
	b Less cost of goods sold . . **b**					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a CAFETERIA & FOOD SERVICES	722514	4,709,981			4,709,981
	b CHILD CARE REVENUE	624410	3,050,657	868,932	2,181,725	
	c PARKING REVENUE	812930	1,259,517	1,079,791	179,726	
	d All other revenue		7,518,803	7,518,803	0	0
	e Total. Add lines 11a–11d . . . . . ▶		16,538,958			
	12 Total revenue. See Instructions . . . . . ▶		1,143,894,627	1,130,653,200	3,019,667	5,893,496

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	17,000	17,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,583,157	2,583,157		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	347,593,796	347,593,796		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	14,042,222	14,042,222		
9 Other employee benefits	39,483,429	39,483,429		
10 Payroll taxes	25,531,270	25,531,270		
11 Fees for services (non-employees)				
a Management	127,677,863		127,677,863	
b Legal	2,465,170		2,465,170	
c Accounting				
d Lobbying	5,401	5,401		
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	135,537,165	135,537,165	0	0
12 Advertising and promotion	843,294	843,294		
13 Office expenses	3,747,484	3,747,484		
14 Information technology	195,066	195,066		
15 Royalties				
16 Occupancy	27,009,300	27,009,300		
17 Travel	704,617	704,617		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	100,351	100,351		
20 Interest	19,232,911	19,232,911		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	63,186,979	63,186,979		
23 Insurance	26,891,541	26,891,541		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES & PHARMACY	146,220,518	146,220,518		
b TAXES AND ASSESSMENTS	61,625,755	61,625,755		
c BAD DEBT EXPENSE	17,458,233	17,458,233		
d NON-PATIENT SUPPLIES	11,689,578	11,689,578		
e All other expenses	20,973,643	20,973,643	0	0
25 **Total functional expenses.** Add lines 1 through 24e	1,094,815,743	964,672,710	130,143,033	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	0	1	
	2	Savings and temporary cash investments	262,185	2	2,371,105
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	164,749,089	4	167,075,384
	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		6	0
	7	Notes and loans receivable, net	0	7	
	8	Inventories for sale or use	24,619,945	8	24,464,933
	9	Prepaid expenses and deferred charges	0	9	10,976
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,174,981,619			
	b	Less accumulated depreciation — 10b: 661,231,988	488,825,724	10c	513,749,631
	11	Investments—publicly traded securities	0	11	
	12	Investments—other securities See Part IV, line 11	0	12	
	13	Investments—program-related See Part IV, line 11	0	13	2,907,302
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	16,441,278	15	37,263,285
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	694,898,221	16	747,842,616
Liabilities	17	Accounts payable and accrued expenses	8,856,362	17	20,480,507
	18	Grants payable	18,217	18	4,331
	19	Deferred revenue	1,233,400	19	1,465,437
	20	Tax-exempt bond liabilities	14,000,000	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	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		22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	391,316,282	25	129,214,138
	26	**Total liabilities.** Add lines 17 through 25	415,424,261	26	151,164,413
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	279,473,960	27	596,678,203
	28	Temporarily restricted net assets	0	28	0
	29	Permanently restricted net assets		29	
		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	279,473,960	33	596,678,203
	34	Total liabilities and net assets/fund balances	694,898,221	34	747,842,616

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	1,143,894,627
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,094,815,743
3	Revenue less expenses Subtract line 2 from line 1	3	49,078,884
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	279,473,960
5	Net unrealized gains (losses) on investments	5	
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	268,125,359
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	596,678,203

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 36-2235165
Name: Presence Chicago Hospitals Network

Form 990 (2017)

Form 990, Part III, Line 4a:

PRESENCE CHICAGO HOSPITALS NETWORK OPERATES OUTPATIENT PHARMACIES THESE PHARMACIES ARE PRIMARILY FOR THE CONVENIENCE OF PATIENTS

Form 990, Part III, Line 4b:

FOR MORE THAN 100 YEARS, THE SISTERS OF THE HOLY FAMILY OF NAZARETH AND THE SISTERS OF THE RESURRECTION HAVE PROVIDED COMPASSIONATE CARE TO THOSE IN NEED - PARTICULARLY POOR, MARGINALIZED AND IMMIGRANT POPULATIONS THIS IS THE FOUNDATION OF THE SISTERS SACRED HEALTH MINISTRY, WHICH IS EMBODIED IN THE SYSTEM OF HEALTH CARE CORPORATIONS COLLECTIVELY KNOWN AS PRESENCE HEALTH CARE PRESENCE SAINT FRANCIS HOSPITAL (PSFH), FOUNDED IN 1901, IS A 367-BED, FULL SERVICE MEDICAL FACILITY IN ADDITION TO THE HOSPITAL AND PHYSICIAN OFFICE CENTER ON THE MAIN CAMPUS, PRESENCE SAINT FRANCIS HOSPITAL OPERATES COMPREHENSIVE DIAGNOSTIC AND TREATMENT SERVICES IN VIRTUALLY EVERY HEALTH SPECIALTY INCLUDING CARDIOLOGY, ONCOLOGY, NEPHROLOGY, UROLOGY, AND ORTHOPEDICS DEDICATED TO MEDICAL EDUCATION, THE HOSPITAL OFFERS OUTSTANDING RESIDENCIES IN INTERNAL MEDICINE, RADIOLOGY, TRANSITIONAL YEAR, AND OBSTETRICS/GYNECOLOGY FOR THE CALENDAR YEAR ENDED DECEMBER 2017, PSFH PROVIDED PATIENT CARE OF 31,061 PATIENT DAYS AND HAD 7,481 ACUTE DISCHARGES EMERGENCY ROOM VISITS TOTALED 35,206, SURGERIES TOTALED 4,815, AND OUTPATIENT REGISTRATIONS TOTALED 108,670 PSFH IS THE ONLY LEVEL 1 TRAUMA CENTER BETWEEN EVANSTON AND THE WISCONSIN STATE LINE, DESPITE THE EXTRAORDINARY EXPENSE OF MORE THAN $1 MILLION PER YEAR FOR SPECIALIZED PHYSICIANS, NURSES, TRAINING AND EQUIPMENT TO MAINTAIN THIS SPECIAL STATE DESIGNATION PRESENCE SAINT FRANCIS HOSPITAL'S PARAMEDIC TRAINING PROGRAM HAS GRADUATED 1,595 EMS PROFESSIONALS SINCE ITS INCEPTION IN 1973 AND PROVIDES MONTHLY CONTINUING EDUCATION FOR MORE THAN 650 PARAMEDICS VARIOUS OTHER COMMUNITY BENEFITS ARE PROVIDED INCLUDING FREE BLOOD PRESSURE, MELANOMA AND DIABETES SCREENINGS, HEALTH FAIRS SUCH AS HEALTHFEST, AND THE SUMMER SAFETY FAIR, SUPPORT GROUPS FOR SLEEP DISORDERS, BREAST CANCER, BARIATRICS AND DIABETES, EDUCATIONAL CLASSES ON NUTRITION, CHILDBIRTH AND CPR CERTIFICATION, AND COMMUNITY PARTNERSHIPS THROUGH LIFESOURCE BLOOD DRIVES, CAR SEAT SAFETY INSPECTIONS, OPERATION STARS AND STRIPES AND MEALS ON WHEELS PRESENCE RESURRECTION MEDICAL CENTER (PRMC) IS AN AWARD-WINNING, 360-BED ACADEMIC TEACHING HOSPITAL LOCATED ON THE NORTHWEST SIDE OF CHICAGO AS A FULL SERVICE MEDICAL CENTER OFFERING COMPREHENSIVE HEALTH SERVICES, THEY ARE DEDICATED TO PROVIDING QUALITY, COMPASSIONATE CARE TO ALL THEY SERVE RECENTLY, PRMC OPENED A NEW FIVE-STORY PATIENT CARE ADDITION WITH 120 PRIVATE ROOMS GUIDED BY THE LATEST RESEARCH, EVERY ASPECT OF THE NEW ADDITION PROMOTES HEALING PRMC OFFERS A BROAD RANGE OF SERVICES - FROM A LEVEL II EMERGENCY DEPARTMENT AND THE FAMILY BIRTHPLACE TO TREATMENT FOR CANCER AND HEART DISEASE THE MEDICAL STAFF OF NEARLY 500 DOCTORS, INCLUDING PRIMARY CARE PHYSICIANS AND SPECIALISTS IN 55 AREAS OF EXPERTISE, HAS A PROVEN TRACK RECORD OF EXCELLENCE MANY ARE LEADERS IN THEIR FIELD, CONDUCTING CLINICAL RESEARCH AND TEACHING THE NEXT GENERATION OF CARE PROVIDERS THE HOSPITAL PROVIDED PATIENT CARE THAT INCLUDED 54,805 ACUTE PATIENT DAYS AND ACUTE DISCHARGES OF 11,843 THERE WERE 11,014 REHAB PATIENT DAYS AND TOTAL REHAB DISCHARGES OF 872 THERE WERE 40,930 EMERGENCY ROOM VISITS, 2,913 INPATIENT SURGERIES, 4,452 OUTPATIENT SURGERIES AND 165,464 OUTPATIENT REGISTRATIONS PRESENCE HOLY FAMILY MEDICAL CENTER OPERATES A FAITH-BASED LONG-TERM ACUTE CARE HOSPITAL (LTACH) IN ILLINOIS, AND THE ONLY SUCH HOSPITAL IN THE NORTHWEST CHICAGOLAND AREA PHFMC SPECIALIZES IN PROVIDING CARE FOR PATIENTS WHO ARE CRITICALLY ILL WITH COMPLEX CONDITIONS AND MUST BE HOSPITALIZED FOR AN EXTENDED PERIOD BETWEEN JANUARY 2017 AND DECEMBER 2017, PHFMC PROVIDED PATIENT CARE OF 29,369 INPATIENT DAYS OUTPATIENT SERVICES INCLUDE SAME DAY SURGERY, CARDIOLOGY, AND IMAGING BETWEEN JANUARY 1, 2017 AND DECEMBER 1, 2017, PHFMC PROVIDED PATIENT CARE FOR 20,351 OUTPATIENT REGISTRATIONS AND 1,089 SURGERIES KEYS TO RECOVERY OFFERS A VARIETY OF SUBSTANCE ABUSE TREATMENT PROGRAMS BETWEEN JANUARY 2017 AND DECEMBER 2017, PHFMC PROVIDED PATIENT CARE OF 2,092 INPATIENT MEDICAL DETOX DAYS, 4,312 RESIDENTIAL PARTIAL HOSPITALIZATION DAYS, AND 3,021 TREATMENT DAYS FOR OUTPATIENT FOR THE CALENDAR ENDED DECEMBER 2017, PRESENCE SAINT JOSEPH HOSPITAL-CHICAGOLAND PROVIDED PATIENT CARE OF 65,330 PATIENT DAYS DISCHARGES TOTALED 12,336 THERE WERE 1,825 REHAB PATIENT DAYS AND 154 REHAB DISCHARGES THERE WERE 8,149 PSYCH PATIENT DAYS AND 1,491 PSYCH DISCHARGES THERE WERE 21,916 EMERGENCY ROOM VISITS, 98,612 OUTPATIENT REGISTRATIONS, AND 6,649 SURGERIES PRESENCE SAINT JOSEPH HOSPITAL CHICAGO, FOUNDED IN 1868 BY THE DAUGHTERS OF CHARITY OF ST VINCENT DEPAUL, IS A FULL SERVICE HEALTH CARE FACILITY SERVING CHICAGO'S NORTH SIDE WITH OVER 130 YEARS OF SERVICE, PRESENCE SAINT JOSEPH HOSPITAL CHICAGO HAS A HIGHLY TRAINED TEAM OF EXPERTS WITH SPECIALTIES INCLUDING CANCER CARE AND DIAGNOSTIC IMAGING SERVICES WITH OPEN AND CLOSED MRI PRESENCE SAINTS MARY AND ELIZABETH (PSMEMC) RANKS NUMBER 26 OUT OF 118 CHICAGO METRO AREA HOSPITAL IN U S NEWS & WORLD REPORT'S 2014-15 "BEST HOSPITALS" RANKINGS PSMEMC EARNED DISTINCTIONS AS HIGH-PERFORMING IN THREE SPECIALTIES NEPHROLOGY, NEUROLOGY AND NEUROSURGERY AND UROLOGY THE MEDICAL CENTER HAS AN OUTSTANDING HEALTH-CARE TEAM OF PRIMARY CARE DOCTORS, SPECIALISTS, NURSES AND STAFF WHO PROVIDE CARE THEIR TEAM IS HIGHLY SKILLED, COMPASSIONATE, MULTILINGUAL AND ATTENTIVE TO PATIENT AND FAMILY NEEDS ON STAFF, THEY HAVE MORE THAN 500 PHYSICIANS IN 40 SPECIALTIES AS AN ACCREDITED CHEST PAIN CENTER, THEY HAVE ACHIEVED A HIGHER LEVEL OF EXPERTISE IN TREATING PATIENTS WITH CHEST PAIN AND OTHER HEART-ATTACK SYMPTOMS PSMEMC IS ALSO A CERTIFIED PRIMARY STROKE CENTER, WHICH MEANS THEY CAN RAPIDLY DIAGNOSE AND TREAT STROKES THE HOSPITAL PRESENCE SAINTS MARY AND ELIZABETH MEDICAL CENTER PROVIDED PATIENT CARE THAT INCLUDED 49,730 ACUTE PATIENT DAYS AND ACUTE DISCHARGES OF 12,055 THERE WERE 2,827 REHAB PATIENT DAYS AND TOTAL REHAB DISCHARGES OF 252 PSYCH PATIENT DAYS WERE 44,931, RESULTING IN DISCHARGES OF 6,409 EXTENDED CARE PATIENT DAYS WERE 8,188 RESULTING IN EXTENDED CARE DISCHARGES OF 459 THERE WERE 66,840 EMERGENCY ROOM VISITS, 2,618 INPATIENT SURGERIES AND 4,755 OUTPATIENT SURGERIES, AND 202,976 OUTPATIENT REGISTRATIONS

Form 990, Part III, Line 4c:

PRESENCE CHICAGO HOSPITALS NETWORK OPERATES PRESENCE RESURRECTION RETIREMENT COMMUNITY, PRESENCE CASA SAN CARLO RETIREMENT COMMUNITY, AND PRESENCE BETHLEHEM RETIREMENT COMMUNITY PRESENCE RESURRECTION RETIREMENT COMMUNITY OFFERS 472 SPACIOUS, WELL-MAINTAINED INDEPENDENT LIVING APARTMENTS AND LICENSED ASSISTED LIVING APARTMENTS WITH A FOCUS ON THE COMFORT AND WELL BEING OF RESIDENTS WITH RESPECT FOR THE INDIVIDUAL AND VALUE FOR LIFE

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			
SAM BAGCHI MD DIRECTOR/SYSTEM CHIEF MEDICAL AND QUALITY OFFICER	1 0 ..... 41 0	X		X				0	383,149	20,121
THOMAS HUBERTY MD DIRECTOR, CHAIR	1 0 ..... 2 0	X		X				0	0	0
THOMAS RUSSE DIRECTOR, VICE CHAIR	1 0 ..... 1 0	X		X				0	0	0
PATRICIA FOLTZ DIRECTOR (START 6/2017)	1 0 ..... 1 0	X						0	0	0
MARK HANSON DIRECTOR	1 0 ..... 2 0	X						0	0	0
GARY LIPINSKI MD DIRECTOR	1 0 ..... 40 0	X						0	458,219	28,777
PATRICIA EDDY ASSISTANT TREASURER, SYSTEM FINANCIAL OFFICER	1 0 ..... 54 0			X				0	331,210	55,715
JEANNIE C FREY SECRETARY, SYSTEM CHIEF LEGAL OFFICER	1 0 ..... 54 0			X				0	882,091	125,418
BETTINA JOHNSON ASSISTANT TREASURER, SYSTEM DIRECTOR (START 5/2017)	1 0 ..... 54 0			X				0	270,133	29,642
JAMES KELLEY TREASURER, CHIEF FINANCIAL OFFICER	1 0 ..... 54 0			X				0	930,214	185,845

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			
PATRICK QUINN ASSISTANT TREASURER, SENIOR VICE PRESIDENT (END 2/2017)	1 0 54 0			X				0	87,398	1,191
JULIE ROKNICH ASSISTANT SECRETARY, SYS DIRECTOR SR ASSOCIATE GENERAL COUNSEL TRANSACTIONS	1 0 54 0			X				0	235,311	31,048
JEFFREY ROONEY ASSISTANT TREASURER, SVP FINANCIAL OPERATIONS (START 5/2017)	1 0 54 0			X				0	452,460	109,175
ANN ERRICHETTI PRESIDENT	1 0 42 0			X				0	1,307,360	22,555
MARTIN H JUDD REGIONAL PRESIDENT & CEO - MCC	40 0 1 0				X			813,567	0	104,289
ROBERT MICHAEL DAHL REGIONAL PRESIDENT & CEO - NWC	40 0 0				X			538,850	0	90,467
KENNETH PRESTON JONES PRESIDENT - PSFH (START 5/2017)	40 0 0				X			322,923	0	36,989
JAMES LEON ROBINSON III PRESIDENT - SJH CHICAGO (START 6/2017)	40 0 0				X			253,633	0	37,148
YOLANDE D WILSON-STUBBS PRESIDENT - HFMC LTACH	40 0 0				X			327,230	0	58,061
JOEL B SPEAR MD CHIEF MEDICAL OFFICER - PSJHC	40 0 1 0					X		401,757	0	48,836

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID J BORDO MD REGIONAL CHIEF MEDICAL OFFICER	40 0 ..... 1 0					X		400,401	0	40,834
LAURA L CONCANNON CHIEF MEDICAL OFFICER	40 0 0					X		435,773	0	33,181
KIZITO C OJIAKO INTENSIVIST	40 0 0					X		450,858	0	38,730
MARTIN SIGLIN MD CHIEF MEDICAL OFFICER - SFH	40 0 0					X		363,796	0	27,203
SHERMAN HSIEN-CHANG CHEN FORMER HIGHEST COMPENSATED EMPLOYEE	0 0 ..... 40 0						X	0	770,845	28,605
DHRUVIL J PANDYA FORMER HIGHEST COMPENSATED EMPLOYEE	0 0 ..... 40 0						X	0	742,958	30,883
MATTHEW A BROWN FORMER KEY EMPLOYEE (END 12/2015)	0 0 ..... 40 0						X	0	318,167	35,719
THOMAS KOELBL FORMER KEY EMPLOYEE (END 12/2015)	0 0 ..... 41 0						X	0	669,957	30,002
RICHARD J LAVACCHI FORMER KEY EMPLOYEE (END 12/2015)	0 0 ..... 40 0						X	0	353,264	35,605
DAVID E LUNDAL FORMER KEY EMPLOYEE (END 12/2015)	0 0 ..... 40 0						X	0	396,944	1,701

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			
AMY D STEVENS FORMER KEY EMPLOYEE (END 12/2015)	0 0 ..... 0 0						X	0	121,076	0
ROBERTA LUSKIN-HAWK MD FORMER KEY EMPLOYEE (END 12/2016)	0 0 0						X	419,099	0	0
ROBYN PARKER FORMER KEY EMPLOYEE	 0						X	244,279	0	22,485
ANTHONY FILER FORMER OFFICER (END 01/2016)	0 0 ..... 0 0						X	0	100,273	0

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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
Presence Chicago Hospitals Network

Employer identification number
36-2235165

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: 17005876
Software Version: 2017v2.2
EIN: 36-2235165
Name: Presence Chicago Hospitals Network

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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

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
Presence Chicago Hospitals Network	36-2235165

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		5,401
j	Total Add lines 1c through 1i			5,401
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	A PORTION OF THE ANNUAL MEMBERSHIP DUES PAID TO NATIONAL ASSOCIATION OF LONG TERM HOSPITALS AND AMERICAN MEDICAL REHABILITATION PROVIDERS ASSOCIATION ARE SPENT ON LOBBYING ACTIVITIES
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	A PORTION OF THE ANNUAL MEMBERSHIP DUES PAID TO NATIONAL ASSOCIATION OF LONG TERM HOSPITALS AND AMERICAN MEDICAL REHABILITATION PROVIDERS ASSOCIATION ARE SPENT ON 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
Presence Chicago Hospitals Network

Employer identification number
36-2235165

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	505,670	479,407	417,952	390,210	355,388
b Contributions	112,843	112,191	152,656	153,078	157,376
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	90,700	85,928	91,201	125,336	122,554
f Administrative expenses					
g End of year balance	527,813	505,670	479,407	417,952	390,210

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 0 %
- c Temporarily restricted endowment ▶ 100 %

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

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		30,749,590		30,749,590
b Buildings		669,742,115	370,286,845	299,455,270
c Leasehold improvements		22,544,347	2,443,060	20,101,287
d Equipment		414,028,177	276,093,354	137,934,823
e Other		37,917,390	12,408,729	25,508,661
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				513,749,631

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
BLUE CROSS SETTLEMENTS	94,584,889
NURSING HOME SECURITY DEPOSITS & ENTRANCE FEES	16,471,224
MEDICARE SETTLEMENTS	
MEDICAID SETTLEMENTS	1,233,567
DUE TO AFFILIATES	
OTHER LONG TERM LIABILITIES	16,924,458
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	129,214,138

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 36-2235165
Name: Presence Chicago Hospitals Network

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	TEMPORARILY RESTRICTED FUNDS WERE TRANSFERRED TO PRESENCE CARE TRANSFORMATION CORPORATION TO BE ADMINISTERED AT THE CORPORATE LEVEL FOR THE BENEFIT OF THE SYSTEM'S CHAPELS WITHIN E ACH HOSPITAL

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	PRESENCE HEALTH RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MO RE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AU THORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION AS OF DECEMBER 31, 2017 AND 2016 , PRESENCE HEALTH DOES NOT HAVE ANY LIABILITIES FOR UNRECOGNIZED TAX BENEFITS

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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
Presence Chicago Hospitals Network

Employer identification number
36-2235165

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) Central America and the Caribbean	0	0	Investments		11,407,753
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			11,407,753
b Total from continuation sheets to Part I					0
c **Totals** (add lines 3a and 3b)	0	0			11,407,753

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
Schedule F, Part I, Line 3 COLUMN F ACCOUNTING METHOD	OFFSHORE INVESTMENTS ARE RECORDED AT FAIR MARKET VALUE THE ORGANIZATION'S CAPTIVE INSURANCE COMPANY, L GILBRAITH, CONSOLIDATES INTO PRESENCE HEALTH THE AMOUNT REPORTED IS PRESENCE CHICAGO HOSPITAL NETWORK'S PERCENTAGE OF THE NET BOOK VALUE OF THE TOTAL ASSETS AT 12/31/2017

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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
Presence Chicago Hospitals Network

Employer identification number
36-2235165

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 60000 %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			12,400,157	0	12,400,157	1 13 %
b Medicaid (from Worksheet 3, column a)		108,791	255,919,668	246,914,551	9,005,117	0 82 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	108,791	268,319,825	246,914,551	21,405,274	1 96 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	136	49,208	1,186,065	45,867	1,140,198	0 10 %
f Health professions education (from Worksheet 5)	37	4,712	77,506,418	17,535,492	59,970,926	5 48 %
g Subsidized health services (from Worksheet 6)	5	1,459	5,888,056	3,686,498	2,201,558	0 20 %
h Research (from Worksheet 7)	1	30	17,239	0	17,239	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	40	9,946	318,119	0	318,119	0 03 %
j **Total.** Other Benefits	219	65,355	84,915,897	21,267,857	63,648,040	5 81 %
k **Total.** Add lines 7d and 7j	219	174,146	353,235,722	268,182,408	85,053,314	7 77 %

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	1	0	1,160	0	1,160	0 %
2	Economic development	2	0	8,116	0	8,116	0 %
3	Community support	7	819	14,965	0	14,965	0 %
4	Environmental improvements	2	0	472	0	472	0 %
5	Leadership development and training for community members	0	0	0	0	0	0 %
6	Coalition building	10	0	14,060	0	14,060	0 %
7	Community health improvement advocacy	2	0	22,262	0	22,262	0 %
8	Workforce development	9	634	137,555	0	137,555	0 01 %
9	Other	0	0	0	0	0	0 %
10	Total	33	1,453	198,590	0	198,590	0 02 %

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	Yes		
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	17,102,923		
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			
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	383,325,219
6	Enter Medicare allowable costs of care relating to payments on line 5	6	414,600,726
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-31,275,507
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	PRESENCE LAKESHORE GASTROENTEROLOGY LLC	ENDOSCOPY SERVICES	51 %	0 %	49 %
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? 6

	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)

A

Name of hospital facility or letter of facility reporting group _____

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

		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) PRESENCEHEALTH ORG/COMMUNITY-HEALTH			
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	
If "Yes" (list url) PRESENCEHEALTH ORG/COMMUNITY-HEALTH **a**			
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)

A

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 0 % and FPG family income limit for eligibility for discounted care of 600 0 %			
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) http //presencehealth org/financial-assistance			
b	☑ The FAP application form was widely available on a website (list url) http //presencehealth org/financial-assistance			
c	☑ A plain language summary of the FAP was widely available on a website (list url) http //presencehealth org/financial-assistance			
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

A

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)

A

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? **1**

	Name and address	Type of Facility (describe)
1	LABOURE CLINIC 2913 N COMMONWEALTH CHICAGO, IL 60657	MEDICAL CARE CLINIC
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
Schedule H, Part I, Line 3c PART I, LINE 3C	IN ADDITION TO THE FEDERAL POVERTY GUIDELINES (FPG), WITH FPG FAMILY INCOME LIMIT FOR ELIG IBLITY OF FREE CARE OF 200% AND FPG FAMILY INCOME LIMIT FOR ELIGIBILITY FOR DISCOUNTED CAR E OF 600% THE FOLLOWING ELIGIBLITY CRITERIA ARE EXPLAINED IN THE FINANCIAL ASSISTANCE POLI CY PRESUMPTIVE ELIGIBILITY CRITERIA ANY PATIENT MEETING ANY OF THE CRITERIA SET FORTH BEL OW WILL BE CONSIDERED PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE WITHOUT FURTHER DOCU MENTATION REQUIREMENTS IN SUCH SITUATIONS, THE PATIENT IS DEEMED TO HAVE A FAMILY INCOME OF 200% OR LESS OF THE FEDERAL POVERTY LEVEL, AND THEREFORE ELIGIBLE FOR A 100% REDUCTION FROM MEDICALLY NECESSARY HOSPITAL CHARGES (I E FULL CHARITY WRITE OFF) PATIENTS WILL REC EIVE A MINIMUM OF ONE (1) STATEMENT TO PROVIDE A SUMMARY OF SERVICES AND ACCOUNT INFORMATI ON PRESUMPTIVE ELIGIBILITY FOR 100% FINANCIAL ASSISTANCE WILL BE MADE FOR PATIENTS MEETIN G ANY OF THE FOLLOWING CRITERIA A PATIENT IS HOMELESS (WITH SUCH STATUS VERIFIED AFTER R EVIEW OF AVAILABLE FACTS) B PATIENT IS DECEASED WITH NO ESTATE C PATIENT IS MENTALLY O R PHYSICALLY INCAPACITATED AND HAS NO ONE TO ACT ON HIS/HER BEHALF D PATIENT IS CURRENTL Y ELIGIBLE FOR MEDICAID, BUT WAS NOT ON A PRIOR DATE OF SERVICE OR FOR NON-COVERED SERVICE S E PATIENT IS ENROLLED OR COVERED BY THE WOMEN, INFANTS AND CHILDREN NUTRITION PROGRAM (WIC) F PATIENT IS ENROLLED OR COVERED BY THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR FOOD STAMP ELIGIBILITY (LINK) G PATIENT IS ENROLLED OR COVERED BY THE ILLINOIS FREE LUNCH AND BREAKFAST PROGRAM (ELIGIBLE FOR FREE AND REDUCED PRICE SCHOOL MEALS) H P ATIENT IS ENROLLED OR COVERED BY THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP) I PATIENT OR FAMILY IS A QUALIFIED PARTICIPANT IN AN ORGANIZED COMMUNITY-BASED PROGRAM FOR PROVIDING ACCESS TO MEDICAL CARE THAT ACCESSES AND DOCUMENTS LIMITED LOW-INCOME FINANCIAL STATUS CRITERIA J PATIENT RECEIVES OR QUALIFIES FOR FREE CARE FROM A COMMUNITY CLINIC A FFILIATED WITH THE HOSPITAL OR KNOWN TO HAVE ELIGIBILITY STANDARDS SUBSTANTIALLY EQUIVALEN T TO THAT OF THE HOSPITAL UNDER THIS POLICY, AND THE COMMUNITY CLINIC REFERS THE PATIENT T O THE HOSPITAL FOR TREATMENT OR FOR A PROCEDURE K PATIENT IS A RECIPIENT OF GRANT ASSIST ANCE FOR MEDICAL SERVICES L PATIENT PARTICIPATES IN STATE-FUNDED PRESCRIPTION PROGRAMS M PATIENT OR PATIENT'S FAMILY IS ENROLLED IN ILLINOIS HOUSING DEVELOPMENT AUTHORITY'S REN TAL HOUSING SUPPORT PROGRAM N PATIENT OR PATIENT'S FAMILY HAS BEEN DETERMINED BY AN INDE PENDENT THIRD-PARTY REPORTING AGENCY TO HAVE FAMILY INCOME OF 200% OR LESS THAN THE FEDERA L POVERTY LEVEL O PATIENT OR PATIENT'S FAMILY'S INABILITY TO PAY ANY PORTION OF PATIENT- LIABILITY AMOUNT HAS BEEN VERIFIED BY AN INDEPENDENT THIRD-PARTY AGENCY APPLICATION OF CA TASTROPHIC DISCOUNT THE CATASTROPHIC DISCOUNT WILL BE AVAILABLE TO PATIENTS WHO HAVE MEDI CAL EXPENSES OVER A 12-MONTH PERIOD FOR MEDICALLY NECESSARY SERVICES FROM A PRESENCE HEALT H HOSPITAL THAT EXCEED 15% OF THE PATIENT'S FAMILY'S ANNUAL GROSS INCOME, EVEN AFTER PAYME NT BY THIRD-PARTY PAYERS ANY PATIENT RESPONSIBILITY IN EXCESS OF 15% WILL BE WRITTEN OFF TO CHARITY SERVICES THAT ARE NOT MEDICALLY NECESSARY WILL NOT BE ELIGIBLE FOR THIS DISCOU NT UNINSURED SELF-PAY DISCOUNT 1 THERE IS NO APPLICATION PROCESS FOR THE PATIENT TO RECE IVE THE UNINSURED SELF-PAY DISCOUNT THE DISCOUNT IS APPLIED BASED ON THE ACCOUNT'S SELF-P AY/UNINSURED STATUS 2 PATIENTS RECEIVING PRE-NEGOTIATED DISCOUNTS (PACKAGE PRICING) FOR HOSPITAL SERVICES WILL NOT BE ELIGIBLE FOR THE UNINSURED SELF-PAY DISCOUNT 3 IF A PATIEN T IS SUBSEQUENTLY APPROVED FOR FINANCIAL ASSISTANCE, THE UNINSURED SELF-PAY DISCOUNT WILL BE REVERSED SO THAT THE FULL AMOUNT CAN BE RECOGNIZED AS A CHARITY DISCOUNT FINANCIAL ASS ISTANCE FOR CERTAIN CRIME VICTIMS INDIVIDUALS WHO ARE DEEMED ELIGIBLE BY THE STATE OF ILL INOIS TO RECEIVE ASSISTANCE UNDER THE VIOLENT CRIME VICTIMS COMPENSATION ACT OR THE SEXUAL ASSAULT VICTIMS COMPENSATION ACT SHALL FIRST BE EVALUATED FOR ELIGIBILITY FOR FINANCIAL A SSISTANCE BASED ON THE FINANCIAL ASSISTANCE GUIDELINES AND THE ELIGIBILITY CRITERIA APPLI CATIONS FOR REIMBURSEMENT UNDER SUCH CRIME VICTIMS FUNDS WILL BE MADE ONLY TO THE EXTENT O F ANY REMAINING PATIENT LIABILITY AFTER THE FINANCIAL ASSISTANCE ELIGIBILITY DETERMINATION IS MADE FINANCIAL ASSISTANCE FOR INSURED PATIENTS FINANCIAL ASSISTANCE IN THE FORM OF 1 00% DISCOUNTS (FREE CARE) ARE AVAILABLE FOR PATIENT-LIABILITY AMOUNTS REMAINING AFTER INSU RANCE PAYMENTS, FOR INSURED PATIENTS WHO ARE ILLINOIS RESIDENTS WITH FAMILY GROSS INCOME L ESS THAN OR UP TO 200% OF THE FEDERAL POVERTY GUIDELINES FOR INSURED PATIENTS WITH FAMILY GROSS INCOME BETWEEN 200% AND 400% OF THE FEDERAL POVERTY GUIDELINES, THE EXPECTED PATIEN T PAYMENT WILL BE THE LESSER OF PATIENT'S OUT OF POCKET (OOP) LIABILITY REDUCED BY 100% OF THE HOSPITAL'S MEDICARE COST-TO-CHARGE RATIO OR THE AMOUNT THE PATIENT WOULD HAVE BEEN RE SPONSIBLE FOR HAD THEY BEEN UNINSURED THE AMOUNT

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c PART I, LINE 3C	OF FINANCIAL ASSISTANCE WILL BE DETERMINED ONCE ALL THIRD-PARTY PAYMENT AMOUNTS HAVE BEEN IDENTIFIED IN ADDITION, INSURED PATIENTS WITH HIGH HOSPITAL BILLS MAY RECEIVE A CATASTROP HIC DISCOUNT FINANCIAL ASSISTANCE FOR STUDENTS FINANCIAL ASSISTANCE FOR VERIFIED FULL-TI ME ENROLLED STUDENTS WITH INCOME OF 200% OR LESS OF THE FEDERAL POVERTY LEVEL WILL BE ELIG IBLE FOR A 100% REDUCTION FROM CHARGES (I E , FULL CHARITY WRITE-OFF)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a PART I, LINE 6A	PRESENCE HEALTH NETWORK, THE PARENT OF PRESENCE CHICAGO HOSPITALS NETWORK PUBLISHED A COMMUNITY BENEFIT REPORT WITH 2017 DATA, WHICH DETAILS THE COMBINED CHARITABLE IMPACT OUR MINISTRIES HAVE WITHIN THE COMMUNITIES WE SERVE AS WELL AS THE IMPACT OF EACH INDIVIDUAL MINISTRY EACH MINISTRY CREATES MINISTRY-SPECIFIC IMPLEMENTATION STRATEGIES FOLLOWING THEIR COMMUNITY HEALTH NEEDS ASSESSMENTS WHICH OUTLINE THE GOALS AND OBJECTIVES THEY HAVE ESTABLISHED TO ADDRESS THE PRIORITIZED NEEDS OF THEIR COMMUNITIES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6b PART I, LINE 6B	The 2017 Presence Health Community Benefit Report was made publicly available through a variety of ways to share the information with the community at large * Print version of report - The report was mailed from each hospital to community partners, elected officials, and local leaders * Website A robust community section has been developed and can be found online at www presencehealth org/community This section includes an online, downloadable file of the 2017 Community Benefit Report Through this link, Community Health Needs Assessment (CHNA) documents specific to the hospital can be downloaded, including a community-friendly CHNA document, the source documents of all data reviewed, an overall CHNA Report, and an Implementation Strategy An interactive tool for exploring the community benefit provided by each ministry was made available at presencehealth github io/communitytouch, with a link provided on each hospital's website

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 PROVIDER LIST ATTACHED TO THE FAP	DURING CALENDAR YEAR 2017 CERTAIN PRESENCE HEALTH HOSPITALS WERE AUDITED FOR SECTION 501 (R) COMPLIANCE THE IRS DETERMINED THAT BASED ON ITS INTERPRETATION OF TREASURY REGULATIONS SECTION 1 501(R)-4(B)(1)(III)(F), THE PROVIDER LIST ATTACHED TO THE HOSPITAL'S FAP SHOULD INCLUDE ALL PROVIDERS OF MEDICALLY NECESSARY HOSPITAL SERVICES, INDICATING WHETHER OR NOT SUCH PROVIDERS ARE COVERED BY THE FAP PRESENCE MADE THIS CHANGE TO COMPLY WITH THE IRS INTERPRETATION

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 14 PART V, LINE 14	FEDERAL POVERTY GUIDELINES ARE ALSO USED IN DETERMINING THE BASIS OF CALCULATING AMOUNTS CHARGED TO PATIENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 PART 2	PRESENCE RESURRECTION MEDICAL CENTER (PRMC) PRIMARY SERVICE AREA 60631 CHICAGO - NORWOOD PARK 60634 CHICAGO - DUNNING 60706 HARWOOD HEIGHTS/NORRIDGE 60656 CHICAGO - ORIOLE PARK/ O'HARE 60630 CHICAGO - JEFFERSON PARK 60068 PARK RIDGE 60714 NILES 60646 CHICAGO - EDGEBROOK 60641 CHICAGO - IRVING PARK 60016 DES PLAINES Demographics Portage Park (64,124) and Irving Park (53,359) are the most populous communities in the service area Between 2000 and 2010 all but two of the communities saw population decreases with Irving Park having the largest decrease The percentage of population under 20 in the communities ranged between 19% and 27% Compared to Chicago, Cook County, Illinois and the United States, communities in the service area had a high proportion of population over 65 In 2010, the percentage of the population over 65 in the communities ranged from 9% to 22% The percentage of the Caucasian population decreased in all the community areas between 2000 and 2010, although the percentage of the Caucasian population remains over 80% in Edison Park, Norwood Park, Jefferson Park, Harwood Heights, Norridge and Park Ridge Over 40% of the population in Irving Park and Portage Park are Hispanic/Latino Asian residents are increasing in all communities particularly in Niles, Forest Glen and Jefferson Park There are several languages spoken in the PRMC service area Over 20% of the population in Dunning, Harwood Heights, Irving Park, Niles, Norridge and Portage Park identifies as having limited English speaking skills Polish and Spanish are the languages most often spoken by those with limited English speaking skills Polish is the most often used language in Dunning, Harwood Heights, Norridge and Portage Park, while Spanish is the top language in Irving Park The high schools in the service area report a smaller percentage of students with limited English-speaking skills than Chicago overall Socioeconomics Forest Glen and Park Ridge had the highest median household incomes in the service area Irving Park, Portage Park, Harwood Heights, Niles and Norridge had similar median household incomes of around $53,000 All the community areas have poverty rates below Chicago and Cook County The highest rates of poverty are in Portage Park and Irving Park in the PRMC service area Similarly, Portage Park and Irving Park have the highest percentage of children living in poverty and the greatest proportion of residents living 200% below the poverty line The southwest part of the service area (Portage Park and Irving Park) has the greatest proportion of schools with more than 70% of the students eligible for free and reduced lunch All of the high schools in the service area have graduation rates higher than the Chicago citywide rate of 73 8% The high schools in Portage Park, Irving Park and Dunning have the lowest high school graduation rates in the service area Twenty-two percent of the residents under 25 years of age in Irving Park do not have a high school degree while that rate was fewer than 10% in Park Ridge, Forest Glen and Edison Park Unemployment rates increased in all communities in the service area between 2000 and 2010 The highest unemployment rates were seen in Irving Park, Portage Park and Harwood Heights while six communities - Edison Park, Niles, Norwood, Forest Glen, Norridge, Niles and Park Ridge - had unemployment rates at or below the United States rate The greatest increases in unemployment rates were seen in Niles, Jefferson Park, Harwood Heights and Park Ridge Access to Care The percent of uninsured residents in Chicago was 20% The communities in the service area outside of Chicago have slightly lower rates of the population uninsured The zip code 60641 that includes Portage Park and Irving Park had the highest rates of Medicaid enrollment (28%) in the service area In contrast, the proportion of residents enrolled in Medicaid in the zip codes 60068 (Park Ridge) was only 5% and in 60631 (Edison Park) only 6% Polish was the interpreter language most often requested at PRMC Polish and Spanish made up over 80% of the 2,985 total requests The community areas in the PRMC service area are not considered health professional shortage areas for primary care However, Dunning, Portage Park and Irving have shortages of mental health professionals for low-income residents A full Community Health Profile of demographic and other health indicators can be found of Presence Resurrection Medical Center at www presencehealth org/community

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 PART 3	PRESENCE SAINT FRANCIS HOSPITAL (PSFH) PRIMARY SERVICE AREA 60626 CHICAGO - ROGERS PARK 60645 CHICAGO - WEST ROGERS PARK 60202 EVANSTON 60660 CHICAGO - EDGEWATER 60076 SKOKIE 60201 EVANSTON 60659 CHICAGO - NORTHTOWN 60077 SKOKIE 60712 LINCOLNWOOD 60203 EVANSTON Demographics While the U S and Illinois population increased 10% and 3% respectively, the city of Chicago lost 7% of its population from 2000 to 2010 Similarly, Rogers Park lost 13% of its population during this time period The population in Evanston and West Ridge remained relatively unchanged Evanston (74,486) and West Ridge (71,942) have about the same size population, while Rogers Park has about 20,000 fewer residents than the other two communities About a quarter of the population in all these communities is under 20 years of age, percentages that are quite similar to Chicago, Cook County, Illinois and the U S Between 8% (in zip code 60626-Rogers Park) and 12% (in Evanston) of the population are over 65 The largest racial group in Evanston is White (over 60%) with about 20% of the population identifying as Black and about 8% Hispanic/Latino In West Ridge, the Asian and Hispanic/Latino population combined is slightly larger (44%) than the White population (40%) In Rogers Park both the Black and Hispanic/Latino populations each comprise about 25% of the total while the White proportion is near 40% One in five of the residents in West Ridge are limited English speakers, compared to about 15% in Rogers Park and just over 5% in Evanston While Spanish is the most common language spoken in all areas, West Ridge stands out for the diversity of languages spoken Socioeconomic While the median income for West Ridge, at $47,323, is similar to Chicago as a whole, the median income for Rogers Park is considerably lower, at $39,482 The median income for Evanston is almost $20,000 more than for Chicago, at $68,107 As might be expected, only 10% of Evanston residents and 10% or less of Evanston children live below the poverty line Fifteen percent of the residents and almost 25% of children in West Ridge live in poverty In Rogers Park, 23% of residents and 37% of the children are living in poverty Nearly half of Rogers Park residents are living below 200% of the FPL Seventy percent or more of students receive free or reduced lunch in all schools in Rogers Park Most schools in Evanston have 50% or less of students receiving free or reduced lunch, though there are higher rates in south Evanston Only 6% of residents in Evanston lack a high school degree, compared with 18%-20% in Rogers Park and West Ridge Almost two-thirds of Evanston residents over 25 have a college degree, compared to only one-third of Chicago residents For the period 2006-2010, West Ridge had the highest unemployment rate at 7 9% followed by Rogers Park at 7 5% and Evanston at 6 8% Access to Care The percentage of people uninsured in Chicago (19 8%) is higher than the national and state averages, the uninsured rate in Evanston (8 3%) is more than 10 percentage points lower than Chicago About 30% of residents in the West Ridge and Rogers Park zip codes are enrolled in Medicaid While the rates of self-pay among ER outpatients at PSFH were similar to the state (18% and 15% respectively), 45% of outpatients at PSFH were on Medicaid, compared to only 34% statewide There were 3,839 requests for interpreters at PSFH in FY2011 Over half of the requests were for Spanish, which was the most common language spoken in these communities, followed by Russian There were requests for a wide variety of language interpretation, with 60 different languages requested over the year There are no primary care shortages in Evanston However, Rogers Park has a shortage for all residents and West Ridge has a shortage for low-income residents There is no shortage of mental health services in Evanston However, like most of North Chicago, West Ridge and Rogers Park both have mental health shortages for low-income residents A full Community Health Profile of demographic and other health indicators can be found of Presence Saint Francis Hospital at www presencehealth org/community

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 PART 4	PRESENCE SAINT JOSEPH HOSPITAL, CHICAGO (PSJH-C) PRIMARY SERVICE AREA 60657 CHICAGO - LA KEVIEW 60614 CHICAGO - LINCOLN PARK 60640 CHICAGO - UPTOWN 60626 CHICAGO - ROGERS PARK 606 18 CHICAGO - AVONDALE/NORTH CENTER 60660 CHICAGO - EDGEWATER 60613 CHICAGO - LAKEVIEW 6064 1 CHICAGO - IRVING PARK 60647 CHICAGO - LOGAN SQUARE 60625 CHICAGO - ALBANY PARK/LINCOLN S Q 60645 CHICAGO - WEST ROGERS PARK 60610 CHICAGO - OLD TOWN 60639 CHICAGO - CRAGIN 60634 C HICAGO - DUNNING 60659 CHICAGO - NORTHTOWN 60630 CHICAGO - JEFFERSON PARK 60622 CHICAGO - WICKER PARK 60607 CHICAGO - WEST LOOP 60642 CHICAGO - RIVER WEST Demographics In 2010 the 229,613 people lived in the four communities of North Center, Lakeview, Lincoln Park and A vondale, with Lakeview as the largest, with over 90,000 residents North Center (32,000) a nd Avondale (39,000) are the smallest communities Avondale lost almost 9% of its populati on between 2000-2010 This was more than the decrease seen in Chicago overall and represen ted a striking difference from the 3% gained in Illinois and the almost 10% gained in the US The under 20 population in this service area is a smaller proportion of all residents than in Chicago, Cook County, Illinois and the US In some cases this is a much smaller pr oportion, for example zip code 60657 had less than 10% of its population under 20 compared to more than a quarter in than Chicago, Cook County, Illinois and the US The Avondale an d North Center communities (zip code 60618) lost 14% of its under 20 population percentage from 2000 to 2010 The other zip codes held relatively stable The proportion of the over 65 population in the service area is lower than that for Chicago, Illinois and the US, wi th only 6-8% of the population 65 and older, as compared to slightly over 10% in Chicago a nd 12 5% in Illinois The relatively small proportions of both children and seniors sugges ts that these communities may have large proportions of young or working age adults Linco ln Park, Lakeview and North Center have Hispanic populations 5 % to 15% range while two-th irds of residents in Avondale identify as Hispanic/Latino The population of Lincoln Park, Lakeview and North Center all are over two-thirds White North Center, Lakeview and Linco ln Park have very low rates of non-English speakers, 5% or less, considerably lower than C hicago overall Avondale has one of the highest rates in the city at 35% Spanish is the p redominant non-English language, followed by Polish Most of the schools in this area have low rates of students with limited English, the one exception being Aspira Charter High S chool in Avondale, where almost 1 in 5 students are limited English speakers According to the Windy City Times, Lakeview is also unique in that it has the largest number of "unmar ried partner" households in Chicago - 1,106 households, which is 12% of the total for Chic ago This is a rough indicator of same-sex population and was reported in the 2010 census for the first time and is likely an underestimate Socioeconomic Three of the communities, North Center, Lakeview and Lincoln Park, have median household incomes that are above the Chicago median and range from $70,000 to $82,000 The exception is Avondale which has a m edian household income of $46,519, still almost the same as the citywide median All of th ese community areas have lower poverty rates than Chicago overall (20 9%), ranging from 7% in North Center to 15% in Avondale Avondale's poverty rate is very similar to Cook Count y overall and higher than Illinois and the US North Center, Lakeview and Lincoln Park hav e lower rates of children in poverty than Chicago as a whole Avondale has a much higher r ate, 28% of 6-11 year olds and 20% of 0-5 year olds living in poverty, compared to 3-8% in the other community areas Avondale's child poverty rate is slightly higher than Cook Cou nty, Illinois and the US Twenty percent or fewer residents in North Center, Lakeview and Lincoln Park live below 200% of the poverty line, compared with 42% in Avondale and in Chi cago overall Four of the five high schools in this service area performed above the city- wide graduation rate, the exception being the Avondale zip code which at 82 3%, performed slightly below the Chicago average of 88 5% North Center, Lakeview and Lincoln Square hav e very low rates of adults without high school degrees, from 3% to 5% However, 26% of Avo ndale residents lack a high school degree, which is above the city-wide rate of 21% At 15 %, Avondale had an unemployment rate for the period 2006-2010, unemployment that was subst antially higher than Chicago at 11% Unemployment was very low in North Center, Lakeview a nd Lincoln Park, at less than 5% compared to 8% nation-wide Access to Care With almost 20 % of the city's population uninsured, Chicago's percentage is higher than both the nationa l and state percentages and the County Health Rankings (CHR) benchmark of 11% In the zip codes 60657, 60614, and 60613 the proportion of re

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 PART 4	sidents enrolled in Medicaid was quite low (3%, 5% and 8%, respectively), but much higher in the North Center/Avondale zip code 60618 (22%) There were fewer Medicaid ER patients a t PSJH than seen in the state, an 11 percentage point difference with PSJH at 23% and Illi nois at 34% There were almost 6,000 requests for interpreters at St Joseph The most comm on request was for Spanish, followed by Russian and Polish There are no shortage areas fo r primary care in North Center, Lakeview nor Lincoln Park There is a shortage among all r esidents in Avondale As is the case for most of North Chicago, all four community areas h ave a shortage of mental health services for low-income residents A full Community Health Profile of demographic and other health indicators can be found of Presence Saint Joseph Hospital at www presencehealth org/community

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 PART 5	PRESENCE SAINTS MARY AND ELIZABETH MEDICAL CENTER (PSMEMC) PRIMARY SERVICE AREA 60647 CHICAGO - LOGAN SQUARE 60622 CHICAGO - WICKER PARK 60639 CHICAGO - CRAGIN 60651 CHICAGO - HUMBOLDT PARK 60618 CHICAGO - AVONDALE/NORTH CENTER 60641 CHICAGO - IRVING PARK 60624 CHICAGO - GARFIELD PARK 60644 CHICAGO - AUSTIN 60612 CHICAGO - MEDICAL DISTRICT 60623 CHICAGO - LAWNDALE 60634 CHICAGO - DUNNING 60608 CHICAGO - PILSEN 60642 CHICAGO - RIVER WEST 60607 CHICAGO - WEST LOOP Demographics Demographically, Belmont Cragin, Hermosa and Humboldt Park are quite similar Logan Square and West Town share some similarities but differ somewhat from the other three communities Humboldt Park has the highest rates of poverty and a larger Black population While it lost 14% of its population from 2000 to 2010, Humboldt Park had one of the largest populations of individuals under 20 years old At the same time, however, the Humboldt Park area had one of the largest increases in senior citizens, from 6% to 9% of the total population West Town and Logan Square have the highest median incomes and lower rates of poverty, Logan Square is predominantly Hispanic/Latino, whereas West Town is the only area that is predominantly White, as of 2010 West Town is also the largest community area, with 81,000 residents Belmont Cragin and Hermosa are largely Hispanic/Latino, Hermosa is the smallest community area, with only 25,000 residents Belmont Cragin and Hermosa are made up of almost one-third young residents, under the age of 20 Up to 40% of residents in Belmont Cragin do not speak English well, compared to only about 12% in West Town Socioeconomic Humboldt Park had the highest rates of children living in poverty, almost 50%, all the areas had at least one in five children living in poverty As would be expected, this translated into almost all schools in the region having 70% or more of students eligible for free or reduced lunch, some schools in Logan Square and West Town had lower rates Spanish is the most common language among those who don't speak English well, followed by Polish (in Belmont Cragin, Hermosa and West Town) Tagalog was also frequently spoken and West Town has a population that speaks other Slavic languages In Humboldt Park, Belmont Cragin and Hermosa, at least one-third of adults over 25 do not have a high school degree, only 19% in Logan Square and 13% in West Town lack a high school degree Similarly, the unemployment rates in Humboldt Park, Belmont Cragin and Hermosa were all above the Chicago average of 11 1% Unemployment was only 7 5% in Logan Square and 6% in West Town It is likely that unemployment is actually higher in Humboldt Park Access to Care In terms of access to healthcare, 20% of Chicagoans are uninsured, which is higher than the national rate of 15% Over 40% of residents in the Belmont Cragin, Hermosa and Humboldt Park zip codes are enrolled in Medicaid Among patients who came to the PSMEMC emergency room (ER) but did not have to stay at the hospital, 52% were on Medicaid, compared to the state average of 34% The percent self-paying was the same at both PSMEMC and the state As reflected in the languages spoken in the community, 90% of requests for interpreters at PSMEMC were for either Spanish or Polish According to the U S Bureau of Health Professions, Belmont Cragin, Hermosa, Logan Square and Humboldt Park all have a shortage of primary care physicians (family medicine, general internal medicine, pediatrics or OB/GYN), in West Town, there is a shortage among low-income residents However, West Town and Humboldt Park both have shortages of mental health services, while Logan Square, Hermosa and Belmont Cragin lack mental health services for low-income residents A full Community Health Profile of demographic and other health indicators can be found of Presence Saints Mary and Elizabeth Medical Center at www presencehealth org/community

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 COLUMN F	PER 2017 INSTRUCTIONS FOR SCHEDULE H (FORM 990), THE BAD DEBT EXPENSE OF $17,458,233 HAS BEEN REMOVED FROM THE DENOMINATOR IN CALCULATING THE PERCENTAGE OF TOTAL EXPENSE IN LINE 7

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	PRESENCE HEALTH NETWORK

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	COSTS FROM PHYSICIAN CLINICS ARE NOT INCLUDED IN SUBSIDIZED SERVICE TOTALS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The cost-to-charge ratio was used to determine schedule H, part I, line 7a, financial assistance at cost Schedule H, part I, line 7b, unreimbursed Medicaid, was derived from worksheet 2, ratio of patient care cost to charges The remaining amounts reported on line 7 are reported at cost

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	COMMUNITY BUILDING ACTIVITIES INCLUDE PROGRAMS THAT IMPROVE THE COMMUNITY'S HEALTH AND SAFETY BY ADDRESSING THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL HAZARDS PARTICIPATION IN COLLABORATIVE COMMUNITY EFFORTS TO PROMOTE PUBLIC HEALTH INITIATIVES IS ALSO INCLUDED, SUCH AS ENGAGEMENT IN COALITIONS AND ADVOCACY FOR HEALTH IMPROVEMENT THESE ACTIVITIES STRENGTHEN THE COMMUNITY'S CAPACITY TO PROMOTE THE HEALTH AND WELL-BEING OF ITS RESIDENTS BY OFFERING THE EXPERTISE AND RESOURCES OF THE HEALTH CARE ORGANIZATION PRESENCE HEALTH HOSPITAL MINISTRIES ENGAGE IN A VARIETY OF COMMUNITY-BUILDING ACTIVITIES WHICH ULTIMATELY IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE ARE PRIVILEGED TO SERVE, EVEN THOUGH THEY ARE NOT SPECIFIC HEALTH ACTIVITIES EXAMPLES OF COMMUNITY BUILDING ACTIVITIES INCLUDE *THE WORK OF ALL OF OUR HOSPITALS IN SUPPORT OF DISASTER READINESS AND EMERGENCY PREPAREDNESS THIS WORK GOES ABOVE AND BEYOND ANY LICENSURE REQUIREMENTS TO PROACTIVELY ENSURE THAT OUR COMMUNITIES ARE SAFE AND PREPARED IF A DISASTER SHOULD PRESENT ITSELF *COMMUNITY SUPPORT DONATIONS FROM OUR MINISTRIES TO ORGANIZATIONS ADDRESSING THE ROOT CAUSES OF HEALTH PROBLEMS *COALITION BUILDING PRESENCE SAINTS MARY & ELIZABETH MEDICAL CENTER AND PRESENCE RESURRECTION MEDICAL CENTER LED COMMUNITY VISIONING ACTIVITIES, INVITING COMMUNITY STAKEHOLDERS AND RESIDENTS TO HELP THE HOSPITALS IMAGINE THE HEALTHY FUTURE OF THE HOSPITAL CAMPUS AND NEIGHBORHOODS *WORKFORCE DEVELOPMENT PRESENCE SAINT JOSEPH HOSPITAL PARTNERS WITH LOCAL SCHOOLS TO PROVIDE INTERNSHIP OPPORTUNITIES IN HEALTHCARE CAREERS AND STRENGTHEN THE SCHOOL-TO-JOB PIPELINE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	THE BAD DEBT REPORTED ON PART III, LINE 2 AGREES WITH THE AMOUNT REPORTED IN THE AUDITED FINANCIAL STATEMENTS BAD DEBT REDUCES THE REVENUE RECOGNIZED RELATED TO THE ACCOUNT THAT IS DEEMED UNCOLLECTIBLE TO ZERO

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	The Provision for Financial Assistance Policy allows for accounts in bad debt to be approved for Financial Assistance if the patient meets the criteria It is possible that there are financial assistance accounts in bad debt, although the exact percentage is unknown as we do not have the appropriate tools to determine this percentage accurately

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	FOR TAX RETURN PURPOSES THE BAD DEBT EXPENSE IS SHOWN ON PART IX, STATEMENT OF FUNCTIONAL EXPENSE FOR AUDIT PURPOSES THE ORGANIZATION FOLLOWS ASU 2011-07 PRESENTATION PATIENTS' ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IN EVALUATING THE COLLECTABILITY OF PATIENTS' ACCOUNTS RECEIVABLE, PRESENCE HEALTH ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR UNCOLLECTIBLE ACCOUNTS RECEIVABLE MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, PRESENCE HEALTH ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND A PROVISION FOR UNCOLLECTIBLE ACCOUNTS RECEIVABLE, IF NECESSARY FOR RECEIVABLES ASSOCIATED WITH PATIENT RESPONSIBILITY (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE PATIENTS ARE SCREENED AGAINST PRESENCE HEALTH CHARITY CARE POLICY AND UNINSURED DISCOUNT POLICY FOR ANY REMAINING PATIENT RESPONSIBILITY BALANCE, PRESENCE HEALTH RECORDS A PROVISION FOR UNCOLLECTIBLE ACCOUNTS RECEIVABLE IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATE (OR DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	PRESENCE HEALTH COMPUTES THE MEDICARE SURPLUS (OR SHORTFALL) BASED ON A RATIO OF COST TO CHARGES PRESENCE HEALTH BELIEVES IT IS IMPORTANT FOR THE COMMUNITY AND THE IRS TO BE MADE AWARE OF GOVERNMENT SHORTFALLS, SPECIFICALLY MEDICARE HOWEVER, WE ACKNOWLEDGE THAT MEDICARE SHORTFALLS MAY BE EXPERIENCED BY OTHER THAN NON-PROFIT HEALTHCARE ORGANIZATIONS AS SUCH, PRESENCE HEALTH DOES NOT BELIEVE THAT MEDICARE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	COLLECTION POLICIES ARE THE SAME FOR ALL PRESENCE HEALTH HOSPITALS PATIENTS ARE NOTIFIED OF THE FINANCIAL ASSISTANCE POLICY AT THE TIME OF REGISTRATION VIA POSTED NOTIFICATIONS AND ON EVERY ACCOUNT STATEMENT THAT IS SENT TO THEM THIS INFORMATION IS AVAILABLE IN ALL LANGUAGES SPOKEN BY AT LEAST 1,000 HOUSEHOLDS OF LIMITED ENGLISH PROFICIENCY IN THE AREA SERVED BY THE HOSPITAL ENTITY, PER FINAL RULE 501(R) GIUDELINES PATIENTS MAY APPLY FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE REVENUE CYCLE PER THE PROVISION FOR FINANCIAL ASSISTANCE POLICY, THE COLLECTION PROCESS IS AS FOLLOWS 1 PRE-LITIGATION REVIEW PRIOR TO AN ACCOUNT BEING AUTHORIZED FOR THE FILING OF SUIT FOR NON-PAYMENT OF A PATIENT BILL, A FINAL REVIEW OF THE ACCOUNT WILL BE CONDUCTED AND APPROVED BY THE FINANCIAL COUNSELING REPRESENTATIVE (OR DESIGNEE) TO MAKE SURE THAT NO APPLICATION OF FINANCIAL ASSISTANCE WAS EVER RECEIVED AND THAT THERE EXISTS OBJECTIVE EVIDENCE THAT THE PATIENT DOES HAVE SUFFICIENT FINANCIAL MEANS TO PAY ALL OR PART OF HIS/HER BILL PRIOR TO A COLLECTIONS SUIT BEING FILED, THE SELF-PAY COLLECTIONS DIRECTOR MUST REVIEW AND APPROVE 2 RESIDENTIAL LIENS NO HOSPITAL WILL PLACE A LIEN ON THE PRIMARY RESIDENCE OF A PATIENT WHO HAS BEEN DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE/CHARITY CARE, FOR PAYMENT OF THE PATIENT'S UNDISCOUNTED BALANCE DUE FURTHER, IN NO CASE WILL ANY HOSPITAL EXECUTE A LIEN BY FORCING THE SALE OR FORECLOSURE OF THE PRIMARY RESIDENCE OF ANY PATIENT TO PAY FOR ANY OUTSTANDING MEDICAL BILL 3 NO USE OF BODY ATTACHMENTS NO HOSPITAL WILL USE BODY ATTACHMENT TO REQUIRE ANY PERSON, WHETHER RECEIVING FINANCIAL ASSISTANCE/CHARITY CARE DISCOUNTS OR NOT, TO APPEAR IN COURT 4 COLLECTION AGENCY REFERRALS EACH HOSPITAL FINANCE ACCOUNTING WILL ENSURE THAT ALL COLLECTION AGENCIES USED TO COLLECT PATIENT BILLS PROMPTLY REFER ANY PATIENT WHO INDICATES FINANCIAL NEED, OR OTHERWISE APPEARS TO QUALIFY FOR FINANCIAL ASSISTANCE/CHARITY CARE DISCOUNTS, TO A FINANCIAL COUNSELOR TO DETERMINE IF THE PATIENT IS ELIGIBLE FOR SUCH A CHARITABLE DISCOUNT IN CASES WHERE A PATIENT HAS BEEN BILLED BUT IS LATER DETERMINED TO QUALIFY UNDER THE FINANCIAL ASSISTANCE POLICY WITHIN THE APPLICATION PERIOD, THE CHARGE IS REVERSED AND THE APPROPRIATE AMOUNT APPLIED TO CHARITY, AND THE PATIENT IS PROVIDED A REFUND IF THE FINAL PATIENT RESPONSIBILITY IS LESS THAN THE PATIENT ALREADY PAID FOR MORE INFORMATION ABOUT PRESENCE HEALTH'S FINANCIAL ASSISTANCE PROGRAM, VISIT HTTP //PRESENCEHEALTH ORG/FINANCIAL-ASSISTANCE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	A - PRESENCE SAINT JOSEPH HOSPITAL CHICAGO Line 16a URL http //presencehealth org/financial-assistance,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - PRESENCE SAINT JOSEPH HOSPITAL CHICAGO Line 16b URL http //presencehealth org/financial-assistance,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - PRESENCE SAINT JOSEPH HOSPITAL CHICAGO Line 16c URL http //presencehealth org/financial-assistance,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	PRESENCE HEALTH MINISTRIES JOIN FORCES WITH LOCAL COMMUNITY ORGANIZATIONS TO ASSESS THE HEALTH NEEDS OF THE COMMUNITY COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNAS) ARE COMPLETED FOR THE INDIVIDUAL COUNTIES WE SERVE WITH COMMUNITY PARTNERS EVERY 3 YEARS AS REQUIRED TO SUPPLEMENT THE CHNA, PRESENCE HOSPITALS ALSO REVIEW AND ANALYZE INPATIENT AND EMERGENCY DEPARTMENT UTILIZATION ON AN ANNUAL BASIS TO UNCOVER ANY NEW COMMUNITY HEALTH TRENDS IN ADDITION TO ASSESSING THE HEALTH NEEDS, PRESENCE HOSPITAL MINISTRIES ALSO COMPLETE MEDICAL STAFF DEVELOPMENT PLANS THE PLANS ARE CONDUCTED BY EXTERNAL CONSULTANTS, WHO PROVIDE AN INDEPENDENT ASSESSMENT OF THE NEED FOR PHYSICIANS BY SPECIALTY WITHIN THE HOSPITAL'S PRIMARY SERVICE AREA AS DEFINED BY STARK REGULATIONS IDENTIFYING COMMUNITY NEEDS IS JUST ONE STEP IN THE CHNA PROCESS THE MOST CRITICAL STEP IS PRIORITIZING AND ALIGNING EXPERTISE TO MAKE AN IMPACT ON THE IDENTIFIED NEEDS TO FACILITATE THIS PROCESS, THE BOARD OF DIRECTORS OF EACH HOSPITAL MINISTRY HAS APPOINTED A COMMUNITY LEADERSHIP BOARD THAT IS ULTIMATELY RESPONSIBLE FOR THE OVERSIGHT AND DIRECTION OF THE COMMUNITY BENEFIT INITIATIVES ON A TRIENNIAL BASIS THIS ADVISORY BOARD, WHICH IS MADE UP OF COMMUNITY MEMBERS, APPROVES THE HOSPITAL'S IMPLEMENTATION STRATEGY PURSUANT TO AUTHORITY DELEGATED BY THE HOSPITAL MINISTRY'S BOARD OF DIRECTORS THIS PLAN IDENTIFIES THE PRIORITIES AND ACTIONS THAT WILL TAKE PLACE TO TRANSFORM COMMUNITY HEALTH

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	PRESENCE HEALTH HOSPITAL MINISTRIES PROACTIVELY COMMUNICATE THE AVAILABILITY OF OUR FINANCIAL ASSISTANCE/CHARITY CARE PROGRAMS BY USING MULTIPLE TYPES OF APPROPRIATE MEDIA AND IN MULTIPLE APPROPRIATE LANGUAGES THE MECHANISMS USED BY PRESENCE HEALTH HOSPITALS TO COMMUNICATE THE AVAILABILITY OF FINANCIAL ASSISTANCE/CHARITY CARE INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING 1 SIGNAGE SIGNS ARE POSTED PROMINENTLY THROUGHOUT HIGH TRAFFIC AREAS OF OUR MINISTRIES, AS WELL AS WITHIN OUR INPATIENT AND OUTPATIENT REGISTRATION/PATIENT ADMITTING AREAS AND EMERGENCY DEPARTMENTS SIGNS STATE THAT PATIENTS MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE/CHARITY CARE DISCOUNTS, AND DESCRIBE HOW TO OBTAIN MORE INFORMATION, INCLUDING IDENTIFICATION OF APPROPRIATE HOSPITAL REPRESENTATIVES BY TITLE SIGNS AT EVERY HOSPITAL ARE IN ALL LANGUAGES SPOKEN BY AT LEAST 1,000 HOUSEHOLDS OF LIMITED ENGLISH PROFICIENCY IN ANY PRESENCE HEALTH HOSPITAL SERVICE AREA (18 LANGUAGES) 2 PROVISION OF FINANCIAL ASSISTANCE MATERIALS TO UNINSURED PATIENTS PRESENCE HEALTH HOSPITALS PROVIDE A SUMMARY OF ITS FINANCIAL ASSISTANCE PROGRAMS AND A FINANCIAL ASSISTANCE APPLICATION TO ALL PERSONS RECEIVING HOSPITAL CARE THAT IT IDENTIFIES AS UNINSURED PATIENTS AT THE TIME OF IN-PERSON REGISTRATION, ADMISSION, OR SUCH LATER TIME THAT THE PATIENT IS FIRST IDENTIFIED AS AN UNINSURED PATIENT FOR PATIENTS PRESENTING IN THE EMERGENCY DEPARTMENT, ALL PRESENCE HEALTH HOSPITALS PROVIDE SUCH FINANCIAL ASSISTANCE MATERIALS AT SUCH TIME AND IN SUCH MANNER AS IS CONSISTENT WITH THEIR OBLIGATIONS UNDER EMTALA TO ACCESS AND STABILIZE THE PATIENT BEFORE MAKING INQUIRY OF THE PATIENT'S ABILITY TO PAY 3 FLIERS FLIERS, INFORMATION SHEETS AND SIMILAR FORMS OF WRITTEN COMMUNICATION REGARDING THE HOSPITAL'S FINANCIAL ASSISTANCE/CHARITY CARE POLICY ARE MAINTAINED IN APPROPRIATE AREAS OF THE HOSPITAL (E G EMERGENCY DEPARTMENT, ORGANIZED REGISTRATION AREAS, THE BUSINESS OFFICE) THESE COMMUNICATIONS STATE IN MULTIPLE LANGUAGES THAT THE HOSPITAL OFFERS FINANCIAL ASSISTANCE/CHARITY CARE DISCOUNTS AND DESCRIBES HOW TO OBTAIN MORE INFORMATION 4 WEBSITE COMPREHENSIVE INFORMATION ABOUT OUR FINANCIAL ASSISTANCE PROGRAMS - INCLUDING ELIGIBILITY CRITERIA, APPLICATION DETAILS, AND CONTACT INFORMATION - IS ALSO AVAILABLE ON OUR WEBSITE (HTTP //PRESENCEHEALTH ORG/FINANCIAL-ASSISTANCE) 5 BILLING NOTICES EACH PRESENCE HEALTH HOSPITAL INCLUDES A NOTE ON OR WITH THE HOSPITAL BILL AND/OR STATEMENT REGARDING THE HOSPITAL'S FINANCIAL ASSISTANCE/CHARITY CARE PROGRAM AND HOW THE PATIENT MAY APPLY FOR CONSIDERATION UNDER THIS PROGRAM 6 FINANCIAL COUNSELORS EACH PRESENCE HEALTH HOSPITAL HAS ONE OR MORE FINANCIAL COUNSELORS WHOSE CONTACT INFORMATION IS LISTED OR PROVIDED WITH OTHER INFORMATION CONCERNING THE FINANCIAL ASSISTANCE/CHARITY CARE DISCOUNT PROGRAM THESE COUNSELORS ARE AVAILABLE TO DISCUSS ELIGIBILITY AND OTHER QUESTIONS CONCERNING THE PROGRAM, AND PROVIDE ASSISTANCE WITH APPLICATIONS THEY ARE ALSO AVAILABLE TO MEET WITH PATIENTS DURING THEIR STAY IF THEY HAVE QUESTIONS ABOUT THEIR ABILITY TO PAY FOR SERVICES AND OUR FINANCIAL ASSISTANCE PROGRAMS 7 NOTIFICATION OF DETERMINATION WHEN A PRESENCE HEALTH HOSPITAL MAKES A DETERMINATION THAT A PATIENT'S BILL IS DISCOUNTED OR ADJUSTED BASED ON A DETERMINATION OF FINANCIAL NEED, THE HOSPITAL NOTIFIES THE PATIENT OF SUCH ELIGIBILITY DETERMINATION AND THAT THERE IS NO FURTHER COLLECTION ACTION TAKEN ON THE DISCOUNTED PORTION OF THE PATIENT'S BILL

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	PRESENCE HOSPITAL MINISTRIES PROVIDE SERVICES AT 150 SITES, INCLUDING ELEVEN ACUTE CARE HO SPITALS WITH A TOTAL OF 3,188 STAFFED BEDS AND OVER 90 PRIMARY AND SPECIALTY CARE CLINICS THESE MINISTRIES OFFER A BROAD RANGE OF SERVICES FROM HIGHLY SPECIALIZED TERTIARY SERVICE S TO AN EXTENDED NETWORK OF PRIMARY AND AMBULATORY CARE PRESENCE HEALTH HOSPITAL MINISTRI ES HAVE IDENTIFIED A SEPARATE SERVICE AREA FOR EACH OF ITS ACUTE CARE HOSPITALS UTILIZING A CONSISTENT METHODOLOGY AND REFLECTING A COMBINATION OF GEOGRAPHIC LOCATION AND MARKET SH ARE CRITERIA THE TOTAL SERVICE AREA OF EACH MINISTRY REPRESENTS APPROXIMATELY 80% TO 90% OF THE TOTAL INPATIENT DISCHARGES FROM THAT FACILITY THE PRIMARY SERVICE AREA (THE "PRIMA RY SERVICE AREA") OF EACH FACILITY REPRESENTS APPROXIMATELY 65 TO 75% OF SUCH DISCHARGES A ND THE SECONDARY SERVICE AREA (THE "SECONDARY SERVICE AREA") OF EACH FACILITY REPRESENTS A PPROXIMATELY 15 TO 25% OF SUCH DISCHARGES THE PRIMARY SERVICE AREAS AND SECONDARY SERVICE AREAS HAVE BEEN DETERMINED BY UTILIZING A PATIENT ORIGIN ANALYSIS TO IDENTIFY THOSE ZIP C ODES THAT REPRESENT INPATIENT DISCHARGES THESE ZIP CODES ARE THEN MAPPED TO IDENTIFY GEOG RAPHIC COVERAGE OF THE PRIMARY SERVICE AREAS AND SECONDARY SERVICE AREAS MANY OF THE PRES ENCE HEALTH HOSPITAL MINISTRIES FACILITIES ARE LOCATED IN POPULATION GROWTH AREAS BASED U PON POPULATION ESTIMATES AND PROJECTIONS OBTAINED FROM CLARITAS, INC , THE POPULATION OF T HE OUR HOSPITALS' COMBINED SERVICE AREA IS EXPECTED TO GROW AT A RATE OF 1 9% ANNUALLY BET WEEN 2012 AND 2017, COMPARED WITH A GROWTH RATE OF 1 3% AND 1 6% PER YEAR IN THE CHICAGO M SA AND IN ILLINOIS, RESPECTIVELY OF PRESENCE'S TOTAL SERVICE AREA POPULATION, 10 7% IS OV ER THE AGE OF 65, COMPARED TO 11 1% AND 12 3% IN THE CHICAGO MSA AND IN ILLINOIS, RESPECTI VELY PRESENCE HOLY FAMILY MEDICAL CENTER (PHFMC) THE PRESENCE HOLY FAMILY MEDICAL CENTER CHNA SERVICE AREA INCLUDES THE ZIP CODES 60016 AND 60018, WHICH CORRESPOND TO THE COMMUNI TIES OF DES PLAINES CITY AND UNINCORPORATED MAINE TOWNSHIP THE TOTAL POPULATION OF ZIP CO DES 60016 AND 60018 IN 2010 WAS 89,789, MAKING UP THE SERVICE AREA OF PHFMC PHFMC IS A LO NG-TERM ACUTE CARE HOSPITAL, SERVING A SPECIALTY POPULATION OF MEDICALLY-COMPLEX PATIENTS PHFMC SPECIALIZES IN PROVIDING CARE FOR PATIENTS WHO ARE CRITICALLY ILL WITH COMPLEX COND ITIONS AND MUST BE HOSPITALIZED FOR AN EXTENDED PERIOD IT IS THE ONLY SUCH HOSPITAL IN NO RTHWEST CHICAGOLAND Demographics In the past ten years, the population of Des Plaines de creased just slightly (0 6%), though much less than Chicago (7 0%), while in contrast the Illinois and U S populations saw increases of 3% and 10%, respectively Within Des Plaine s, about twice as many people live in the 60016 zip code (59,690) than in the 60018 zip co de (30,099) Roughly a quarter of the population is under 20 years of age in Des Plaines a nd in the two zip codes, percentages that are similar to those for Cook County, Chicago, I llinois and the U S Seventeen percent (17%) of Des Plaines residents are over 65 years of age, a slightly higher percentage than is seen in the Chicago, Cook County, Illinois and the U S which range from 10% to 13% Between 2000 and 2010, the proportion of Caucasians in Des Plaines decreased from 84% to 77%, while the percentage of Hispanic/Latinos and Asi ans increased An increasing number of residents are Asian and Hispanic/Latino The zip co de 60016 has an increasing Asian population, while the zip code 60018 has an increasing Hi spanic/Latino population Spanish is the top language spoken by those with limited English , followed by Polish Roughly 4 3% of students in Des Plaines have limited English skills, about half the percentage of Illinois students overall and about a quarter of the percent age for Chicago students Socioeconomics In Des Plaines, the median household income was $ 60,875, about $8,000 higher than the median for Illinois and the U S The poverty rate in Des Plaines is roughly half the poverty rate in Illinois and the U S with 6 2% of Des Pla ines residents living in poverty The percent of children living in poverty in Des Plaines , 10 3%, is more than 7 percentage points lower than the Illinois rate, half the U S rate and below the Community Health Rankings (CHR) benchmark One in five Des Plaines resident s are living at or below 200% of the federal poverty level, 9% and 12% below the Illinois and U S rates, respectively The percentage of students eligible for free or reduced lunc h varies by school from 15 1% in some schools to 70% in other schools In Des Plaines, 87% of students graduated high school and 13% of the population over 25 are without a high sc hool degree About 13% of Des Plaines residents over 25 do not have a high school degree, very similar to the Illinois rate but about two points lower than U S rate and 8 points b elow the Chicago rate Although the unemployment rate more than doubled in Des Plaines fro m 2000 to the 2006-2010 average (2 5% to 6 4%) it

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	was still lower than the rates for Chicago, Illinois and the U S Access to Care The percentage of uninsured is the same for Des Plaines and Illinois (13 1%) but about four and two points lower than Cook County the U S rates, respectively The current percent in Des Plaines is higher than the CHR benchmark of 11% A higher percentage of the 60018 population are enrolled in Medicaid (22%) than the 60016 population (17%), though both are below the Cook County (25%) and Illinois (21%) percentages Spanish, Russian and Polish were the languages for which interpreters were most requested at PHFMC in 2011, making up over 90% of the 654 total requests Des Plaines is not considered a Health Professional Shortage Area by the United States Department of Health and Human Services A full Community Health Profile of demographic and other health indicators can be found of Presence Holy Family Medical Center at www presencehealth org/community

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	PRESENCE HEALTH HOSPITALS ARE FAITH-BASED MINISTRIES THAT PROVIDE SERVICES BASED UPON THE ETHICAL AND RELIGIOUS DIRECTIVES OF THE CATHOLIC CHURCH PRESENCE HEALTH HOSPITALS ENHANCE THE PUBLIC HEALTH OF OUR COMMUNITIES BY 1 ENSURING OUR MEDICAL STAFF IS OPEN TO ALL QUALIFIED PHYSICIANS 2 ALL OF OUR HOSPITALS ARE ACCREDITED AND IN GOOD STANDING WITH THE JOINT COMMISSION ACCREDITATION OF HEALTHCARE ORGANIZATIONS 3 ENSURING OUR BOARD OF DIRECTORS IS DIVERSE AND ABLE TO PROVIDE EXPERTISE, AND MADE UP OF INDEPENDENT MEMBERS OF THE COMMUNITIES WE SERVE OUR BOARD MEMBERS MUST FOLLOW A CONFLICT OF INTEREST POLICY 4 REINVESTING SURPLUS FUNDS INTO THE ORGANIZATION TO IMPROVE PATIENT CARE THOUGH NEW PROGRAMS AND TECHNOLOGY 5 PROVIDING FINANCIAL ASSISTANCE, SLIDING SCALE DISCOUNTS AND HAS COLLECTION PRACTICES THAT ARE IN COMPLIANCE WITH STATE AND FEDERAL GUIDELINES IN ADDITION, WE FOLLOW THE FINANCIAL ASSISTANCE AND CHARITY GUIDELINES OF THE CATHOLIC HEALTH ASSOCIATION 6 PARTICIPATING IN ALL GOVERNMENT SPONSORED HEALTH CARE PROGRAMS, MEDICARE, MEDICAID, CHAMPUS, TRICARE, SCHIP AND OTHERS 7 PROVIDING EMERGENCY ROOM SERVICES IN ALL OF OUR COMMUNITIES AND PROVIDING TRAINING TO LOCAL FIRE DEPARTMENTS AND AMBULANCES OUR EMERGENCY ROOM PARTICIPATES WITH LOCAL POLICE AND FIRE DEPARTMENTS IN DISASTER DRILLS 8 STAFFING BOARD CERTIFIED EMERGENCY ROOM PHYSICIANS IN OUR EMERGENCY ROOM AND URGENT CARE SERVICES WE TREAT PATIENTS ACCORDING TO EMTALA GUIDELINES AND SERVE ALL PATIENTS REGARDLESS OF ABILITY TO PAY IN ADDITION, WE ARE COMMITTED TO DETERMINING THE NEEDS OF OUR COMMUNITIES AND CREATING WAYS TO MEET THOSE NEEDS THE OBLIGATION TO REACH OUT TO THOSE IN NEED AND IMPROVE HEALTH FLOWS DIRECTLY FROM OUR CATHOLIC IDENTITY AND THE HERITAGE OF OUR FOUNDING CONGREGATIONS IN EACH OF THE COMMUNITIES WE SERVE, WE WORK WITH OTHERS - INCLUDING CHARITABLE ORGANIZATIONS, COMMUNITY HEALTH PROVIDERS, ELECTED OFFICIALS, BUSINESS LEADERS, SCHOOLS, CHURCHES, AND RESIDENTS - TO LOOK AT THE OVERALL HEALTH OF THE COMMUNITY AND IDENTIFY THE GREATEST NEEDS WE THEN MAKE A PLAN AND DEVELOP STRATEGIES TOGETHER WITH OUR COMMUNITIES TO ADDRESS THE HIGHEST PRIORITY HEALTH NEEDS THE HIGHEST PRIORITY NEEDS AND THE PROGRAMS WE'VE DEVELOPED TO MEET THESE NEEDS ARE IDENTIFIED IN PART V SECTION C IN THE DESCRIPTION FOR PART V SECTION B LINE 11

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	THE PROVENA HEALTH AND RESURRECTION HEALTH CARE SYSTEMS COMBINED ON NOVEMBER 1, 2011 TO FORM A NEW HEALTH SYSTEM, PRESENCE HEALTH, CREATING A COMPREHENSIVE FAMILY OF NOT-FOR-PROFIT HEALTH CARE SERVICES AND THE SINGLE LARGEST CATHOLIC HEALTH SYSTEM BASED IN ILLINOIS PRESENCE HEALTH EMBODIES THE ACT OF BEING PRESENT IN EVERY MOMENT WE SHARE WITH THOSE WE SERVE AND IS THE CORNERSTONE OF A PATIENT, RESIDENT AND FAMILY-CENTERED CARE ENVIRONMENT "PRESENCE" HEALTH EMBODIES THE WAY WE CHOOSE TO BE PRESENT IN OUR COMMUNITIES, AS WELL AS WITH ONE ANOTHER AND THOSE WE SERVE PRESENCE HEALTH IS SPONSORED BY PRESENCE HEALTH MINISTRIES, A PUBLIC JURIDIC PERSON COMPRISED INITIALLY OF FIVE CONGREGATIONS OF CATHOLIC RELIGIOUS WOMEN THE FRANCISCAN SISTERS OF THE SACRED HEART, THE SERVANTS OF THE HOLY HEART OF MARY, THE SISTERS OF THE HOLY FAMILY OF NAZARETH, SISTERS OF MERCY OF THE AMERICAS AND THE SISTERS OF THE RESURRECTION AS WAS THE CASE FROM OUR VERY BEGINNINGS, PRESENCE HEALTH IS CALLED TO BE MUCH MORE THAN JUST A PROVIDER OF HEALTH SERVICES PRESENCE HEALTH HAS INSTILLED WITHIN ALL OF ITS MINISTRIES THAT ARE COMMITTED TO RESPONDING TO THE NEEDS OF THOSE WE ARE PRIVILEGED TO SERVE, DELIVERING HIGH QUALITY CARE THAT IS ACCESSIBLE TO ALL IT IS THIS CULTURE OF CARING AND GIVING THAT DRIVES OUR DILIGENT EFFORTS TO ENSURE WE RETURN THE OPTIMAL VALUE OF OUR CHARITABLE ASSETS TO OUR LOCAL COMMUNITIES AS A NOT-FOR-PROFIT HEALTH SYSTEM, PRESENCE HEALTH INVESTS A SIGNIFICANT PORTION OF ITS OPERATING CAPITAL INTO THE COMMUNITY THROUGH PROGRAMS TO SERVE VULNERABLE POPULATIONS, SUCH AS THE POOR AND UNINSURED, MANAGE CHRONIC CONDITIONS, AND PROMOTE HEALTH EDUCATION AND PROMOTION OUTREACH AND INITIATIVES IN FISCAL YEAR 2017, THIS INCLUDED $213 MILLION IN COMMUNITY BENEFIT ACTIVITIES PRESENCE HEALTH THUS TAKES A SYSTEMS APPROACH TO ITS COMMUNITY BENEFIT EFFORTS, AND THEREFORE ENSURES ITS MEMBER HOSPITALS AND OTHER ENTITIES AND AFFILIATES ARE HELPING TO PROMOTE AND ADDRESS THE HEALTH NEEDS OF THE COMMUNITIES THEY SERVE FOR MORE INFORMATION ON PRESENCE HEALTH, VISIT WWW PRESENCEHEALTH ORG

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	IL

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 36-2235165
Name: Presence Chicago Hospitals Network

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **6** 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	PRESENCE SAINT JOSEPH HOSPITAL CHICAGO 2900 NORTH LAKE SHORE DRIVE CHICAGO, IL 60657 WWW PRESENCEHEALTH ORG 0005983	X	X		X			X			A
2	PRESENCE RESURRECTION MEDICAL CENTER 7435 W TALCOTT AVENUE CHICAGO, IL 60631 WWW PRESENCEHEALTH ORG 0006031	X	X		X			X			A
3	PRESENCE SAINT FRANCIS HOSPITAL 355 RIDGE AVENUE EVANSTON, IL 60202 WWWPRESENCEHEALTH ORG 0005991	X	X		X			X		LEVEL I TRAUMA CENTER	A
4	PRESENCE SAINT MARY OF NAZARETH HOSPITAL 2233 W DIVISION ST CHICAGO, IL 60622 WWW PRESENCEHEALTH ORG 0006007	X	X		X			X			A
5	PRESENCE SAINT ELIZABETH HOSPITAL 1431 N CLAREMONT CHICAGO, IL 60622 WWW PRESENCEHEALTH ORG 0006015	X	X		X			X			A

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? **6** 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	PRESENCE HOLY FAMILY MEDICAL CENTER 100 NORTH RIVER ROAD DES PLAINES, IL 60016 WWW PRESENCEHEALTH ORG 0006023	X								LONG TERM ACUTE CARE HOSPITAL	A

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AS IDENTIFIED THROUGH THE CHNA

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - PRESENCE CHICAGO HOSPITALS NETWORK ALL PRESENCE HEALTH COOK COUNTY HOSPITALS PARTICIPATED IN THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY TO CONDUCT A COUNTY-WIDE COMMUNITY HEALTH NEEDS ASSESSMENT ALONG WITH 21 OTHER HOSPITALS, 7 PUBLIC HEALTH DEPARTMENTS, AND MORE THAN 100 COMMUNITY ORGANIZATIONS STAKEHOLDER ENGAGEMENT THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY IS FOCUSED ON COMMUNITY-ENGAGED ASSESSMENT, PLANNING AND IMPLEMENTATION STAKEHOLDERS AND COMMUNITY PARTNERS HAVE BEEN INVOLVED IN MULTIPLE WAYS THROUGHOUT THIS ASSESSMENT PROCESS, BOTH IN TERMS OF COMMUNITY INPUT DATA AND AS DECISION-MAKING PARTNERS TO ENSURE MEANINGFUL ONGOING INVOLVEMENT, EACH REGION'S STAKEHOLDER ADVISORY TEAM MET MONTHLY DURING THE ASSESSMENT PHASE TO PROVIDE INPUT AT EVERY STAGE AND TO ENGAGE IN CONSENSUS-BASED DECISION MAKING ADDITIONAL OPPORTUNITIES FOR STAKEHOLDER ENGAGEMENT DURING ASSESSMENT INCLUDED PARTICIPATION IN HOSPITALS' COMMUNITY ADVISORY GROUPS AND COMMUNITY INPUT THROUGH SURVEYS AND FOCUS GROUPS THE STAKEHOLDER ADVISORY TEAM MEMBERS BRING DIVERSE PERSPECTIVES AND EXPERTISE THEY REPRESENT POPULATIONS AFFECTED BY HEALTH INEQUITIES INCLUDING DIVERSE RACIAL AND ETHNIC GROUPS, IMMIGRANTS AND REFUGEES, OLDER ADULTS, YOUTH, HOMELESS INDIVIDUALS, UNEMPLOYED, LESBIAN, GAY, BISEXUAL, QUEER, INTERSEX, AND ASEXUAL (LGBQIA) AND TRANSGENDER INDIVIDUALS, UNINSURED, AND VETERANS WHEN REQUESTED, ALL STAKEHOLDER GROUPS PROVIDED INPUT PLEASE SEE PART V, SECTION B, LINE 6B FOR A LIST OF COMMUNITY STAKEHOLDERS THAT PROVIDED INPUT ON THE CHNA PROCESS, MANY OF THEM AS REPRESENTATIVES OF VULNERABLE AND MARGINALIZED COMMUNITIES ASSESSMENT FRAMEWORK AND METHODOLOGY THE COLLABORATIVE USED THE MAPP ASSESSMENT FRAMEWORK THE MAPP FRAMEWORK PROMOTES A SYSTEM FOCUS, EMPHASIZING THE IMPORTANCE OF COMMUNITY ENGAGEMENT, PARTNERSHIP DEVELOPMENT, SHARED RESOURCES, SHARED VALUES, AND THE DYNAMIC INTERPLAY OF FACTORS AND FORCES WITHIN THE PUBLIC HEALTH SYSTEM THE FOUR MAPP ASSESSMENTS ARE * COMMUNITY HEALTH STATUS ASSESSMENT (CHSA) * COMMUNITY THEMES AND STRENGTHS ASSESSMENT (CTSA) * FORCES OF CHANGE ASSESSMENT (FOCA) * LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA) THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY CHOSE THIS COMMUNITY-DRIVEN ASSESSMENT MODEL TO ENSURE THAT THE ASSESSMENT AND IDENTIFICATION OF PRIORITY HEALTH ISSUES WAS INFORMED BY THE DIRECT PARTICIPATION OF STAKEHOLDERS AND COMMUNITY RESIDENTS THE FOUR MAPP ASSESSMENTS WERE CONDUCTED IN PARTNERSHIP WITH COLLABORATIVE MEMBERS AND THE RESULTS WERE ANALYZED AND DISCUSSED IN MONTHLY STAKEHOLDER ADVISORY TEAM MEETINGS

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - PRESENCE CHICAGO HOSPITALS NETWORK THE FOLLOWING HOSPITALS PARTICIPATED IN THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY ADVOCATE CHILDREN'S HOSPITAL (ADJUNCT) ADVOCATE CHRIST MEDICAL CENTER ADVOCATE ILLINOIS MASONIC MEDICAL CENTER ADVOCATE LUTHERAN GENERAL HOSPITAL ADVOCATE SOUTH SUBURBAN MEDICAL CENTER ADVOCATE TRINITY HOSPITAL GOTTLIEB MEMORIAL HOSPITAL LOYOLA UNIVERSITY MEDICAL CENTER MERCY HOSPITAL & MEDICAL CENTER NORTHSHORE EVANSTON HOSPITAL NORTHSHORE GLENBROOK HOSPITAL NORTHSHORE HIGHLAND PARK HOSPITAL (ADJUNCT) NORTHSHORE SKOKIE HOSPITAL NORWEGIAN AMERICAN HOSPITAL PRESENCE HOLY FAMILY MEDICAL CENTER PRESENCE RESURRECTION MEDICAL CENTER PRESENCE SAINT FRANCIS HOSPITAL PRESENCE SAINT JOSEPH HOSPITAL PRESENCE SAINTS MARY AND ELIZABETH MEDICAL CENTER PROVIDENT HOSPITAL OF COOK COUNTY RML SPECIALTY HOSPITALS (CHICAGO & HINSDALE) ROSELAND COMMUNITY HOSPITAL RUSH OAK PARK RUSH UNIVERSITY MEDICAL CENTER STROGER HOSPITAL OF COOK COUNTY

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility A, 1	Facility A, 1 - PRESENCE CHICAGO HOSPITALS NETWORK THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY WAS FACILITATED BY THE ILLINOIS PUBLIC HEALTH INSTITUTE THE FOLLOWING HEALTH DEPARTMENTS PARTICIPATED IN THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY CHICAGO DEPARTMENT OF PUBLIC HEALTH COOK COUNTY DEPARTMENT OF PUBLIC HEALTH EVANSTON HEALTH AND HUMAN SERVICES DEPARTMENT OAK PARK DEPARTMENT OF HEALTH PARK FOREST HEALTH DEPARTMENT STICKNEY PUBLIC HEALTH DISTRICT VILLAGE OF SKOKIE DEPARTMENT OF PUBLIC HEALTH THE FOLLOWING COMMUNITY STAKEHOLDERS ALSO PARTICIPATED ACCESS COMMUNITY HEALTH NETWORK, GENESIS CENTER ACCESS TO CARE AERO SPECIAL EDUCATION COOPERATIVE AGE OPTIONS AGING CARE CONNECTIONS AMERICAN CANCER SOCIETY AMERICAN CANCER SOCIETY AMERICAN INDIAN HEALTH SERVICES ARAB AMERICAN FAMILY SERVICES ASIAN HUMAN SERVICES AUNT MARTHA'S CALUMET AREA INDUSTRIAL COMMISSION CANCER SUPPORT CENTER CASA CENTRAL CATHOLIC CHARITIES CATHOLIC CHARITIES CENTER OF CONCERN CENTRO ROMERO CHICAGO HISPANIC HEALTH COALITION CHICAGO POLICE DEPARTMENT - 14TH DISTRICT CHICAGO PUBLIC SCHOOLS CHINESE AMERICAN SERVICE LEAGUE (CASL) CHRISTIAN COMMUNITY HEALTH CENTER CLARETIAN ASSOCIATES COMMUNITYHEALTH CONSORTIUM TO LOWER OBESITY IN CHICAGO CHILDREN (CLOCC) COOK COUNTY HOUSING AUTHORITY CROSSROADS COALITION CURE VIOLENCE / CEASEFIRE DEPAUL UNIVERSITY DES PLAINES MINISTERIAL ASSOCIATION DIABETES EMPOWERMENT CENTER ERIE FAMILY HEALTH CENTER FAMILY CHRISTIAN HEALTH CENTER HEALTH CARE ROTARY, OAK LAWN HEALTHCARE ALTERNATIVES SYSTEMS (HAS) HEALTHCARE CONSORTIUM OF ILLINOIS HEALTHY SCHOOLS CAMPAIGN HOUSING FORWARD HOWARD BROWN HEALTH HUMAN RESOURCES DEVELOPMENT INSTITUTE (HRDI) ILLINOIS CAUCUS FOR ADOLESCENT HEALTH (ICAH) INFANT WELFARE-OAK PARK/THE CHILDREN'S CLINIC INTERFAITH LEADERSHIP PROJECT LOYOLA UNIVERSITY STRITCH SCHOOL OF MEDICINE LUTHERAN SOCIAL SERVICES OF ILLINOIS MAINE COMMUNITY YOUTH ASSISTANCE FOUNDATION (MCYAF) MARYVILLE ACADEMY METROPOLITAN TENANTS ORGANIZATION MILE SQUARE HEALTH CENTER NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) COOK COUNTY NORTH SUBURBAN NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) SOUTH SUBURBAN NORTH PARK UNIVERSITY NORWOOD PARK SENIOR CENTER PATIENT INNOVATION CENTER PCC WELLNESS PEER SERVICES PLCCA PROVISO LEYDEN COUNCIL FOR COMMUNITY ACTION PLOWS COUNCIL ON AGING POLISH AMERICAN ASSOCIATION PROVISO TOWNSHIP MENTAL HEALTH COMMISSION RESPIRATORY HEALTH ASSOCIATION SAINT ANTHONY'S HOSPITAL SALVATION ARMY SALVATION ARMY KROC CENTER SOUTH SUBURBAN COLLEGE SOUTH SUBURBAN MAYORS AND MANAGERS ASSOCIATION SOUTH SUBURBAN PADS SOUTHLAND CHAMBER OF COMMERCE, HEALTHCARE COMMITTEE SOUTHLAND HISPANIC LEADERSHIP COUNCIL TURNING POINT BEHAVIORAL HEALTH CENTER WEST 40 INTERMEDIATE SERVICE CENTER WEST COOK YMCA WEST HUMBOLDT PARK DEVELOPMENT COUNCIL WEST SIDE HEALTH AUTHORITY WICKER PARK BUCKTOWN CHAMBER OF COMMERCE

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility A, 1	Facility A, 1 - PRESENCE CHICAGO HOSPITALS NETWORK COPIES OF THE CHNA REPORT WERE MAILED AND/OR E-MAILED TO COMMUNITY PARTNERS WHO PARTICIPATED IN THE CHNA PROCESS PARTNERS WERE ALSO PROVIDED LINKS TO THE WEBSITE FOR DISSEMINATION TO THEIR MAILING LISTS AND RESPECTIVE CONSTITUENTS

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
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - PRESENCE CHICAGO HOSPITALS NETWORK ALL COOK COUNTY PRESENCE HEALTH HOSPIT ALS PRIORITIZED THE FOLLOWING FOUR IDENTIFIED HEALTH NEEDS AS A RESULT OF STAKEHOLDER AND COMMUNITY INPUT AND ENGAGEMENT THROUGH THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY * I MPROVING SOCIAL, ECONOMIC, AND STRUCTURAL DETERMINANTS OF HEALTH WHILE REDUCING SOCIAL AND ECONOMIC INEQUITIES * IMPROVING MENTAL AND BEHAVIORAL HEALTH * PREVENTING AND REDUCING CH RONIC DISEASE (FOCUSED ON RISK FACTORS - NUTRITION, PHYSICAL ACTIVITY, AND TOBACCO) * INCR EASING ACCESS TO CARE AND COMMUNITY RESOURCES ALL IDENTIFIED HEALTH NEEDS ARE BEING ADDRES SED AT EACH HOSPITAL WE HAVE IMPLEMENTED AN EVIDENCE-BASED APPROACH TO MEET EACH PRIORITI ZED COMMUNITY NEED, EITHER BY DEVELOPING A NEW PROGRAM, STRENGTHENING AN EXISTING ONE, OR BORROWING A SUCCESSFUL MODEL FROM ANOTHER CONTEXT WE PAID SPECIAL ATTENTION TO GAPS IN EX ISTING SERVICES, THE NEEDS OF MARGINALIZED OR VULNERABLE POPULATIONS, AND WHETHER WORKING IN PARTNERSHIP WITH OTHER ORGANIZATIONS MIGHT HELP US ADDRESS NEEDS MORE HOLISTICALLY THE SE PROGRAMS EXIST ALONGSIDE OTHER COMMUNITY BENEFIT OPERATIONS AT PRESENCE HEALTH, SUCH AS A COMPREHENSIVE FINANCIAL ASSISTANCE POLICY AND A LARGE OUTLAY IN HEALTH PROFESSIONS EDUC ATION, WHICH ALSO HELP ADDRESS COMMUNITY NEEDS WITHOUT THE USE OF FORMAL PROGRAM EVALUATIO N BELOW ARE THE KEY INTERVENTIONS OUR HOSPITALS ARE IMPLEMENTING TO ADDRESS EACH PRIORITI ZED HEALTH NEED GOAL 1 REDUCE INEQUITIES AND IMPROVE SOCIAL, ECONOMIC, AND STRUCTURAL DE TERMINANTS OF HEALTH STRATEGY 1A IMPROVE THE ECONOMIC VIBRANCY, BROAD PROSPERITY AND FINA NCIAL SECURITY OF OUR COMMUNITIES ANCHOR MISSION UTILIZE THE MINISTRY'S POSITION AS AN ANC HOR INSTITUTION TO DRIVE INVESTMENT IN VULNERABLE COMMUNITIES HEALTHCARE WORKFORCE COLLAB ORATIVE A SERIES OF PARTNERSHIPS AIMED AT ALIGNING AVAILABLE HEALTHCARE JOBS AND THE SKILL S OF CURRENT JOB SEEKERS SCHOOL-BASED CAREER PIPELINE (ACHIEVING DREAMS) WORK WITH OUR AC ADEMIC PARTNERS TO PROVIDE EXPOSURE AND TRAINING FOR STUDENTS INTERESTED IN HEALTHCARE CAR EERS YOUTH SUMMER EMPLOYMENT PROGRAM THAT EMPLOYS AT-RISK YOUTH (16-24) IN SUMMER JOBS AN D APPRENTICESHIPS STRATEGY 1B IMPROVE THE HEALTH, SAFETY AND ACCESSIBILITY OF HOUSING GR EEN AND HEALTHY HOMES INITIATIVE PROGRAM TO REMEDIATE ENVIRONMENTAL HEALTH CONDITIONS THAT CAUSE POOR HEALTH SUCH AS ASTHMA TRIGGERS, LACK OF HOME VENTILATION AND LEAD PAINT SUPPO RTIVE HOUSING AND CARE LINKAGES FOR THE HOMELESS PROGRAM TO REMEDIATE HOMELESSNESS AND TRA NSIENT LIVING BY PROVIDING CLOSER CARE COORDINATION AND REFERRALS TO TRANSITIONAL AND SUPP ORTIVE HOUSING ADVOCATING FOR THE EXPANSION OF AFFORDABLE HOUSING CREDITS IMPROVING THE L ANDSCAPE OF AFFORDABLE HOUSING IN ILLINOIS BY ADVOCATING FOR GREATER USE OF HOUSING VOUCHE RS AND MORE FINANCIAL SUPPORT FOR SUBSIDIZED HOUSING SCREEN FOR HOUSING AND UTILITY SECUR ITY DEVELOP A SCREENING TOOL WITH OUR HOSPITAL AND HEALTH DEPARTMENT PARTNERS TO IDENTIFY PATIENTS AND COMMUNITY MEMBERS

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
Schedule H, Part V, Section B, Line 11 Facility A, 1	LIVING IN UNSTABLE HOUSING OR SUFFERING FROM UTILITY BURDENS STRATEGY 1C REDUCE VIOLENC E AND MITIGATE THE IMPACT IT HAS ON THE HEALTH AND WELL-BEING OF OUR NEIGHBORS ANTI-BULLYI NG CAMPAIGN DEVELOP STRATEGIES IN COLLABORATION WITH LOCAL PARTNERS TO REDUCE BULLYING AND CIRCUMVENT CYCLES OF VIOLENCE ANTI-HUMAN TRAFFICKING HUMAN TRAFFICKING VICTIMS ARE SUBJE CTED TO FORCE, FRAUD OR COERCION FOR THE PURPOSE OF SEX OR FORCED LABOR, AND MANY CAN BE I NTERDICTED AT HOSPITALS BY PROFESSIONALS TRAINED TO RECOGNIZE POSSIBLE EXPLOITATION GUN V IOLENCE PREVENTION TASK FORCE SERVE ON A TASK FORCE COMPRISED OF COMMUNITY STAKEHOLDERS TO DEVELOP INTERVENTIONS FOR GUN VIOLENCE AND THE RESULTANT TRAUMA APPROPRIATE TO THE CIRCUM STANCES OF THE COMMUNITY SAFE PASSAGE ROUTES & SAFE HAVEN PROGRAM SAFE PASSAGE IS DESIGNE D TO PROVIDE SAFE ROUTES FOR STUDENTS WHILE TRAVELING TO AND FROM SCHOOL SAFE HAVEN PROGR AM ARE SITES (HOSPITALS, BUSINESSES, LIBRARIES) IDENTIFIED BY A SIGNED PLACED IN THE LOCAT ION, TO ALERT THE CHILD THAT THEY CAN FIND A FRIENDLY SHELTER INSIDE AND ASK FOR ASSISTANC E STRATEGY 1D IMPROVE ACCESS TO QUALITY, HEALTHY AFFORDABLE FOOD FARMER'S MARKET SPONSOR AND HOST SEASONAL FARMER'S MARKETS ON MINISTRY GROUNDS TO PROVIDE ACCESS TO HEALTHY FOOD TO COMMUNITY RESIDENTS, PATIENTS, AND ASSOCIATES SURPLUS PROJECT UTILIZE EXCESS FOOD PROD UCED IN MINISTRY CAFETERIAS BY PACKAGING AND DISTRIBUTING TO SUMMER LUNCH PROGRAMS, HOMELE SS SHELTERS AND FOOD BANKS SNAP BENEFITS IMPROVE ENROLLMENT AND ADVOCATE FOR EXPANDED BEN EFITS GOAL 2 IMPROVE MENTAL HEALTH AND DECREASE SUBSTANCE ABUSE STRATEGY 2A INCREASE AW ARENESS OF MENTAL HEALTH CONDITIONS AND REDUCE STIGMA MENTAL HEALTH FIRST AID (MHFA) CERTI FICATE-BASED PROGRAM USING NATIONAL, EVIDENCE-BASED CURRICULUM THAT TEACHES THE SKILLS TO RESPOND TO THE SIGNS OF MENTAL ILLNESS AND SUBSTANCE USE DISORDERS TRAUMA-INFORMED COMMUN ITIES PARTNER WITH LOCAL AND COUNTY HEALTH DEPARTMENTS TO ACHIEVE THE DESIGNATION BY HELPI NG TRAIN CITY AND COUNTY WORKFORCE IN TRAUMA-INFORMED SERVICE DELIVERY, PROVIDE RESOURCE G UIDES AND SUPPORT POLICY CHANGE STRATEGY 2B DEVELOP TELEHEALTH POLICY SOLUTIONS TO ADDRE SS MENTAL HEALTH PROFESSIONAL SHORTAGES ADOLESCENT AND TEEN DRUG AND ALCOHOL PREVENTION PR OVIDE INFORMATION OF LONG-TERM EFFECTS OF DRUG AND ALCOHOL USE TO REDUCE THE LEVEL OF ADOL ESCENT DRUG AND ALCOHOL DRUG ABUSE AND PROMOTE POSITIVE MENTAL HEALTH AMONG TEENS IN OUR C OMMUNITY PARTNER WITH ADDICTION AND RECOVERY GROUPS PROVIDE SPACE, RESOURCES AND SUPPORT FOR COMMUNITY-BASED ADDICTION AND RECOVERY PARTNERS STRATEGY 2C INCREASE ACCESS TO SUBST ANCE ABUSE INTERVENTIONS AND RECOVERY PROGRAMS ADOLESCENT AND TEEN DRUG AND ALCOHOL PREVEN TION PROVIDE INFORMATION OF LONG-TERM EFFECTS OF DRUG AND ALCOHOL USE TO REDUCE THE LEVEL OF ADOLESCENT DRUG AND ALCOHOL DRUG ABUSE AND PROMOTE POSITIVE MENTAL HEALTH AMONG TEENS I N OUR COMMUNITY PARTNER WITH ADDICTION AND RECOVERY GROUPS PROVIDE SPACE, RESOURCES AND S UPPORT FOR COMMUNITY-BASED ADD

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
Schedule H, Part V, Section B, Line 11 Facility A, 1	ICTION AND RECOVERY PARTNERS GOAL 3 PREVENT AND REDUCE CHRONIC DISEASE STRATEGY 3A CREA TE A HEALTHY CARE DELIVERY COMMUNITY AMERICAN LUNG ASSOCIATION TOBACCO 21 ACT INCREASING T HE MINIMUM AGE OF SALE FOR TOBACCO PRODUCTS TO AT LEAST 21 YEARS OLD WILL SIGNIFICANTLY RE DUCE YOUTH TOBACCO USE AND SAVE THOUSANDS OF LIVES SMOKE FREE FAITH INCREASE SMOKING CESS ATION ATTEMPTS USING EVIDENCE-BASED STRATEGIES BY ADULT SMOKERS IN FAITH COMMUNITY SETTING S CAMPUS FIT LOOP CREATE VISIBLE, MARKED WALKING TRAILS ON AND AROUND OUR MINISTRIES TO E NCOURAGE ACTIVITY AND PHYSICAL FITNESS RETHINK YOUR DRINK REDUCE SUGARY BEVERAGE CONSUMPT ION TO AMELIORATE CHRONIC DISEASE SODIUM REDUCTION INITIATIVE REDUCE SODIUM CONSUMPTION F ROM FOOD SERVED ON THE HOSPITAL CAMPUS STRATEGY 3B PROVIDE EFFECTIVE PROGRAMMING AND PAR TNERSHIPS FOR AT-RISK COMMUNITY MEMBERS TO LEAD ACTIVE LIVES A-LIST DIABETES PREVENTION PR OGRAM DIABETES SCREENING AND EDUCATION PROGRAM FOCUSING ON THE PREVENTION OF TYPE 2 DIABET ES THROUGH LIFESTYLE AND NUTRITION THERAPY WE'RE OUT WALKING (WOW) PROGRAM WOW IS A 12 WE EK PROGRAM THAT CREATES A SUPPORTIVE ENVIRONMENT TO MOTIVATE THOSE WHO LIVE, WORK AND PLAY IN EVANSTON TO LEAD HEALTHIER LIVES FITNESS PRESCRIPTION PROGRAM IMPROVE ACCESS TO AFFOR DABLE FITNESS RESOURCES THROUGH SHARED-USE AGREEMENTS AND PARTNERSHIPS WITH PARK DISTRICTS , YMCAS, AND LOCAL GREEN SPACES LET'S MOVE OUR NUMBERS PROVIDES FREE HEALTH SCREENINGS FO R CHOLESTEROL AND DIABETES, FOLLOWED BY CONSULTATION WITH A NURSE OR CERTIFIED DIABETIC NU RSE EDUCATOR ON HOW INDIVIDUALS CAN IMPROVE THEIR HEALTH STATUS AND PREVENT CHRONIC DISEAS E GOAL 4 INCREASE ACCESS TO CARE AND COMMUNITY RESOURCES STRATEGY 4A FURTHER ALIGN AND PARTNER WITH OUR FAITH COMMUNITIES TO PROVIDE CARE, ADVOCATE FOR COVERAGE AND PROMOTE HEAL TH AND WELLNESS FAITH COMMUNITY NURSING A PRACTICE SPECIALTY THAT FOCUSES ON THE INTENTION AL CARE OF THE SPIRIT, PROMOTION OF AN INTEGRATIVE MODEL OF HEALTH AND PREVENTION AND MINI MIZATION OF ILLNESS WITHIN THE CONTEXT OF A COMMUNITY OF FAITH FAITH LEADER HEALTH AND WE LLNESS A PROGRAM THAT FOCUSES ON SELF-CARE AND SUPPORT FOR FAITH LEADERS, ESPECIALLY THOSE WHO MINISTER IN VULNERABLE AND DISADVANTAGED COMMUNITIES STRATEGY 4B INCREASE CAPACITY AND AVAILABILITY OF CLINICAL AND COMMUNITY RESOURCES FOR VULNERABLE POPULATIONS FQHC AND F REE CLINIC PARTNER SUPPORT PROVIDE FINANCIAL, REFERRAL, AND IN-KIND SUPPORT TO LOCAL FQHCS AND FREE CLINICS CANCER PREVENTION SCREENINGS PROVIDES LOW INCOME AND UNINSURED INDIVIDU ALS WITH FREE MAMMOGRAMS AND FOLLOW-UP TESTING FOR BREAST CANCER, AS WELL AS COLORECTAL FI T KIT SCREENINGS, WITH SUPPORT FROM THE SILVER LINING FOUNDATION AND THE SUSAN G KOMEN FO UNDATION

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	Facility A, 2 - PRESENCE CHICAGO HOSPITALS NETWORK STRATEGY 4C IMPROVE COMMUNITY MEMBERS EFFECTIVE USE OF THE HEALTH SYSTEM AND COMMUNITY RESOURCES OPEN ENROLLMENT EXPANDING ACCESS TO INSURANCE AND SOCIAL SERVICE BENEFITS BY PROVIDING ENROLLMENT SUPPORT AND RESOURCES, ON CAMPUS AND AT COMMUNITY PARTNER SITES WELLNESS SCREENINGS DEVELOP COMMUNITY ACCESS POINTS (HEALTH FAIRS, SCREENINGS, ETC) TO IMPROVE HEALTH IN THE COMMUNITY STRATEGY 4D IMPROVE TRANSPORTATION RESOURCES VOUCHER SUPPORT PROVIDE VOUCHERS FOR RIDESHARE SERVICES AND PUBLIC TRANSPORTATION TO PATIENTS WITHOUT EASY ACCESS TO TRANSPORTATION TO THEIR FOLLOW-UP APPOINTMENTS, LEADING TO IMPROVED CONTINUITY OF CARE ACTIVE TRANSPORTATION ALLIANCE SUPPORT THE EFFORTS OF THE ACTIVE TRANSPORTATION ALLIANCE TO IMPROVE TRANSPORTATION INFRASTRUCTURE IN COOK COUNTY TO FOCUS ON PEOPLE-CENTERED DESIGN THROUGH PROPOSALS LIKE SHARED STREETS

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility A, 1	Facility A, 1 - PRESENCE CHICAGO HOSPITALS NETWORK PATIENTS WITH INSURANCE WHO FACE OUT-OF-POCKET EXPENSES ARE PRESUMPTIVELY ELIGIBLE FOR FULL WRITE-OFF OF OUT-OF-POCKET EXPENSES WITH AN INCOME UP TO 200% OF THE FPL AND DISCOUNTS ON THEIR OUT-OF-POCKET EXPENSES WITH AN INCOME UP TO 600% OF THE FPL

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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
Presence Chicago Hospitals Network

Employer identification number
36-2235165

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 . . . . . ▶ 3

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	ALL ORGANIZATIONS WHICH ARE RECIPIENTS OF GRANT FUNDS ARE TAX-EXEMPT ORGANIZATIONS DESCRIBED IN 501(C)(3) AND THEREFORE THE CORPORATION DOES NOT MONITOR THE USE OF THOSE FUNDS

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 36-2235165
Name: Presence Chicago Hospitals Network

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
100 CLUB OF CHICAGO 875 NORTH MICHIGAN AVE STE 1351 CHICAGO, IL 60611	36-6158087	501(C)(3)	5,000				TO FAMILIES OF FIRST RESPONDERS
ASIAN HUMAN SERVICES INC 4753 BROADWAY SUITE 700 CHICAGO, IL 60640	36-3005889	503(C)(3)	6,000				SPONSORSHIP

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
INFANT WELFARE SOCIETY OF CHICAGO 3600 W FULLERTON CHICAGO, IL 60647	36-2167752	501(C)(3)	5,000				SPONSORSHIP

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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
Presence Chicago Hospitals Network

Employer identification number
36-2235165

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
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**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	COMPENSATION FOR THE CORPORATION'S CEO AND OTHER OFFICERS OR KEY EMPLOYEES IS DETERMINED IN ACCORDANCE WITH WRITTEN POLICIES AND PROCEDURES ADOPTED BY THE BOARD OF DIRECTORS OF THE CORPORATION AND THE CORPORATION'S ULTIMATE PARENT, PRESENCE HEALTH NETWORK SUCH POLICIES AND PROCEDURES ARE APPLIED BY THE HUMAN RESOURCES COMMITTEE OF PRESENCE HEALTH NETWORK, WHICH CONSISTS WHOLLY OF INDEPENDENT DIRECTORS PRESENCE HEALTH NETWORK USES MARKET DATA COMPILED BY AN INDEPENDENT COMPENSATION CONSULTANT TO ESTABLISH BASE SALARIES AND TOTAL CASH COMPENSATION OPPORTUNITIES THE HUMAN RESOURCES COMMITTEE MONITORS EXECUTIVE TOTAL COMPENSATION, ANNUALLY REVIEWING AND APPROVING COMPENSATION CHANGES FOR EACH EXECUTIVE, AND REGULARLY REPORTING ITS ACTIVITIES TO THE BOARD
Schedule J, Part I, Line 4a Severance or change-of-control payment	PRESENCE HAS THREE SEVERANCE PLANS DEPENDING UPON LEVEL THESE PLANS ALLOW INDIVIDUALS WHOSE JOBS HAVE BEEN ELIMINATED AND WHO HAVE NOT BEEN ABLE TO FIND A SIMILAR POSITION WITHIN THE SYSTEM TIME TO TRANSITION THE NUMBER OF WEEKS OF WAGE CONTINUATION ARE BASED UPON LENGTH OF SERVICE THE PLANS ARE NOT FUNDED THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAYMENTS IN CALENDAR YEAR 2017 AMY D STEVENS $121,076 ANTHONY FILER $100,273 DAVID E LUNDAL $160,650 ROBERTA LUSKIN-HAWK, MD $419,099
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	IN ORDER TO ENHANCE THE ABILITY OF PRESENCE HEALTH TO ATTRACT AND RETAIN QUALIFIED MANAGEMENT PERSONNEL BY PROVIDING ELIGIBLE EXECUTIVES WITH ADDITIONAL RETIREMENT BENEFITS ON A DEFERRED BASIS, PRESENCE HEALTH NETWORK MAINTAINS AN UNFUNDED SUPPLEMENTAL RETIREMENT PLAN {THE "PLAN") FOR A SELECT GROUP OF MANAGEMENT, WHICH IS INTENDED TO COMPLY WITH SECTION 457(F), AND SECTION 409A OF THE INTERNAL REVENUE CODE PRESENCE HEALTH NETWORK CREDITS TO SUCH ELIGIBLE EXECUTIVE'S RETIREMENT ACCOUNT AN AMOUNT BASED ON A PERCENTAGE OF SALARY EARNINGS AND/OR LOSSES ON INVESTMENTS ARE CREDITED AT A RATE EQUAL TO THE RATE OF RETURN OVER THE SAME PERIOD ON INVESTMENT OPTIONS SELECTED BY THE ELIGIBLE EXECUTIVE ELIGIBLE EXECUTIVES ARE ENTITLED TO RECEIVE BENEFITS ON THE EARLIEST OF (I)JANUARY 1 OF THE THIRD CALENDAR YEAR BEGINNING AFTER THE YEAR IN WHICH SUCH CONTRIBUTION IS CREDITED, (II) ATTAINING AGE 62, OR (III) ATTAINING THE AGE OF 60 IF THE ELIGIBLE EXECUTIVE HAS COMPLETED TEN (10) YEARS OF SERVICE THE FOLLOWING LISTED INDIVIDUALS BECAME VESTED IN SUPPLEMENTAL RETIREMENT BENEFITS UNDER THE SERP, AND THEREFORE HAD BENEFITS INCLUDED IN THEIR TAXABLE INCOME ANN ERRICHETTI $171,002 DAVID E LUNDAL $151,226 JEANNIE C FREY $93,573 MARTIN H JUDD $73,886 PATRICK QUINN $25,013 RICHARD J LAVACCHI $87,533 THOMAS KOELBL $53,715 THE FOLLOWING LISTED INDIVIDUALS PARTICIPATED IN THE ORGANIZATION'S SECTION 457(F) PLAN AND EARNED UNVESTED BENEFITS DURING 2017 WHICH ARE REPORTED IN COLUMN (C) JAMES H KELLEY $147,003 JAMES LEON ROBINSON III $22,088 JEANNIE C FREY $87,579 JEFFREY ROONEY $83,914 KENNETH PRESTON JONES $24,368 MARTIN H JUDD $84,004 PATRICIA EDDY $25,002 ROBERT MICHAEL DAHL $58,501 SAM BAGCHI, MD $13,750

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 36-2235165
Name: Presence Chicago Hospitals Network

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(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				
1SAM BAGCHI MD	(i)	0	0	0	0	0	0	0
DIRECTOR/SYSTEM CHIEF MEDICAL AND QUALITY OFFICER	(ii)	192,101	150,000	41,047	13,750	6,371	403,270	0
1GARY LIPINSKI MD	(i)	0	0	0	0	0	0	0
DIRECTOR	(ii)	381,686	55,086	21,446	13,500	15,277	486,996	0
2ANTHONY FILER	(i)	0	0	0	0	0	0	0
FORMER OFFICER (END 01/2016)	(ii)	0	0	100,273	0	0	100,273	100,273
3PATRICIA EDDY	(i)	0	0	0	0	0	0	0
ASSISTANT TREASURER, SYSTEM FINANCIAL OFFICER	(ii)	253,320	70,781	7,109	34,287	21,428	386,925	0
4JEANNIE C FREY	(i)	0	0	0	0	0	0	0
SECRETARY, SYSTEM CHIEF LEGAL OFFICER	(ii)	454,279	304,240	123,571	103,779	21,639	1,007,509	88,489
5BETTINA JOHNSON	(i)	0	0	0	0	0	0	0
ASSISTANT TREASURER, SYSTEM DIRECTOR (START 5/2017)	(ii)	194,870	68,137	7,126	13,500	16,142	299,775	0
6JAMES KELLEY	(i)	0	0	0	0	0	0	0
TREASURER, CHIEF FINANCIAL OFFICER	(ii)	665,673	252,994	11,547	160,503	25,342	1,116,059	0
7JULIE ROKNICH	(i)	0	0	0	0	0	0	0
ASSISTANT SECRETARY, SYS DIRECTOR SR ASSOCIATE GENERAL COUNSEL TRANSACTIONS	(ii)	206,786	28,324	202	11,060	19,988	266,359	0
8JEFFREY ROONEY	(i)	0	0	0	0	0	0	0
ASSISTANT TREASURER, SVP FINANCIAL OPERATIONS (START 5/2017)	(ii)	426,943	0	25,517	92,014	17,161	561,634	0
9ANN ERRICHETTI	(i)	0	0	0	0	0	0	0
PRESIDENT	(ii)	774,686	347,804	184,871	13,500	9,055	1,329,915	0
10MATTHEW A BROWN	(i)	0	0	0	0	0	0	0
FORMER KEY EMPLOYEE (END 12/2015)	(ii)	314,235	2,250	1,681	13,500	22,219	353,885	0
11THOMAS KOELBL	(i)	0	0	0	0	0	0	0
FORMER KEY EMPLOYEE (END 12/2015)	(ii)	340,471	237,215	92,271	13,500	16,502	699,959	0
12RICHARD J LAVACCHI	(i)	0	0	0	0	0	0	0
FORMER KEY EMPLOYEE (END 12/2015)	(ii)	197,816	41,502	113,946	18,633	16,972	388,869	65,347
13DAVID E LUNDAL	(i)	0	0	0	0	0	0	0
FORMER KEY EMPLOYEE (END 12/2015)	(ii)	15,300	63,648	317,996	1,701	0	398,645	309,590
14AMY D STEVENS	(i)	0	0	0	0	0	0	0
FORMER KEY EMPLOYEE (END 12/2015)	(ii)	0	0	121,076	0	0	121,076	121,076
15 ROBERTA LUSKIN-HAWK MD	(i)	0	0	419,099	0	0	419,099	419,099
FORMER KEY EMPLOYEE (END 12/2016)	(ii)	0	0	0	0	0	0	0
16ROBYN PARKER	(i)	205,686	31,381	7,212	12,008	10,477	266,764	0
FORMER KEY EMPLOYEE	(ii)	0	0	0	0	0	0	0
17MARTIN H JUDD	(i)	481,381	228,362	103,824	102,904	1,385	917,856	73,841
REGIONAL PRESIDENT & CEO - MCC	(ii)	0	0	0	0	0	0	0
18ROBERT MICHAEL DAHL	(i)	371,552	155,681	11,617	72,001	18,466	629,317	0
REGIONAL PRESIDENT & CEO - NWC	(ii)	0	0	0	0	0	0	0
19 KENNETH PRESTON JONES	(i)	234,296	60,000	28,627	24,789	12,200	359,912	0
PRESIDENT - PSFH (START 5/2017)	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 JAMES LEON ROBINSON III	(I)	209,440	25,000	19,193	25,165	11,983	290,782	0
PRESIDENT - SJH CHICAGO (START 6/2017)	(II)	0	0	0	0	0	0	0
1 YOLANDE D WILSON-STUBBS	(I)	275,057	41,218	10,955	40,290	17,771	385,291	0
PRESIDENT - HFMC LTACH	(II)	0	0	0	0	0	0	0
2 SHERMAN HSIEN-CHANG CHEN	(I)	0	0	0	0	0	0	0
FORMER HIGHEST COMPENSATED EMPLOYEE	(II)	510,986	231,641	28,218	13,500	15,105	799,450	0
3 DHRUVIL J PANDYA	(I)	0	0	0	0	0	0	0
FORMER HIGHEST COMPENSATED EMPLOYEE	(II)	653,787	26,666	62,505	13,500	17,383	773,841	0
4 JOEL B SPEAR MD	(I)	335,713	45,914	20,130	18,900	29,936	450,593	0
CHIEF MEDICAL OFFICER - PSJHC	(II)	0	0	0	0	0	0	0
5 DAVID J BORDO MD	(I)	344,548	36,673	19,180	18,900	21,934	441,235	0
REGIONAL CHIEF MEDICAL OFFICER	(II)	0	0	0	0	0	0	0
6 LAURA L CONCANNON	(I)	371,916	44,208	19,648	13,500	19,681	468,953	0
CHIEF MEDICAL OFFICER	(II)	0	0	0	0	0	0	0
7 KIZITO C OJIAKO	(I)	432,337	0	18,522	16,200	22,530	489,588	0
INTENSIVIST	(II)	0	0	0	0	0	0	0
8 MARTIN SIGLIN MD	(I)	327,754	15,974	20,068	10,968	16,235	390,999	0
CHIEF MEDICAL OFFICER - SFH	(II)	0	0	0	0	0	0	0

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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
Presence Chicago Hospitals Network

Employer identification number
36-2235165

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 1 DOING BUSINESS AS/ASSUMED NAMES	PRESENCE CHICAGO HOSPITALS NETWORK ALSO OPERATES UNDER THE FOLLOWING ASSUMED NAMES - PRESENCE HOLY FAMILY MEDICAL CENTER - PRESENCE RESURRECTION MEDICAL CENTER - PRESENCE SAINT FRANCIS HOSPITAL - PRESENCE SAINT JOSEPH HOSPITAL - CHICAGO - PRESENCE SAINTS MARY AND ELIZABETH MEDICAL CENTER - PRESENCE SAINT ELIZABETH HOSPITAL - PRESENCE SAINT MARY OF NAZARETH HOSPITAL - CANA HEALTH - NEW BEGINNINGS PRENATAL PROGRAM - PROGRAMA PRENATAL NUEVA VIDA - PRESENCE RESURRECTION RETIREMENT COMMUNITY - PRESENCE ANSWERING SERVICE - PRESENCE INFUSION CARE - EVANSTON - PRESENCE INFUSION CARE - PARK RIDGE - KEYS TO RECOVERY - HARBORVIEW RECOVERY CENTER - THE APOTHECARY - CHICAGO - PRESENCE NAZARETH FAMILY CENTER PHARMACY - SFH PROF BLDG ARMACY - PSMEMC CENTER FOR CANCER AND SPECIALTY CARE PHARMACY - PSMEMC INFUSION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 2a COMPENSATION AND FORM W-3 TRANSMITTAL OF WAGES AND TAX STATEMENT	PRESENCE CHICAGO HOSPITALS NETWORK (THE "CORPORATION") REPORTS 0 EMPLOYEES ON FORM 990, PART I, QUESTION 5 AND FORM 990, PART V, QUESTION 2A AS IT IS NOT REQUIRED TO FILE FORM W-3, TRANSMITTAL OF WAGES AND TAX STATEMENT THE CORPORATION'S COMPENSATION IS PAID BY PRESENCE CARE TRANSFORMATION CORPORATION ("PCTC"), WHICH ISSUES THE FORMS W-2 AND W-3, AND THE EXPENSE IS TRANSFERRED TO THE CORPORATION THE COMPENSATION AMOUNTS REPORTED IN THIS 990 REFLECT THE AMOUNT TRANSFERRED TO THE CORPORATION FROM PCTC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1a FORM 1096 TRANSMITTAL OF US INFORMATION RETURNS	PRESENCE CHICAGO HOSPITALS NETWORK (THE "CORPORATION") REPORTS 0 ON FORM 990, PART V, QUESTION 1A AS IT IS NOT REQUIRED TO FILE FORM 1096, ANNUAL SUMMARY AND TRANSMITTAL OF U S INFORMATION RETURNS ALL OF THE CORPORATIONS ACCOUNTS PAYABLE REPORTABLE ON FORM 1096 ARE PAID BY PRESENCE CARE TRANSFORMATION CORPORATION ("PCTC"), WHICH ISSUES ALL FORMS 1099, AND THE EXPENSE IS TRANSFERRED TO THE CORPORATION THE COMPENSATION AMOUNTS REPORTED IN THIS 990 REFLECT THE AMOUNT TRANSFERRED TO THE CORPORATION FROM PCTC

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	PRESENCE CHICAGO HOSPITALS NETWORK HAS ONE MEMBER, PRESENCE CARE TRANSFORMATION CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	THE CORPORATION'S SOLE MEMBER, PRESENCE CARE TRANSFORMATION CORPORATION, HAS THE POWER TO APPOINT MEMBERS OF THE GOVERNING BODY, OTHER THAN EX-OFFICIO DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	PRESENCE CHICAGO HOSPITALS NETWORK (THE "MEMBER"), THROUGH ITS BOARD OF DIRECTORS, HAS CER TAIN GENERAL AND RESERVED POWERS WITH RESPECT TO THE FOLLOWING GENERAL POWERS THE MEMBER SHALL PROVIDE OVERSIGHT AND SUPPORT FOR THE ACTIVITIES OF THE CORPORATION, FOR THE PURPOS E OF ASSURING THAT ALL ACTIONS OF THE CORPORATION ARE CONSISTENT WITH THE MISSION AND VALU ES OF THE SYSTEM, THE PURPOSES OF THE CORPORATION, THE ETHICAL AND RELIGIOUS DIRECTIVES, T HE PRESENCE HEALTH SYSTEM STRATEGIC PLAN, AND BEST PRACTICES RESERVED POWERS IN FURTHERAN CE OF THE EXERCISE OF ITS GENERAL POWERS AND RESPONSIBILITIES, THE MEMBER SHALL HAVE THE S OLE POWER TO TAKE THE ACTIONS SPECIFIED BELOW WITH RESPECT TO THE FOLLOWING MATTERS PERTAI NING TO THE CORPORATION AND EACH HOSPITAL MINISTRY, SUBJECT TO ANY NOTICES OR FURTHER APPR OVALS REQUIRED BY APPLICABLE CIVIL OR CANON LAW, OR THE MEMBER'S BYLAWS A) BYLAWS - AMEND OR REPEAL THE BYLAWS OF THE CORPORATION B) OFFICERS AND DIRECTORS - APPOINT AND REMOVE A LL OFFICERS OF THE CORPORATION AND ALL DIRECTORS OF THE CORPORATION, OTHER THAN ANY EX OFF ICIO DIRECTORS C) BUDGETS - APPROVE CAPITAL AND OPERATING BUDGETS, AND LONG-TERM CAPITAL EQUIPMENT PLANS FOR THE CORPORATION D) UNBUDGETED EXPENDITURES - APPROVE UNBUDGETED EXPEN DITURES IN EXCESS OF THE LIMIT ESTABLISHED BY THE MEMBER FROM TIME TO TIME E) DEBT, SALE, LEASE AND OTHER REAL PROPERTY TRANSACTIONS - APPROVE ANY BORROWING OR SIGNIFICANT INCURRE NCE OF DEBT BY THE CORPORATION IN EXCESS OF THE LIMIT ESTABLISHED BY THE MEMBER FROM TIME TO TIME, OR ANY SALE, PURCHASE, ALIENATION, EXCHANGE, SIGNIFICANT LEASES (OTHER THAN IN TH E ORDINARY COURSE) OR ENCUMBRANCES OF THE CORPORATION'S REAL PROPERTY, EXCEPT THOSE MADE P URSUANT TO APPROVED BUDGETS F) REAL ESTATE DOCUMENTS, EQUIPMENT LEASES - APPROVE EXECUTIO N OF ANY DEEDS, MORTGAGES, BONDS, OR MAJOR EQUIPMENT LEASES, EXCEPT THOSE ENTERED INTO PUR SUANT TO APPROVED BUDGETS G) SIGNIFICANT UNBUDGETED TRANSACTIONS - APPROVE ANY OTHER SIGN IFICANT AND UNBUDGETED SALE, PURCHASE, EXCHANGE, LEASE (OTHER THAN IN THE ORDINARY COURSE) TRANSFER, LITIGATION OR LEGAL SETTLEMENT, BENEFITS PACKAGES, ENCUMBRANCE OR OTHER DISPOSI TION OR OTHER SIGNIFICANT TRANSACTION INVOLVING THE NON-REAL-ESTATE ASSETS OF THE CORPORAT ION IN EXCESS OF THE LIMIT ESTABLISHED BY THE MEMBER FROM TIME TO TIME H) MATERIAL CHANGE S IN SERVICES - APPROVE MATERIAL CHANGES IN THE KIND OF SERVICES RENDERED, SUCH AS THE ADD ITION OR DISCONTINUATION OF ANY MAJOR SERVICE LINE (E G OBSTETRICS) OR CHANGE IN THE FUND AMENTAL NATURE OF SERVICES PROVIDED BY THE CORPORATION (E G A CHANGE REQUIRING A DIFFEREN T KIND OF LICENSE) I) STRATEGIC PLAN - APPROVE STRATEGIC PLANS FOR THE CORPORATION CONSIS TENT WITH AND IN FURTHERANCE OF SYSTEM MISSION AND VALUES, AND RESPONSIVE TO THE NEEDS OF THE COMMUNITIES SERVED BY THE CORPORATION AND SUPPORT THE ABILITY OF THE CORPORATION AND I TS AFFILIATES TO PROVIDE HIGH-QUALITY CARE AND SERVICES J) MANAGEMENT CONTRACTS - APPROVE ANY CONTRACT FOR THE MANAGEME

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	NT OF ALL OR SUBSTANTIALLY ALL OF THE CORPORATION OR ANY HEALTH CARE FACILITIES OWNED BY T HE CORPORATION K) BUSINESS NAME, LOGO - APPROVE ANY SELECTION OR MODIFICATION OF THE BUSI NESS NAME OR LOGO OF THE CORPORATION OR ANY PROGRAM OR DIVISION OF THE CORPORATION, OR THE USE OF ANY CORPORATE OR BUSINESS NAME OF THE CORPORATION BY AN ENTITY OTHER THAN THE MEMB ER OR AN AFFILIATE L) ADMINISTRATIVE SERVICES -PROVIDE OR ASSURE THE PROVISION OF APPROPR IATE INSURANCE COVERAGE, STANDARDIZED EMPLOYEE BENEFITS, INFORMATION SYSTEMS AND TECHNOLOG Y, FINANCIAL MANAGEMENT SERVICES, LEGAL, MARKETING, RISK MANAGEMENT AND OTHER ADMINISTRATI VE SERVICES NECESSARY TO SUPPORT THE CORPORATION'S OPERATIONS M) SIGNIFICANT JOINT VENTUR ES - APPROVE THE ESTABLISHMENT, TERMINATION, OR SALE OF ANY SIGNIFICANT JOINT VENTURE RELA TIONSHIP BY THE CORPORATION N) UNRELATED BUSINESS ACTIVITY - APPROVE THE ACQUISITION OR D EVELOPMENT OF ANY BUSINESS OR ACTIVITY UNRELATED TO THE PROVISION OF HEALTH CARE SERVICES O) NEW AFFILIATES - APPROVE THE CREATION OF ANY NEW AFFILIATE TO BE OWNED OR CONTROLLED B Y THE CORPORATION P) CONTRIBUTIONS TO MEMBER - DIRECT AND APPROVE ANY CONTRIBUTIONS, DONA TIONS OR OTHER ASSET TRANSFERS WITHOUT CONSIDERATION TO THE MEMBER OR ANY AFFILIATE, IN FU RTHERANCE OF THE MISSION AND VALUES Q) CONTRIBUTION ACCEPTANCE - APPROVE ACCEPTANCE OF A CONTRIBUTION THAT IMPOSES A MATERIAL OBLIGATION ON THE CORPORATION, IF APPROVED BY THE COR PORATION'S APPLICABLE FOUNDATION OR FUNDRAISING AFFILIATE AS CONSISTENT WITH THE CORPORATI ON'S AND SYSTEM'S MISSION AND GOALS R) BANKING - DEFINE THE CRITERIA FOR THE SELECTION OF BANKS AND OTHER FINANCIAL DEPOSITORIES TO BE USED BY THE CORPORATION, AND AUTHORIZE THE P ROCESS BY WHICH SIGNATORIES ON ALL BANK AND SIMILAR ACCOUNTS OF THE CORPORATION ARE APPROV ED S) AUDITORS - SELECT INDEPENDENT AUDITORS FOR THE CORPORATION, IN CONNECTION WITH THE CONSOLIDATED AUDIT OF ALL SYSTEM ENTITIES T) REGISTERED AGENT - APPROVE OR CHANGE THE COR PORATION'S REGISTERED AGENT OR REGISTERED OFFICE, AS APPROPRIATE FROM TIME TO TIME U) TAX EXEMPTION - APPROVE ANY VOLUNTARY CHANGE TO THE CORPORATION'S STATUS OF AN ORGANIZATION E XEMPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMENDED FROM TIME TO TIME

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	DURING THE RETURN PREPARATION PROCESS, THE TAX DEPARTMENT WORKS WITH OTHER FUNCTIONAL AREAS INCLUDING FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN UPON COMPLETION, THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S INTERNAL TAX DEPARTMENT WHICH CONSISTS OF ATTORNEYS AND CPAS A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO THE ORGANIZATION'S PRESIDENT, FINANCIAL OFFICER, AND/OR OTHER KEY OFFICERS IN LIEU OF THE FULL BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	THE PURPOSE OF THE CONFLICT OF INTEREST POLICY IS TO PROTECT THE INTERESTS OF PRESENCE HEA LTH NETWORK AND ALL OF ITS AFFILIATED MINISTRIES (COLLECTIVELY "PRESENCE HEALTH") WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF ANY DIRECTOR, TRUSTEE, OFFICER, CORPORATE MEMBER APPOINTEE, MEMBER OF A COMMI TTEE WITH BOARD-DELEGATED POWERS, SENIOR LEADERS, AND OTHERS IN A RECENT POSITION TO EXERC ISE SUBSTANTIAL INFLUENCE OVER PRESENCE HEALTH ("INTERESTED PERSONS"), AND CLARIFY THE STA NDARDS OF CONDUCT, DUTIES AND OBLIGATIONS OF INTERESTED PERSONS IN THE CONTEXT OF POTENTIA L CONFLICTS OF INTEREST BY PROVIDING A METHOD FOR DISCLOSING AND RESOLVING SUCH POTENTIAL CONFLICTS NO PRESENCE HEALTH ENTITY WILL ENGAGE IN ANY CONTRACT, TRANSACTION OR ARRANGEME NT INVOLVING A CONFLICT OF INTEREST UNLESS DISINTERESTED MEMBERS OF THE APPLICABLE BOARD O F DIRECTORS OR OTHER GOVERNING BODY DETERMINE BY A MAJORITY VOTE THAT APPROPRIATE SAFEGUAR DS TO PROTECT THE CHARITABLE MISSION OF PRESENCE HEALTH HAVE BEEN IMPLEMENTED TO FACILITA TE THIS POLICY, ALL INTERESTED PERSONS HAVE A CONTINUING OBLIGATION TO PROMPTLY DISCLOSE T HE EXISTENCE AND NATURE OF ANY ACTUAL, APPARENT, OR POTENTIAL CONFLICTS OF INTEREST HE/SHE MAY HAVE ALL DISCLOSURES MUST BE PROVIDED TO THE SYSTEM COMPLIANCE OFFICER AND GENERAL C OUNSEL IN A WRITTEN DESCRIPTION OF THE MATERIAL FACTS DISCLOSURE SHALL BE ON A CONFLICTS OF INTEREST QUESTIONNAIRE OR SIMILAR FORMAT AS DESCRIBED IN THE CONFLICTS OF INTEREST POLI CY ALL INTERESTED PERSONS SHALL ALSO COMPLETE A QUESTIONNAIRE BASED ON THE ASSUMPTION OF THE BOARD (OR OTHER RELEVANT) POSITION, AND THEREAFTER ON AT LEAST AN ANNUAL BASIS OR WHEN AN ACTUAL, APPARENT, OR POTENTIAL CONFLICT ARISES AT ANY TIME THAT AN ACTUAL, APPARENT O R A POTENTIAL CONFLICT OF INTEREST IS IDENTIFIED TO THE CORPORATIONS BOARD OF DIRECTORS, W HETHER THROUGH THE VOLUNTARY SUBMISSION OF A DISCLOSURE STATEMENT BY AN INTERESTED PERSON, OR BY A DISCLOSURE BY A PERSON OTHER THAN THE SUBJECT INTERESTED PERSON, THE CORPORATIONS BOARD OR APPLICABLE COMMITTEE SHALL REVIEW THE MATTER AND DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS IF A CONFLICT IS FOUND TO EXIST THE INTERESTED PERSON WILL GENERALLY BE REQUIRED TO RECUSE HIM OR HERSELF DURING ANY MEETING IN WHICH THE BOARD OF DIRECTORS OR AP PLICABLE COMMITTEE CONDUCTS THE EVALUATION OF THE SUBJECT TRANSACTION, EXCEPT TO ANSWER QU ESTIONS AS MAY BE NECESSARY TO ENSURE THAT THE PRESENCE HEALTH OPERATES IN A MANNER CONSI STENT WITH ITS CHARITABLE PURPOSES AND THAT IT DOES NOT ENGAGE IN ACTIVITIES THAT COULD JE OPARDIZE ITS EXEMPT STATUS, TRANSACTIONS INVOLVING INTERESTED PERSONS ARE ONLY APPROVED IF , AFTER EXERCISING REASONABLE DUE DILIGENCE, THE BOARD DETERMINES THEY ARE FAIR AND REASON ABLE, TAKING INTO ACCOUNT FACTORS SUCH AS WHETHER PRESENCE HEALTH COULD OBTAIN A MORE ADVA NTAGEOUS CONTRACT, TRANSACTION OR ARRANGEMENT HOWEVER, LENDING MONEY OR GUARANTYING AN OB LIGATION OF A DIRECTOR, OFFICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	R, OR EMPLOYEE OF PRESENCE HEALTH (EXCLUSIVE OF CUSTOMARY INSURANCE COVERAGE FOR ACTS DONE IN CONNECTION WITH SUCH INDIVIDUALS SERVICE TO OR EMPLOYMENT BY PRESENCE HEALTH) IS STRIC TLY PROHIBITED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	COMPENSATION FOR THE CORPORATION'S CEO IS DETERMINED IN ACCORDANCE WITH WRITTEN POLICIES AND PROCEDURES ADOPTED BY THE BOARD OF DIRECTORS OF THE SYSTEMS PARENT, PRESENCE HEALTH NETWORK ("PHN"), AND APPLIED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS USES MARKET DATA COMPILED BY AN INDEPENDENT COMPENSATION CONSULTANT TO ESTABLISH BASE SALARIES AND TOTAL CASH COMPENSATION OPPORTUNITIES THE HUMAN RESOURCES COMMITTEE MONITORS EXECUTIVE TOTAL COMPENSATION BY APPROVING ALL COMPONENTS OF EXECUTIVE TOTAL COMPENSATION, AND ANNUALLY REVIEWING AND APPROVING COMPENSATION CHANGES FOR EACH EXECUTIVE THE CORPORATION ANSWERS "YES" TO FORM 990, PART VI, QUESTION 15A AS PHNS BOARD OF DIRECTORS HAS ULTIMATE CONTROL OVER ALL SUBSIDIARY ORGANIZATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	COMPENSATION FOR THE CORPORATION'S OTHER OFFICERS OR KEY EMPLOYEES IS DETERMINED IN ACCORDANCE WITH WRITTEN POLICIES AND PROCEDURES ADOPTED BY THE BOARD OF DIRECTORS OF THE SYSTEMS PARENT, PRESENCE HEALTH NETWORK ("PHN"), AND APPLIED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS USES MARKET DATA COMPILED BY AN INDEPENDENT COMPENSATION CONSULTANT TO ESTABLISH BASE SALARIES AND TOTAL CASH COMPENSATION OPPORTUNITIES THE HUMAN RESOURCES COMMITTEE MONITORS EXECUTIVE TOTAL COMPENSATION BY APPROVING ALL COMPONENTS OF EXECUTIVE TOTAL COMPENSATION, AND ANNUALLY REVIEWING AND APPROVING COMPENSATION CHANGES FOR EACH EXECUTIVE THE CORPORATION ANSWERS "YES" TO FORM 990, PART VI, QUESTION 15B AS PHN'S BOARD OF DIRECTORS HAS ULTIMATE CONTROL OVER ALL SUBSIDIARY ORGANIZATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE CORPORATION'S ARTICLES OF INCORPORATION ARE ON FILE WITH THE STATE OF ILLINOIS THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE CORPORATION, TOGETHER WITH ITS AFFILIATES, ARE AVAILABLE FROM THE NATIONAL DISSEMINATION AGENT AS REQUIRED BY PRESENCE HEALTH SYSTEMS BOND DOCUMENTS CONFLICT OF INTEREST POLICIES ARE NOT MADE AVAILABLE TO THE PUBLIC, HOWEVER A SUMMARY OF THE CURRENT POLICY IS ANNUALLY INCLUDED IN SCHEDULE O OF THE CORPORATION'S FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A STATUTORY EMPLOYER	PRESENCE CARE TRANSFORMATION CORPORATION ("PCTC") (FEIN 36-3366652) ACTS AS THE AGENT FOR THE CORPORATION CASH IS SWEPT FROM THE CORPORATION ON A DAILY BASIS TO PCTC AND PCTC ISSUES ALL PAYROLL AND ACCOUNTS PAYABLE CHECKS ON BEHALF OF AND AS AGENT FOR THE CORPORATION AND THE APPROPRIATE ACCOUNTING ENTRIES ARE RECORDED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	OTHER REVENUE - Total Revenue 7518803, Related or Exempt Function Revenue 7518803, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	AGENCY LABOR - Total Expense 3494050, Program Service Expense 3494050, Management and General Expenses , Fundraising Expenses , PHYSICIAN FEES - Total Expense 46925829, Program Service Expense 46925829, Management and General Expenses , Fundraising Expenses , BIO-MED SERVICES - Total Expense 2663, Program Service Expense 2663, Management and General Expenses , Fundraising Expenses , DIETARY SERVICES - Total Expense 7875598, Program Service Expense 7875598, Management and General Expenses , Fundraising Expenses , LAB SERVICES - Total Expense 36899223, Program Service Expense 36899223, Management and General Expenses , Fundraising Expenses , OTHER - Total Expense 40339802, Program Service Expense 40339802, Management and General Expenses , Fundraising Expenses ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	TRANSFER FROM AFFILIATES - 267886276, L GILBRAITH TRANSFERRED FROM PRESENCE CARE TRANSFORMATION CORPORATION - 239083,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2b AUDITED FINANCIAL STATEMENT	AN INDEPENDENT ACCOUNTANT ANNUALLY AUDITS THE CONSOLIDATED FINANCIAL STATEMENTS OF PRESENCE HEALTH NETWORK AND ITS AFFILIATES THE AUDIT OPINION IS ISSUED ON THE CONSOLIDATED FINANCIAL STATEMENTS AND EACH AFFILIATE IS NOT SEPARATELY AUDITED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 3a PART XII, LINES 3A AND 3B	PRESENCE HEALTH NETWORK COMPLETES A CONSOLIDATED A-133 AUDIT WHICH INCLUDES ALL ENTITIES FOR WHICH IT IS A PARENT ORGANIZATION WHETHER THEY EXPENDED FEDERAL FUNDS DURING THE YEAR OR NOT

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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
Presence Chicago Hospitals Network

Employer identification number
36-2235165

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) BEL HARLEM SURG CTR 3101 NORTH HARLEM CHICAGO, IL 60634 41-2237162	MEDICAL SERVICE	IL	NA	N/A								
(2) RH SLEEP CTR - NW 665 WEST NORTH AVE 500 LOMBARD, IL 60148 26-1519627	MEDICAL SERVICE	IL	NA	N/A								
(3) RH SLEEP CTR - EVAN 665 WEST NORTH AVE 500 LOMBARD, IL 60148 26-1519556	MEDICAL SERVICE	IL	NA	N/A								
(4) RH SLEEP CTR - LP 665 WEST NORTH AVE 500 LOMBARD, IL 60148 26-1519667	MEDICAL SERVICE	IL	NA	N/A								
(5) ALVERNO CLINIC LAB 2434 INTERSTATE PLAZA DRIVE HAMMOND, IN 46324 20-3240648	MEDICAL SERVICE	IN	NA	N/A								
(6) PROF CLINIC LAB LLC 113 E 4TH ST MICHIGAN CITY, IN 46360 30-0711211	MEDICAL SERVICE	IN	NA	N/A								

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
(1)L GILBRAITH INSURANCE SPC LTD 68 W BAY ROAD PO BOX 1109 GRAND CAYMAN CJ	INSURANCE	CJ	PHN	C Corporation					No
(2)PROVENA HEALTH ASSURANCE SPC 23 LIME TREE BAY AVE PO BOX 1051 GRAND CAYMAN CJ 98-0420054	INSURANCE	CJ	PCTC	C Corporation				Yes	
(3)PRESENCE PROPERTIES INC 100 NORTH RIVER ROAD DES PLAINES, IL 60016 36-3520630	MEDICAL	IL	PV	C Corporation				Yes	
(4)PRESENCE SERVICE CORPORATION 2380 E DEMPSTER ROAD DES PLAINES, IL 60016 36-4314354	MEDICAL	IL	PCTC	C Corporation				Yes	
(5)PRESENCE VENTURES INC 100 NORTH RIVER ROAD DES PLAINES, IL 60016 37-1168085	MEDICAL	IL	PCTC	C Corporation				Yes	
(6)RESURRECTION MEDICAL CENTER AUXILIARY 7435 WEST TALCOTT AVENUE CHICAGO, IL 60631 36-6109825	FUNDRAISING	IL	PCHN	C Corporation				Yes	
(7)RESURRECTION MINISTRIES OF NEW YORK 90 NORTH MAIN STREET CASTLETON, NY 12033 14-1720818	PARENT CORP	NY	PCHN	C Corporation				Yes	

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		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		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
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		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)PRESENCE HEALTH FOUNDATION BOARD OF TRUSTEES	C	3,691,810	CASH
(2)PRESENCE CARE TRANSFORMATION CORPORATION	C	90,700	BOOK VALUE
(3)PRESENCE CARE TRANSFORMATION CORPORATION	M	125,814,381	COST ALLOCATION
(4)PRESENCE CARE TRANSFORMATION CORPORATION	P	986,492,175	COST
(5)PRESENCE CARE TRANSFORMATION CORPORATION	S	239,083	BOOK VALUE

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)

Return Reference	Explanation
Schedule R, Part V REIMBURSEMENTS FOR SHARED SERVICES	PRESENCE CARE TRANSFORMATION CORPORATION (FEIN 36-3366652) PAYS ALL OF THE COMPENSATION AND ACCOUNTS PAYABLE FOR ALL ENTITIES UNDER THE PRESENCE HEALTH SYSTEM AS THE DESIGNATED PAYMENT AGENT FOR SUCH ENTITIES, CASH IS DEPOSITED INTO AN ACCOUNT BY PRESENCE HEALTH ENTITIES AND SWEPT ON A MONTHLY BASIS TO REIMBURSE PRESENCE CARE TRANSFORMATION CORPORATION FOR THESE EXPENSES AT COST THE AMOUNTS REPORTED ON PART V OF SCHEDULE R REFLECT THE TOTAL CASH TRANSFERS TO/FROM PRESENCE CARE TRANSFORMATION

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 36-2235165
Name: Presence Chicago Hospitals Network

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
200 SOUTH WACKER DRIVE CHICAGO, IL 60606 36-1649520	PARENT CORP	IL	501(c)(3)	3	NA		No
100 NORTH RIVER ROAD DES PLAINES, IL 60016 36-3495969	HEALTH CARE	IL	501(c)(3)	10	PHPS	Yes	
302 SWART HILL ROAD AMSTERDAM, NY 12010 14-1363014	HEALTH CARE	NY	501(c)(3)	3	RM NEW YORK	Yes	
2380 E DEMPSTER AVE STE 236 DES PLAINES, IL 60016 36-2644178	HEALTH CARE	IL	501(c)(3)	Type II	PHN		No
18927 HICKORY CREEK DR 300 MOKENA, IL 60448 46-0483587	HEALTH CARE	IL	501(c)(3)	10	PLC	Yes	
1000 REMINGTON BLVD STE 100 BOLINGBROOK, IL 60440 36-3366652	MGMT SUPPORT	IL	501(c)(3)	Type III-FI	PHN		No
18927 HICKORY CREEK DR 300 MOKENA, IL 60448 46-0483581	HEALTH CARE	IL	501(c)(3)	10	PLC	Yes	
1000 REMINGTON BLVD STE 100 BOLINGBROOK, IL 60440 36-4195126	HEALTH CARE	IL	501(c)(3)	3	PCTC	Yes	
18927 HICKORY CREEK DR 300 MOKENA, IL 60448 36-3438977	SENIOR LIVING	IL	501(c)(3)	10	PLC	Yes	
18927 HICKORY CREEK DR 300 MOKENA, IL 60448 37-1127787	HEALTH CARE	IL	501(c)(3)	10	PCTC	Yes	
1820 SOUTH 25TH AVENUE BROADVIEW, IL 60155 36-2709982	HEALTH CARE	IL	501(c)(3)	3	PCTC	Yes	
100 NORTH RIVER ROAD DES PLAINES, IL 60016 36-4286236	HEALTH CARE	IL	501(c)(3)	10	PCTC	Yes	
200 SOUTH WACKER DRIVE CHICAGO, IL 60606 36-3330929	FUNDRAISING	IL	501(c)(3)	7	PHN		No
90 NORTH MAIN STREET CASTLETON, NY 12033 14-1348691	HEALTH CARE	NY	501(c)(3)	3	RM NEW YORK	Yes	
100 NORTH RIVER ROAD DES PLAINES, IL 60016 23-7061646	HEALTH CARE	IL	501(c)(3)	10	PCTC	Yes	
100 NORTH RIVER ROAD DES PLAINES, IL 60016 36-3330928	HEALTH CARE	IL	501(c)(3)	10	PCTC	Yes	
1190 E 2900 N ROAD CLIFTON, IL 60927 36-2841358	HEALTH CARE	IL	501(c)(3)	10	PLC	Yes	
1550 BISHOP COURT MOUNT PROSPECT, IL 60056 36-3296367	HEALTH CARE	IL	501(c)(3)	10	PLC	Yes	
1431 N CLAREMONT CHICAGO, IL 60622 36-2182170	EDUCATION	IL	501(c)(3)	2	PHN		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
L GILBRAITH INSURANCE SPC LTD 68 W BAY ROAD PO BOX 1109 GRAND CAYMAN CJ	INSURANCE	CJ	PHN	C Corporation					No
PROVENA HEALTH ASSURANCE SPC 23 LIME TREE BAY AVE PO BOX 1051 GRAND CAYMAN CJ 98-0420054	INSURANCE	CJ	PCTC	C Corporation				Yes	
PRESENCE PROPERTIES INC 100 NORTH RIVER ROAD DES PLAINES, IL 60016 36-3520630	MEDICAL	IL	PV	C Corporation				Yes	
PRESENCE SERVICE CORPORATION 2380 E DEMPSTER ROAD DES PLAINES, IL 60016 36-4314354	MEDICAL	IL	PCTC	C Corporation				Yes	
PRESENCE VENTURES INC 100 NORTH RIVER ROAD DES PLAINES, IL 60016 37-1168085	MEDICAL	IL	PCTC	C Corporation				Yes	
RESURRECTION MEDICAL CENTER AUXILIARY 7435 WEST TALCOTT AVENUE CHICAGO, IL 60631 36-6109825	FUNDRAISING	IL	PCHN	C Corporation				Yes	
RESURRECTION MINISTRIES OF NEW YORK 90 NORTH MAIN STREET CASTLETON, NY 12033 14-1720818	PARENT CORP	NY	PCHN	C Corporation				Yes	