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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

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

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

C Name of organization
Advocate North Side Health Network
% JAMES DOHENY
Doing business as

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

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

D Employer identification number
36-3196629

E Telephone number
(630) 929-5543

G Gross receipts $ 1,233,263,561

F Name and address of principal officer
Susan Nordstrom Lopez
3075 Highland Parkway
Downers Grove, IL 60515

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW ADVOCATEHEALTH COM

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

L Year of formation 1983

M State of legal domicile IL

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	2,978
6	Total number of volunteers (estimate if necessary)	**6**	447
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	376,433
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,105,311	7,884,473
9	Program service revenue (Part VIII, line 2g)	489,980,075	722,197,413
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,276,037	21,387,945
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,055,137	6,864,501
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	506,416,560	758,334,332
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	446,573	264,336
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	185,038,803	197,317,861
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	222,797,147	443,869,923
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	408,282,523	641,452,120
19	Revenue less expenses Subtract line 18 from line 12	98,134,037	116,882,212

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	631,113,635	698,453,909
21	Total liabilities (Part X, line 26)	81,330,604	82,854,437
22	Net assets or fund balances Subtract line 21 from line 20	549,783,031	615,599,472

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date: 2018-11-13

▶ JAMES W DOHENY VP Fin & Controller
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Tamara Tarazi	Tamara Tarazi			P01266026

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

Firm's address ▶ 155 N Wacker Drive
Chicago, IL 60606

Phone no (312) 879-2000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF ADVOCATE HEALTH CARE IS TO SERVE THE HEALTH NEEDS OF INDIVIDUALS, FAMILIES AND COMMUNITIES THROUGH A WHOLISTIC PHILOSOPHY ROOTED IN OUR FUNDAMENTAL UNDERSTANDING OF HUMAN BEINGS AS CREATED IN THE IMAGE OF GOD

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code See Additional Data)	(Expenses $	546,233,712	including grants of $	355,902)	(Revenue $ 702,766,593)
4b	(Code See Additional Data)	(Expenses $	28,514,173	including grants of $	0)	(Revenue $ 6,059,021)
4c	(Code See Additional Data)	(Expenses $	12,169,133	including grants of $	0)	(Revenue $ 13,497,402)
4d	Other program services (Describe in Schedule O)	(Expenses $		including grants of $	)	(Revenue $)
4e	**Total program service expenses ▶**		586,917,018			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

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**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	206		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	2,978		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶JAMES DOHENY 3075 HIGHLAND PARKWAY STE 600 Downers Grove, IL 60515 (630) 929-5543

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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) ▶								3,320,123	26,514,986	5,992,795

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 ▶ 159

			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
Custom Contracting Ltd, 21020 N Rand Road Suite D LAKE ZURICH, IL 60047	Construction SVCS	4,549,621
Aramark Healthcare Support Services, 25271 Network Place CHICAGO, IL 606731252	Hospital Services	2,444,879
SUPERIOR HEALTH LINENS LLC, 5005 S PACKARD AVENUE CUDAHY, WI 53110	LAUNDRY SERVICES	995,952
FORWARD SPACE LLC, 1142 N NORTH BRANCH CHICAGO, IL 60642	ASSET MANAGEMENT	896,731
JOHNSON BELL LTD, 33 W MONROE ST SUITE 2700 CHICAGO, IL 606035404	LEGAL SERVICES	399,105

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 ▶ 20

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** 0				
	b Membership dues . . **1b** 0				
	c Fundraising events . . **1c** 0				
	d Related organizations **1d** 5,614,080				
	e Government grants (contributions) **1e** 2,270,393				
	f All other contributions, gifts, grants, and similar amounts not included above **1f** 0				
	g Noncash contributions included in lines 1a-1f $ 0				
	h Total. Add lines 1a-1f . . . . . ▶	7,884,473			
Program Service Revenue		Business Code			
	2a PATIENT SERVICE REVENUE	622110	259,699,111	259,699,111	
	b ~~MEDICARE/ MEDICAID~~	622110	193,566,816	193,566,816	
	c ~~BLUE CROSS/ MANAGED CARE~~	622110	161,940,492	161,940,492	
	d ~~PHARMACY~~	446110	69,022,791	69,022,791	
	e ~~LABORATORY~~	621511	37,968,203	37,968,203	
	f All other program service revenue				
	g Total. Add lines 2a–2f . . . . ▶	722,197,413			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	12,933,979			12,933,979
	4 Income from investment of tax-exempt bond proceeds ▶	0			
	5 Royalties . . . . . ▶	0			
		(i) Real	(ii) Personal		
	6a Gross rents	3,157,360	454		
	b Less rental expenses	0	0		
	c Rental income or (loss)	3,157,360	454		
	d Net rental income or (loss) . . . . . ▶	3,157,814		376,433	2,781,381
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	483,345,301	37,894		
	b Less cost or other basis and sales expenses	474,878,962	50,267		
	c Gain or (loss)	8,466,339	-12,373		
	d Net gain or (loss) . . . . . ▶	8,453,966			8,453,966
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . **a** 0				
	b Less direct expenses . . . **b** 0				
	c Net income or (loss) from fundraising events . . ▶	0			
	9a Gross income from gaming activities See Part IV, line 19 . . . **a** 0				
	b Less direct expenses . . . **b** 0				
	c Net income or (loss) from gaming activities . . ▶	0			
	10a Gross sales of inventory, less returns and allowances . . **a** 0				
	b Less cost of goods sold . . **b** 0				
	c Net income or (loss) from sales of inventory . . ▶	0			
	Miscellaneous Revenue	Business Code			
	11a PARKING	812930	2,010,523		2,010,523
	b CAFETERIA REVENUE	722514	1,570,561		1,570,561
	c MISCELLANEOUS	900099	125,603	125,603	
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶	3,706,687			
	12 Total revenue. See Instructions . . . . . ▶	758,334,332	722,323,016	376,433	27,750,410

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	264,336	264,336		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,093,307	1,071,919	21,388	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	179,633	179,633		0
7 Other salaries and wages	160,093,598	156,961,774	3,131,824	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,221,492	4,221,492		0
9 Other employee benefits	21,482,224	21,427,576	54,648	0
10 Payroll taxes	10,247,607	10,104,622	142,985	0
11 Fees for services (non-employees)				
a Management	0			0
b Legal	39,314		39,314	0
c Accounting	6,322		6,322	0
d Lobbying	54,044		54,044	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	1,203,577		1,203,577	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,380,854		13,380,854	
12 Advertising and promotion	122,257	110,961	11,296	0
13 Office expenses	2,630,206	2,588,999	41,207	
14 Information technology	17,064,720	429,445	16,635,275	
15 Royalties . .	0			
16 Occupancy	4,821,999	4,821,759	240	
17 Travel	778,333	731,833	46,500	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	441,900	418,219	23,681	
20 Interest	600	600		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	20,687,264	20,624,263	63,001	
23 Insurance . . .	-1,139,658	-1,139,658		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a INCOME TAXES	-13,122	-13,122	0	0
b OTHER INTERCOMPANY	252,428,961	252,184,584	244,377	0
c MEDICAL SUPPLIES	55,219,214	55,219,766	-552	0
d OTHER	22,582,518	3,204,049	19,378,469	0
e All other expenses	53,560,620	53,503,968	56,652	
25 **Total functional expenses.** Add lines 1 through 24e	641,452,120	586,917,018	54,535,102	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	26,737,232	1	50,430,857
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	888,050	3	664,439
	4	Accounts receivable, net	67,053,925	4	74,229,211
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	7,427,285	8	10,125,446
	9	Prepaid expenses and deferred charges	558,339	9	210,117
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 387,496,083			
	b	Less accumulated depreciation — 10b: 152,114,933	241,728,677	10c	235,381,150
	11	Investments—publicly traded securities	184,033,523	11	213,570,298
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	85,810,375	13	89,841,497
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	16,876,229	15	24,000,894
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	631,113,635	16	698,453,909
Liabilities	17	Accounts payable and accrued expenses	51,251,877	17	47,257,485
	18	Grants payable	0	18	0
	19	Deferred revenue	225,476	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	29,853,251	25	35,596,952
	26	**Total liabilities.** Add lines 17 through 25	81,330,604	26	82,854,437
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	545,030,772	27	610,847,213
	28	Temporarily restricted net assets	4,752,259	28	4,752,259
	29	Permanently restricted net assets	0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	549,783,031	33	615,599,472
	34	Total liabilities and net assets/fund balances	631,113,635	34	698,453,909

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	758,334,332
2	Total expenses (must equal Part IX, column (A), line 25)	2	641,452,120
3	Revenue less expenses Subtract line 2 from line 1	3	116,882,212
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	549,783,031
5	Net unrealized gains (losses) on investments	5	23,934,229
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	-75,000,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	615,599,472

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 36-3196629

Name: Advocate North Side Health Network

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

SEE SCHEDULE O

Form 990, Part III, Line 4c:

SEE SCHEDULE O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
James Skogsbergh EXEC VP, COO, DIRECTOR	1 0 43 0	X		X				0	10,051,752	1,676,704
Michele Baker Richardson Chairperson, Director	1 0 3 0	X						0	0	0
John Timmer Vice Chairperson, Director	1 0 3 0	X						0	0	0
Gail D Hasbrouck Corp Secretary 01/17, Director	1 0 47 0	X		X				0	901,912	108,754
David Anderson Director	1 0 3 0	X						0	0	0
Rev Dr Nathaniel Edmond Director	1 0 4 0	X						0	4,050	0
Ron Greene Director	1 0 3 0	X						0	0	0
Mark Harris Director	1 0 3 0	X						0	0	0
Rick Jakle Director	1 0 4 0	X						0	4,050	0
Lynn Crump-Caine Director	1 0 3 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Clarence Nixon Jr PhD Director	1 0 3 0	X						0	0	0
Gary Stuck DO Director	1 0 3 0	X						0	0	0
William P Santulli President	1 0 43 0			X				0	3,247,863	685,966
Lee B Sacks MD EXEC VP, CHIEF MEDICAL OFFICER	1 0 42 0			X				0	1,724,075	420,504
James Doheny VP, FIN & CORP CONTROLLER	1 0 48 0			X				0	494,892	51,892
Earl J Barnes II SVP, Gen Counsel & Corp Sec	1 0 47 0			X				0	637,319	239,712
Vincent Bufalino MD PRES PHYS & AMB SVCS/AMG	1 0 42 0			X				0	1,947,233	318,387
Rev Kathie B Schwich SVP, MISSION & SPIRITUAL CARE	1 0 42 0			X				0	548,112	223,819
Kevin Brady SVP, CHIEF HUMAN RESOURCES	1 0 43 0			X				0	1,114,158	311,141
Susan Campbell SVP OF PATIENT CR CHF NUR OFCR	1 0 44 0			X				0	640,991	265,302

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kelly Jo Golson SVP,CHIEF MARKETING OFFICER	1 0 42 0			X				0	775,754	149,952
Dominic J Nakis SVP, CFO & TREASURER	1 0 45 0			X				0	1,623,475	429,664
Scott Powder SVP/CHIEF STRATEGY OFFICER	1 0 42 0			X				0	868,198	205,174
Bruce D Smith SVP, INFORMATION SYS/CIO 07/17	1 0 42 0			X				0	826,746	113,134
Barbara Byrne MD SVP, Chief Information Officer	1 0 42 0			X				0	254,696	207,148
Susan Nordstrom Lopez President of Advocate IMMC	40 0 1 0				X			1,093,307	0	303,391
Vijay Maker Chair Surgery Department	40 0 0 0					X		549,561	0	45,586
Stephen Locher Chair Obstetrics/Gynecology	40 0 0 0					X		505,426	0	54,619
Robert Zadylak VP Medical Management	40 0 1 0					X		400,013	0	44,205
Patricia Lee Chair Emergency Medicine	40 0 0 0					X		391,301	0	35,805

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Donna King VP Clinical Ops/CNE	40 0 0 0					X		380,515	0	38,017
James Dan MD PRES PHYS & AMB SVCS/AMG -7/16	0 0 0 0						X	0	849,710	63,919

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Advocate North Side Health Network

Employer identification number
36-3196629

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

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

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

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

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

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

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

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

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

_____

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

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

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

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

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

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14**

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

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 36-3196629

Name: Advocate North Side Health 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318041388

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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		54,044
j	Total Add lines 1c through 1i			54,044
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1I	SUPPLEMENTAL LOBBYING INFORMATION ADVOCATE NORTH SIDE HEALTH NETWORK IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION AND THE ILLINOIS HEALTH AND HOSPITAL ASSOCIATION THESE ORGANIZATIONS, AS PART OF THEIR MISSIONS, ADVOCATE IN THE GENERAL ASSEMBLY AND IN CONGRESS ON LEGAL AND POLICY ISSUES THAT AFFECT HEALTHCARE INCLUDING QUALITY, AFFORDABILITY, PATIENT ACCESS AND ACCREDITATION A PORTION OF THE ANNUAL MEMBERSHIP DUES PAID TO THESE ORGANIZATIONS IS ATTRIBUTABLE TO LOBBYING ACTIVITIES ADVOCATE NORTH SIDE HEALTH NETWORK ALSO REIMBURSES VARIOUS ASSOCIATES FOR DUES PAID TO VARIOUS PROFESSIONAL ORGANIZATIONS AND ALSO FOR EDUCATIONAL EXPENSES PROVIDED BY PROFESSIONAL AND MEMBERSHIP ORGANIZATIONS ADVOCATE NORTH SIDE HEALTH NETWORK ENDEAVORS TO IDENTIFY THE PORTION OF DUES OR FEES PAID TO THESE ORGANIZATIONS WHICH ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Advocate North Side Health Network

Employer identification number
36-3196629

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		43,476,815		43,476,815
b Buildings		249,949,614	104,020,135	145,929,479
c Leasehold improvements		2,072,163	1,663,423	408,740
d Equipment		80,158,256	46,431,375	33,726,881
e Other		11,839,235	0	11,839,235
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				235,381,150

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) MASONIC FAMILY HEALTH FDN	88,394,000	F
(2) CHICAGO NORTHSIDE MRI	1,400,354	F
(3) REHAB INSTITUTE OF CHICAGO	47,143	F
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	89,841,497	

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
THIRD PARTY SETTLEMENTS	34,974,016
REMEDIATION COST LIABILITY	622,936
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	35,596,952

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Advocate North Side Health Network

Employer identification number
36-3196629

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 600 %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			7,476,509	113,567	7,362,942	1 190 %
b Medicaid (from Worksheet 3, column a)			84,800,628	112,903,662		
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			92,277,137	113,017,229	7,362,942	1 190 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,719,972		3,719,972	0 600 %
f Health professions education (from Worksheet 5)			32,212,214	6,059,021	26,153,193	4 220 %
g Subsidized health services (from Worksheet 6)			4,471,788	4,149,142	322,646	0 050 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			684,159		684,159	0 110 %
j **Total.** Other Benefits			41,088,133	10,208,163	30,879,970	4 980 %
k **Total.** Add lines 7d and 7j			133,365,270	123,225,392	38,242,912	6 170 %

Part II Community Building Activities

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	22,132,576		
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	106,004,982		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	95,666,174		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	10,338,808		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **1**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) www advocatehealth com/chnareports			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☑ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 17			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) www advocatehealth com/chnareports **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)

ILLINOIS MASONIC MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 600 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE SECTION C			
b	☑ The FAP application form was widely available on a website (list url) SEE SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

ILLINOIS MASONIC MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☑ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

ILLINOIS MASONIC MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 2	N/A PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 3J N/A PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 5 THE 2014-2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR ILLINOIS MASONIC MEDICAL CENTER WAS POSTED IN DECEMBER OF 2016 THIS CHNA WAS THE RESULT OF ACTIVE PARTICIPATION IN THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY'S (HICCC) COLLECTIVE CHNA PROCESS AS WELL AS A MEDICAL CENTER-SPECIFIC ASSESSMENT OF HEALTH NEEDS WITHIN THE ILLINOIS MASONIC MEDICAL CENTER'S PRIMARY SERVICE AREA (PSA) THE CHNA IS THE PRODUCT OF INPUT FROM MULTIPLE STAKEHOLDERS IN 2015, ADVOCATE HEALTH CARE AND ITS FIVE HOSPITALS PRINCIPALLY SERVING COOK COUNTY (INCLUDING ILLINOIS MASONIC MEDICAL CENTER) WERE FOUNDING PARTNERS AND ACTIVE PARTICIPANTS IN THE DEVELOPMENT OF THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (NOW KNOWN AS THE ALLIANCE FOR HEALTH EQUITY), A PROJECT INVOLVING 26 HOSPITALS, 7 HEALTH DEPARTMENTS AND NEARLY 100 COMMUNITY-BASED ORGANIZATIONS THE GOAL OF THIS INITIATIVE WAS TO WORK COLLABORATIVELY ON A COUNTY-WIDE CHNA AND IMPLEMENTATION PLAN ONCE PRIORITIES HAD BEEN IDENTIFIED THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI) SERVED AS THE BACKBONE ORGANIZATION FOR THE COLLABORATIVE IN JANUARY 2016, ILLINOIS MASONIC MEDICAL CENTER'S COMMUNITY HEALTH DIRECTOR RE-FORMED A COMMUNITY HEALTH COUNCIL (CHC) FOR THE MEDICAL CENTER THE CHC SERVED AS A DECISION-MAKING AND ADVISORY BODY TO ILLINOIS MASONIC MEDICAL CENTER'S LEADERSHIP AND THE GOVERNING COUNCIL REGARDING COMMUNITY HEALTH ASSESSMENT, STRATEGIES AND PROGRAMS A PRINCIPAL RESPONSIBILITY OF THE CHC WAS PARTICIPATION IN THE MEDICAL CENTER'S COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS THE MEDICAL CENTER'S COMMUNITY HEALTH COUNCIL CONSISTED OF TWENTY-TWO MEMBERS - 45 PERCENT OF WHICH WERE REPRESENTATIVES FROM THE COMMUNITY AND/OR PUBLIC HEALTH ORGANIZATIONS FOR THE COMMUNITY/PUBLIC HEALTH REPRESENTATION, SPECIAL CONSIDERATION WAS GIVEN TO THE GEOGRAPHIC DISTRIBUTION OF COUNCIL MEMBERS AS WELL AS REPRESENTATION OF DIVERSE AND VULNERABLE POPULATION GROUPS IN THE REGION INDIVIDUALS REPRESENTING DIVERSE AND/OR VULNERABLE POPULATIONS ARE INDICATED BELOW WITH AN ASTERISK THE COMMUNITY HEALTH COUNCIL WAS INSTRUMENTAL IN SHAPING THE ASSESSMENT FINDINGS AND PRIORITY ISSUES THAT ARE PRESENTED IN THE 2014-2016 CHNA THE TITLES AND ORGANIZATIONS OF ILLINOIS MASONIC MEDICAL CENTER'S COMMUNITY HEALTH COUNCIL FOLLOW MEMBERS FROM THE COMMUNITY -COO OF PARENT ORGANIZATION, LAKEVIEW REHABILITATION AND NURSING CENTER* -COORDINATOR, SPECIAL INITIATIVES, ILLINOIS AFRICAN AMERICAN COALITION ON PREVENTION* -DIRECTOR, HEALTHY CHICAGO 2 0, CHICAGO DEPARTMENT OF PUBLIC HEALTH -DIRECTOR, NORTH CENTER, METROPOLITAN FAMILY SERVICES * -EXECUTIVE DIRECTOR, ASIAN HEALTH COALITION* -MANAGER, CLINICAL QUALITY IMPROVEMENT, HOWARD BROWN HEALTH CLINIC (FQHC)* -PRESIDENT, WJ BRODINE & CO, MEMBER, GOVERNING COUNCIL, ILLINOIS MASONIC MEDICAL CENTER, CHC CO-CHAIR -PRINCIPAL, CHUHAK & TECSON, MEMBER, GOVERNING COUNCIL, ILLINOIS MASONIC MEDICAL CENTER -PROFESSOR, COMMUNITY HEALTH AND WELLNESS PROGRAM, NORTHEASTERN ILLINOIS UNIVERSITY -RESOURCE DEVELOPER, CENTRO ROMERO* -VICE PRESIDENT, STRATEGY AND DEVELOPMENT, HEARTLAND HEALTH CENTERS (FQHC)* ILLINOIS MASONIC MEDICAL CENTER STAFF MEMBERS -ADVOCATE FAITH COMMUNITY NURSE, ILLINOIS MASONIC MEDICAL CENTER * -DIRECTOR, COMMUNITY HEALTH, ILLINOIS MASONIC MEDICAL CENTER, CHC CO-CHAIR -DIRECTOR, HISPANOCARE AND COMMUNITY OUTREACH, ILLINOIS MASONIC MEDICAL CENTER * -DIRECTOR, MEDICAL EDUCATION, ILLINOIS MASONIC MEDICAL CENTER -DIRECTOR, PHYSICIAN SERVICES, ILLINOIS MASONIC MEDICAL CENTER -FIRST YEAR MEDICAL RESIDENT, ILLINOIS MASONIC MEDICAL CENTER -MANAGER, CASE MANAGEMENT, ILLINOIS MASONIC MEDICAL CENTER -MANAGER, COMMUNITY RELATIONS, ILLINOIS MASONIC MEDICAL CENTER -MANAGER, PLANNING AND BUSINESS DEVELOPMENT, ILLINOIS MASONIC MEDICAL CENTER -SPECIAL PROJECTS COORDINATOR, FOUNDATION AND PHYSICIAN SERVICES, ILLINOIS MASONIC MEDICAL CENTER -VICE PRESIDENT, CLINICAL OPERATIONS, ILLINOIS MASONIC MEDICAL CENTER BY LEVERAGING ITS PARTNERS AND NETWORKS, HICCC COLLECTED APPROXIMATELY 5,200 RESIDENT SURVEYS FOR CHNA INPUT BETWEEN OCTOBER 2015 AND JANUARY 2016, INCLUDING APPROXIMATELY 1,700 IN THE NORTH REGION, WHERE ILLINOIS MASONIC MEDICAL CENTER IS LOCATED THE SURVEY WAS AVAILABLE IN FIVE LANGUAGES - ENGLISH, SPANISH, POLISH, KOREAN AND ARABIC THE MAJORITY OF SURVEY RESPONDENTS FROM THE NORTH REGION IDENTIFIED AS HETEROSEXUAL (89%) OF THE TOTAL SURVEY RESPONDENTS, 71% IDENTIFIED THEIR RACE AS WHITE, 17% AS ASIAN/PACIFIC ISLANDER, 6% AS BLACK/AFRICAN AMERICAN, 4% AS MIDDLE EASTERN, AND 2% AS NATIVE AMERICAN/ AMERICAN INDIAN APPROXIMATELY 19% OF SURVEY RESPONDENTS IN THE NORTH REGION IDENTIFIED THEIR ETHNICITY AS HISPANIC/LATINO ROUGHLY 0 6% OF SURVEY RESPONDENTS FROM THE NORTH REGION INDICATED THAT THEY WERE LIVING IN A SHELTER OR WERE HOMELESS MOST RESPONDENTS FROM THE NORTH REGION HAD A COLLEGE DEGREE OR HIGHER (53%) THE MAJORITY OF NORTH REGION RESPONDENTS REPORTED AN ANNUAL HOUSEHOLD INCOME OF $60,000 OR LESS (63%) ADDITIONALLY, HICCC CONDUCTED EIGHT FOCUS GROUPS IN THE NORTH REGION FOR CHNA INPUT BETWEEN OCTOBER 2015 AND MARCH 2016 THE COLLABORATIVE ENSURED THAT THE FOCUS GROUPS INCLUDED POPULATIONS WHO ARE TYPICALLY UNDERREPRESENTED IN COMMUNITY HEALTH ASSESSMENTS, INCLUDING RACIAL AND ETHNO-CULTURAL GROUPS, IMMIGRANTS, LIMITED ENGLISH SPEAKERS, LOW-INCOME COMMUNITIES, FAMILIES WITH CHILDREN, LESBIAN, GAY, BISEXUAL, QUESTIONING, INTERSEX AND ALLIES (LGBQIA) AND TRANSGENDER INDIVIDUALS AND SERVICE PROVIDERS, INDIVIDUALS WITH DISABILITIES AND THEIR FAMILY MEMBERS, INDIVIDUALS WITH MENTAL HEALTH ISSUES, FORMERLY INCARCERATED INDIVIDUALS, VETERANS, SENIORS, AND YOUNG ADULTS BOTH ADVOCATE ILLINOIS MASONIC MEDICAL CENTER'S 2014-2016 CHNA REPORT AND THE PREVIOUS 2011-2013 CHNA REPORT AND IMPLEMENTATION PLANS ARE POSTED ON ADVOCATE HEALTH CARE'S WEBPAGE AND CONTAIN A LINK TO A FORM AND AN EMAIL FOR THE COMMUNITY TO USE IN PROVIDING FEEDBACK AS OF DECEMBER 31, 2017, THERE WAS NO COMMUNITY FEEDBACK ON EITHER CHNA REPORT PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 6A NINE NONPROFIT HOSPITALS, FOUR HEALTH DEPARTMENTS AND APPROXIMATELY 30 STAKEHOLDERS PARTNERED ON THE HICCC NORTH REGION CHNA THE PARTICIPATING RELATED HOSPITALS WERE ADVOCATE ILLINOIS MASONIC MEDICAL CENTER (CHICAGO, IL) AND ADVOCATE LUTHERAN GENERAL HOSPITAL (PARK RIDGE, IL) THE UNRELATED PARTICIPATING HOSPITALS INCLUDED NORTH SHORE UNIVERSITY HEALTH SYSTEM, INCLUDING EVANSTON, GLENVIEW AND SKOKIE HOSPITALS (ALL IN IL), PRESENCE HOLY FAMILY MEDICAL CENTER (DES PLAINES, IL), PRESENCE RESURRECTION MEDICAL CENTER (CHICAGO, IL), PRESENCE SAINT FRANCIS HOSPITAL (EVANSTON, IL), AND PRESENCE SAINT JOSEPH HOSPITAL (CHICAGO, IL) PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 6B ADVOCATE ILLINOIS MASONIC MEDICAL CENTER WAS AN ACTIVE PARTICIPANT OF THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY, WHICH INCLUDED THE ILLINOIS PUBLIC HEALTH INSTITUTE, 26 HOSPITALS, AS WELL AS 7 HEALTH DEPARTMENTS AND OVER 100 COMMUNITY ORGANIZATIONS IN THE NORTH REGION IN WHICH ILLINOIS MASONIC MEDICAL CENTER WAS INCLUDED, THERE WERE 9 HOSPITALS, 4 HEALTH DEPARTMENTS AND 30 COMMUNITY ORGANIZATIONS INVOLVED HEALTH DEPARTMENTS WERE KEY PARTNERS IN CONDUCTING THE CHNA THE PARTICIPATING HEALTH DEPARTMENTS IN THE NORTH REGION OF COOK COUNTY, ILLINOIS, WERE THE CHICAGO DEPARTMENT OF PUBLIC HEALTH, COOK COUNTY DEPARTMENT OF PUBLIC HEALTH, EVANSTON HEALTH DEPARTMENT, AND SKOKIE HEALTH DEPARTMENT ADDITIONALLY, THE OVER 30 COMMUNITY-BASED ORGANIZATIONS THAT PARTICIPATED IN THE HICCC ASSESSMENT PROCESS BROUGHT COMMUNITY EXPERTISE AND KNOWLEDGE OF DIVERSE AND VULNERABLE POPULATIONS TO THE TABLE A COMPLETE LIST OF COMMUNITY ORGANIZATIONS INVOLVED IN THE HICCC NORTH REGION ASSESSMENT CAN BE VIEWED AT HTTP //HEALTHIMPACTCC ORG/WP-CONTENT/UPLOADS/2016/12/NORTH-REGION-CHNA-REP ORT-APPENDICES PDF PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 7D THE PUBLIC WAS INVITED TO ATTEND THE FINAL CHNA REPORT WHEN IT WAS PRESENTED TO THE ILLINOIS MASONIC MEDICAL CENTER COMMUNITY HEALTH COUNCIL ON JANUARY 12, 2017 PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 11 2014-2016 CHNA NEEDS SELECTED TO ADDRESS AFTER CONSIDERING THE FINDINGS OF THE HICCC ASSESSMENT PROCESS AS WELL AS DATA SPECIFIC TO THE MEDICAL CENTER'S PRIMARY SERVICE AREA (PSA) THE COMMUNITY HEALTH COUNCIL DISCUSSED THE DATA AND FINDINGS AND ENGAGED IN A GROUP-RANKING PROCESS OF THE IDENTIFIED HEALTH NEEDS THREE HEALTH ISSUES WERE SELECTED BY A UNANIMOUS VOTE BY ILLINOIS MASONIC MEDICAL CENTER'S COMMUNITY HEALTH COUNCIL AS PRIORITY NEEDS FOR THE 2014-2016 CHNA 1 CHRONIC DISEASE PREVENTION/MANAGEMENT 2 BEHAVIORAL HEALTH 3 SOCIAL DETERMINANTS OF HEALTH CHRONIC DISEASE PREVENTION/MANAGEMENT HEALTHY SCHOOL PROGRAM - STRATEGY ONE CREATE A MULTI-COMPONENT, SUSTAINABLE SCHOOL-BASED OBESITY PREVENTION PROGRAM IN A SCHOOL WITHIN ILLINOIS MASONIC MEDICA

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? **7**

	Name and address	Type of Facility (describe)
1	IMMC AMBULATORY PAVILLION 836 WEST WELLINGTON AVE CHICAGO, IL 60657	Patient Care - Out Patient
2	IMMC CANCER CENTER 901 WEST WELLINGTON AVE CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
3	IMMC EDUCATION CENTER 814 WEST NELSON STREET CHICAGO, IL 60657	PATIENT EDUCATION
4	IMMC MEDICAL OFFICE BUILDING 3000 NORTH HALSTED ST VARIOUS SUIT CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
5	IMMC OFFICE BUILDING 836 WEST NELSON STREET CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
6	IMMC PRIMARY CARE CENTER 3048 NORTH WILTON CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
7	IMMC - PAIN CLINIC 3000 N HALSTEAD ST SUITE 823 CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
8		
9		
10		

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
PART VI, LINE 1 - DESCRIPTION FOR PART I, LINE 3C	N/A PART VI, LINE 1 - DESCRIPTION FOR PART I, LINE 6A A SYSTEM-WIDE COMMUNITY BENEFIT REPO RT IS FILED BY ADVOCATE HEALTH CARE NETWORK 3075 HIGHLAND PARKWAY, DOWNERS GROVE, IL 6051 5 EIN 36-2167779 PART VI, LINE 1 - DESCRIPTION FOR PART I, LINE 7 A COST-TO-CHARGE RATIO, DERIVED FROM SCHEDULE H INSTRUCTIONS WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES, WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE FOR PART I, LINE 7A SCHEDULE H IN STRUCTIONS WORKSHEET 3, UNREIMBURSED MEDICAID AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS, WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE FOR PART I, LINE 7B A COST ACCOUN TING SYSTEM WAS USED TO DETERMINE THE AMOUNTS REPORTED IN THE TABLE FOR PART I, LINES 7E, 7F, 7G, AND 7I PART VI, LINE 1 - DESCRIPTION FOR PART I, LINE 7E ADVOCATE NORTHSIDE HEALT H NETWORK PROVIDES COMMUNITY HEALTH IMPROVEMENT SERVICES THAT TARGET IDENTIFIED COMMUNITY NEEDS, INCLUDING ACCESS, TO IMPROVE THE HEALTH OF INDIVIDUALS AND FAMILIES WITHIN THE COMM UNITIES IT SERVES THESE SERVICES AND PROGRAMS DO NOT GENERATE PATIENT BILLS, HOWEVER, THE Y MAY HAVE NOMINAL FEES FOR PARTICIPATION, OR ARE ONLY PARTIALLY PAID THROUGH GRANTS, FOR WHICH THE REMAINING COST IS SUBSIDIZED BY ADVOCATE NORTHSIDE HEALTH NETWORK COMMUNITY MEM BERS ARE INVITED TO ATTEND SUPPORT GROUPS HELD THROUGHOUT THE YEAR TO ASSIST INDIVIDUALS I N MANAGING THEIR DISEASE, SUCH AS CANCER OR STROKE, TO IMPROVE THEIR QUALITY OF LIFE "SIB SHOPS" SUPPORT GROUPS ARE PROVIDED FOCUSING ON CHILDREN THAT HAVE A SIBLING WITH A DISABIL ITY COMMUNITY MEMBERS MAY ALSO ATTEND EDUCATIONAL CLASSES FOR WOMEN AND BABY, BREASTFEEDI NG, MULTIPLES, CHILDBIRTH AND PARENTING CLASSES MANY EDUCATIONAL PROGRAMS RAISE AWARENESS OF HEART DISEASE, STROKE, MENTAL ILLNESS/DEPRESSION, DIABETES, KIDNEY DISEASE, VARIOUS TY PES OF CANCER, INCONTINENCE, DIGESTIVE HEALTH, AND PROPER SELECTION AND INSTALLATION OF IN FANT AND CHILD CAR SEATS, INCLUDING SAFETY CHECKS, AND FOOD LABEL READING TO IMPROVE NUTRI TION SOME CLASSES ARE OFFERED IN LANGUAGES OTHER THAN ENGLISH TO PROVIDE ACCESS TO THIS I NFORMATION BY NON-ENGLISH-SPEAKING COMMUNITY MEMBERS IN ADDITION TO EDUCATION, MANY CLASS ES INCLUDE HEALTH SCREENINGS TO DETERMINE AT-RISK INDIVIDUALS, INCLUDING REFERRALS TO PHYS ICIANS FOR FOLLOW-UP CARE FOR THOSE WITH POOR TEST RESULTS CPR TRAINING IS ALSO OFFERED T O THE COMMUNITY TO TEACH INDIVIDUALS TO RESPOND QUICKLY TO FAMILY MEMBERS AND OTHERS EXPER IENCING A HEALTH CRISIS THERE ARE MANY ADDITIONAL PROGRAMS PROVIDED BY THE ANSHN FOR WHIC H COSTS ARE SUBSIDIZED BUT THAT ARE ALREADY DESCRIBED ELSEWHERE IN THIS DOCUMENT, SUCH AS THE SPECIAL NEEDS DENTISTRY PROGRAMS FOR LOW-INCOME, HOMELESS AND/OR DISABLED INDIVIDUALS , THE MEDICATION ASSISTANCE PROGRAM FOR LOW-INCOME UNINSURED, MENTAL HEALTH FIRST AID TO E NABLE COMMUNITY MEMBERS TO IDENTIFY SIGNS OF MENTAL ILLNESS IN OTHERS, SCHOOL-BASED HEALTH CENTERS, THE DEAF AND HARD OF HEARING PROGRAM PROVIDING ACCESS TO PSYCHIATRISTS, THE PEDI ATRIC DEVELOPMENT CENTER FOR DEVELOPMENTALLY CHALLENGED CHILDREN AND ADOLESCENTS, AND THE MEDICALLY INTEGRATED CRISIS COMMUNITY SUPPORT PROGRAM PROVIDING THERAPEUTIC COMMUNITY-BASE D CONTACTS TO ACUTELY-ILL BEHAVIORAL HEALTH PATIENTS PART VI, LINE 1 - DESCRIPTION FOR PA RT I, LINE 7G ANSHN PROVIDES SUBSIDIZED HEALTH SERVICES TO THE COMMUNITY THESE SERVICES A RE PROVIDED DESPITE CREATING A FINANCIAL LOSS FOR ANSHN THESE SERVICES ARE PROVIDED BECAU SE THEY MEET AN IDENTIFIED COMMUNITY NEED IF ANSHN DID NOT PROVIDE THE CLINICAL SERVICE, IT IS REASONABLE TO CONCLUDE THAT THESE SERVICES WOULD NOT BE AVAILABLE TO THE COMMUNITY THE SERVICES INCLUDED ARE BOTH INPATIENT AND OUTPATIENT PROGRAMS FOR PEDIATRICS AND REHABI LITATION SERVICES PART VI, LINE 1 - DESCRIPTION FOR PART I, LINE 7H ANSHN CONDUCTS NUMERO US RESEARCH ACTIVITIES FOR THE ADVANCEMENT OF MEDICAL AND HEALTH CARE SERVICES HOWEVER, T HE UNREIMBURSED COST OF SUCH RESEARCH ACTIVITIES IS NOT READILY DETERMINABLE AND NO AMOUNT IS BEING REPORTED FOR PURPOSES OF THE 2017 FORM 990, SCHEDULE H PART VI, LINE 1 - DESCRI PTION FOR PART I, LINE 7, COLUMN (F) $22,132,576 OF BAD DEBT EXPENSE WAS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT WAS REMOVED FROM THE DENOMINATOR FOR PURPOSES OF SC HEDULE H, PART I, LINE 7, COLUMN (F) PART VI, LINE 1 - DESCRIPTION FOR PART II N/A PART V I, LINE 1 - DESCRIPTION FOR PART III, LINES 2, 3, AND 4 THE FOOTNOTES TO ANSHN AND SUBSIDI ARIES' AUDITED FINANCIAL STATEMENTS DO NOT SPECIFICALLY ADDRESS BAD DEBT EXPENSE, RATHER, THE FOOTNOTE DESCRIBES ADVOCATE'S PATIENT ACCOUNTS RECEIVABLE POLICY AND THE PERCENTAGE OF ACCOUNTS RECEIVABLE THAT THE ALLOWANCE FOR DOUBTFUL ACCOUNTS COVERS (SEE PAGE 11 OF THE A UDITED FINANCIAL STATEMENTS) FOR 2017, FOR ANSHN, THE ALLOWANCE FOR DOUBTFUL ACCOUNTS COV ERED 26 51% OF NET PATIENT ACCOUNTS RECEIVABLE PATIENT ACCOUNTS RECEIVABLE ARE STATED AT NET REALIZABLE VALUE ANSHN EVALUATES THE COLLECTABILITY OF ITS ACCOUNTS RECEIVABLE BASED ON THE LENGTH OF TIME THE RECEIVABLE IS OUTSTANDIN

Form and Line Reference	Explanation
PART VI, LINE 1 - DESCRIPTION FOR PART I, LINE 3C	G, PAYER CLASS, HISTORICAL COLLECTION EXPERIENCE, AND TRENDS IN HEALTH CARE INSURANCE PROG RAMS ACCOUNTS RECEIVABLE ARE CHARGED TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS WHEN THE Y ARE DEEMED UNCOLLECTIBLE THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORT ED ON LINES 2 AND 3 IS BASED ON THE RATIO OF PATIENT CARE COST TO CHARGES THE UNREIMBURSE D COST OF BAD DEBT WAS CALCULATED BY APPLYING THE ORGANIZATION'S COST TO CHARGE RATIO FROM THE MEDICARE COST REPORTS (CMS 2252-96 WORKSHEET C, PART 1, PPS INPATIENT RATIOS) TO THE ORGANIZATION'S BAD DEBT PROVISION PER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, LESS ANY P ATIENT OR THIRD PARTY PAYOR PAYMENTS RECEIVED ADVOCATE MAKES EVERY EFFORT TO IDENTIFY THO SE PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE BY STRICTLY ADHERING TO ITS FINANCIA L ASSISTANCE POLICY WE BELIEVE THAT ADVOCATE HAS A POPULATION OF PATIENTS WHO ARE UNINSUR ED OR UNDERINSURED BUT WHO DO NOT COMPLETE THE FINANCIAL ASSISTANCE APPLICATION THE ESTIM ATED AMOUNT OF BAD DEBT EXPENSE (AT COST) WHICH COULD BE REASONABLY ATTRIBUTABLE TO PATIEN TS WHO WOULD LIKELY QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S FINANCIAL AS SISTANCE POLICY, IF SUFFICIENT INFORMATION HAD BEEN AVAILABLE TO MAKE A DETERMINATION OF T HEIR ELIGIBILITY, WAS BASED UPON SELF PAY PATIENT ACCOUNTS WHICH HAD AMOUNTS WRITTEN OFF T O BAD DEBTS OUR METHOD WAS TO BEGIN WITH THE SELF-PAY PORTION OF BAD DEBT EXPENSE PROVISI ON THE SELF PAY PORTION EXCLUDES THOSE PATIENTS WHO HAD FINANCIAL ASSISTANCE APPLICATIONS PENDING AT THE TIME OF SERVICE THIS COST WAS THEN REDUCED BY CHARGES IDENTIFIED AS TRUE BAD DEBT EXPENSE, INCLUDING COPAYS FOR PATIENTS WHO QUALIFIED FOR LESS THAN 100% FINANCIAL ASSISTANCE THE COST TO CHARGE RATIO WAS THEN APPLIED TO THE REMAINING CHARGES, TO DETERM INE THE VALUE (AT COST) OF PATIENT ACCOUNTS THAT DID NOT COMPLETE FINANCIAL COUNSELING AND WERE ASSIGNED TO BAD DEBT WE BELIEVE THIS PROCESS IS A REASONABLE BASIS FOR OUR ESTIMATE AS WE ARE ONLY CONSIDERING SELF-PAY ACCOUNTS WRITTEN OFF TO BAD DEBT FOR THIS ESTIMATE, THIS ESTIMATE DOES NOT INCLUDE THE IMMEDIATE 25% DISCOUNT TO CHARGES WHICH IS APPLIED TO A LL SELF-PAY PATIENTS IT ALSO DOES NOT INCLUDE ACCOUNT BALANCES OR CO-PAYS OF NON-SELF PAY ACCOUNTS WHICH ARE WRITTEN OFF TO BAD DEBT WHEN THE PATIENT HAS NO OTHER FINANCIAL RESOUR CES TO PAY THESE AMOUNTS AND THE PATIENT DOES NOT APPLY FOR FINANCIAL ASSISTANCE BAD DEBT AMOUNTS HAVE BEEN EXCLUDED FROM OTHER COMMUNITY BENEFIT AMOUNTS REPORTED THROUGHOUT SCHED ULE H PART VI, LINE 1 - DESCRIPTION FOR PART III, LINE 8 IN 2017, NO SHORTFALL WAS REPORT ED ON PART III, LINE 7 FOR ADVOCATE NORTHSIDE'S OPERATIONS, THE UNREIMBURSED COST OF MEDI CARE WAS CALCULATED BY APPLYING THE ORGANIZATION'S COST TO CHARGE RATIO FROM THE MEDICARE COST REPORTS (CMS 2252-96 WORKSHEET C, PART 1, PPS INPATIENT RATIOS) AND FOR NON-HOSPITAL OPERATIONS THE COST TO CHARGE RATIO CALCULATED ON WORKSHEET 2 RATIO OF PATIENT CARE COST T O CHARGES TO THE ORGANIZATION'S MEDICARE, LESS ANY PATIENT OR THIRD PARTY PAYOR PAYMENTS A ND/OR CONTRIBUTIONS RECEIVED THAT WERE DESIGNATED FOR THE PAYMENT OF MEDICARE PATIENT BILL S PART VI, LINE 1 - DESCRIPTION FOR PART III, LINE 9B ANSHN MAINTAINS BOTH WRITTEN FINANC IAL ASSISTANCE AND BAD DEBT/COLLECTION POLICIES THE BAD DEBT/COLLECTION POLICY DOES NOT A PPLY TO THOSE PATIENTS KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE, THEREFORE SUCH PATIENTS ARE NOT SUBJECT TO COLLECTION PRACTICES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2 NEEDS ASSESSMENT	N/A

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4 COMMUNITY INFORMATION	ILLINOIS MASONIC MEDICAL CENTER IS A 397-BED TEACHING HOSPITAL LOCATED ON CHICAGOS NORTH SIDE THE TOTAL POPULATION OF THE MEDICAL CENTERS PSA IS 1,198,692 LOCATED IN A VERY DIVERSE URBAN AREA THE COMMUNITIES WITHIN THE PSA RANGE FROM WEALTHY RESIDENTS ALONG CHICAGOS LAKEFRONT TO AREAS WHERE OVER 20 PERCENT OF THE POPULATION IS LIVING BELOW THE POVERTY LEVEL THERE ARE COMMUNITIES OF LONG-TIME MIDDLE AND WORKING-CLASS CAUCASIANS AS WELL AS SEVERAL AREAS THAT ARE HOME TO FINANCIALLY CHALLENGED IMMIGRANTS THE MEDICAL CENTER RESIDES IN THE NATIONS FIRST MUNICIPALLY RECOGNIZED GAY NEIGHBORHOOD THE PSA ALSO INCLUDES A COMMUNITY AREA WHERE IT IS ESTIMATED THAT RESIDENTS ARE THREE TIMES MORE LIKELY TO EXPERIENCE A MENTAL HEALTH DISORDER THAN OTHER CHICAGO COMMUNITY AREAS (NATIONAL HEALTH CORPS CHICAGO, FACING MENTAL ILLNESS IN UPTOWN, CAROLINE SACKO, BLOG, FEBRUARY 14, 2014) THE PERCENT OF THE PSA POPULATION THAT IS HISPANIC IS ALMOST TWICE THE PERCENT OF HISPANICS THAT LIVE IN THE U S POPULATION AS A WHOLE THE NON-HISPANIC AFRICAN AMERICAN POPULATION IS ONLY 9 9 PERCENT OF THE PSA, YET 18 93 PERCENT OF THE MEDICAL CENTERS 2015 INPATIENT POPULATION THE ASIAN AND PACIFIC ISLANDER (NON-HISPANIC) POPULATION IN THE MEDICAL CENTERS PSA (7 3 PERCENT) IS LARGER THAN THE PERCENT OF ASIAN AND PACIFIC ISLANDERS THAT LIVE IN THE U S AS A WHOLE (5 4 PERCENT) CURRENTLY, 10 7 PERCENT OF THE PSA POPULATION IS OVER THE AGE OF 65 NEARLY 17% OF THE PSA POPULATION OVER 65 ARE LIVING BELOW THE POVERTY LEVEL IN 2016, 6 9 PERCENT OF THE PSA POPULATION IS UNINSURED (IN THE U S , 8 4 PERCENT OF THE POPULATION IS UNINSURED) 25 3 PERCENT OF THE POPULATION WITHIN THE PSA HAS MEDICAID AND 10 2 PERCENT OF THE POPULATION WITHIN THE PSA HAS MEDICARE ACCORDING TO THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY, THERE ARE CURRENTLY 39 FEDERALLY QUALIFIED HEALTH CENTER (FQHC) SITES AND 21 HOSPITALS IN THE PSA

Form and Line Reference	Explanation
PART VI, LINE 5 PROMOTION OF COMMUNITY HEALTH	THE GOVERNING COUNCIL AT ADVOCATE ILLINOIS MASONIC MEDICAL CENTER IS COMPRISED OF LOCAL CO MMUNITY LEADERS AND PHYSICIANS GOVERNING COUNCIL MEMBERS SUPPORT MEDICAL CENTER LEADERSHI P IN THEIR PURSUIT OF THE MEDICAL CENTER'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO TH E MEDICAL CENTER AND SERVE AS AMBASSADORS IN THE COMMUNITY FIFTY-THREE PERCENT OF THE CUR RENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES IN 2017, ILLINOIS MASON IC MEDICAL CENTER'S MEDICAL RESIDENTS WERE ACTIVE IN THE NATIONAL INITIATIVE V (NI5) PROJE CT AND CREATED THREE INITIATIVES MEDICATION ASSISTANCE IN REDUCING READMISSIONS, CREATING AN LGBTQ-FRIENDLY ENVIRONMENT, AND HAVING A RESIDENT SERVE ON THE MEDICAL CENTER'S COMMUN ITY HEALTH COUNCIL AND CONTRIBUTE TO THE CHNA PROCESS ILLINOIS MASONIC MEDICAL CENTER HAS A LONG-STANDING COMMITMENT TO SERVING ITS COMMUNITY IN ADDITION TO THE PROGRAMS DISCUSSE D ABOVE, THE MEDICAL CENTER PROVIDES THESE ADDITIONAL PROGRAMS -BETTER BREATHERS CLUB (AS SISTS COMMUNITY MEMBERS WITH RESPIRATORY ISSUES) -QUARTERLY BLOOD DRIVES -CAR SEAT CHECKS -PROVISION OF MEETING SPACE FOR COMMUNITY ORGANIZATIONS -CPR, CHOKING AND BLEEDING CONTROL TRAININGS FOR THE COMMUNITY -SEMINARS ON INCONTINENCE -DISASTER PREPAREDNESS PLANNING FOR CHICAGO -EMERGENCY MEDICAL TECH TRAINING FOR THE CITY OF CHICAGO AND PRIVATE COMPANIES -H EALTHY FAMILIES (TEEN PARENTING PROGRAM) -HUMAN MILK DEPOT -BABY FRIENDLY HOSPITAL -GOLDEN AGE SENIOR PROGRAM -LGBTQ OUTREACH AND EDUCATION -MEDICALLY INTEGRATED COMMUNITY SUPPORT FOR BEHAVIORAL HEALTH PATIENTS -MEDICATION ASSISTANCE PROGRAM -SCHOOL-BASED HEALTH CENTER PSYCHOLOGY SERVICES -SEMINARS FOR CHICAGO HOUSING AUTHORITY RESIDENTS -"SIBSHOPS" FOR SIBL INGS OF DEVELOPMENTALLY DISABLED CHILDREN -STROKE EDUCATION SEMINAR -BIKE HELMET-FITTING E VENTS -ADVOCATE WORKS INITIATIVE ENVIRONMENTAL IMPROVEMENTS ADVOCATE HEALTH CARE IS COMMIT TED TO GREENING HEALTH CARE BECAUSE IT IS DEEPLY CONNECTED TO OUR CORE MISSION - HEALTH AN D HEALING WE UNDERSTAND THAT THE HEALTH OF THE ENVIRONMENT AND THE HEALTH OF THE PATIENTS AND COMMUNITIES WE SERVE IS INEXTRICABLY LINKED - AND THAT A HEALTHY PLANET SUPPORTS HEAL THY PEOPLE REDUCING WASTE, CONSERVING ENERGY AND WATER, MINIMIZING USE OF TOXIC CHEMICALS , AND CONSTRUCTING ECO-FRIENDLY BUILDINGS FOR TODAY AND TOMORROW - ALL OF THESE EFFORTS HA VE A DIRECT BENEFIT ON THE HEALTH OF LOCAL COMMUNITIES VIA CLEANER COMMUNITIES, HEALTHIER AIR QUALITY, REDUCED GREEN HOUSE GASES, AND PRESERVATION OF NATURAL RESOURCES AS WE WORK TO REDUCE THE ENVIRONMENTAL AND HEALTH IMPACT OF HEALTH CARE, OUR ENVIRONMENTAL STEWARDSHI P PRACTICES HELP EASE THE BURDEN OF HEALTH CARE COSTS BOTH DIRECTLY (LOWER ENERGY COSTS) A ND INDIRECTLY (LOWER ENVIRONMENTALLY-RELATED DISEASE BURDEN) 1 MENTORING AND EDUCATION A S WE WORK TO SERVE THE HEALTH NEEDS OF TODAY'S PATIENTS AND FAMILIES WITHOUT COMPROMISING THE NEEDS OF FUTURE GENERATIONS, ADVOCATE HAS COMMITTED RESOURCES TO SHARING LESSONS LEARN ED AND BEST PRACTICES WITH OTHER HOSPITALS AND HEALTH SYSTEMS, BOTH LOCALLY AND NATIONALLY , AND WE DO SO IN A VARIETY OF WAYS ADVOCATE HEALTH CARE WAS ONE OF 12 FOUNDING AND SPONS ORING HEALTH SYSTEMS OF THE NATIONAL HEALTHIER HOSPITALS INITIATIVE, WHICH HAS NOW BECOME A PERMANENT PROGRAM OF PRACTICE GREENHEALTH THE HEALTHIER HOSPITALS PROGRAM ENGAGES OVER 1,300 HOSPITALS IN SIX KEY CATEGORIES OF HEALTH CARE SUSTAINABILITY ENGAGED LEADERSHIP, H EALTHIER FOODS, LESS WASTE, LEANER ENERGY, SAFER CHEMICALS, AND SMARTER PURCHASING ENROLL ED HOSPITALS HAVE ACCOMPLISHED REDUCTIONS IN MEAT PURCHASING, INCREASED PURCHASING OF LOCA L AND SUSTAINABLE FOOD, REDUCED EXPOSURE TO TOXIC CHEMICALS THROUGH GREEN CLEANING PROGRAM S AND CONVERSION OF MEDICAL PRODUCTS FREE FROM PVC AND DEHP AND DECREASED ENERGY AND WASTE ADVOCATE IS PROUD TO JOURNEY WITH THIS GROWING MASS OF HOSPITALS THROUGH ITS OWN INVOLVE MENT AND LEADERSHIP IN THE HEALTHIER HOSPITALS CHALLENGES ADVOCATE CONTINUES ITS LEADERSH IP, ADVOCACY AND MENTORING ROLE NATIONALLY THROUGH PARTICIPATION IN SEVERAL HEALTHCARE SUS TAINABILITY LEADERSHIP GROUPS AND ADVISORY BOARDS, ADDRESSING ANTIBIOTIC OVERUSE IN AGRICU LTURE, SAFER CHEMICALS IN FURNISHING AND MEDICAL PRODUCTS, CLIMATE CHANGE, PLASTICS RECYCL ING, AND ENVIRONMENTALLY-PREFERABLE PURCHASING -PRACTICE GREENHEALTH MARKET TRANSFORMATIO N GROUP - LESS MEAT, BETTER MEAT -PRACTICE GREENHEALTH MARKET TRANSFORMATION GROUP - SAFER CHEMICALS -HEALTH CARE CLIMATE COUNCIL -HEALTHCARE PLASTICS RECYCLING COALITION - HEALTHC ARE FACILITY ADVISORY BOARD -VIZIENT ENVIRONMENTAL ADVISORY COUNCIL -SIGNATORY OF THE CHEM ICAL FOOTPRINT PROJECT ADVOCATE ALSO COMMONLY PROVIDES MENTORING TO HEALTH CARE COMMUNITY ON SUSTAINABILITY BEST PRACTICES THROUGH PRESENTATIONS AND WEBINARS, AS WELL AS TO INDIVID UAL HEALTH CARE INSTITUTIONS ON A CASE-BY-CASE BAS

Form and Line Reference	Explanation
PART VI, LINE 5 PROMOTION OF COMMUNITY HEALTH	IS 2 ADVOCATE HEALTH CARE SYSTEM - 2017 ENVIRONMENTAL INITIATIVES -REDUCED CUMULATIVE (ELEVEN HOSPITALS) HOSPITAL ENERGY CONSUMPTION BY 2 9 PERCENT IN TWELVE MONTHS ENDING 11/30 /17 OUR 2017 ENERGY REDUCTIONS -SAVED ADVOCATE $1,097,000 IN ENERGY COSTS -EQUATED TO EL IMINATING THE ENERGY USE OF APPROXIMATELY 363 AVERAGE AMERICAN HOMES - OR - AVOIDING THE A NNUAL CARBON EMISSIONS FROM NEARLY 378,080 GALLONS OF GASOLINE -RECYCLED 2,828 TONS OF WA STE FROM HOSPITAL OPERATIONS -RECYCLED 82 PERCENT OF CONSTRUCTION AND DEMOLITION DEBRIS -S AVED NEARLY 64 TONS OF WASTE FROM LANDFILL AND SAVED OVER $2 1 MILLION VIA OUR SURGICAL AN D MEDICAL DEVICE REPROCESSING PROGRAMS -LAUNCHED A FORMAL RELATIONSHIP AND DONATION PROGRA M WITH PROJECT C U R E , A NON-PROFIT ORGANIZATION THAT WILL RESPONSIBLY REDISTRIBUTE DONA TED MEDICAL SUPPLIES AND EQUIPMENT TO UNDER-RESOURCED AREAS AROUND THE GLOBE, FOR ALL ADVO CATE HEALTH CARE FACILITIES ADVOCATE DONATED A TOTAL OF 157 PALLETS OF MISCELLANEOUS MEDI CAL SUPPLIES, 31 EXAM TABLES OR OTHER FURNITURE, AND 83 PIECES OF MEDICAL EQUIPMENT TO PRO JECT CURE IN 2017, ALL OF WHICH MAY HAVE OTHERWISE BEEN LANDFILLED -PURCHASED 23,157 FEWE R REAMS OF PAPER IN 2017 VERSUS 2016 EVEN THOUGH PATIENT VOLUMES ROSE SIGNIFICANTLY - TRAN SLATING INTO A 5 8% YEAR-OVER-YEAR REDUCTION IN PAPER USAGE -COMPLETED A CONVERSION AWAY FROM HAND SOAP CONTAINING TRICLOSAN, AN ENDOCRINE DISRUPTING CHEMICAL, AT ALL FACILITIES S YSTEM-WIDE, AND SHARED THE STORY WITH OTHER HEALTH SYSTEMS ACROSS THE COUNTRY VIA A NATION AL CONFERENCE SPEAKING SESSION AND FOLLOW-UP WEBINAR -SPENT 83% OF ADVOCATE'S EXPENSES IN SELECT CLEANING PRODUCT CATEGORIES (WINDOW, FLOOR, CARPET, BATHROOM, AND GENERAL-PURPOSE CLEANERS) ON THIRD-PARTY CERTIFIED "GREEN" CLEANERS -INCREASED THE PURCHASE OF HEALTHIER H OSPITALS-APPROVED FURNITURE, MADE WITHOUT SELECT CHEMICALS OF CONCERN, INCLUDING PERFLUORI NATED COMPOUNDS, PVC (VINYL), FORMALDEHYDE, FLAME RETARDANTS (WHERE CODE PERMISSIBLE) AND ANTIMICROBIALS, TO 63% OF TOTAL PURCHASES -INCREASED THE AMOUNT OF PURCHASED MEDICAL SUPPL IES THAT ARE FREE OF PVC AND DEHP (CHEMICALS OF CONCERN) -PURCHASED 25% OF TOTAL MEAT PROD UCTS FROM LIVESTOCK AND POULTRY RAISED WITHOUT THE ROUTINE USE OF ANTIBIOTICS, SUPPORTING THE JUDICIOUS AND RESPONSIBLE USE OF ANTIBIOTICS IN AGRICULTURE WHICH CAN HELP SLOW THE EM ERGENCE OF ANTIBIOTIC-RESISTANT BACTERIA -ENCOURAGED THE PURCHASE OF HEALTHY BEVERAGES (NO SUGAR OR ARTIFICIAL SWEETENERS ADDED) TO 66% OF TOTAL BEVERAGES PURCHASED THROUGHOUT ADVO CATE HEALTH CARE -RELEASED A PUBLIC STATEMENT OF ADVOCATE'S COMMITMENT TO ADDRESSING CLIM ATE CHANGE AS AN ORGANIZATION -INSTITUTED A NEW ENVIRONMENTALLY-BASED SOCIAL SCREEN FOR A DVOCATE'S MARKETABLE INVESTMENT PROGRAM, LIMITING EXPOSURE TO COMPANIES WITH POOR ENVIRONM ENTAL PRACTICES INCLUDING SEVERAL FOSSIL FUEL AND MINING COMPANIES -RECOGNIZED 27 STAFF M EMBERS WITH HEALTHY ENVIRONMENT AWARDS FOR DEMONSTRATING OUTSTANDING EFFORTS TOWARD PERSON AL HEALTH OR ENVIRONMENTAL STEWARDSHIP -ENGAGED STAFF TO CONSERVE RESOURCES THROUGH CAMPAI GNS THAT ENCOURAGED PRINT MANAGEMENT AND ENERGY REDUCTION BEST PRACTICES -PLEASE SEE ADVO CATE HEALTH CARE'S PUBLICLY-FACING SUSTAINABILITY & WELLNESS WEBSITE FOR MORE INFORMATION 3 HOSPITAL-BASED ENVIRONMENTAL IMPROVEMENTS IN 2017 ADVOCATE ILLINOIS MASONIC MEDICAL CE NTER -ILLINOIS MASONIC WAS IS THE FIRST HOSPITAL IN THE CHICAGOLAND AREA TO BECOME ENERGY STAR CERTIFIED, AND ONLY ONE OF TWO HOSPITALS IN ILLINOIS TO BE ENERGY STAR CERTIFIED IN 2 017 -USED 5 4% LESS ENERGY PER SQUARE FOOT IN 2017 THAN IN 2016 (WEATHER NORMALIZED) -DI VERTED OVER 607,000 POUNDS OF OPERATING WASTE FROM THE LANDFILL THROUGH ITS VARIOUS RECYCL ING PROGRAMS -AVOIDED 12,600 POUNDS OF MEDICAL AND SOLID WASTE THROUGH ITS DEVICE REPROCE SSING PROGRAMS -PURCHASED 1,979 FEWER REAMS OF PAPER IN 2017 VERSUS 2016, TRANSLATING INT O A 5 8% YEAR OVER YEAR REDUCTION IN PAPER USAGE -PURCHASED 92% THIRD-PARTY CERTIFIED GRE EN CLEANERS FOR SELECT CLEANING PRODUCT

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

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

990 Schedule H, Supplemental Information

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

Additional Data

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Name: Advocate North Side Health Network

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	ILLINOIS MASONIC MEDICAL CENTER 836 WEST WELLINGTON AVENUE CHICAGO, IL 60657 http //www advocatehealth com/imc/ 0005165	X	X		X			X			

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

Form and Line Reference	Explanation
PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 2	N/A PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 3J N/A PART V, SECTION C - DES CRIPTION FOR PART V, SEC B, LINE 5 THE 2014-2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR ILLINOIS MASONIC MEDICAL CENTER WAS POSTED IN DECEMBER OF 2016 THIS CHNA WAS THE RESU LT OF ACTIVE PARTICIPATION IN THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY'S (HICCC) COL LECTIVE CHNA PROCESS AS WELL AS A MEDICAL CENTER-SPECIFIC ASSESSMENT OF HEALTH NEEDS WITHI N THE ILLINOIS MASONIC MEDICAL CENTER'S PRIMARY SERVICE AREA (PSA) THE CHNA IS THE PRODUC T OF INPUT FROM MULTIPLE STAKEHOLDERS IN 2015, ADVOCATE HEALTH CARE AND ITS FIVE HOSPITAL S PRINCIPALLY SERVING COOK COUNTY (INCLUDING ILLINOIS MASONIC MEDICAL CENTER) WERE FOUNDIN G PARTNERS AND ACTIVE PARTICIPANTS IN THE DEVELOPMENT OF THE HEALTH IMPACT COLLABORATIVE O F COOK COUNTY (NOW KNOWN AS THE ALLIANCE FOR HEALTH EQUITY), A PROJECT INVOLVING 26 HOSPIT ALS, 7 HEALTH DEPARTMENTS AND NEARLY 100 COMMUNITY-BASED ORGANIZATIONS THE GOAL OF THIS I NITIATIVE WAS TO WORK COLLABORATIVELY ON A COUNTY-WIDE CHNA AND IMPLEMENTATION PLAN ONCE P RIORITIES HAD BEEN IDENTIFIED THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI) SERVED AS THE B ACKBONE ORGANIZATION FOR THE COLLABORATIVE IN JANUARY 2016, ILLINOIS MASONIC MEDICAL CENT ER'S COMMUNITY HEALTH DIRECTOR RE-FORMED A COMMUNITY HEALTH COUNCIL (CHC) FOR THE MEDICAL CENTER THE CHC SERVED AS A DECISION-MAKING AND ADVISORY BODY TO ILLINOIS MASONIC MEDICAL CENTER'S LEADERSHIP AND THE GOVERNING COUNCIL REGARDING COMMUNITY HEALTH ASSESSMENT, STRAT EGIES AND PROGRAMS A PRINCIPAL RESPONSIBILITY OF THE CHC WAS PARTICIPATION IN THE MEDICAL CENTER'S COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS THE MEDICAL CENTER'S COMMUNITY HEALTH COUNCIL CONSISTED OF TWENTY-TWO MEMBERS - 45 PERCENT OF WHICH WERE REPRESENTATIVES FROM T HE COMMUNITY AND/OR PUBLIC HEALTH ORGANIZATIONS FOR THE COMMUNITY/PUBLIC HEALTH REPRESENT ATION, SPECIAL CONSIDERATION WAS GIVEN TO THE GEOGRAPHIC DISTRIBUTION OF COUNCIL MEMBERS A S WELL AS REPRESENTATION OF DIVERSE AND VULNERABLE POPULATION GROUPS IN THE REGION INDIVI DUALS REPRESENTING DIVERSE AND/OR VULNERABLE POPULATIONS ARE INDICATED BELOW WITH AN ASTER ISK THE COMMUNITY HEALTH COUNCIL WAS INSTRUMENTAL IN SHAPING THE ASSESSMENT FINDINGS AND PRIORITY ISSUES THAT ARE PRESENTED IN THE 2014-2016 CHNA THE TITLES AND ORGANIZATIONS OF ILLINOIS MASONIC MEDICAL CENTER'S COMMUNITY HEALTH COUNCIL FOLLOW MEMBERS FROM THE COMMUN ITY -COO OF PARENT ORGANIZATION, LAKEVIEW REHABILITATION AND NURSING CENTER* -COORDINATOR, SPECIAL INITIATIVES, ILLINOIS AFRICAN AMERICAN COALITION ON PREVENTION* -DIRECTOR, HEALTH Y CHICAGO 2 0, CHICAGO DEPARTMENT OF PUBLIC HEALTH -DIRECTOR, NORTH CENTER, METROPOLITAN F AMILY SERVICES * -EXECUTIVE DIRECTOR, ASIAN HEALTH COALITION* -MANAGER, CLINICAL QUALITY I MPROVEMENT, HOWARD BROWN HEALTH CLINIC (FQHC)* -PRESIDENT, WJ BRODINE & CO, MEMBER, GOVERN ING COUNCIL, ILLINOIS MASONIC MEDICAL CENTER, CHC CO-CHAIR -PRINCIPAL, CHUHAK & TECSON, ME MBER, GOVERNING COUNCIL, ILLIN

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

Form and Line Reference	Explanation
PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 2	OIS MASONIC MEDICAL CENTER -PROFESSOR, COMMUNITY HEALTH AND WELLNESS PROGRAM, NORTHEASTERN ILLINOIS UNIVERSITY -RESOURCE DEVELOPER, CENTRO ROMERO* -VICE PRESIDENT, STRATEGY AND DEV ELOPMENT, HEARTLAND HEALTH CENTERS (FQHC)* ILLINOIS MASONIC MEDICAL CENTER STAFF MEMBERS - ADVOCATE FAITH COMMUNITY NURSE, ILLINOIS MASONIC MEDICAL CENTER * -DIRECTOR, COMMUNITY HEA LTH, ILLINOIS MASONIC MEDICAL CENTER, CHC CO-CHAIR -DIRECTOR, HISPANOCARE AND COMMUNITY OU TREACH, ILLINOIS MASONIC MEDICAL CENTER * -DIRECTOR, MEDICAL EDUCATION, ILLINOIS MASONIC M EDICAL CENTER -DIRECTOR, PHYSICIAN SERVICES, ILLINOIS MASONIC MEDICAL CENTER -FIRST YEAR M EDICAL RESIDENT, ILLINOIS MASONIC MEDICAL CENTER -MANAGER, CASE MANAGEMENT, ILLINOIS MASON IC MEDICAL CENTER -MANAGER, COMMUNITY RELATIONS, ILLINOIS MASONIC MEDICAL CENTER -MANAGER, PLANNING AND BUSINESS DEVELOPMENT, ILLINOIS MASONIC MEDICAL CENTER -SPECIAL PROJECTS COOR DINATOR, FOUNDATION AND PHYSICIAN SERVICES, ILLINOIS MASONIC MEDICAL CENTER -VICE PRESIDEN T, CLINICAL OPERATIONS, ILLINOIS MASONIC MEDICAL CENTER BY LEVERAGING ITS PARTNERS AND NET WORKS, HICCC COLLECTED APPROXIMATELY 5,200 RESIDENT SURVEYS FOR CHNA INPUT BETWEEN OCTOBER 2015 AND JANUARY 2016, INCLUDING APPROXIMATELY 1,700 IN THE NORTH REGION, WHERE ILLINOIS MASONIC MEDICAL CENTER IS LOCATED THE SURVEY WAS AVAILABLE IN FIVE LANGUAGES - ENGLISH, S PANISH, POLISH, KOREAN AND ARABIC THE MAJORITY OF SURVEY RESPONDENTS FROM THE NORTH REGIO N IDENTIFIED AS HETEROSEXUAL (89%) OF THE TOTAL SURVEY RESPONDENTS, 71% IDENTIFIED THEIR RACE AS WHITE, 17% AS ASIAN/PACIFIC ISLANDER, 6% AS BLACK/AFRICAN AMERICAN, 4% AS MIDDLE E ASTERN, AND 2% AS NATIVE AMERICAN/ AMERICAN INDIAN APPROXIMATELY 19% OF SURVEY RESPONDENT S IN THE NORTH REGION IDENTIFIED THEIR ETHNICITY AS HISPANIC/LATINO ROUGHLY 0 6% OF SURVE Y RESPONDENTS FROM THE NORTH REGION INDICATED THAT THEY WERE LIVING IN A SHELTER OR WERE H OMELESS MOST RESPONDENTS FROM THE NORTH REGION HAD A COLLEGE DEGREE OR HIGHER (53%) THE MAJORITY OF NORTH REGION RESPONDENTS REPORTED AN ANNUAL HOUSEHOLD INCOME OF $60,000 OR LES S (63%) ADDITIONALLY, HICCC CONDUCTED EIGHT FOCUS GROUPS IN THE NORTH REGION FOR CHNA INP UT BETWEEN OCTOBER 2015 AND MARCH 2016 THE COLLABORATIVE ENSURED THAT THE FOCUS GROUPS IN CLUDED POPULATIONS WHO ARE TYPICALLY UNDERREPRESENTED IN COMMUNITY HEALTH ASSESSMENTS, INC LUDING RACIAL AND ETHNO-CULTURAL GROUPS, IMMIGRANTS, LIMITED ENGLISH SPEAKERS, LOW-INCOME COMMUNITIES, FAMILIES WITH CHILDREN, LESBIAN, GAY, BISEXUAL, QUESTIONING, INTERSEX AND AL LIES (LGBQIA) AND TRANSGENDER INDIVIDUALS AND SERVICE PROVIDERS, INDIVIDUALS WITH DISABILI TIES AND THEIR FAMILY MEMBERS, INDIVIDUALS WITH MENTAL HEALTH ISSUES, FORMERLY INCARCERATE D INDIVIDUALS, VETERANS, SENIORS, AND YOUNG ADULTS BOTH ADVOCATE ILLINOIS MASONIC MEDICAL CENTER'S 2014-2016 CHNA REPORT AND THE PREVIOUS 2011-2013 CHNA REPORT AND IMPLEMENTATION PLANS ARE POSTED ON ADVOCATE HEALTH CARE'S WEBPAGE AND CONTAIN A LINK TO A FORM AND AN EMA IL FOR THE COMMUNITY TO USE IN

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

Form and Line Reference	Explanation
PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 2	PROVIDING FEEDBACK AS OF DECEMBER 31, 2017, THERE WAS NO COMMUNITY FEEDBACK ON EITHER CH NA REPORT PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 6A NINE NONPROFIT HOSPI TALS, FOUR HEALTH DEPARTMENTS AND APPROXIMATELY 30 STAKEHOLDERS PARTNERED ON THE HICCC NOR TH REGION CHNA THE PARTICIPATING RELATED HOSPITALS WERE ADVOCATE ILLINOIS MASONIC MEDICAL CENTER (CHICAGO, IL) AND ADVOCATE LUTHERAN GENERAL HOSPITAL (PARK RIDGE, IL) THE UNRELAT ED PARTICIPATING HOSPITALS INCLUDED NORTH SHORE UNIVERSITY HEALTH SYSTEM, INCLUDING EVANS TON, GLENVIEW AND SKOKIE HOSPITALS (ALL IN IL), PRESENCE HOLY FAMILY MEDICAL CENTER (DES P LAINES, IL), PRESENCE RESURRECTION MEDICAL CENTER (CHICAGO, IL), PRESENCE SAINT FRANCIS HO SPITAL (EVANSTON, IL), AND PRESENCE SAINT JOSEPH HOSPITAL (CHICAGO, IL) PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 6B ADVOCATE ILLINOIS MASONIC MEDICAL CENTER WAS AN ACTIVE PARTICIPANT OF THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY, WHICH INCLUDED THE I LLINOIS PUBLIC HEALTH INSTITUTE, 26 HOSPITALS, AS WELL AS 7 HEALTH DEPARTMENTS AND OVER 10 0 COMMUNITY ORGANIZATIONS IN THE NORTH REGION IN WHICH ILLINOIS MASONIC MEDICAL CENTER WA S INCLUDED, THERE WERE 9 HOSPITALS, 4 HEALTH DEPARTMENTS AND 30 COMMUNITY ORGANIZATIONS IN VOLVED HEALTH DEPARTMENTS WERE KEY PARTNERS IN CONDUCTING THE CHNA THE PARTICIPATING HEA LTH DEPARTMENTS IN THE NORTH REGION OF COOK COUNTY, ILLINOIS, WERE THE CHICAGO DEPARTMENT OF PUBLIC HEALTH, COOK COUNTY DEPARTMENT OF PUBLIC HEALTH, EVANSTON HEALTH DEPARTMENT, AND SKOKIE HEALTH DEPARTMENT ADDITIONALLY, THE OVER 30 COMMUNITY-BASED ORGANIZATIONS THAT PA RTICIPATED IN THE HICCC ASSESSMENT PROCESS BROUGHT COMMUNITY EXPERTISE AND KNOWLEDGE OF DI VERSE AND VULNERABLE POPULATIONS TO THE TABLE A COMPLETE LIST OF COMMUNITY ORGANIZATIONS INVOLVED IN THE HICCC NORTH REGION ASSESSMENT CAN BE VIEWED AT HTTP //HEALTHIMPACTCC ORG/ WP-CONTENT/UPLOADS/2016/12/NORTH-REGION-CHNA-REP ORT-APPENDICES PDF PART V, SECTION C - DE SCRIPTION FOR PART V, SEC B, LINE 7D THE PUBLIC WAS INVITED TO ATTEND THE FINAL CHNA REPOR T WHEN IT WAS PRESENTED TO THE ILLINOIS MASONIC MEDICAL CENTER COMMUNITY HEALTH COUNCIL ON JANUARY 12, 2017 PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 11 2014-2016 CH NA NEEDS SELECTED TO ADDRESS AFTER CONSIDERING THE FINDINGS OF THE HICCC ASSESSMENT PROCES S AS WELL AS DATA SPECIFIC TO THE MEDICAL CENTER'S PRIMARY SERVICE AREA (PSA) THE COMMUNIT Y HEALTH COUNCIL DISCUSSED THE DATA AND FINDINGS AND ENGAGED IN A GROUP-RANKING PROCESS OF THE IDENTIFIED HEALTH NEEDS THREE HEALTH ISSUES WERE SELECTED BY A UNANIMOUS VOTE BY ILL INOIS MASONIC MEDICAL CENTER'S COMMUNITY HEALTH COUNCIL AS PRIORITY NEEDS FOR THE 2014-201 6 CHNA 1 CHRONIC DISEASE PREVENTION/MANAGEMENT 2 BEHAVIORAL HEALTH 3 SOCIAL DETERMINAN TS OF HEALTH CHRONIC DISEASE PREVENTION/MANAGEMENT HEALTHY SCHOOL PROGRAM - STRATEGY ONE CREATE A MULTI-COMPONENT, SUSTAINABLE SCHOOL-BASED OBESITY PREVENTION PROGRAM IN A SCHOOL WITHIN ILLINOIS MASONIC MEDICA

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Advocate North Side Health Network

Employer identification number
36-3196629

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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 . . . . . ▶ 7

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Form 990, Schedule I, Part I, line 2	Grants and Other Assistance to Domestic Organizations and Domestic Governments FOR AMOUNTS REPORTED ON SCHEDULE I, ADVOCATE NORTH SIDE HEALTH NETWORK REPORTS ONLY NON PROFIT ORGANIZATIONS THAT ARE TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OR THAT ARE CONSISTENT WITH AND COMPLIMENTARY TO THE MISSION AND CHARITABLE, TAX-EXEMPT PURPOSES OF ADVOCATE NORTH SIDE HEALTH NETWORK THE PURPOSES OF THESE GRANTS IS TO SUPPORT COMMUNITY PROGRAMS CASH CONTRIBUTIONS ARE NOT MADE TO INDIVIDUALS, FOR PROFIT BUSINESSES, OR PRIVATE PROVIDERS

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACTION FOR HEALTHY KIDS 600 W Van Buren St Ste 720 Chicago, IL 60607	47-0902020	501(c)(3)	6,000				SUPPORT EXEMPT MISSION
COLON CANCER ALLIANCE INC 1025 Vermont Ave NW Washington, DC 20005	86-0947831	501(c)(3)	13,440				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COLON CANCER COALITION 5666 Lincoln Drive Ste 720 Edina, MN 55436	30-0377727	501(c)(3)	7,500				SPONSOR EVENTS
HISPANOCARE INC 3075 Highland Pkwy Downers Grove, IL 60515	36-3606486	501(c)(3)	150,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NAMI CHICAGO 1536 West Chicago Ave Chicago, IL 60642	36-3075407	501(c)(3)	8,700				SPONSOR EVENTS
ST ALPHONSUS CHURCH 1429 West Wellington Ave Chicago, IL 60657	36-1721270	501(c)(3)	9,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MASONIC FAMILY HEALTH FOUNDATION 3075 Highland Pkwy Downers Grove, IL 60515	36-4397387	501(c)(3)	64,775				SUPPORT EXEMPT MISSION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Advocate North Side Health Network

Employer identification number
36-3196629

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 4A	JAMES DAN, M D FORMER PRESIDENT OF AMBULATORY SERVICES AND PRESIDENT OF AMG, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $267,800 WHICH HAS BEEN REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) FORM 990, SCHEDULE J, PART I, LINE 4B GAIL D HASBROUCK, SENIOR VICE PRESIDENT-GENERAL COUNSEL AND CORPORATE SECRETARY, IS VESTED IN A NON-QUALIFIED RETIREMENT PLAN AS SUCH ANY CONTRIBUTIONS ARE TAXED CURRENTLY THERE IS NO DEFERRED COMPONENT THE CURRENT YEAR CONTRIBUTION AMOUNT IS $34,190 ADVOCATE PROVIDES A TARGET REPLACEMENT SENIOR EXECUTIVE RETIREMENT PLAN THE CONTRIBUTIONS TO THIS PLAN ARE VESTED AND TAXABLE AFTER FIVE YEARS OF SERVICE THE FOLLOWING EMPLOYEES ARE VESTED IN THE PLAN AND THEREFORE THE CONTRIBUTIONS ARE REPORTED AS COMPENSATION ON THE W-2 JAMES SKOGSBERGH $684,846, WILLIAM P SANTULLI $308,617, GAIL D HASBROUCK $119,188, LEE B SACKS, M D $222,290, DOMINIC J NAKIS $210,951, BRUCE D SMITH $117,737, KEVIN BRADY $145,836, SCOTT POWDER $112,610, JAMES DAN, M D $110,293, REV Kathie B Schwich $76,889, KELLY JO GOLSON $98,962 AND SUSAN NORDSTROM LOPEZ $149,917 THE FOLLOWING EMPLOYEES HAVE NOT YET VESTED AND THEREFORE THE CONTRIBUTIONS ARE REPORTED AS DEFERRED COMPENSATION SUSAN CAMPBELL $97,304 AND EARL J BARNES II $47,573 FORM 990, SCHEDULE J, PART I, LINE 7 INCENTIVE PAYMENTS ARE BASED UPON A FORMULA THE AMOUNTS ARE CALCULATED AFTER CERTAIN PERFORMANCE AND OPERATING GOALS ARE ACHIEVED THE COMPENSATION COMMITTEE CAN EXERCISE DISCRETION OVER WHETHER INCENTIVE COMPENSATION IS PAID OUT ANNUALLY

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1James Skogsbergh EXEC VP, COO, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,536,274	2,484,514	6,030,964	1,652,575	24,129	11,728,456	3,923,100
1Gail D Hasbrouck Corp Secretary 01/17, Director	(i)	0	0	0	0	0	0	0
	(ii)	360,146	313,772	227,994	92,303	16,451	1,010,666	106,321
2William P Santulli President	(i)	0	0	0	0	0	0	0
	(ii)	930,226	905,144	1,412,493	661,298	24,668	3,933,829	1,262,976
3Lee B Sacks MD EXEC VP, CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	750,194	581,990	391,891	402,023	18,481	2,144,579	112,776
4James Doheny VP, FIN & CORP CONTROLLER	(i)	0	0	0	0	0	0	0
	(ii)	345,367	115,083	34,442	24,688	27,204	546,784	0
5Earl J Barnes II SVP, Gen Counsel & Corp Sec	(i)	0	0	0	0	0	0	0
	(ii)	480,769	125,000	31,550	204,240	35,472	877,031	0
6Vincent Bufalino MD PRES PHYS & AMB SVCS/AMG	(i)	0	0	0	0	0	0	0
	(ii)	546,621	356,952	1,043,660	291,525	26,862	2,265,620	623,659
7Rev Kathie B Schwich SVP, MISSION & SPIRITUAL CARE	(i)	0	0	0	0	0	0	0
	(ii)	203,930	221,679	122,503	142,934	80,885	771,931	56,539
8Kevin Brady SVP, CHIEF HUMAN RESOURCES	(i)	0	0	0	0	0	0	0
	(ii)	485,331	389,720	239,107	274,218	36,923	1,425,299	149,680
9Susan Campbell SVP OF PATIENT CR CHF NUR OFCR	(i)	0	0	0	0	0	0	0
	(ii)	372,072	225,262	43,657	245,031	20,271	906,293	75,419
10Kelly Jo Golson SVP,CHIEF MARKETING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	393,396	213,174	169,184	147,032	2,920	925,706	69,327
11Dominic J Nakis SVP, CFO & TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	680,607	581,990	360,878	402,023	27,641	2,053,139	226,308
12Scott Powder SVP/CHIEF STRATEGY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	413,940	269,534	184,724	180,245	24,929	1,073,372	93,292
13Bruce D Smith SVP, INFORMATION SYS/CIO 07/17	(i)	0	0	0	0	0	0	0
	(ii)	272,935	317,618	236,193	95,307	17,827	939,880	112,776
14Barbara Byrne MD SVP, Chief Information Officer	(i)	0	0	0	0	0	0	0
	(ii)	211,534	25,000	18,162	202,653	4,495	461,844	0
15Susan Nordstrom Lopez President of Advocate IMMC	(i)	487,108	364,678	241,521	265,292	38,099	1,396,698	144,293
	(ii)	0	0	0	0	0	0	0
16Vijay Maker Chair Surgery Department	(i)	469,000	60,612	19,949	24,688	20,898	595,147	0
	(ii)	0	0	0	0	0	0	0
17Stephen Locher Chair Obstetrics/Gynecology	(i)	385,000	108,331	12,095	24,688	29,931	560,045	0
	(ii)	0	0	0	0	0	0	0
18Robert Zadylak VP Medical Management	(i)	211,306	98,017	90,690	32,788	11,417	444,218	0
	(ii)	0	0	0	0	0	0	0
19Patricia Lee Chair Emergency Medicine	(i)	291,875	87,913	11,513	24,688	11,117	427,106	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Donna King VP Clinical Ops/CNE	(I)	290,723	66,999	22,793	24,688	13,329	418,532	0
	(II)	0	0	0	0	0	0	0
1 James Dan MD PRES PHYS & AMB SVCS/AMG -7/16	(I)	0	0	0	0	0	0	0
	(II)	22,661	353,547	473,502	54,967	8,952	913,629	163,224

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Advocate North Side Health Network

Employer identification number
36-3196629

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Osvaldo Lopez MD	Family Mbr- Susan N Lopez	179,633	Employment		No

Part V Supplemental Information

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318041388

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Advocate North Side Health Network

Employer identification number

36-3196629

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4a	charity care and trauma care providing inpatient and outpatient health care services to th e community regardless of the patients' ability to pay as part of its community benefits strategy and its mission, advocate illinois masonic medical center is committed to promoti ng initiatives that enhance access to health care for the uninsured and underinsured an e xample of this is the medical center's provision of charity care illinois masonic medical center offers a very generous charity care program--requiring no payments from the patien ts most in need, providing discounts to uninsured patients earning up to six times the fed eral poverty level and to insured patients earning up to four times the federal poverty le vel the medical center also considers a patient's extenuating circumstances to qualify pa tients for charity care for uninsured patients, the medical center will presumptively pro vide charity care if the financial status has been verified by a third party and, in some cases, the patient is not required to submit a separate charity application if presumptiv e criteria is not available for uninsured patients, then financial assistance eligibility is available using an income-based screening illinois masonic medical center extends its income-based financial assistance policy to its insured patients as well, also taking into consideration the insured patient's extenuating circumstances although the medical cente r's charity care policy is very generous, illinois masonic medical center continues to rev iew and refine its policy in an ongoing effort to ensure that financial assistance is avai lable to those who need assistance when they need it the medical center maintains highly visible signage and brochures in multiple languages to inform patients of the availability of financial help and financial counselors information about the charity care program an d the charity application is provided to all uninsured patients during registration and is mailed to them in advance of the first patient billing after that, each uninsured patien t's bill includes summary information regarding the charity care program illinois masonic medical center is dedicated to providing expert emergency and trauma care the medical ce nter's level i trauma center, one of only four in chicago, cares for the most seriously in jured people within its service area emergency and trauma services are provided regardles s of ability to pay in 2017, the medical center experienced 42,849 emergency room visits, of which 1,677 were trauma patients several health care services provided by physicians employed by the hospital are focused on impacting the health of the community the digesti ve health team has been working actively to increase colon cancer screenings emergency me dicine physicians have been training local emergency medical technicians (emts) as well as providing training in cardio pulmonary resuscitation (cpr), bleeding control and appropri ate bike helmet usage a range

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4a	of physicians and associates provide health education, lectures and screenings at communi ty health events throughout the year form 990, part iii - program service, line 4b gradua te medical education illinois masonic medical center is committed to training health care providers in a broad range of specialties in 2017, the medical center trained 225 residen ts and 490 medical students in the following services anesthesiology, cardiology, emergen cy medicine, family medicine, internal medicine, obstetrics/ gynecology, orthopedic surger y, pediatry, radiology, general surgery, surgical critical care and urology the medical c enter also has training programs for other healthcare professionals, including pharmacy, n ursing, psychology, social work and rehabilitation a limited number of dental students re ceive specialized training in programs for special needs dentistry and serve patients on t he mobile dental van the medical center also provides accredited chaplaincy training thro ugh the medical center's accredited clinical pastoral education program form 990, part ii i - program services, line 4c description of advocate illinois masonic medical center illi nois masonic medical center is a 397-bed teaching medical center located on chicago's nort h side the medical center, one of only four level i trauma centers in chicago, treated 1, 677 trauma patients in 2017 the medical center also has one of chicago's most active emer gency departments (eds) there were a total of 42,849 (including trauma) emergency visits to the medical center in 2017 the medical center's level iii neonatal intensive care unit (nicu) holds the state's highest designation the medical center had 387 nicu admits and 2,037 infants delivered in 2017 the medical center is fully accredited by det norske veri tas (norway) and germanischer lloyd (germany) (dnv-gl), with the exception of outpatient b ehavioral health, which is accredited by the commission on accreditation of rehabilitation facilities (carf) and laboratory point of service testing, which is accredited by the joi nt commission illinois masonic medical center has more than 900 active physicians on staf f representing 43 medical specialties it employs almost 800 registered nurses the medica l center offers a wide range of medical services and is nationally recognized for its medi cal expertise, innovative technologies and dedication to patient safety, quality and servi ce illinois masonic medical center's major services include behavioral health, comprehen sive surgical services, emergency and trauma services, cancer care, cardiovascular service s, digestive disease services, obstetrics, gynecology, midwifery and pediatric services, o rthopedic services and neuroscience services ambulatory and community health services inc lude primary care, a dentistry program, including a mobile dental van, vision services, a deaf and hard of hearing program, the pediatric developmental center, ear, nose and throat services, urology and urogyne

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4a	cology, physical rehabilitative services, diagnostic imaging services, infusion therapy, p ain management, rheumatology, and a unique relationship with school-based health centers currently, the medical center employs over 2,300 associates and 447 volunteers illinois m asonic medical center trains 225 residents and 490 medical students each year the medical center is one of illinois' largest non-university medical teaching hospitals and is affil iated with the university of illinois at chicago health sciences center, rosalind franklin university and midwestern university the medical center also provides community health d ata-driven health and wellness programs, evidence-based strategies to measure community he alth outcomes, community lectures and other services in support of its mission, values and philosophy (mvp)

990 Schedule O, Supplemental Information

Return Reference	Explanation
MISSION, VALUES AND PHILOSOPHY (MVP)	the mission of illinois masonic medical center is to serve the health needs of individuals , families and communities through a wholistic philosophy rooted in the fundamental unders tanding of human beings as created in the image of god the values of illinois masonic med ical center serve as an internal compass to guide relationships and actions they include equality, compassion, excellence, partnership, and stewardship the mvp calls the hospital to extend its services into the community to address access to care issues and to improve the health and well-being of the people in the communities the hospital serves as an adv ocate hospital, illinois masonic medical center embraces the advocate system mvp the phil osophy of illinois masonic medical center is grounded in the principles of human ecology, faith and community-based health care these principles arise from an understanding of hum an beings as whole persons in light of their relationships with god, themselves, their fam ilies and the society in which they live through our actions we affirm these principles population served advocate illinois masonic medical center provides quality health care to individuals regardless of race, creed, national origin, age or ability to pay in 2017, t he medical center's physicians and associates provided 14,026 inpatient admissions, includ ing 2,037 deliveries, and handled 193,247 outpatient visits as a level i trauma center, i llinois masonic medical center experienced 1,677 trauma visits and a total of 42,849 (trau ma visits included) emergency department visits in 2017 (for a description of the medical center's service area, please see summary provided in schedule h, part vi supplemental i nformation, line 4) commitment to the community advocate illinois masonic medical center is dedicated to maintaining a strong presence within its community and continues to monito r expenditures to make certain that the programs and services supported are in direct resp onse to community need in 2017, the medical center provided over $44 million in community benefit programs and services these benefits included not only the cost of charity care and unreimbursed medicaid and medicare, for example, but also the cost for implementing an d sustaining programs specifically designed to meet the health care needs of the community community benefits plan goals and examples of program service accomplishments as one of eleven advocate health care hospitals, advocate illinois masonic medical center's communit y benefits efforts are aligned with advocate health care's community benefits plan the co mmunity benefits plan was developed to establish strategies for improving access to care a nd positively affecting the health of the communities served by the hospital included in the community benefits plan are not only planned goals and objectives focused on addressin g needs as identified through a hospital-specific community health needs assessment, but a lso other community benefits s

990 Schedule O, Supplemental Information

Return Reference	Explanation
MISSION, VALUES AND PHILOSOPHY (MVP)	uch as charity care, unreimbursed medicaid and medicare the community benefits plan sets the course for strengthening existing partnerships and building new ones with individuals and organizations within illinois masonic medical center's service area in order to levera ge and maximize the impact of its programs the community benefits plan goals and some spe cific examples of illinois masonic medical center programs and services that address these goals are as follows goal a optimize advocate's capacity to manage an effective communi ty health strategy by implementing regular community health assessments (chnas) and using data from these assessments to guide program development community health council (chc) t he medical center's chc serves as a decision-making and advisory body to hospital leadersh ip and the hospital governing council regarding community health assessment, community hea lth improvement strategies and programs the goal of the chc is to improve the health equi ty and the overall health status of the communities that the hospital serves a principal responsibility of the chc is participation in the hospital's chna process the 2017 chc co nsisted of twenty-two members--45 percent of whom were representatives from the community and/or public health organizations for the community/public health representation, specia l consideration was given to the geographic distribution of council members, as well as re presentation of unique/underserved population groups in the region the community health c ouncil was instrumental in shaping the assessment findings and prioritizing health issues that were identified in the chna participation in the health impact collaborative of cook county advocate health care and its five hospitals principally serving cook county, inclu ding illinois masonic medical center, contribute financially and provide in-kind resources to the health impact collaborative of cook county (hiccc) hiccc is a project involving 2 6 hospitals, 7 health departments and nearly 100 community-based organizations that opted to work collaboratively on a county-wide chna and community health improvement plan once p riorities were identified in mid 2017, the health impact collaborative of cook county mer ged with the healthy chicago hospital collaborative to form the alliance for health equity this collaborative, as well as the predecessor health impact collaborative, are fully su pported by hospital fees which pay for the facilitation services of the illinois public he alth institute community health needs assessment and community health improvement plan th e medical center conducted a comprehensive chna and posted the final report in december 20 16 planning for a community health improvement plan to address the identified priorities also took place in 2016 and early 2017, under the leadership of the community health depar tment and the community health council the high-level improvement strategies developed in 2016 are as follows obesity

990 Schedule O, Supplemental Information

Return Reference	Explanation
MISSION, VALUES AND PHILOSOPHY (MVP)	as obesity was a high priority for the 2014-2016 chna, work began in late 2016 to identify a school in the medical center's service area with which to collaborate to develop a comp rehensive obesity prevention program illinois masonic medical center has partnered with a dvocate children's hospital to develop a multi-component, sustainable school-based obesity prevention program that will leverage several partnerships work with a school in the chi cago public schools began in 2017 the school was selected through assessing a community w ith a high socio-needs index (healthy communities institute proprietary index correlating social demographics with poor health outcomes) chronic disease a pilot program to follow- up with discharged patients experiencing chronic diseases and frequent readmission histori es (readmitted within 30 days after discharge for all causes) is in the process of being d eveloped the program will utilize volunteers to support patients in keeping follow-up app ointments after discharge as a first step in chronic disease management hospital voluntee rs will meet with patients, assist with making a follow-up appointment and make reminder c alls the program, which began in 2017, served 110 patients including providing referrals employment advocate illinois masonic medical center will serve as a site for the healthca re workforce collaborative this project will recruit, train and hire community members se eking employment opportunities in the healthcare industry employment opportunities will f ocus on illinois masonic medical center, other advocate health care locations and health c are providers in the community an incumbent worker strategy (navigate) will be offered to the front-line workforce at illinois masonic medical center which will include soft-skill s training, tools and resources to help existing staff develop a career ladder path illin ois masonic medical center will collaborate with community organizations to recruit and tr ain community members both programs focused on improving career opportunities for individ uals from low-income zip codes within the medical center's service area goal b undertake or support initiatives that enhance access to health care, prevention and wellness servic es across the lifespan and within the diverse communities advocate serves in addition to illinois masonic medical center's very generous charity care program as previously describ ed in part iii , program service accomplishments, line 4 a, the medical center has many pr ograms and services devoted to prevention and wellness, and that improve access to care, f or which some specific examples follow

990 Schedule O, Supplemental Information

Return Reference	Explanation
FIRST ACCESS	given the high number of admissions and emergency department (ed) visits for behavioral he alth conditions at illinois masonic medical center and the high number of discharged patie nts that were not keeping their outpatient follow-up appointments, the hospital's behavior al health services department created the first access program in 2013 the goal of first access is to provide immediate access to follow-up behavioral health services to support r ecovery and prevent relapses through first access, behavioral health ed patients, as well as patients referred by the hospital's inpatient psychiatric unit, medical floors and phy sicians, are literally walked over to outpatient care by a staff member to ensure same day follow-up for outpatient appointments since its implementation, first access has consist ently increased behavioral health patients' appointment follow-through rates from 40 perce nt in 2013 to over 90 percent in 2017 in a 2017 sample representative population, 91 perc ent showed decreased ed utilization from pre-first access to post-first access in 2017, f irst access interventions demonstrated at least an 80% decrease in depression symptoms amo ng the first access population hispanocare hispanocare, another program provided by the m edical center, is dedicated to providing affordable, quality, bilingual, bicultural health care to chicago's latino community this program provides education, screening and follow -up for various public health issues in the surrounding community services are provided i n both english and spanish numerous health fairs in which illinois masonic medical center participates are organized and supported by hispanocare language assistance/interpreter services illinois masonic medical center provides care for patients from many different et hnic and cultural backgrounds in order to meet the unique communication needs of populati ons accessing care at the medical center, illinois masonic medical center employs spanish, polish and american sign language interpreters to provide interpretation services as need ed in addition, as with all hospitals in the system, advocate health care offers telephon ic and/or video interpreting in more than 200 languages medication assistance program the medication assistance program provides financial as well as resource navigation help to p atients who are unable to afford their medication medical center staff work with pharmace utical companies to obtain medications at no or low costs for patients as well as financia lly supporting the purchase of some medications disaster coordination illinois masonic me dical center's emergency medical services staff train city and private ambulance and fire department employees as one of only eleven hospitals in illinois designated as a resource hospital coordinator center (rhcc), illinois masonic medical center is responsible for co ordinating medical response within a densely populated region of chicago this includes co ordinating emergency medical r

990 Schedule O, Supplemental Information

Return Reference	Explanation
FIRST ACCESS	esponse efforts at major events, such as the chicago marathon and during visits of nationa l and international leaders the hospital also serves as the lead hospital for disasters o ccurring in chicago, including o'hare airport special needs dentistry program the goal of the special needs dentistry program at illinois masonic medical center is to improve acce ss to oral health for children and adults with special needs the program provides oral he alth care to patients with developmental disabilities including down syndrome, cerebral pa lsy and seizure disorder special needs patients and their families may overlook essential dental care in the face of more urgent health needs many dentists lack the training, res ources and/or supplies needed to effectively serve special needs patients and, as a result , many people with disabilities lack access to even basic routine dental care patients wi th special needs also may not understand the need for dental care or cooperate while a den tist tries to examine the mouth and teeth in addition, to treating patients in the dental center, the special needs dentistry program provides outreach screening services at sites that support persons with developmental disabilities in 2017, there were 2,351 patient v isits that served 146 children and 1,456 adults with special needs more than 300 individu als with special needs were screened at shore training center, chicago lighthouse for the blind, shore lois lloyd center and victor c neumann association goal c positively affec t the health status and quality of life of individuals and populations in communities serv ed by advocate through evidence-based programs, addressing identified needs and a commitme nt to health equity baby friendly hospital illinois masonic medical center is certified a s baby friendly, a designation from the world health organization recognizing the highest level of support for breastfeeding mothers and babies this designation and related practi ces are a strong step forward in addressing the city's childhood obesity epidemic providi ng infants with human milk gives them the most complete nutrition possible because it prov ides the best mix of nutrients for each baby to thrive the baby friendly designation, whi ch is granted by baby-friendly usa, recognizes the medical center's success at providing a n optimal level of support for breastfeeding mothers and babies the designation was achie ved after a rigorous four-phase process culminating with comprehensive on-site evaluation scientific studies have shown that breastfed children have far fewer and less serious ill ness than those who never received breast milk, including a reduced risk of sids, childhoo d cancer and diabetes deaf and hard of hearing program through a special program, in 2017 illinois masonic medical center provided mental health care in american sign language to 117 patients that are deaf, hard of hearing, or deaf-blind children--adolescents and adult s the medically integrated cr

990 Schedule O, Supplemental Information

Return Reference	Explanation
FIRST ACCESS	ısıs community support (mıccs) program the mıccs program ıs a servıce whıch follows acutel y behavıorally ıll patıents, a portıon of whom are homeless, who have a comorbıd physıcal ıllness or addıctıon, and a pattern of seekıng prımary and behavıoral health care ın the e d, ınpatıent psychıatrıc unıt or medıcal unıt of communıty hospıtals the multıdıscıplınar y team workıng wıth the clıents ıs comprısed of clınıcıans, clergy and other associates wh o are ın daily contact wıth the clıents ın 2017, the team assısted 160 clıents wıth theır ındıvıdual needs such as housıng and medıcatıon stabılızatıon the program has consıstent ly decreased emergency department utılızatıon for the clıents served mobıle dental van th e mobıle dental van program at ıllınoıs masonıc medıcal center provıdes access to oral hea lth servıces for underserved and unınsured ındıvıduals the goal of the mobıle dental van ıs to ımprove the oral health of vulnerable populatıons, such as low-ıncome chıldren and f amılıes, homeless ındıvıduals, older adults and persons wıth specıal needs servıces provı ded ınclude preventıve care, restoratıve treatment and oral surgery the mobıle dental van sees patıents fıve days per week ın 2017, the program served 18 sıtes ıncludıng hıgh sch ools, elementary schools, organızatıons that serve the homeless, communıty health centers, as well as organızatıons that serve ındıvıduals wıth mental ıllness, developmental dısabı lıtıes, and senıors ın 2017, the program served 627 unıque patıents, provıdıng 1,557 patı ent vısıts pedıatrıc development center approprıate dıagnosıs of developmental challenges ıs crıtıcal to assıstıng these ındıvıduals ın lıvıng theır "best", most healthy lıfe thı s program dıagnoses chıldren and adolescents from bırth to age 18 who face developmental c hallenges post-dıagnosıs, the program provıdes specıalızed treatment programs as well as traınıng, educatıon and support for the entıre famıly, ıncludıng "sıbshops" for sıblıngs o f developmentally dısabled chıldren

990 Schedule O, Supplemental Information

Return Reference	Explanation
school-based health centers	illinois masonic medical center provides clinical psychologists to school-based health cen ters at amundsen and lakeview high schools in chicago to assist in supporting the mental h ealth of students there were 5,018 group encounters and an additional 1,387 individual me etings with students in 2017 the staff of the health center works with the chicago public school staff so the student does not have to miss a half day of school for an appointment with a clinician outside of school navigation support for patients with challenges navig ating health services the transition support program (tsp) is a navigation service that a ssists with the coordination of follow-up care prior to the project, advocate illinois ma sonic medical center's community health council identified chronic disease management as a key health disparity for its primary service area the community health needs assessment concluded that patients in the medical center's primary service area with chronic illnesse s experience significant barriers navigating the health care system, including barriers re lated to referrals, appointments, insurance, transportation, language, and medication acce ss by providing strength-building and culturally and linguistically competent navigation of a complex health care system, the tsp aims to reduce readmissions and emergency room vi sits and improve care transitions across the continuum for our patients and families, rega rdless of insurance or circumstance the program, which began in 2017, served 110 patients , including providing referrals goal d examine and address in partnership with others th e root causes of health inequities in advocate communities including, but not limited to, unemployment, lack of education, poverty, environmental injustice and racism services for the lgbtq community providing a safe, welcoming (comfortable) and lgbt-affirming (friendl y) health care environment is part of the embracing culture at advocate illinois masonic m edical center medical center, located in the heart of chicago's lakeview neighborhood, one of the largest lgbtq communities in the midwest our proactive push for equality is helpi ng to close the health care disparities faced by the lgbtQ community across chicago and be yond illinois masonic medical center has been named a leader in lgbtQ health care equalit y by the human rights campaign's healthcare equality index for 11 years, beginning in 2008 nondiscriminatory health care is a right, and the medical center strives to deliver equa l treatment to all people, no matter their sexual orientation or gender preferences compr ehensive, compassionate care for lgbtQ patients is guaranteed at illinois masonic medical center by all of the medical center's physicians, many of whom have received special train ing in caring specifically for the lgbtq community and the unique issues it faces partner ship with howard brown/sexual harm response project illinois masonic medical center's eme rgency department partnered wi

990 Schedule O, Supplemental Information

Return Reference	Explanation
school-based health centers	th howard brown health clinic to develop and offer the first lgbtq specific sexual assault response program in the nation the ed staff have been trained by howard brown and will p rovide the emergency care howard brown provides counseling and creates a linkage to the h ospital so that all victims feel safe goal e leverage resources and maximize community e ngagement by building and strengthening community partnerships with health departments and other diverse community organizations mental health first aid (mhfa) mhfa is an evidence -based 8-hour training program designed to provide education, reduce stigma and provide tr ainees with tools and resources to assist someone experiencing mental health issues or a c risis the program is being offered to targeted community members within the primary servi ce area communities targeted for this intervention were selected by using 2015 healthy co mmunities institute data that identifies zip codes with higher utilization of mental healt h services the trainings will focus on leaders in those communities, including faith lead ers, teachers and coaches two high need areas have been identified and four, eight-hour t rainings were offered in 2017 partnership with the medical organization for latino advanc ement (mola) targeting latino at-risk youth, illinois masonic medical center in partnershi p with mola provides outreach in health education and screening in underserved areas of ch icago in addition, and in partnersing with mola, the medical center provides medical educ ation opportunities for underrepresented latino/latina students interested in health care careers, as well as opportunities for international medical graduates to gain valuable usa hospital experience through various resource and volunteer programs (i e , transition sup port program) goal f promote accountability for system and site alignment by increasing program coordination and developing strong governance relationships strengthened governan ce relationships community health council advocate illinois masonic medical center's commu nity health programming is overseen by a community health council made up of diverse partn ers from the community as described above under goal a the council oversees the ongoing c ommunity health needs assessment process, which involves examination of hospital and commu nity data and surveys to identify and analyze community health needs governing council as with the other hospitals in the advocate health care system, the illinois masonic medical center chna report, and its community health implementation plan strategy, is endorsed by its governing council hospital plans are also shared periodically with the medical cente r's leadership team, the system level executive management team and with advocate health c are's mission and spiritual care committee of the board alignment of site and system comm unity health strategy community health department with development of a system-level commu nity health department for adv

990 Schedule O, Supplemental Information

Return Reference	Explanation
school-based health centers	ocate health care in 2016, illinois masonic medical center's community health staff now re port to advocate's vice president of community health and faith outreach community health staff from all advocate hospitals also meet monthly to plan community health strategies the focus of the new department was to complete and post the hospital chna's in 2016, incl uding gaining approval of strategies to address identified health priority needs moving fo rward with a focus on health inequity this is the foundation on which the hospitals' impl ementation plans were developed goal g promote the training of future health professiona ls nursing education illinois masonic medical center's nurse residency program is an evide nce-based, 15-week precepted orientation and a 12-month residency program for newly licens ed registered nurses (nlrn) the goal of the program is to enhance nlrn professional devel opment and increase organizational engagement so that the nlrn provides safe and confident care to patients the medical center provided 3 classes (cohorts) in 2017 although this program is not included in the financial numbers for health professionals education, this program increases advocate nurses' proficiency and skills for current and future nursing r oles healthy families the illinois masonic medical center healthy families program is a s upport program for young parents, providing intensive home visiting services for at-risk f amilies the program model is rooted in the belief that early, nurturing relationships are the foundation for life-long, healthy development the program provides three key service s 1) free prenatal classes open to the community, 2) doula services providing home visits and on-call labor/delivery support, and 3) parent coaching home visitation for up to the first three years of a child's life all services are grant-funded, free to the community and available in english/spanish in addition to the many programs and services listed abo ve, the medical center offers a myriad of other community services including human breast milk depot, bike helmet fitting events, the better breathers club (assists community memb ers with respiratory issues), quarterly blood drives, car seat checks, provision of meetin g space for community organizations, cpr, choking and bleeding control trainings for the c ommunity, incontinence seminars, content targeted golden age senior seminars, seminars for chicago housing authority residents on various health issues, stroke education seminars, and multiple disease specific support groups the medical center also continues to address the following key health issues

990 Schedule O, Supplemental Information

Return Reference	Explanation
HEART DISEASE	given that heart disease is the second leading cause of death in the hospital's primary se rvice area, illinois masonic medical center established a heart and vascular institute as one of the area's first medical centers to perform open heart surgery, illinois masonic m edical center offers a complete range of state-of-the-art cardiac services in terms of co mmunity outreach, hispanocare presents a stroke and heart disease program, which includes an educational presentation, blood pressure and cholesterol screenings, and follow-up to i ncrease access to further diagnostics and treatment hispanocare also sponsors a reducing heart disease event that includes free cholesterol and blood pressure screenings and provi des hands only cpr trainings in the community throughout the year in addition, illinois m asonic medical center staff also participate in illinois heart rescue, a program that seek s to improve out-of-hospital survival rates related to cardiac arrest cancer the creticos cancer center, the cancer care facility on the illinois masonic medical center campus, un ites all cancer care and research under one roof for more efficient and personalized plann ing and treatment the center offers a wealth of services to address the unique needs of c ancer patients throughout the continuum of care the new center for advanced care, which o pened in 2015, enabled advocate illinois masonic medical center to expand and centralize o utpatient surgery, digestive health and cancer services into one location, creating improv ed access to care, continuity among disciplines, enhanced efficiencies and a better overal l experience for patients and their families at illinois masonic medical center, there is an extensive range of cancer support services, including bilingual spanish/english psycho social support, counseling and financial navigation nurse navigators provide linkage with community programs, physical medicine, rehabilitation, pain management services, palliati ve care, hospice and home care programs the center hosts the american cancer society's lo ok good, feel better program each year at the medical center, the amber foundation facili tates the sponsorship of free mammograms, counseling and education regarding breast cancer targeting the polish community in chicago the cancer center provides a lung screening pr ogram and a direct access screening program for colorectal cancer the direct access progr am allows patients to schedule colonoscopies without first having a face-to-face consultat ion with a gastroenterologist community health worker in 2017, the cancer center contract ed with a community health worker who is working with breast health patients, making remin der calls for mammograms and conducting community outreach and education in african americ an communities within the hospital's service area in addition, the medical center works c losely with the illinois breast and cervical cancer program to ensure that uninsured women have access to screening and

990 Schedule O, Supplemental Information

Return Reference	Explanation
HEART DISEASE	treatment for breast or cervical cancer the center also has a breast cancer support group for latinas and is developing a cancer support group for the lgbtq community

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	description of board delegating powers to executive committee the organization's by-laws provide that the executive committee has the authority to act on behalf of the board the executive committee has the same composition and members as the executive committee of the corporate member the corporate member's executive committee has nine members, consisting of the chairperson, the vice chairperson, the president, the chairpersons of the finance, planning health outcomes and mission and spiritual care committees, and two other directors the past chairperson of the board of directors may serve as an ex-officio member of the committee, with vote each of the executive committee's members is on the board the scope of the executive committee's authority includes be responsible for planning educational programs for the board of directors, conduct an evaluation of the members of the board of directors, have such authority as shall be delegated by the board of directors, and act on behalf of the board of directors between meetings the executive committee is accountable as a body to the board of directors

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 2	description of business relationships as dr james dan, dr vincent bufalino, dr lee sacks, earl barnes ii, james doheny, dominic nakis, scott powder and william santulli are either directors or officers of wholly owned advocate entities, they are deemed to have a business relationship pursuant to the instructions for form 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 4	description of changes to governing documents the advocate health care network and aurora health care, inc systems entered into an affiliation agreement december 4, 2017, and the transaction occurred on april 1, 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 6	members or stockholders the by-laws provide for corporate members

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	description of classes of persons and the nature of their rights the not-for-profit corporations of advocate health care, with the exception of advocate health care network, have corporate members who elect directors advocate health care network does not have any members, therefore, the ahcn board elects its directors the for-profit organizations have a sole shareholder who elects the directors

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	description of the process used by management and/or governing body to review 990 advocate's tax preparation process includes ongoing consultation with its outside tax consulting firm and tax legal counsel, both of which possess expertise in health care and tax-exempt return preparation, to advise and assist with preparation of the form 990 these advisors worked closely with the organization's finance, tax and legal associates and other members of the organization's team assembled to participate in the preparation of the form 990 the form 990 is reviewed by finance management, the tax manager, the vp of finance/corporate controller, the chief financial officer and advocate's outside tax consulting firm and tax legal counsel prior to presenting the form 990 to the board of director's audit committee in november, the organization's team and advisors met frequently to discuss and review drafts of the form 990 at the november audit committee meeting, the vp of finance/corporate controller and chief financial officer coordinated a review of the form 990 with committee members, as the audit committee is the committee of the board of directors charged with oversight of audit and tax matters the vp of finance/corporate controller and chief financial officer responded to the audit committee members' questions and provided the opportunity for detailed discussion of the form 990 the changes identified were incorporated, and then a complete copy of the final form 990 was provided to each member of the organization's board of directors before the form 990 was filed

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	description of the process to monitor transactions for conflicts of interest the organization's conflict of interest policy applies to various people, including members of advocate's board of directors, governing councils, officers, associates, volunteers, and medical staff members with administrative responsibilities annually, the compliance department sends this policy and the advocate code of business conduct to a range of individuals who may be in a position to exercise substantial interest over a particular matter (defined as "interested persons") they are required to read the policies and provide a disclosure statement to the compliance department, which identifies activities and relationships that could potentially give rise to a conflict of interest the chief compliance officer reviews the disclosure and provides a report to the system business conduct (compliance) committee, executive management team and the audit committee of the board for review the report is then provided, in relevant part, to the site chief executive officers potential conflicts are reviewed by the compliance department on a case by case basis follow up procedures conducted are unique to the given circumstance, and may include reviewing the potential conflict with the interested person, or investigating the matter in consultation with the interested person's supervisor and/or site management in circumstances where the interested person is not a member of the board, or governing council, or committee thereof, or a person of interest, if it is determined that there is an actual conflict of interest, the supervisor of the individual is responsible for making an appropriate response, potentially including a restriction of the individual's job duties with respect to the matter giving rise to the conflict

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & B	offices and positions for which process was used and year process was begun executive compensation at the advocate health care network and subsidiaries is based on a board of directors' approved strategy that guides the corporation in establishing compensation opportunities for executives, managers, professionals, and all employees in this strategy, specific market comparisons are identified and the desired level of competitiveness in those markets specified in addition, the linkage of executive pay to performance is articulated and how this relationship is to be maintained is outlined to support and implement the compensation strategy, five basic elements are utilized these elements are - a solid, reliable and tested job evaluation methodology - accurate, quality and relevant compensation survey information - a consistent annual process for updating the compensation levels - an active board review process that assures compliance with the compensation strategy and on-going review of the performance of the organization, and - active, external review and auditing of compensation by external independent consultants

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	availability of governing documents, conflict of interest policy and financial statements to the general public the organization makes its financial statements available to the public through the following sites - dacbond com (digital assurance certification, llc) - emma msrb org (electronic municipal market access) the organization does not make its governing document or conflict of interest policy available to the public

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES CONTRIBUTION TO ADVOCATE HEALTH AND HOSPITALS CORPORATION 75,000,000 ========== TOTAL (75,000,000)

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Advocate North Side Health Network

Employer identification number
36-3196629

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

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No

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

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

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

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

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

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

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

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

See Additional Data Table

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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

Part VII **Supplemental Information**

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

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
3075 Highland Parkway STE 600 Downers Grove, IL 60515 36-2167779	Parent Corp	IL	501(c)(3)	12-III-FI	NA		No
3075 Highland Parkway STE 600 Downers Grove, IL 60515 26-2525968	Health Care	IL	501(c)(3)	3	AHHC		No
3075 Highland Parkway STE 600 Downers Grove, IL 60515 36-2169147	Health Care	IL	501(c)(3)	3	AHCN		No
3075 Highland Parkway STE 600 Downers Grove, IL 60515 36-3297360	Fundraising	IL	501(c)(3)	7	AHCN		No
3075 Highland Parkway STE 600 Downers Grove, IL 60515 36-2913108	Home Care	IL	501(c)(3)	10	AHHC		No
3075 Highland Parkway STE 600 Downers Grove, IL 60515 36-3158667	Hospice Care	IL	501(c)(3)	10	EHSHHCS		No
3075 Highland Parkway STE 600 Downers Grove, IL 60515 36-3606486	Health Care	IL	501(c)(3)	10	ANSHN	Yes	
3075 Highland Parkway STE 600 Downers Grove, IL 60515 36-3196628	Fundraising	IL	501(c)(3)	12-II	NA		No
3075 Highland Parkway STE 600 Downers Grove, IL 60515 36-4397387	Fundraising	IL	501(c)(3)	12-I	MFHS		No
3075 Highland Parkway STE 600 Downers Grove, IL 60515 36-2167920	Health Care	IL	501(c)(3)	3	AHCN		No
3075 Highland Parkway STE 600 Downers Grove, IL 60515 36-3725580	Nursing Care	IL	501(c)(3)	10	ASH		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 82-4184596	SUPPORT ORG	DE	501(C)(3)	12-III-FI	NA		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Advocate Home Care Products 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 36-3315416	Health Services	IL	NA	C Corp					No
Advocate Health Centers Inc 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 36-4217291	Medical Services	IL	NA	C Corp					No
Evangelical Services Corporation 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 36-3208101	Mgmt Services	IL	NA	C Corp					No
High Technology Inc 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 36-3368224	Medical Services	IL	NA	C Corp					No
Dreyer Clinic Inc 3075 Highland Parkway Suite 600 Aurora, IL 60515 36-2690329	Medical Services	IL	NA	C Corp					No
BroMenn Physician Management Corporation 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 37-1313150	Medical Services	IL	NA	C Corp					No
Parkside Center Condo Association 1775 West Dempster Street Park Ridge, IL 60068 36-3452486	Property Mgmt	IL	NA	C Corp					No
The Delphi Group IV Inc 1425 N Randall Road Elgin, IL 60123 36-4017279	Health Cost Mgmt	IL	NA	C Corp					No
Sherman Ventures Inc 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 36-4292309	Holding Company	IL	NA	C Corp					No
Advocate HPN NFP 3075 Highland Parkway Suite 600 Downers Grove, IL 60515 81-0893878	Health Imprv mgmt	IL	NA	C Corp					No
Advocate Insurance SPC 878 W Bay Rd PO Box 1159 Grand Cayman KY1-1102 CJ 98-0422925	Insurance	CJ	NA	C Corp					No
ADVOCATE HEALTH PARTNERS 1701 WEST GOLF ROAD ROLLING MEADOWS, IL 60008 36-4032117	HEALTH CARE MgmT	IL	NA	C CORP					No
ADVOCATE PHYSICIAN PARTNERS ACCOUNTABLE 1701 WEST GOLF ROAD ROLLING MEADOWS, IL 60008 45-5498384	HEALTH CARE Mgmt	IL	NA	C CORP					No
ADVOCATE PHYSICIAN PARTNERS RISK PURCH 1701 WEST GOLF ROAD ROLLING MEADOWS, IL 60008 38-3914173	GROUP MALPRACTICE	IL	NA	C CORP					No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Advocate Health & Hospitals Corp	1-B	75,000,000	COST
Hispanocare Inc	1-B	150,000	COST
ADVOCATE CHARITABLE FOUNDATION	1-C	5,102,072	COST
ADVOCATE HEALTH & HOSPITALS CORP	1-J	800,197	COST
Advocate Health & Hospitals Corp	1-L	1,091,461	COST
Advocate Health & Hospitals Corp	1-M	67,818,727	COST
Advocate Health & Hospitals Corp	1-P	77,992,251	COST
ADVOCATE HEALTH & HOSPITALS CORP	1-Q	42,936,515	COST
ADVOCATE HEALTH & HOSPITALS CORP	1-R	5,847,664	COST
Advocate Health & Hospitals Corp	1-S	13,380,136	COST
MASONIC FAMILY HEALTH FOUNDATION	1-B	64,775	COST
MASONIC FAMILY HEALTH FOUNDATION	1-C	512,008	COST