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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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

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

C Name of organization
ADVOCATE CONDELL MEDICAL CENTER

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3075 HIGHLAND PARKWAY NO 600

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

D Employer identification number
26-2525968

E Telephone number
(630) 572-9393

G Gross receipts $ 525,713,193

F Name and address of principal officer
JAMES W DOHENY
3075 HIGHLAND PKWY
DOWNERS GROVE, IL 60515

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

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

H(c) Group exemption number ▶ 9395

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

J Website: ▶ WWW ADVOCATEHEALTH COM

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

L Year of formation 2008

M State of legal domicile IL

Part I Summary

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

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	2,399
6	Total number of volunteers (estimate if necessary)	6	641
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	261,146
b	Net unrelated business taxable income from Form 990-T, line 34	7b	261,146

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	336,306	319,189
9	Program service revenue (Part VIII, line 2g)	468,481,207	459,771,756
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,229,676	4,116,493
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,107,417	10,225,474
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	486,154,606	474,432,912

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,266	8,996
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)	137,324,583	141,353,643
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)	289,861,407	293,437,426
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	427,200,256	434,800,065
19	Revenue less expenses Subtract line 18 from line 12	58,954,350	39,632,847

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	449,014,470	487,010,948
21	Total liabilities (Part X, line 26)	105,485,981	97,957,758
22	Net assets or fund balances Subtract line 21 from line 20	343,528,489	389,053,190

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

****** 2019-11-15
Signature of officer Date

RACHEL HALVERSON VP TAX & ACCTG SVCS
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code See Additional Data)	(Expenses $	370,396,451	including grants of $	8,996) (Revenue $	453,547,748)
4b	(Code See Additional Data)	(Expenses $	9,494,767	including grants of $	) (Revenue $	7,481,531)
4c	(Code See Additional Data)	(Expenses $	0	including grants of $	0) (Revenue $	0)
	(Code)	(Expenses $	11,534,285	including grants of $	) (Revenue $	7,873,494)
4d	Other program services (Describe in Schedule O) (Expenses $ 11,534,285 including grants of $) (Revenue $ 7,873,494)					
4e	**Total program service expenses ▶**		391,425,503			

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	143		
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**	2,399		
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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	Yes
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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**	10		
	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**	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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
▶ADVOCATE AURORA HEALTH INC 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 (630) 929-6057

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) ▶								1,609,726	41,961,345	1,853,212

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 ▶ 5

			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
DUDLEY & LAKE LLC 325 N MILWAUKEE AVE 202 LIBERTYVILLE, IL 60048	LEGAL SERVICES	5,749,221
LABOR INTENSIVE LLC 1170 E BELVIDERE ROAD STE 102 GRAYS LAKE, IL 60030	EMPLOYMENT SERVICES	3,242,760
DAVID A AXELROD & ASSOCIATES 20 SOUTH CLARK ST SUITE 1800 CHICAGO, IL 60603	LEGAL SERVICES	2,022,772
ARAMARK HEALTHCARE SUPPORT SERVICES LLC 25271 NETWORK PLACE CHICAGO, IL 606731252	HOSPITAL SERVICES	1,748,016
GOLDBERG WEISMAN CAIRO 1 E WACKER DR 3800 CHICAGO, IL 60601	LEGAL SERVICES	1,500,000

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 ▶ 38

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d	306,689		
	e Government grants (contributions)	1e	12,500		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶		319,189		
Program Service Revenue		Business Code				
	2a MEDICARE/MEDICAID	622110	134,146,099	134,146,099		
	b BLUE CROSS/MGD CARE	622110	116,204,652	116,204,652		
	c PATIENT SVC REVENUE	622110	82,208,713	82,208,713		
	d PHARMACY	446110	54,374,386	54,374,386		
	e LABORATORY	621511	41,417,433	41,417,433		
	f All other program service revenue		31,420,473	31,159,327	261,146	
	g Total. Add lines 2a–2f . . . . ▶		459,771,756			
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,897,056			1,897,056
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross rents	1,094,456				
	b Less rental expenses	0				
	c Rental income or (loss)	1,094,456				
	d Net rental income or (loss) . . . . . ▶		1,094,456			1,094,456
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	53,492,444	7,274			
	b Less cost or other basis and sales expenses	51,222,572	57,709			
	c Gain or (loss)	2,269,872	-50,435			
	d Net gain or (loss) . . . . . ▶		2,219,437			2,219,437
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . **a**					
	b Less direct expenses . . . **b**					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . . . **a**					
	b Less direct expenses . . . **b**					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . . **a**					
	b Less cost of goods sold . . **b**					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a FITNESS & WELLNESS CLU	713940	5,898,289	5,898,289		
	b CHILD CARE	624410	1,799,147	1,799,147		
	c CAFETERIA REVENUE	722514	1,107,160	1,107,160		
	d All other revenue		326,422	326,422		
	e Total. Add lines 11a–11d . . . . . ▶		9,131,018			
	12 Total revenue. See Instructions . . . . . ▶		474,432,912	468,641,628	261,146	5,210,949

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	8,996	8,996		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	112,593,770	110,380,525	2,213,245	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,928,649	5,928,649		
9 Other employee benefits	15,158,956	15,091,022	67,934	
10 Payroll taxes	7,672,268	7,558,010	114,258	
11 Fees for services (non-employees)				
a Management				
b Legal	298		298	
c Accounting				
d Lobbying	45,922		45,922	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	445,790		445,790	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,150,780		12,150,780	
12 Advertising and promotion	58,545	28,887	29,658	
13 Office expenses	1,770,250	1,674,113	96,137	
14 Information technology	12,725,786	108,026	12,617,760	
15 Royalties				
16 Occupancy	4,730,384	4,730,384		
17 Travel	125,298	87,195	38,103	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	258,898	256,070	2,828	
20 Interest	2,181,916	2,181,916		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,298,283	19,023,154	275,129	
23 Insurance	1,253,325	1,253,325		
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 OTHER INTERCOMPANY	118,046,873	118,023,777	23,096	
b MEDICAL SUPPLIES	56,664,711	56,664,146	565	
c BAD DEBT	22,518,961	22,518,961		
d INCOME TAXES	84,242	84,242		
e All other expenses	41,077,164	25,824,105	15,253,059	
25 **Total functional expenses.** Add lines 1 through 24e	434,800,065	391,425,503	43,374,562	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		17,100,230	1	33,087,782
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		48,161,441	4	44,087,852
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		22,332	7	11,166
	8	Inventories for sale or use		5,176,634	8	4,931,866
	9	Prepaid expenses and deferred charges		831,466	9	2,109,964
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 419,167,812			
	b	Less accumulated depreciation	10b 158,235,086	261,945,508	10c	260,932,726
	11	Investments—publicly traded securities		102,020,401	11	131,897,887
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		13,756,458	15	9,951,705
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		449,014,470	16	487,010,948
Liabilities	17	Accounts payable and accrued expenses		36,024,414	17	36,361,673
	18	Grants payable			18	
	19	Deferred revenue		40,761	19	35,756
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		27,616,454	23	26,338,770
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		41,804,352	25	35,221,559
	26	**Total liabilities.** Add lines 17 through 25		105,485,981	26	97,957,758
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		343,528,489	27	389,053,190
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		343,528,489	33	389,053,190
	34	Total liabilities and net assets/fund balances		449,014,470	34	487,010,948

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	474,432,912
2	Total expenses (must equal Part IX, column (A), line 25)	2	434,800,065
3	Revenue less expenses Subtract line 2 from line 1	3	39,632,847
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	343,528,489
5	Net unrealized gains (losses) on investments	5	-2,013,755
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	7,905,609
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	389,053,190

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: 26-2525968

Name: ADVOCATE CONDELL MEDICAL CENTER

Form 990, Part III, Line 4a:

ADVOCATE CONDELL MEDICAL CENTER (ADVOCATE CONDELL) PROVIDES INPATIENT AND OUTPATIENT HEALTHCARE SERVICES TO THE COMMUNITY REGARDLESS OF THE PATIENT'S ABILITY TO PAY AS PART OF ITS COMMUNITY BENEFITS STRATEGY, THE MEDICAL CENTER IS COMMITTED TO PROMOTING INITIATIVES THAT ENHANCE ACCESS TO HEALTH CARE FOR THE UNINSURED AND UNDERINSURED AN EXAMPLE OF THIS IS ADVOCATE CONDELL'S PROVISION OF CHARITY CARE THE MEDICAL CENTER OFFERS A VERY GENEROUS CHARITY CARE PROGRAM-REQUIRING NO PAYMENTS FROM THE PATIENTS MOST IN NEED AND PROVIDING DISCOUNTS TO UNINSURED PATIENTS EARNING UP TO SIX TIMES THE FEDERAL POVERTY LEVEL AND TO INSURED PATIENTS EARNING UP TO FOUR TIMES THE FEDERAL POVERTY LEVEL THE MEDICAL CENTER ALSO CONSIDERS A PATIENT'S EXTENUATING CIRCUMSTANCES TO QUALIFY PATIENTS FOR CHARITY CARE FOR UNINSURED PATIENTS, THE MEDICAL CENTER WILL PRESUMPTIVELY PROVIDE CHARITY CARE IF THE FINANCIAL STATUS HAS BEEN VERIFIED BY A THIRD PARTY AND, IN SOME CASES, THE PATIENT IS NOT REQUIRED TO SUBMIT A SEPARATE CHARITY APPLICATION IF PRESUMPTIVE CRITERIA IS NOT AVAILABLE FOR UNINSURED PATIENTS, THEN FINANCIAL ASSISTANCE ELIGIBILITY IS AVAILABLE USING AN INCOME-BASED SCREENING ADVOCATE CONDELL EXTENDS ITS INCOME-BASED FINANCIAL ASSISTANCE POLICY TO ITS INSURED PATIENTS AS WELL, ALSO TAKING INTO CONSIDERATION THE INSURED PATIENT'S EXTENUATING CIRCUMSTANCES ALTHOUGH THE CHARITY CARE POLICY IS VERY GENEROUS, ADVOCATE CONDELL CONTINUES TO REVIEW AND REFINE ITS POLICY IN AN ONGOING EFFORT TO ENSURE THAT FINANCIAL ASSISTANCE IS AVAILABLE TO THOSE WHO RECEIVE ASSISTANCE WHEN THEY NEED IT THE MEDICAL CENTER MAINTAINS HIGHLY VISIBLE SIGNAGE AND BROCHURES IN MULTIPLE LANGUAGES TO INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL HELP AND FINANCIAL COUNSELORS INFORMATION ABOUT THE MEDICAL CENTER'S CHARITY CARE PROGRAM AND CHARITY APPLICATIONS IS PROVIDED TO ALL UNINSURED PATIENTS DURING REGISTRATION AND IS MAILED TO THEM IN ADVANCE OF THE FIRST PATIENT BILLING AFTER THAT, EACH UNINSURED PATIENT'S BILL INCLUDES SUMMARY INFORMATION REGARDING THE CHARITY CARE PROGRAM IN THE AREA OF TRAUMA CARE, ADVOCATE CONDELL PROVIDES EXPERT EMERGENCY CARE THE MEDICAL CENTER'S LEVEL I TRAUMA CENTER, THE HIGHEST TRAUMA DESIGNATION IN ILLINOIS, CARES FOR THE MOST SERIOUSLY INJURED PEOPLE IN ITS SERVICE AREA ADVOCATE CONDELL IS THE ONLY LEVEL I TRAUMA CENTER IN LAKE COUNTY AS IS THE CASE WITH ALL ILLINOIS LEVEL I TRAUMA CENTERS, ADVOCATE CONDELL IS STAFFED BY ON-SITE, 24-HOUR-A-DAY TRAUMA SURGEONS, FEATURES 24-HOUR SURGICAL AND NONSURGICAL SERVICES, SUCH AS RADIOLOGY AND ANESTHESIA, AND CAN ACCOMMODATE HELICOPTER TRANSPORTS IN 2018, THE MEDICAL CENTER HAD 1,874 TRAUMA VISITS

Form 990, Part III, Line 4b:

HEALTH CARE AND FITNESS SERVICES ARE PROVIDED BY PHYSICIANS, NURSES, CLINICIANS AND OTHER ASSOCIATES EMPLOYED BY AND AFFILIATED WITH ADVOCATE CONDELL CLINICIANS PROVIDE CARE TO THE COMMUNITY FOR MINOR INJURIES AND ILLNESSES THROUGH ITS IMMEDIATE CARE CENTERS, REGARDLESS OF THE PATIENTS' ABILITY TO PAY PHYSICIANS, NURSES AND OTHER CLINICIANS LEAD PRENATAL/CHILDBIRTH AND PARENTING EDUCATION CLASSES AND DIABETES EDUCATION CLASSES, AS WELL AS SUPPORT GROUPS FOR DIABETES EDUCATION, HEART DISEASE, BREAST AND OTHER CANCERS, LACTATION/BREASTFEEDING, BEREAVEMENT/LOSS AND CAREGIVER SUPPORT ADVOCATE CONDELL PARTNERS WITH THE LAKE COUNTY HEALTH DEPARTMENT TO PROVIDE IMAGING SERVICES TO QUALIFIED INDIVIDUALS AT RATES SIGNIFICANTLY BELOW COST FITNESS AND WELLNESS CLASSES AND SERVICES ARE PROVIDED AT THE ADVOCATE CONDELL FITNESS CENTERS, WHICH PROVIDE INCOME-BASED SLIDING SCALE MEMBERSHIP RATES

Form 990, Part III, Line 4c:

DESCRIPTION OF ADVOCATE CONDELL ADVOCATE HEALTH CARE BASED IN ILLINOIS AND AURORA HEALTH CARE BASED IN WISCONSIN MERGED TO BECOME ADVOCATE AURORA HEALTH IN APRIL 2018 SERVING THE COMMUNITY SINCE 1928, ADVOCATE CONDELL IS A 273-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN LIBERTYVILLE, ILLINOIS, AND IS ONE OF 27 ACUTE CARE HOSPITALS IN THE ADVOCATE AURORA HEALTH SYSTEM AS THE LARGEST HEALTH CARE PROVIDER IN LAKE COUNTY, THE MEDICAL CENTER PROVIDES A FULL SPECTRUM OF MEDICAL SERVICES-FROM OBSTETRICS, RADIOLOGY SERVICES AND REHABILITATION TO OPEN HEART SURGERY, NEUROSURGERY AND ONCOLOGY ADVOCATE CONDELL'S EMERGENCY DEPARTMENT PROVIDES LEVEL I TRAUMA CARE AND HAS THE CAPACITY TO ACCOMMODATE GROWING NUMBERS OF PATIENTS IN 2018, THE MEDICAL CENTER PROVIDED 1,874 TRAUMA CARE VISITS OUT OF A TOTAL OF 59,863 EMERGENCY ROOM VISITS THE MEDICAL CENTER ALSO OFFERS AN EMERGENCY DEPARTMENT APPROVED FOR PEDIATRICS (EDAP) AND IS ACCREDITED AS A PRIMARY STROKE CENTER MORE THAN 620 PHYSICIANS AND 1,800 ASSOCIATES COMPRISE THE TEAM OF MEDICAL EXPERTS IN ADDITION TO SERVICES LOCATED ON ITS LIBERTYVILLE CAMPUS, ADVOCATE CONDELL OPERATES THREE IMMEDIATE CARE CENTERS AND TWO FITNESS CENTERS THROUGHOUT LAKE COUNTY ADVOCATE CONDELL ALSO OPERATES AN OUTPATIENT IMAGING CENTER AND IS IN A JOINT VENTURE AGREEMENT FOR AN AMBULATORY SURGERY CENTER ADVOCATE CONDELL IS THE RESOURCE HOSPITAL FOR REGION 10 EMERGENCY MEDICAL SERVICES, WHICH DEMONSTRATES THE COMMITMENT TO EFFICIENTLY AND EFFECTIVELY MANAGE EMERGENCY SERVICES IN A DISASTER THE MEDICAL CENTER ALSO PROVIDES COMMUNITY HEALTH DATA-DRIVEN HEALTH AND WELLNESS PROGRAMS, EVIDENCE-BASED STRATEGIES TO ADDRESS HEALTH ISSUES, AND COMMUNITY EDUCATION AS AN ADVOCATE AURORA MEDICAL CENTER, ADVOCATE CONDELL SUPPORTS THE ORGANIZATION'S VISION OF "WE HELP PEOPLE LIVE WELL AND TO FULFILL ITS VALUE OF EXCELLENCE - WE ARE A TOP PERFORMER IN ALL THAT WE DO, COMPASSION - WE UNSELFISHLY CARE FOR OTHERS, AND RESPECT - WE VALUE THE UNIQUE NEEDS AND PREFERENCES OF ALL PEOPLE POPULATION SERVEDADVOCATE CONDELL PROVIDES QUALITY HEALTH CARE TO INDIVIDUALS REGARDLESS OF RACE, RELIGION, CREED, NATIONAL ORIGIN, AGE OR ABILITY TO PAY IN 2018, THE MEDICAL CENTER RECORDED 15,638 INPATIENT ADMISSIONS, 220,147 OUTPATIENT VISITS AND 1,134 DELIVERIES COMMITMENT TO THE COMMUNITYEVEN IN THE FACE OF LOW REIMBURSEMENTS, ADVOCATE CONDELL IS DEDICATED TO MAINTAINING A STRONG PRESENCE WITHIN ITS COMMUNITY AND CONTINUES TO MONITOR THESE EXPENDITURES TO MAKE CERTAIN THAT THE PROGRAMS AND SERVICES SUPPORTED ARE IN DIRECT RESPONSE TO COMMUNITY NEED IN 2018, THE MEDICAL CENTER REPORTED OVER $33 MILLION IN COMMUNITY BENEFIT PROGRAMS AND SERVICES THESE SERVICES ARE COMPRISED OF MANY COMMUNITY HEALTH PROGRAMS FOCUSED ON IMPROVING ACCESS TO CARE, ADDRESSING SPECIAL NEEDS AND IMPROVING OVERALL COMMUNITY HEALTH COMMUNITY BENEFITS PLAN, GOALS & EXAMPLES OF PROGRAM SERVICE ACCOMPLISHMENTSAS ONE OF ELEVEN ADVOCATE AURORA HEALTH HOSPITALS LOCATED IN ILLINOIS, ADVOCATE CONDELL'S COMMUNITY BENEFITS EFFORTS ARE ALIGNED WITH THE ORGANIZATION'S VISION AND VALUES WHILE COMMUNITY HEALTH AND COMMUNITY BENEFITS INTEGRATION EFFORTS CONTINUE IN THE NEWLY MERGED ENTITY, IN 2018 THE MEDICAL CENTER'S COMMUNITY EFFORTS ALIGNED WITH ADVOCATE HEALTH CARE'S COMMUNITY BENEFITS PLAN THAT WAS IN PLACE PRIOR TO THE MERGER AND THAT FOCUSES ON COMMUNITY HEALTH IMPROVEMENT EFFORTS SPECIFIC TO THE ILLINOIS HOSPITALS' COMMUNITIES THE COMMUNITY BENEFITS PLAN WAS DEVELOPED TO ESTABLISH STRATEGIES FOR IMPROVING ACCESS TO CARE AND POSITIVELY AFFECTING THE HEALTH OF THE COMMUNITIES SERVED BY THE MEDICAL CENTER THE COMMUNITY BENEFITS PLAN INCLUDES PLANNED GOALS AND OBJECTIVES FOCUSED ON ADDRESSING NEEDS AS IDENTIFIED THROUGH A MEDICAL CENTER-SPECIFIC COMMUNITY HEALTH NEEDS ASSESSMENT, AS WELL AS OTHER COMMUNITY BENEFITS SUCH AS CHARITY CARE, UNREIMBURSED MEDICAID AND MEDICARE THAT ARE ONGOING COMMUNITY BENEFITS PROGRAMS THE PLAN SETS THE COURSE FOR STRENGTHENING EXISTING PARTNERSHIPS AND BUILDING NEW ONES WITH INDIVIDUALS AND ORGANIZATIONS WITHIN ADVOCATE CONDELL'S SERVICE AREA TO LEVERAGE AND MAXIMIZE THE IMPACT OF ITS PROGRAMS THE COMMUNITY BENEFITS PLAN GOALS AND ADVOCATE CONDELL PROGRAMS AND SERVICES THAT ADDRESS THESE GOALS ARE PROVIDED BELOW GOAL A OPTIMIZE ADVOCATE'S CAPACITY TO MANAGE AN EFFECTIVE COMMUNITY HEALTH STRATEGY BY IMPLEMENTING REGULAR COMMUNITY HEALTH ASSESSMENTS (CHNAS) AND USING DATA FROM THESE ASSESSMENTS TO GUIDE PROGRAM DEVELOPMENT PARTNERING TO ASSESS COMMUNITY NEEDSADVOCATE CONDELL COLLABORATED WITH THE LAKE COUNTY HEALTH DEPARTMENT IN THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) COMPLETED IN 2016 IN PARTNERSHIP WITH THE MEDICAL CENTER, THE HEALTH DEPARTMENT CONDUCTED TWO ADDITIONAL SURVEYS OF UNDERVERVED COMMUNITIES WITHIN THE ADVOCATE CONDELL SERVICE AREA-WAUKEGAN AND WAUCONDA, ILLINOIS THE MEDICAL CENTER USED THE RESULTS OF THE HEALTH DEPARTMENT'S EXTENSIVE COMMUNITY HEALTH ASSESSMENT, WHICH USED THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) PROCESS AND THE HEALTH DEPARTMENT COMMUNITY HEALTH IMPROVEMENT PLAN TO INFORM THE CHNA ADVOCATE CONDELL ALSO FOCUSES ITS INTERNAL STRENGTHS TO ASSESS COMMUNITY NEEDS AND TO GUIDE PROGRAM DEVELOPMENT COMMUNITY HEALTH STAFF WITH THE ADVOCATE CONDELL CANCER COMMITTEE REVIEWED CHNA FINDINGS AND UP TO DATE DATA IN 2018 AS A RESULT OF THE CANCER DATA ANALYSIS, SKIN SCREENING WAS IDENTIFIED AS A HEALTH ISSUE OF FOCUS ACCORDING TO THE NATIONAL CANCER INSTITUTE, DATA FROM 2011-2015 SHOWS RISING INCIDENCE AND MORTALITY RATES FOR MELANOMA OF THE SKIN IN ILLINOIS AN EDUCATIONAL SESSION ON SKIN SCREENING WAS PRESENTED IN BOTH ENGLISH AND SPANISH AT THE YWCA OF LAKE COUNTY IN GURNEE, AN ORGANIZATION THAT SERVES HIGH NEED COMMUNITIES THE TEAM REGISTERED 46 PARTICIPANTS FOR THE EDUCATIONAL SESSION ADDITIONALLY, TWO SKIN SCREENINGS WERE OFFERED FREE OF CHARGE TO THE COMMUNITY-CASES NEEDING SPECIAL ATTENTION WERE SCHEDULED FOR FOLLOW-UP APPOINTMENTS AND WERE REFERRED TO THEIR PRIMARY CARE PHYSICIAN GOAL B UNDERTAKE OR SUPPORT INITIATIVES THAT ENHANCE ACCESS TO HEALTH CARE, PREVENTION AND WELLNESS SERVICES ACROSS THE LIFESPAN AND WITHIN THE DIVERSE COMMUNITIES ADVOCATE SERVES IN ADDITION TO ADVOCATE CONDELL'S VERY GENEROUS CHARITY CARE PROGRAM AS DESCRIBED IN LINE 4A, THE MEDICAL CENTER PARTNERS WITH THE LAKE COUNTY HEALTH DEPARTMENT TO PROVIDE MEDICAL IMAGING (RADIOLOGY) SERVICES TO UNINSURED LAKE COUNTY HEALTH DEPARTMENT PATIENTS THROUGH ITS ILLINOIS BREAST AND CERVICAL CANCER PROGRAM (IBCCP) THE IBCCP HELPS PROVIDE FINANCIAL ASSISTANCE FOR MAMMOGRAMS AND DIAGNOSTIC SCREENINGS THESE RADIOLOGY SERVICES, AS WELL AS WOMEN'S HEALTH AND OTHER SERVICES, ARE PROVIDED ON A HEAVILY DISCOUNTED, BELOW COST BASIS TO PATIENTS SERVED BY THE PUBLIC HEALTH DEPARTMENT ADVOCATE CONDELL ALSO PARTNERS WITH THE LAKE COUNTY YWCA TO PROVIDE FREE AND DISCOUNTED BREAST SCREENINGS THE PARTNERSHIP WITH THE YWCA OFFERS 300 FREE AND DISCOUNTED MAMMOGRAMS PER YEAR ADVOCATE CONDELL IS CONTINUING TO WORK WITH THE LAKE COUNTY SUPPLEMENTAL NUTRITION EDUCATION FOR WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM THROUGH THE LOOK WHAT WE CAN DO GROUP WIC ATTENDS THE GROUP'S SESSIONS AT ADVOCATE CONDELL AND EDUCATES THE PARTICIPANTS ABOUT WIC SERVICES TO INCREASE WIC ENROLLMENT FOR CLIENTS WHO QUALIFY GOAL C POSITIVELY AFFECT THE HEALTH STATUS AND QUALITY OF LIFE OF INDIVIDUALS AND POPULATIONS IN COMMUNITIES SERVED BY ADVOCATE THROUGH EVIDENCE-BASED PROGRAMS, ADDRESSING IDENTIFIED NEEDS AND A COMMITMENT TO HEALTH EQUITY ADVOCATE CONDELL SELECTED TWO HEALTH PRIORITIES ON WHICH TO FOCUS NEW PROGRAMMING OBESITY AND MENTAL HEALTH FOR OBESITY PREVENTION, MEDICAL CENTER COMMUNITY HEALTH STAFF ARE IMPLEMENTING TWO EVIDENCE-BASED INITIATIVES IN THE COMMUNITY- NUTRITION AND PHYSICAL ACTIVITIY SELF-ASSESSMENT FOR CHILD CARE (NAP SACC) AND FOOD INSECURITY SCREENING USING THE HUNGER VITAL SIGN SCREENING TOOL ADDITIONALLY, THE MEDICAL CENTER IS WORKING WITH AREA PARTNERS TO INITIATE WALKING INITIATIVES IN TARGETED COMMUNITIES IDENTIFIED WITH HIGHER RATES OF OBESITY, DIABETES AND CARDIOVASCULAR DISEASE ADDITIONAL INITIATIVES ARE BEING IMPLEMENTED TO ADDRESS MENTAL HEALTH THE MEDICAL CENTER HAS INITIATED DEPRESSION SCREENING IN THE EMERGENCY ROOM USING THE PHQ9 DEPRESSION SCREENING TOOL COMMUNITY HEALTH STAFF ARE ALSO WORKING TO STREAMLINE THE PROCESS OF REFERRALS FROM THE MEDICAL CENTER TO COMMUNITY-BASED MENTAL HEALTH PROVIDERS FINALLY, ADVOCATE CONDELL AND ADVOCATE GOOD SHEPHERD PARTNERED TO OFFER A JOINT BEHAVIORAL HEALTH RESOURCE FAIR IN 2018 AS A WAY TO INCREASE EMPLOYEES' KNOWLEDGE OF MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT PROVIDERS AND RESOURCES IN THE AREA

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 00 1 00	X						0	10,000	0
DAVID ANDERSON DIRECTOR	1 00 1 00	X						0	84,966	0
GAIL D HASBROUCK DIRECTOR	1 00 1 00	X						0	430,963	46
GARY STUCK DO EVP, CHIEF MEDICAL OFFICER, DIRECTOR	1 00 55 00	X		X				0	372,428	21,996
JAMES SKOGSBERGH PRESIDENT & CEO, DIRECTOR	1 00 55 00	X		X				0	8,463,174	48,481
JOSE ARMARIO DIRECTOR	1 00 1 00	X						0	0	0
LYNN CRUMP-CAINE DIRECTOR	1 00 1 00	X						0	62,300	0
MARK HARRIS DIRECTOR	1 00 1 00	X						0	42,700	0
MICHELE BAKER RICHARDSON CHAIRPERSON, DIRECTOR	1 00 1 00	X		X				0	90,966	0
REV DR NATHANIEL EDMOND DIRECTOR	1 00 1 00	X						0	4,000	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			
K RICHARD JAKLE VICE CHAIRPERSON OF BOARD/DIRECTOR	1 00 1 00	X		X				0	78,966	0
RON GREENE DIRECTOR	1 00 1 00	X						0	11,500	0
BARBARA BYRNE MD SVP, CHIEF INFORMATION OFFICER	1 00 55 00			X				0	971,920	120,421
DOMINIC J NAKIS SVP, CFO, & TREASURER	1 00 55 00			X				0	2,635,976	53,865
EARL J BARNES II SVP, GENERAL COUNSEL & SECRETARY	1 00 55 00			X				0	1,960,426	152,541
JAMES DOHENY SVP, CONTROLLER, & ASST TREASURER	1 00 55 00			X				0	518,656	53,917
JAMES SLINKMAN ASSISTANT SECRETARY	1 00 55 00			X				0	393,448	59,213
KELLY JO GOLSON SVP, CHIEF MARKETING OFFICER	1 00 55 00			X				0	518,656	53,917
KEVIN BRADY SVP, CHIEF HUMAN RESOURCES OFFICER	1 00 55 00			X				0	1,795,883	63,605
LEE B SACKS MD EVP, CHIEF MEDICAL OFFICER	1 00 55 00			X				0	3,488,609	50,288

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			
LESLIE LENZO ASSISTANT TREASURER	1 00 55 00			X				0	646,273	41,758
MICHAEL GREBE ASSISTANT SECRETARY	1 00 55 00			X				0	995,402	90,670
MICHAEL KERNS ASSISTANT SECRETARY	1 00 55 00			X				0	420,969	60,895
MIKE LAPPIN SECRETARY	1 00 55 00			X				0	1,927,178	143,340
NAN NELSON ASSISTANT TREASURER	1 00 55 00			X				0	920,042	84,115
RACHELLE HART ASSISTANT SECRETARY	1 00 55 00			X				0	623,395	40,485
REV KATHIE BENDER SCHWICH SVP, MISSION & SPIRITUAL CARE	1 00 55 00			X				0	824,646	101,437
SCOTT POWDER SVP, CHIEF STRATEGY OFFICER	1 00 55 00			X				0	1,579,724	50,432
STEVE HUSER ASSISTANT TREASURER	1 00 55 00			X				0	337,534	44,422
SUSAN CAMPBELL SVP OF PATIENT CARE, CHIEF NURSING OFFICER	1 00 55 00			X				0	2,064,210	83,508

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			
VINCENT BUFALINO MD PRESIDENT OF PHYS & AMB SVCS/ AMG	1 00 55 00			X				0	1,886,580	52,227
WILLIAM P SANTULLI PRESIDENT	1 00 55 00			X				0	3,965,389	50,170
KAREN LAMBERT PRESIDENT OF GOOD SHEPHERD & CONDELL	1 00 55 00				X			0	1,432,738	64,475
MICHAEL PLOSZEK PRESIDENT OF CONDELL	1 00 55 00				X			0	412,134	30,495
DAVID CARTWRIGHT VP, FINANCE & SUPPORT	55 00 0 00					X		297,956	0	46,510
DEBRA SUSIE-LATTNER VP, CHIEF MEDICAL OFFICER FOR CONDELL	55 00 0 00					X		498,956	0	37,628
KAREN HANSON VP, CHIEF NURSING OFFICER FOR CONDELL	55 00 0 00					X		214,188	0	44,861
LANIS KUYZIN DIRECTOR MEDICAL CARE MANAGEMENT	55 00 0 00					X		302,546	0	23,213
MARY HILLARD VP PATIENT CARE AND CLINICAL OPERATIONS	55 00 0 00					X		296,080	0	34,296
BRUCE D SMITH SVP, FORMER CHIEF INFORMATION OFFICER	0 00 0 00						X	0	508,520	46

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			
DOMINICA TALLARICO FORMER PRESIDENT OF CONDELL	0 00 55 00						X	0	1,481,074	49,939

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ADVOCATE CONDELL MEDICAL CENTER

Employer identification number
26-2525968

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

f Enter the number of supported organizations _____

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** 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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 26-2525968

Name: ADVOCATE CONDELL MEDICAL CENTER

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
ADVOCATE CONDELL MEDICAL CENTER	26-2525968

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

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

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		45,922
j	Total Add lines 1c through 1i			45,922
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
PART II-B, LINE 1	SUPPLEMENTAL LOBBYING INFORMATION ADVOCATE CONDELL MEDICAL CENTER IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION AND THE ILLINOIS HEALTH AND HOSPITAL ASSOCIATION THESE ORGANIZATIONS, AS PART OF THEIR MISSION, ADVOCATE IN THE GENERAL ASSEMBLY AND IN CONGRESS ON LEGAL AND POLICY ISSUES THAT AFFECT HEALTHCARE INCLUDING QUALITY, AFFORDABILITY, PATIENT ACCESS, AND ACCREDITATION A PORTION OF THE ANNUAL MEMBERSHIP DUES PAID TO THESE ORGANIZATIONS IS ATTRIBUTABLE TO LOBBYING ACTIVITIES ADVOCATE CONDELL MEDICAL CENTER ALSO REIMBURSES VARIOUS ASSOCIATES FOR DUES PAID TO VARIOUS PROFESSIONAL ORGANIZATIONS AND ALSO FOR EDUCATIONAL EXPENSES PROVIDED BY PROFESSIONAL AND MEMBERSHIP ORGANIZATIONS ADVOCATE CONDELL MEDICAL CENTER ENDEAVORS TO IDENTIFY THE PORTION OF DUES OR FEES PAID TO THESE ORGANIZATIONS WHICH ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ADVOCATE CONDELL MEDICAL CENTER

Employer identification number
26-2525968

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

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

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, 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		55,398,825		55,398,825
b Buildings		265,185,401	94,463,102	170,722,299
c Leasehold improvements		1,028,241	457,442	570,799
d Equipment		93,356,248	63,314,542	30,041,706
e Other		4,199,097		4,199,097
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				260,932,726

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
THIRD PARTY SETTLEMENTS	35,221,559
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	35,221,559

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319221529

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.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ADVOCATE CONDELL MEDICAL CENTER

Employer identification number
26-2525968

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 60000 0000000000 %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			8,105,829		8,105,829	1 970 %
b Medicaid (from Worksheet 3, column a)			45,480,951	50,516,743	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			53,586,780	50,516,743	8,105,829	1 970 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			439,198		439,198	0 110 %
f Health professions education (from Worksheet 5)			2,038,894		2,038,894	0 490 %
g Subsidized health services (from Worksheet 6)			12,319,031	11,317,780	1,001,251	0 240 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			368,017		368,017	0 090 %
j **Total.** Other Benefits			15,165,140	11,317,780	3,847,360	0 930 %
k **Total.** Add lines 7d and 7j			68,751,920	61,834,523	11,953,189	2 900 %

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	22,518,961		
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	417,552		
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	128,655,748		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	144,694,118		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-16,038,370		
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 ADVOCATE CONDELL MEDICAL CENTER

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) WWW ADVOCATEHEALTH COM/CHNAREPORTS			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☑ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 17			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a If "Yes" (list url) WWW ADVOCATEHEALTH COM/CHNAREPORTS			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

ADVOCATE CONDELL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 600 000000000000 %			
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

ADVOCATE CONDELL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

ADVOCATE CONDELL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **14**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	PART VI, LINE 1 - DESCRIPTION FOR PART I, LINE 7A 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 INSTRUCTIONS 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 ACCOUNTING SYSTEM WAS USED TO DETERMINE THE AMOUNTS REPORTED IN THE TABLE FOR PART I, LINES 7E, 7F, 7G, AND 7I

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G	SCHEDULE H, PART VI, LINE 1- 7E ACMC PROVIDES COMMUNITY HEALTH IMPROVEMENT SERVICES TO THE COMMUNITIES IN WHICH IT SERVES ACMC PROVIDES LANGUAGE SERVICES TO ALL THOSE IN NEED IN ORDER TO PROVIDE BETTER ACCESS TO CARE FOR ALL COMMUNITY MEMBERS IN ADDITION, OTHER PROGRAMS ARE CARRIED OUT WITH THE EXPRESS PURPOSE OF IMPROVING COMMUNITY HEALTH, ACCESS TO HEALTH SERVICES AND GENERAL HEALTH KNOWLEDGE THESE SERVICES DO NOT GENERATE PATIENT BILLS, HOWEVER, CERTAIN PROGRAMS OR SERVICES MAY HAVE NOMINAL FEES THESE SERVICES AND PROGRAMS INCLUDE CANCER SUPPORT GROUPS THESE GROUPS FOCUS ON EDUCATING THE NEWLY DIAGNOSED AND PROVIDING INFORMATION ON BETTER LIVING FOR SURVIVORS COLORECTAL CANCER SCREENING ARE ALSO PROVIDED, VARIOUS PROGRAMS REGARDING JOINT PAIN AND REPLACEMENT INCLUDING TREATMENT OPTIONS AND INFORMATION ON PAIN RELIEF, VARIOUS WOMEN AND BABY, BREASTFEEDING, MULTIPLES, CHILDBIRTH AND PARENTING AND SIBLING CLASSES, VARIOUS EDUCATIONAL PROGRAMS AND SUPPORT GROUPS TO RAISE AWARENESS OF HEART DISEASE DIABETES AND STROKE RISK FACTORS AND TREATMENT OPTIONS AND EDUCATION FOR LIVING WITH THE DISEASE, THERE ARE VARIOUS PROGRAMS REGARDING HEALTH EATING, CPR TRAINING IS OFFERED TO THE COMMUNITY AS WELL AS VARIOUS OTHER WELLNESS AND SCREENING PROGRAMS AND HEALTH FAIRS ARE OFFERED THROUGHOUT THE YEAR ADULT DAY CARE IS PROVIDED TO THE COMMUNITY AS WELL PART VI, LINE 1 - DESCRIPTION FOR PART I, LINE 7GACMC PROVIDES SUBSIDIZED HEALTH SERVICES TO THE COMMUNITY THESE SERVICES ARE PROVIDED DESPITE CREATING A FINANCIAL LOSS FOR ACMC THESE SERVICES ARE PROVIDED BECAUSE THEY MEET AN IDENTIFIED COMMUNITY NEED IF ACMC DID NOT PROVIDE THE CLINICAL SERVICE, IT IS REASONABLE TO CONCLUDE THAT THESE SERVICES WOULD NOT BE AVAILABLE TO THE COMMUNITY THE SERVICES INCLUDED ARE BOTH INPATIENT AND OUTPATIENT PROGRAMS FOR CHEMICAL DEPENDENCY HEALTH SERVICES, ORTHOPEDIC AND HOSPICE SERVICES PART VI, LINE 1 - DESCRIPTION FOR PART I, LINE 7HACMC CONDUCTS NUMEROUS RESEARCH ACTIVITIES FOR THE ADVANCEMENT OF MEDICAL AND HEALTH CARE SERVICES HOWEVER, THE UNREIMBURSED COST OF SUCH RESEARCH ACTIVITIES IS NOT READILY DETERMINABLE AND NO AMOUNT IS BEING REPORTED FOR PURPOSES OF THE 2018 FORM 990, SCHEDULE H

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	PART VI, LINE 1 - DESCRIPTION FOR PART I, LINE 7, COLUMN (F)$22,518,961 OF BAD DEBT EXPENSE WAS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT WAS REMOVED FROM THE DENOMINATOR FOR PURPOSES OF SCHEDULE H, PART I, LINE 7, COLUMN (F)

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	ENVIRONMENTAL IMPROVEMENTS ADVOCATE HEALTH CARE IS COMMITTED TO GREENING HEALTH CARE BECAU SE IT IS DEEPLY CONNECTED TO OUR CORE MISSION - HEALTH AND HEALING WE UNDERSTAND THAT THE HEALTH OF THE ENVIRONMENT AND THE HEALTH OF THE PATIENTS AND COMMUNITIES WE SERVE IS INEX TRICABLY LINKED - AND THAT A HEALTHY PLANET SUPPORTS HEALTHY PEOPLE REDUCING WASTE, CONSE RVING ENERGY AND WATER, MINIMIZING USE OF TOXIC CHEMICALS, AND CONSTRUCTING ECO-FRIENDLY B UILDINGS FOR TODAY AND TOMORROW - ALL OF THESE EFFORTS HAVE A DIRECT BENEFIT ON THE HEALTH OF LOCAL COMMUNITIES VIA CLEANER COMMUNITIES, HEALTHIER AIR QUALITY, REDUCED GREEN HOUSE GASES, AND PRESERVATION OF NATURAL RESOURCES AS WE WORK TO REDUCE THE ENVIRONMENTAL AND H EALTH IMPACT OF HEALTH CARE, OUR ENVIRONMENTAL STEWARDSHIP PRACTICES HELP EASE THE BURDEN OF HEALTH CARE COSTS BOTH DIRECTLY (LOWER ENERGY COSTS) AND INDIRECTLY (LOWER ENVIRONMENTA LLY-RELATED DISEASE BURDEN) 1 MENTORING AND EDUCATIONAS WE WORK TO SERVE THE HEALTH NEED S OF TODAY'S PATIENTS AND FAMILIES WITHOUT COMPROMISING THE NEEDS OF FUTURE GENERATIONS, A DVOCATE HAS COMMITTED RESOURCES TO SHARING LESSONS LEARNED AND BEST PRACTICES WITH OTHER H OSPITALS AND HEALTH SYSTEMS, BOTH LOCALLY AND NATIONALLY, AND WE DO SO IN A VARIETY OF WAY S ADVOCATE HEALTH CARE WAS ONE OF 12 FOUNDING AND SPONSORING HEALTH SYSTEMS OF THE NATION AL HEALTHIER HOSPITALS INITIATIVE, WHICH HAS NOW BECOME A PERMANENT PROGRAM OF PRACTICE GR EENHEALTH THE HEALTHIER HOSPITALS PROGRAM ENGAGES OVER 1,300 HOSPITALS IN SIX KEY CATEGOR IES OF HEALTH CARE SUSTAINABILITY ENGAGED LEADERSHIP, HEALTHIER FOODS, LESS WASTE, LEANER ENERGY, SAFER CHEMICALS, AND SMARTER PURCHASING ENROLLED HOSPITALS HAVE ACCOMPLISHED RED UCTIONS IN MEAT PURCHASING, INCREASED PURCHASING OF LOCAL AND SUSTAINABLE FOOD, REDUCED EX POSURE TO TOXIC CHEMICALS THROUGH GREEN CLEANING PROGRAMS AND CONVERSION OF MEDICAL PRODUC TS FREE FROM PVC AND DEHP AND DECREASED ENERGY AND WASTE ADVOCATE IS PROUD TO JOURNEY WIT H THIS GROWING MASS OF HOSPITALS THROUGH ITS OWN INVOLVEMENT AND LEADERSHIP IN THE HEALTHI ER HOSPITALS CHALLENGES ADVOCATE CONTINUES ITS LEADERSHIP, ADVOCACY AND MENTORING ROLE NA TIONALLY THROUGH PARTICIPATION IN SEVERAL HEALTHCARE SUSTAINABILITY LEADERSHIP GROUPS AND ADVISORY BOARDS, ADDRESSING ANTIBIOTIC OVERUSE IN AGRICULTURE, SAFER CHEMICALS IN FURNISHI NG AND MEDICAL PRODUCTS, CLIMATE CHANGE, PLASTICS RECYCLING, AND ENVIRONMENTALLY-PREFERABL E PURCHASING " PRACTICE GREENHEALTH MARKET TRANSFORMATION GROUP - LESS MEAT, BETTER MEAT" PRACTICE GREENHEALTH MARKET TRANSFORMATION GROUP - SAFER CHEMICALS" HEALTH CARE CLIMATE CO UNCIL " HEALTHCARE PLASTICS RECYCLING COALITION - HEALTHCARE FACILITY ADVISORY BOARD" VIZI ENT ENVIRONMENTAL ADVISORY COUNCIL " SIGNATORY OF THE CHEMICAL FOOTPRINT PROJECTADVOCATE A LSO COMMONLY PROVIDES MENTORING TO HEALTH CARE COMMUNITY ON SUSTAINABILITY BEST PRACTICES THROUGH PRESENTATIONS AND WEBINARS, AS WELL AS TO INDIVIDUAL HEALTH CARE INSTITUTIONS ON A CASE-BY-CASE BASIS 2 ADVOCATE HEALTH CARE SYSTEM - 2018 ENVIRONMENTAL INITIATIVES " REDU CED CUMULATIVE (ELEVEN HOSPITALS) HOSPITAL ENERGY CONSUMPTION BY 0 5 PERCENT IN TWELVE MON THS ENDING 11/30/18 OUR 2018 ENERGY REDUCTIONS SAVED ADVOCATE $490,000 IN ENERGY COSTS" A VOIDED 2,811 MTCO2E OF GREENHOUSE GASES (EQUIVALENT TO 6 8 MILLION MILES OF DRIVING) THROU GH ECO-FRIENDLY MANAGEMENT OF ANESTHETIC GASES " RECYCLED 2,760 TONS OF WASTE FROM HOSPITA L OPERATIONS " RECYCLED 74 PERCENT, OR 1,370 TONS, OF CONSTRUCTION AND DEMOLITION DEBRIS " SAVED 56 TONS OF WASTE FROM LANDFILL AND SAVED OVER $2 MILLION VIA OUR SURGICAL AND MEDIC AL DEVICE REPROCESSING PROGRAMS " CONTINUED OUR DONATION PROGRAM WITH PROJECT C U R E , A NON-PROFIT ORGANIZATION THAT WILL RESPONSIBLY REDISTRIBUTE DONATED MEDICAL SUPPLIES AND EQ UIPMENT TO UNDER-RESOURCED AREAS AROUND THE GLOBE, FOR ALL ADVOCATE HEALTH CARE FACILITIES ADVOCATE DONATED A TOTAL OF 91 PALLETS OF MISCELLANEOUS MEDICAL SUPPLIES AND 13PIECES OF MEDICAL EQUIPMENT TO PROJECT CURE IN 2018, ALL OF WHICH MAY HAVE OTHERWISE BEEN LANDFILLE D " PURCHASED 7,134 FEWER REAMS OF PAPER IN 2018 VERSUS 2017 EVEN THOUGH PATIENT VOLUMES R OSE - TRANSLATING INTO AN OVER 3% YEAR-OVER-YEAR REDUCTION IN PAPER USAGE " SPENT 78% OF A DVOCATE'S EXPENSES IN SELECT CLEANING PRODUCT CATEGORIES (WINDOW, FLOOR, CARPET, BATHROOM, AND GENERAL-PURPOSE CLEANERS) ON THIRD-PARTY CERTIFIED "GREEN" CLEANERS " INCREASED THE P URCHASE OF HEALTHIER HOSPITALS-APPROVED FURNITURE, MADE WITHOUT SELECT CHEMICALS OF CONCER N, INCLUDING PERFLUORINATED COMPOUNDS, PVC (VINYL), FORMALDEHYDE, FLAME RETARDANTS (WHERE CODE PERMISSIBLE) AND ANTIMICROBIALS, TO 78% OF TOTAL PURCHASES " PURCHASED 24% OF TOTAL M EAT PRODUCTS FROM LIVESTOCK AND POULTRY RAISED WITHOUT THE ROUTINE USE OF ANTIBIOTICS, SUP PORTING THE JUDICIOUS AND RESPONSIBLE USE OF ANTIBIOTICS IN AGRICULTURE WHICH CAN HELP SLO W THE EMERGENCE OF ANTIBIOTIC-RESISTANT BACTERIA " PLEASE SEE ADVOCATE HEALTH CARE'S PUBLI CLY-FACING SUSTAINABILITY & WELLNESS WEBSITE FOR M

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	ORE INFORMATION 3 HOSPITAL-BASED ENVIRONMENTAL IMPROVEMENTS IN 2018ADVOCATE CONDELL MEDIC AL CENTER" DIVERTED OVER 493,000 POUNDS OF OPERATING WASTE FROM THE LANDFILL THROUGH ITS V ARIOUS RECYCLING PROGRAMS " AVOIDED OVER 13,400 POUNDS OF MEDICAL AND SOLID WASTE THROUGH ITS DEVICE REPROCESSING PROGRAMS " PURCHASED 2,198 FEWER REAMS OF PAPER IN 2018 VERSUS 20 17, TRANSLATING INTO A 10 8% YEAR OVER YEAR REDUCTION IN PAPER USAGE " 89% OF CLEANING PRO DUCTS PURCHASED FOR FIVE KEY CATEGORIES (WINDOW, FLOOR, CARPET, BATHROOM, AND GENERAL PURP OSE CLEANERS) WERE THIRD-PARTY GREEN CERTIFIED " 84% OF FURNITURE PURCHASES WERE FREE OF FIVE KEY CHEMICALS OF CONCERN " IN 2018, CONDELL DONATED 7 PALLETS OF VARIOUS MEDICAL SUPP LIES TO PROJECT CURE FOR USE IN RESOURCE-LIMITED AREAS AROUND THE WORLD

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Form and Line Reference	Explanation
PART III, LINE 2	PART VI, LINE 1 - DESCRIPTION FOR PART III, LINES 2, 3, AND 4 THE FOOTNOTES TO ADVOCATE HEALTH CARE NETWORK AND SUBSIDIARIES' 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 AUDITED FINANCIAL STATEMENTS) FOR 2018, FOR ADVOCATE CONDELL, THE ALLOWANCE FOR DOUBTFUL ACCOUNTS COVERED 31 52% OF NET PATIENT ACCOUNTS RECEIVABLE PATIENT ACCOUNTS RECEIVABLE ARE STATED AT NET REALIZABLE VALUE ACMC EVALUATES THE COLLECTABILITY OF ITS ACCOUNTS RECEIVABLE BASED ON THE LENGTH OF TIME THE RECEIVABLE IS OUTSTANDING, PAYER CLASS, HISTORICAL COLLECTION EXPERIENCE, AND TRENDS IN HEALTH CARE INSURANCE PROGRAMS ACCOUNTS RECEIVABLE ARE CHARGED TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS WHEN THEY ARE DEEMED UNCOLLECTIBLE

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Form and Line Reference	Explanation
PART III, LINE 3	THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3 IS BASED ON THE RATIO OF PATIENT CARE COST TO CHARGES THE UNREIMBURSED COST OF BAD DEBT 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 PATIENT OR THIRD PARTY PAYOR PAYMENTS RECEIVED ADVOCATE MAKES EVERY EFFORT TO IDENTIFY THOSE PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE BY STRICTLY ADHERING TO ITS FINANCIAL ASSISTANCE POLICY WE BELIEVE THAT ADVOCATE HAS A POPULATION OF PATIENTS WHO ARE UNINSURED OR UNDERINSURED BUT WHO DO NOT COMPLETE THE FINANCIAL ASSISTANCE APPLICATION THE ESTIMATED AMOUNT OF BAD DEBT EXPENSE (AT COST) WHICH COULD BE REASONABLY ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, IF SUFFICIENT INFORMATION HAD BEEN AVAILABLE TO MAKE A DETERMINATION OF THEIR ELIGIBILITY, WAS BASED UPON SELF PAY PATIENT ACCOUNTS WHICH HAD AMOUNTS WRITTEN OFF TO BAD DEBTS OUR METHOD WAS TO BEGIN WITH THE SELF-PAY PORTION OF BAD DEBT EXPENSE PROVISION THE SELF-PAY PORTION EXCLUDES THOSE PATIENTS WHO HAD FINANCIAL 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, AND CHARGES FOR PATIENTS WHO APPLIED FOR FINANCIAL ASSISTANCE AND WERE DENIED THE COST TO CHARGE RATIO WAS THEN APPLIED TO THE REMAINING CHARGES, TO DETERMINE THE VALUE (AT COST) OF PATIENT ACCOUNTS THAT DID NOT COMPLETE FINANCIAL 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 ALL SELF-PAY PATIENTS IT ALSO DOES NOT INCLUDE ACCOUNT BALANCES OR CO-PAYS OF NON-SELF PAY ACCOUNTS WHICH ARE WRITTEN OFF TO BAD DEBT WHEN THE PATIENT HAS NO OTHER FINANCIAL RESOURCES TO PAY THESE AMOUNTS AND THE PATIENT DOES NOT APPLY FOR FINANCIAL ASSISTANCE BAD DEBT AMOUNTS HAVE BEEN EXCLUDED FROM OTHER COMMUNITY BENEFIT AMOUNTS REPORTED THROUGHOUT SCHEDULE H

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Form and Line Reference	Explanation
PART III, LINE 4	THE FOOTNOTES TO ADVOCATE HEALTH CARE NETWORK AND SUBSIDIARIES' 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 PAGES 10-11 OF THE AUDITED FINANCIAL STATEMENTS) FOR 2018, FOR ADVOCATE CONDELL, THE ALLOWANCE FOR DOUBTFUL ACCOUNTS COVERED 31 52% OF NET PATIENT ACCOUNTS RECEIVABLE PATIENT ACCOUNTS RECEIVABLE ARE STATED AT NET REALIZABLE VALUE ACMC EVALUATES THE COLLECTABILITY OF ITS ACCOUNTS RECEIVABLE BASED ON THE LENGTH OF TIME THE RECEIVABLE IS OUTSTANDING, PAYER CLASS, HISTORICAL COLLECTION EXPERIENCE, AND TRENDS IN HEALTH CARE INSURANCE PROGRAMS ACCOUNTS RECEIVABLE ARE CHARGED TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS WHEN THEY ARE DEEMED UNCOLLECTIBLE

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Form and Line Reference	Explanation
PART III, LINE 8	PART VI, LINE 1 - DESCRIPTION FOR PART III, LINE 8THE SHORTFALL OF $16,038,370 ON PART III, LINE 7 IS THE UNREIMBURSED COST OF PROVIDING SERVICES FOR MEDICARE PATIENTS AND SHOULD BE TREATED AS COMMUNITY BENEFIT BECAUSE PROVIDING THESE SERVICES WITHOUT REIMBURSEMENT LESSENS THE BURDENS OF GOVERNMENT OR OTHER CHARITIES THAT WOULD OTHERWISE BE NEEDED TO SERVE THE COMMUNITY FOR ADVOCATE CONDELL'S OPERATIONS, THE UNREIMBURSED COST OF MEDICARE WAS CALCULATED BY APPLYING THE ORGANIZATION'S COST TO CHARGE RATIO FROM THE MEDICARE COST REPORTS (CMS 2252-96 WORKSHEET C, PART 1, PPS INPATIENT RATIOS) AND FOR NON-HOSPITAL OPERATIONS THE COST TO CHARGE RATIO CALCULATED ON WORKSHEET 2 RATIO OF PATIENT CARE COST TO CHARGES TO THE ORGANIZATION'S MEDICARE, LESS ANY PATIENT OR THIRD PARTY PAYOR PAYMENTS AND/OR CONTRIBUTIONS RECEIVED THAT WERE DESIGNATED FOR THE PAYMENT OF MEDICARE PATIENT BILLS

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Form and Line Reference	Explanation
PART III, LINE 9B	PART VI, LINE 1 - DESCRIPTION FOR PART III, LINE 9BACMC MAINTAINS BOTH WRITTEN FINANCIAL ASSISTANCE AND BAD DEBT/COLLECTION POLICIES THE BAD DEBT/COLLECTION POLICY DOES NOT APPLY TO THOSE PATIENTS KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE, THEREFORE SUCH PATIENTS ARE NOT SUBJECT TO COLLECTION PRACTICES

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

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

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Form and Line Reference	Explanation
PART VI, LINE 4	COMMUNITY DEFINITION AND SOCIODEMOGRAPHIC DESCRIPTIONFOR THE 2014-2016 CHNA, ADVOCATE CONDELL DEFINED THE "COMMUNITY" AS LAKE COUNTY THE COMBINED POPULATION OF THE ADVOCATE CONDELL PRIMARY SERVICE AREA (PSA) AND SECONDARY SERVICE AREA (SSA) EQUALS 80 PERCENT OF THE TOTAL POPULATION OF LAKE COUNTY BECAUSE ADVOCATE CONDELL SERVES ALL OF LAKE COUNTY, COUNTY DATA WAS UTILIZED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WHILE THE CHC DEFINED THE COMMUNITY AS LAKE COUNTY, DATA FROM THE MEDICAL CENTER'S PSA AND SSA WAS ALSO ANALYZED, WHERE AVAILABLE, TO FURTHER DEFINE SPECIFIC HEALTH ISSUES AS OF 2016, THE POPULATION OF LAKE COUNTY WAS 707,030 THE POPULATION OF THE PSA IS 391,022 AND THE SSA POPULATION IS 172,345 THE THREE LARGEST COMMUNITIES WITHIN THE PSA ARE WAUKEGAN (60085) WITH A POPULATION OF 69,644, ROUND LAKE (60073) WITH A POPULATION OF 60,766 AND GURNEE (60031) WITH A POPULATION OF 38,842 THE LARGEST COMMUNITIES IN THE SSA ARE BUFFALO GROVE WITH A POPULATION OF 41,380 AND ZION WITH A POPULATION OF 31,535 THE GROWTH RATE OF THE PSA IS QUITE SLOW, WITH ONLY LESS THAN ONE PERCENT GROWTH FROM 2010 TO 2016 THE GROWTH RATE OF THE SSA IS HIGHER, INCREASING ONE PERCENT SINCE 2010 THE OVERALL GROWTH RATE OF LAKE COUNTY IS ONE-HALF OF ONE PERCENT FIFTY PERCENT OF LAKE COUNTY RESIDENTS ARE FEMALE AND 50 PERCENT ARE MALE THE MEDIAN AGE IN LAKE COUNTY IS 37 9 APPROXIMATELY 25 PERCENT OF THE POPULATION IS UNDER 18 YEARS OF AGE, WITH NORTH CHICAGO AND WAUKEGAN (60085) BEING THE TWO COMMUNITIES WITH THE HIGHEST UNDER AGE 18 POPULATION ADDITIONALLY, 13 PERCENT OF THE TOTAL POPULATION IS 65 AND OLDER LINCOLNSHIRE, BARRINGTON AND HIGHLAND PARK ARE THE THREE COMMUNITIES WITH THE LARGEST SENIOR POPULATIONS SEVENTY-THREE PERCENT OF LAKE COUNTY RESIDENTS ARE WHITE, NON-HISPANIC AFRICAN AMERICANS MAKE UP SEVEN PERCENT OF THE TOTAL POPULATION IN LAKE COUNTY ASIANS ACCOUNT FOR SEVEN PERCENT OF THE POPULATION IN LAKE COUNTY AND NINE PERCENT OF THE POPULATION IDENTIFIED AS OTHER HISPANICS ARE IDENTIFIED BY ETHNICITY AND ACCOUNT FOR 21 PERCENT OF THE POPULATION IN LAKE COUNTY, THE SECOND LARGEST GROUP IN THE COUNTY THE MEDIAN HOUSEHOLD INCOME FOR LAKE COUNTY IS $78,356 SEVEN AND ONE-HALF PERCENT OF LAKE COUNTY FAMILIES ARE LIVING BELOW 100 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL) NORTH CHICAGO AND WAUKEGAN (60085) ARE THE TWO COMMUNITIES IN LAKE COUNTY WITH THE HIGHEST PERCENTAGE OF FAMILIES LIVING BELOW 100 PERCENT OF THE FPL AT 27 PERCENT AND 21 PERCENT, RESPECTIVELY ADDITIONALLY, TWO PERCENT OF HOUSEHOLDS ARE RECEIVING PUBLIC ASSISTANCE INCLUDING TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) THE TOTAL NUMBER OF ADULTS IN LAKE COUNTY WITH HEALTH INSURANCE INCREASED FROM 83 PERCENT IN 2011 TO 87 PERCENT IN 2014 TWELVE PERCENT OF LAKE COUNTY RESIDENTS ARE MEDICARE BENEFICIARIES AND 15 PERCENT ARE INSURED BY MEDICAID THERE ARE SOME COMMUNITIES IN LAKE COUNTY WHICH ARE ALSO SERVED BY ADVOCATE GOOD SHEPHERD ADDITIONALLY, THERE ARE THREE OTHER HOSPITALS WITHIN THE COUNTY WITH INTERSECTING SERVICE AREAS TO ADVOCATE CONDELL THESE ARE VISTA HEALTH SYSTEM IN WAUKEGAN, NORTHWESTERN LAKE FOREST HOSPITAL AND NORTHSHORE UNIVERSITY HEALTH SYSTEM HIGHLAND PARK HOSPITAL WITHIN LAKE COUNTY, THERE ARE FOUR DESIGNATED MEDICALLY UNDERSERVED AREAS (MUA) CENSUS TRACTS WITHIN NORTH CHICAGO, WAUKEGAN, ZION AND HIGHLAND PARK/HIGHWOOD ARE DESIGNATED MUAS

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Form and Line Reference	Explanation
PART VI, LINE 5	5 PROMOTION OF COMMUNITY HEALTH THE GOVERNING COUNCIL AT ADVOCATE CONDELL IS COMPRISED OF LOCAL COMMUNITY LEADERS AND PHYSICIANS GOVERNING COUNCIL MEMBERS SUPPORT THE MEDICAL CENTER LEADERSHIP IN THEIR PURSUIT OF THE ESTABLISHED MEDICAL CENTER GOALS, REPRESENT THE COMMUNITY'S INTEREST AND SERVE AS AMBASSADORS IN THE COMMUNITY SEVENTY-ONE PERCENT OF THE CURRENT 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 ADVOCATE CONDELL ALSO DONATES STAFF TIME AND EXPERTISE TO SEVERAL LOCAL COUNCILS, BOARDS, COALITIONS AND COMMITTEES THE ADVOCATE CONDELL PRESIDENT SERVES ON THE BOARD OF THE LAKE COUNTY COMMUNITY FOUNDATION THE DIRECTOR OF COMMUNITY HEALTH AND AN EMERGENCY DEPARTMENT SOCIAL WORKER REPRESENT ADVOCATE CONDELL ON THE LAKE COUNTY OPIOID INITIATIVE TASK FORCE, WHICH FOCUSES ON ISSUES OF SUBSTANCE ABUSE PREVENTION AND TREATMENT IN THE SERVICE AREA THE COMMUNITY HEALTH DIRECTOR ALSO SERVES ON THE LIVE WELL LAKE COUNTY STEERING COMMITTEE, WHICH PROVIDES OVERSIGHT TO THE IMPLEMENTATION OF THE LAKE COUNTY HEALTH DEPARTMENT STRATEGIC PLAN BOTH THE COMMUNITY HEALTH DIRECTOR AND COMMUNITY HEALTH COORDINATOR SERVE ON THREE LIVE WELL LAKE COUNTY ACTION TEAMS, FOCUSING ON DIABETES, NUTRITION AND FOOD INSECURITY, AND BEHAVIORAL HEALTH THE COMMUNITY HEALTH DIRECTOR ALSO SERVES ON THE ADVISORY COUNCIL FOR THE ERIE HEALTHREACH WAUKEGAN HEALTH CENTER, A FEDERALLY QUALIFIED HEALTH CENTER IN ADDITION, ADVOCATE CONDELL ROUTINELY MAKES CASH AND IN-KIND DONATIONS TO PARTNERS, SUCH AS THE LAKE COUNTY YWCA, MANO A MANO RESOURCE CENTER AND THE PARTNERSHIP FOR A SAFER LAKE COUNTY TO FURTHER THE HEALTH OF THE COMMUNITY, INCLUDING THE DONATION OF MEDICAL SUPPLIES IN OCTOBER 2018, ADVOCATE CONDELL RECEIVED GRANT FUNDING TO IMPLEMENT A NEW ACCESS TO CARE PROGRAM TO LINK PATIENTS TO A PRIMARY CARE PROVIDER THE MEDICAL CENTER WILL ADD A FULL-TIME COMMUNITY HEALTH WORKER (CHW) WHO WORKS IN THE EMERGENCY DEPARTMENT TO MEET WITH PATIENTS COMING IN FOR LOW-ACUITY REASONS AND IN THE COMMUNITY TO LINK PATIENTS TO SOCIAL SUPPORT SERVICES THE CHW WILL MEET WITH PATIENTS AND THEIR FAMILIES TO HELP EDUCATE THEM ON OTHER OPTIONS FOR CARE, SUCH AS THE ADVOCATE IMMEDIATE CARE CENTERS, WALGREENS CLINICS AND OTHER RETAIL-BASED CLINICS THE CHW ALSO WILL EDUCATE PATIENTS ON THEIR INSURANCE ENROLLMENT AND IF THEY DO NOT HAVE A MEDICAL HOME, LINK THEM TO A PCP OR FQHC FOR ONGOING CARE THE CHW POSITION WAS FILLED ON OCTOBER 15, 2018, AND THE NEW EMPLOYEE COMPLETED EXTENSIVE ORIENTATION AND TRAINING THROUGH THE END OF 2018 NO PATIENTS WERE SEEN BY THE CHW IN 2018, BUT THE PROGRAM IS SCHEDULED TO LANCH IN JANUARY 2019

Form and Line Reference	Explanation
PART VI, LINE 6	6 AFFILIATED HEALTH CARE SYSTEM ALTHOUGH ADVOCATE HEALTH CARE (ILLINOIS) AND AURORA HEAL TH CARE (WISCONSIN) MERGED IN 2018 TO BECOME ADVOCATE AURORA HEALTH AND WORK CONTINUES TO ALIGN THE COMMUNITY STRATEGY OF BOTH PREDECESSOR ORGANIZATIONS, ADVOCATE HEALTH CARE (ADVO CATE), IN SERVICE OF ITS MISSION, CONTINUES TO SUPPORT SYSTEM-WIDE PROGRAMS THAT ADDRESS T HE HEALTH NEEDS OF PATIENTS, FAMILIES AND THE COMMUNITIES IT SERVES ADVOCATE'S BOARD, LEA DERSHIP AND TEAM MEMBERS (STAFF/EMPLOYEES) ARE COMMITTED TO POSITIVELY AFFECTING THE HEALT H STATUS AND QUALITY OF LIFE OF INDIVIDUALS AND POPULATIONS IN COMMUNITIES SERVED BY ADVOC ATE THROUGH PROGRAMS AND PRACTICES THAT REFLECT THIS MISSION THE ORGANIZATION CONTINUES T O DEVELOP AND SUPPORT INITIATIVES THAT ENHANCE ACCESS TO HEALTH AND WELLNESS SERVICES AS SUCH, SYSTEM LEADERSHIP DIRECTS AND SUPPORTS THE HOSPITALS IN THEIR EFFORTS TO ADDRESS IDE NTIFIED COMMUNITY HEALTH NEEDS IN 2016, ADVOCATE CREATED A COMMUNITY HEALTH DEPARTMENT THA T IS 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 THEIR HOSPITAL'S COMPREHENSIV E CHNAS (2014-2016) AND POSTED GOVERNANCE-APPROVED CHNA REPORTS AND CHNA IMPLEMENTATION PL ANS ON ADVOCATE'S WEBPAGE IN COMPLIANCE WITH THE AFFORDABLE CARE ACT AT THE DIRECTION OF T HE SYSTEM LEVEL, COMMUNITY HEALTH DEPARTMENT LEADERSHIP ALSO MET MONTHLY IN LATE 2016 THRO UGH FIRST QUARTER 2017 TO SIGNIFICANTLY REVISE ADVOCATE HEALTH CARE'S COMMUNITY BENEFITS P LAN THE PLANS GOALS AND OBJECTIVES WERE CRAFTED AND EXPANDED TO BUILD ON RECENT LEARNINGS AND INCREASED FOCUS ON COMMUNITY HEALTH THE PLAN'S BROAD GOALS AND OBJECTIVES WERE DESIG NED TO STRUCTURE SYSTEM-WIDE COMMUNITY BENEFITS ACTIVITIES WITHIN A STRATEGIC FRAMEWORK I NCLUDED IN THE COMMUNITY BENEFITS PLAN ARE GOALS FOCUSED ON SYSTEM-WIDE EFFORTS TO ADDRESS THE BROADER ISSUES OF DISPARITY AND ACCESS, AND TO ALIGN HOSPITAL COMMUNITY HEALTH PLANS WITH SYSTEM STRATEGY AS COMMUNITY HEALTH PLANS AND IMPLEMENTATION STRATEGIES EVOLVE ADVOC ATE'S COMMUNITY BENEFITS PLAN ALSO SETS THE COURSE FOR STRENGTHENING EXISTING PARTNERSHIPS AND BUILDING NEW ONES TO LEVERAGE AND MAXIMIZE THE IMPACT OF ADVOCATE'S PROGRAMS IN ITS S ERVICE AREAS ADVOCATE'S COMMUNITY BENEFITS PLAN GOALS AND SPECIFIC EXAMPLES OF PROGRAMS A ND SERVICES THAT ARE DIRECTED AND MANAGED AT THE SYSTEM LEVEL ARE PROVIDED BELOW GOAL A O PTIMIZE ADVOCATE'S CAPACITY TO MANAGE AN EFFECTIVE COMMUNITY HEALTH STRATEGY BY IMPLEMENTI NG REGULAR COMMUNITY HEALTH ASSESSMENTS (CHNAS) AND USING DATA FROM THESE ASSESSMENTS TO G UIDE PROGRAM DEVELOPMENT DURING 2016, ALL ELEVEN ADVOCATE HEALTH CARE HOSPITALS COMPLETED COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENTS IN COLLABORATION WITH HEALTH DEPARTMENTS, OTHER HOSPITALS, AND COMMUNITY ORGANIZATIONS ADVOCATE CHILDREN'S HOSPITAL, WITH INTEGRAT ED SITES AT BOTH ADVOCATE LUTHERAN GENERAL HOSPITAL (ADVOCATE LUTHERAN GENERAL) AND ADVOCA TE CHRIST MEDICAL CENTER (ADVOCATE CHRIST), CONTRIBUTED TO ASSESSMENTS AT THOSE TWO HOSPIT ALS ALL THE ADVOCATE HOSPITAL ASSESSMENTS ARE AVAILABLE THROUGH THE ADVOCATE WEBSITE AT HTTP //WWW ADVOCATEHEALTH COM/CHNAREPORTSAS A FIRST STEP TOWARD DEVELOPING A 2017-2019 IMP LEMENTATION PLAN, THE SYSTEM DIRECTED THE HOSPITAL COMMUNITY HEALTH LEADERS AND STAFF TO I DENTIFY THE STRENGTHS AND OPPORTUNITIES FOR IMPROVEMENT WITHIN THE JUST COMPLETED CYCLE (2 014-2016), AS WELL AS IDEAS FOR NEW DATA SOURCES, AND NEEDS FOR PROFESSIONAL DEVELOPMENT R ELATED TO THE OVERALL CHNA PROCESS A NUMBER OF STRENGTHS WERE IDENTIFIED INCLUDING DEVELO PMENT OF LOCAL COMMUNITY HEALTH COUNCILS (CHC), INVOLVEMENT OF HOSPITAL GOVERNING COUNCIL MEMBERS IN THE CHCS, PARTNERSHIPS WITH HEALTH DEPARTMENTS, DATA FROM CONDUENT-HEALTHY COMM UNITIES INSTITUTE, ESPECIALLY THE ZIP CODE LEVEL HOSPITALIZATION AND EMERGENCY ROOM UTILIZ ATION DATA, AND THE SHARING OF TEMPLATES AND APPROACHES ACROSS HOSPITAL SITES ADDITIONAL PROFESSIONAL DEVELOPMENT REGARDING DATA RETRIEVAL, ANALYSIS AND SUMMARIZATION, AS WELL AS PROGRAM DEVELOPMENT, WERE IDENTIFIED A PROFESSIONAL DEVELOPMENT PLAN WAS IMPLEMENTED FOR ALL INTERNAL COMMUNITY HEALTH STAFF IN 2017 CHNA DATA TRAINING WAS CONDUCTED USING THE HE ALTHY COMMUNITIES INSTITUTE (HCI) PLATFORM WITH THE TEAM RECEIVING TRAINING REGARDING RUNN ING VARIOUS TYPES OF REPORTS AND CROSS COMPARING DATA IN HCI UPDATE PRESENTATIONS WERE HE LD AT SELECTED MONTHLY STAFF MEETINGS REGARDING NE

Form and Line Reference	Explanation
PART VI, LINE 6	W CAPACITIES OF THE HCI PLATFORM FOR REPORTS AND DATA PRESENTATION ADDITIONALLY, ALL STAF F PROVIDED INPUT REGARDING TRAINING NEEDS RESULTING IN THE ESTABLISHMENT OF A SET OF MINIM UM STANDARD DATA REQUIREMENTS ADVOCATE IS NOW USING FOR THE NEXT CHNA CYCLE COMMUNITY HEA LTH 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, TRAINING FOCUSED ON DATA ANALYSI S, DATA INTERPRETATION AND PROGRAM DEVELOPMENT AND EVALUATION GOAL B UNDERTAKE OR SUPPOR T INITIATIVES THAT ENHANCE ACCESS TO HEALTH CARE, PREVENTION AND WELLNESS SERVICES ACROSS THE LIFESPAN AND WITHIN THE DIVERSE COMMUNITIES ADVOCATE SERVES CHARITY CARE AS A NON-PRO FIT HEALTH CARE SYSTEM, ADVOCATE PROVIDES CHARITY AND FINANCIAL ASSISTANCE TO PATIENTS IN NEED ALTHOUGH ADVOCATE'S SYSTEM-WIDE CHARITY CARE POLICY IS VERY GENEROUS, ADVOCATE CONTI NUES TO REVIEW AND REFINE ITS POLICY IN AN ONGOING EFFORT TO ENSURE THAT FINANCIAL ASSISTA NCE IS AVAILABLE TO THOSE IN NEED IN A TIMELY MANNER WHILE EACH HOSPITAL HAS A CHARITY CA RE COUNCIL TO REVIEW APPLICATIONS AND DETERMINE ELIGIBILITY, SYSTEM FINANCE LEADERS ARE RE SPONSIBLE FOR ONGOING POLICY REVIEW AND REFINEMENTS TO ASSURE THAT ADVOCATE CONTINUES TO P ROVIDE FINANCIAL ASSISTANCE TO INDIVIDUALS WHO NEED HELP, WHEN THEY NEED IT FEDERALLY QUA LIFIED HEALTH CENTERS (FQHC) IN ADDITION, ADVOCATE'S SYSTEM LEADERS ENCOURAGE AND SUPPORT ITS HOSPITALS' INITIATIVES TO PARTNER WITH FQHC'S, PUBLIC HEALTH DEPARTMENTS AND COMMUNIT Y CLINICS IN ORDER TO ASSIST THE UNINSURED IN FINDING INSURANCE COVERAGE AND MEDICAL SERVI CES FOR EXAMPLE, ADVOCATE SOUTH SUBURBAN HOSPITAL (ADVOCATE SOUTH SUBURBAN) HAS A PARTNER SHIP WITH AUNT MARTHA'S YOUTH SERVICE CENTER, AN FQHC, TO IMPROVE ACCESS TO PRIMARY CARE S ERVICES FOR UNINSURED AND UNDERINSURED INDIVIDUALS IN ITS SERVICE AREA ADVOCATE BROMENN M EDICAL CENTER (ADVOCATE BROMENN) MAINTAINS A COMMUNITY HEALTH CLINIC IN COLLABORATION WITH OSF ST JOSEPH'S HOSPITAL, WHEREBY ADVOCATE BROMENN IS RESPONSIBLE FOR A PORTION OF THE H OSPITAL CARE FOR THE CLINIC PATIENTS' HOSPITAL CARE THROUGHOUT THE YEAR ADVOCATE BROMENN IS ALSO THE SOLE PROVIDER OF THE CLINIC'S INFORMATION TECHNOLOGY (IT) SUPPORT AND PROVIDES THE SPACE OCCUPIED BY THE CLINIC IN ADDITION, ADVOCATE BROMENN, THROUGH AN INFORMAL REFE RRAL AGREEMENT IN PLACE SINCE 2010, COLLABORATES WITH CHESTNUT HEALTH SYSTEMS CHESTNUT HE ALTH SYSTEMS OWNS AND OPERATES AN FQHC IN BLOOMINGTON AND PATIENTS ARE SOMETIMES REFERRED TO ADVOCATE BROMENN FOR SERVICES WORKING WITH OTHER AREA HOSPITALS, ADVOCATE GOOD SAMARIT AN HOSPITAL (ADVOCATE GOOD SAMARITAN) PROVIDES SUPPORT THROUGH THE DUPAGE HEALTH COALITION TO SUSTAIN THE ACCESS DUPAGE COMMUNITY PROGRAM - A COMMUNITY COLLABORATION DESIGNED TO PR OVIDE LOW-COST PRIMARY MEDICAL CARE SERVICES TO THE LOW-INCOME, MEDICALLY UNINSURED RESIDE NTS OF DUPAGE COUNTY IN ADDITION, THE HOSPITAL PARTNERS WITH THE DUPAGE COUNTY HEALTH DEP ARTMENT'S ENGAGE DUPAGE INITIATIVE FOR INDIGENT PATIENT FINANCIAL ELIGIBILITY IN THE EMERG ENCY ROOM AND TO ASSIST WITH OUTPLACEMENT SERVICES FOR THOSE PATIENTS WHO COULD BENEFIT FR OM TREATMENT PROGRAMS, PLACEMENT WITH A PRIMARY CARE PROVIDER (PCP), DENTAL CARE, ETC ADVO CATE ALSO WORKS TO IMPROVE THE PROVISION OF SERVICES TO INDIVIDUALS AND FAMILIES WHO ARE C OVERED BY MEDICARE AND MEDICAID AND SEEK SERVICES FROM ADVOCATE'S OVER 400 SITES OF CARE ADVOCATE COLLABORATES WITH VARIOUS COMMUNITY-BASED ORGANIZATIONS (CBO'S) AND FQHC'S IN INN OVATIVE WAYS TO ESTABLISH PRIMARY CARE RELATIONSHIPS FOR MEDICAID AND UNINSURED PATIENTS ADVOCATE CARE ORGANIZATION (ACO) AS ONE OF THE LARGEST PROVIDERS OF HEALTH CARE SERVICES TO MEDICARE

Form and Line Reference	Explanation
PART VI, LINE 6	6 AFFILIATED HEALTH CARE SYSTEM- CONTINUEDAND MEDICAID PATIENTS IN CHICAGO AND THE SURROU NDING SUBURBS, ADVOCATE'S MEDICAID ACCOUNTABLE CARE ORGANIZATION (ACO), ALSO KNOWN AS THE ADVOCATE ACCOUNTABLE CARE ENTITY (ACE), TRANSITIONED TO MERIDIAN FAMILY HEALTH PLAN (FHP) OF ILLINOIS AS PART OF AN INTEGRATED CARE MODEL ON APRIL 1, 2016 THE ADVOCATE/MERIDIAN FH P PARTNERSHIP AND COLLABORATION WAS DRIVEN LARGELY BY CHANGES TO THE MEDICAID PROGRAM IN I LLINOIS AND WAS DESIGNED TO ENSURE CURRENT MEDICAID MEMBERS CONTINUE TO RECEIVE HIGH-QUALI TY AND WELL-COORDINATED CARE DELIVERED IN AN APPROPRIATE SETTING ADVOCATE HAS A STRONG HI STORY OF PROVIDING HIGH QUALITY CARE FOR THE MEDICAID POPULATION WITHIN OUR NETWORK WITH K EY FOCUS AREAS, INCLUDING IMPROVED CARE COORDINATION, ACCESS AND QUALITY PERFORMANCE ADVO CATE HAS AND WILL CONTINUE TO APPLY ITS ACHIEVEMENTS AND LESSONS LEARNED FROM ITS MEDICARE AND COMMERCIAL ACOS TO THE ADVOCATE/MERIDIAN FHP PARTNERSHIP COMMUNITY HEALTH WORKERS (CH WS) IN 2016, ADVOCATE EMBARKED ON A QUALITY IMPROVEMENT PROJECT TO ENGAGE AND EDUCATE MED ICAID BENEFICIARIES SEEN IN THE ADVOCATE CHRIST EMERGENCY DEPARTMENT ON APPROPRIATE LEVEL OF CARE OPTIONS AVAILABLE TO THEM USING COMMUNITY HEALTH WORKERS THE MAIN OBJECTIVES OF T HE PRIMARY CARE CONNECTIONS INTERVENTION WERE 1) TO EDUCATE AND SCHEDULE LOW ACUITY PATIE NTS WHO VISIT THE ADVOCATE CHRIST EMERGENCY DEPARTMENT REGARDING ALTERNATIVE CARE OPTIONS AVAILABLE TO THEM WITHIN THEIR COMMUNITIES, AND 2) EDUCATE AND SCHEDULE LOW ACUITY MEDICAI D PATIENTS FOR FOLLOW-UP APPOINTMENTS WITH THEIR ADVOCATE PRIMARY CARE PHYSICIAN (PCP) OR AN FQHC WHEN THE BENEFICIARY DOES NOT HAVE AN ESTABLISHED PRIMARY CARE MEDICAL HOME FQHC'S AND COMMUNITY-BASED RESOURCES PROVIDE SERVICES FOR MEDICAID BENEFICIARIES WITH SPECIFIC S OCIAL DETERMINANTS OF HEALTH BARRIERS TO CARE, INCLUDING HOUSING INSECURITY, UTILITY NEEDS AND INTERPERSONAL VIOLENCE, WHICH ARE IMPORTANT TO ADDRESS FOR IMPROVING OUTCOMES FOR VUL NERABLE POPULATIONS IN 2018, THE PROGRAM WAS EXPANDED TO THREE ADDITIONAL ILLINOIS HOSPIT ALS-ADVOCATE TRINITY HOSPITAL (ADVOCATE TRINITY), ADVOCATE CONDELL MEDICAL CENTER (ADVOCAT E CONDELL) AND ADVOCATE SHERMAN HOSPITAL (ADVOCATE SHERMAN) AS OF DEC 2018, MORE THAN 20 ,560 PATIENTS WERE ENGAGED, OF WHICH 30% (OVER 6,100 PATIENTS) WERE SCHEDULED FOR A FOLLOW -UP APPOINTMENT WITH AN ADVOCATE PCP OR FQHC AS A RESULT, 98% OF THESE PATIENTS WHO WERE ENGAGED WITH THE PRIMARY CARE CONNECTION INTERVENTION DID NOT RETURN TO THE EMERGENCY ROOM FOR A LOW ACUITY VISIT ADVOCATE CONTINUES TO PURSUE QUALITY AND UTILIZATION IMPROVEMENT A CTIVITIES LIKE THE PRIMARY CARE CONNECTIONS INTERVENTION TO ACTIVELY MANAGE AND ENGAGE THE ADVOCATE/MERIDIAN FHP MEMBERS IN ORDER TO ACHIEVE THE QUADRUPLE AIM OF IMPROVED PHYSICIAN AND PATIENT EXPERIENCE, BETTER PATIENT OUTCOMES, AND REDUCTIONS IN THE TOTAL COSTS OF CAR E LANGUAGE SERVICES ADVOCATE IS ALSO COMMITTED TO PROVIDING ITS PATIENTS AND FAMILIES WIT H LANGUAGE AND OTHER CULTURALLY APPROPRIATE SERVICES TO IMPROVE ACCESS TO CARE A SYSTEM-L EVEL DIRECTOR HAS OVERSIGHT OF LANGUAGE SERVICES THROUGHOUT ADVOCATE ADVOCATE'S PATIENT A CCESS DEPARTMENT MONITORS AND REFINES ASSOCIATE SCRIPTING TO ENSURE THAT LANGUAGE NEED IS CORRECTLY IDENTIFIED DURING THE REGISTRATION PROCESS THIS ASSISTS WITH CORRECTLY ROUNDING ON PATIENTS AND ENSURING INTERPRETERS ARE AVAILABLE WHEN NEEDED IN 2018, ADVOCATE PROVID ED INTERPRETING SERVICES FOR OVER 250,000 PATIENT/FAMILY MEMBER/COMPANION ENCOUNTERS-UP FR OM 220,000 ENCOUNTERS THE PREVIOUS YEAR AS THE NEED FOR THESE SERVICES INCREASES, ADVOCAT E CONTINUES TO ANTICIPATE AND IMPLEMENT CHANGES TO MEET THE UNIQUE INTERPRETATION NEEDS OF PATIENTS ONE SUCH CHANGE, WHICH CONTINUES TO INCREASE THE VOLUME OF INTERPRETER SERVICES EACH YEAR, IS THE USE OF VIDEO REMOTE INTERPRETING (VRI) SIMILAR TO SKYPE TECHNOLOGY, WH EN A TEAM MEMBER (EMPLOYEE/STAFF) CLICKS OR TOUCHES THE SCREEN FOR A NEEDED LANGUAGE, AN I NTERPRETER APPEARS ON THE COMPUTER OR IPAD SCREEN TO INTERPRET IN ONE OF 32 AVAILABLE LANG UAGES IN ADDITION TO VRI, OVER 200 LANGUAGES ARE OFFERED VIA TELEPHONIC INTERPRETING WHE N TELEPHONIC OR VRI ARE NOT APPROPRIATE FOR THE PATIENT ENCOUNTER, ONSITE AGENCY INTERPRET ERS ARE PROVIDED FIVE (5) ADVOCATE HOSPITALS EMPLOY SPANISH AND POLISH INTERPRETERS DUE T O THE HIGH VOLUME OF PATIENTS SPEAKING THESE LANGUAGES ADVOCATE TYPICALLY ACCESSES OVER 1 50 DIFFERENT LANGUAGES PER YEAR TO MEET PATIENTS' NEEDS IN 2018, A NEW FORM WAS ADDED TO C ARE CONNECTION FOR THE NURSING ADMISSION PROCESS THERE IS ALSO A FORM FOR LANGUAGE SERVIC ES TO INPUT ANY CHANGES NEEDED-CALLED AN AD HOC FORM THE FORM SUPPORTS THE NURSE IN IDENT IFYING LANGUAGE ASSISTANCE NEEDS OF THE PATIENT AND FAMILY MEMBERS/COMPANION VITAL DOCUME NTS CONTINUE TO BE TRANSLATED SIGNAGE IS POSTED INDICATING THAT INTERPRETING SERVICES ARE AVAILABLE SEVERAL HOSPITALS CONTINUE TO HAVE PATIENT WHITE BOARDS TRANSLATED INTO SPANIS H AND POLISH WITH ENGLISH SUBTITLES SO THAT PATIEN

Form and Line Reference	Explanation
PART VI, LINE 6	TS ARE AWARE OF THEIR PLAN FOR THE DAY IN THEIR LANGUAGE TO EVALUATE HOW WELL THE SITES AR E DOING WITH PROVIDING INTERPRETING SERVICES, A RESPONSE TO THE STATEMENT, "IF ENGLISH IS NOT YOUR PRIMARY LANGUAGE, THE DEGREE TO WHICH YOUR COMMUNICATION NEEDS WERE MET," IS REQU ESTED ON NON-ENGLISH PRESS GANEY SURVEYS THE PATIENT IS ASKED TO RATE THE SERVICES RECEIV ED BETWEEN 1 AND 5, WITH 5 BEING THE HIGHEST SCORE CURRENTLY THREE HOSPITALS-ADVOCATE CHR IST, ADVOCATE ILLINOIS MASONIC MEDICAL CENTER (ADVOCATE ILLINOIS MASONIC) AND ADVOCATE LUT HERAN GENERAL-PARTICIPATE THE AVERAGE SCORE FOR 2018 REMAINED AT 89% FAVORABLE GIVEN THE LOW RATE OF RETURN, THIS NUMBER IS NOT CONSIDERED TO BE STATISTICALLY SIGNIFICANT THE REA DMISSION RATE OF NON-ENGLISH SPEAKING PATIENTS IS ALSO TRACKED AND COMPARED TO THE READMIS SION RATE OF ENGLISH-SPEAKING PATIENTS THE NON-ENGLISH READMISSION RATE CONTINUES TO BE C LOSE TO THE ENGLISH-SPEAKING PATIENT READMISSION RATE ONE QUALITY AUDIT WAS CONDUCTED IN 2 018 THAT FOCUSED ON THE KNOWLEDGE OF CLINICAL CARE PROVIDERS THE OVERALL RESULT WAS "COMP ETENT " RESULTS WERE CONVEYED AND CORRECTIVE ACTION PLANS COMPLETED AT TWO SITES LANGUAGE SERVICES CONTINUES TO PARTICIPATE IN PATIENT SAFETY HUDDLES AND REPORTS THE NUMBER OF IND IVIDUALS NEEDING INTERPRETING SERVICES AS WELL AS LANGUAGE SERVICES EVENTS PATIENT SAFETY EVENTS ARE ALSO REPORTED AT THE SYSTEM SAFETY HUDDLE THIS ASSISTS WITH IDENTIFYING LANGU AGE SERVICE ISSUES THAT MAY BE OCCURRING ACROSS THE SYSTEM PARISH NURSE MINISTRY ADVOCATE FULLY FUNDS THREE FAITH COMMUNITY NURSE POSITIONS SERVING THREE CONGREGATIONS IN LOW-INCO ME, HIGH NEED COMMUNITIES THESE FAITH COMMUNITY NURSES PROVIDE HEALTH EDUCATION, WELLNESS PROMOTION, NAVIGATION AND CARE MANAGEMENT, HEALTH SCREENINGS, ADVOCACY AND SPIRITUAL SUPP ORT TO THE MEMBERS OF THEIR CONGREGATIONS AND TO THE WIDER COMMUNITIES THAT THEY SERVE MA NY OF THE PEOPLE SERVED ARE HOMELESS, MARGINALIZED OR CHRONICALLY ILL INDIVIDUALS IN ADDI TION, ADVOCATE SUPPORTS A FAITH COMMUNITY NURSE SUPPORT NETWORK OF 37 NURSES THAT SERVE CO NGREGATIONS ACROSS THE CHICAGOLAND REGION ADVOCATE ALSO FUNDS SYSTEM LEVEL PROGRAMS AND A CTIVITIES FOCUSED ON POSITIVELY AFFECTING THE HEALTH STATUS AND QUALITY OF LIFE OF INDIVID UALS AND POPULATIONS IN COMMUNITIES SERVED BY ADVOCATE TWO EXAMPLES OF SUCH PROGRAMS FOLL OW ADVOCATE BETHANY COMMUNITY HEALTH FUND (BETHANY FUND) ESTABLISHED IN 2006 BY ADVOCATE HEALTH CARE AS PART OF AN ONGOING COMMITMENT TO HELP BUILD, PROMOTE AND SUSTAIN HEALTHY CO MMUNITIES ON CHICAGO'S WEST SIDE, THE BETHANY FUND SUPPORTS NONPROFIT ORGANIZATIONS THAT A RE IN THE COMMUNITIES HISTORICALLY SERVED BY ADVOCATE BETHANY HOSPITAL (NOW RML CHICAGO)-A USTIN, GARFIELD PARK, HUMBOLDT PARK AND NORTH LAWNDALE THE FUND DOES THIS THROUGH PROGRAM GRANTS, ORGANIZATIONAL CAPACITY BUILDING EVENTS AND PARTNERSHIPS TO BUILD ON THE ASSETS O F THESE VULNERABLE COMMUNITIES IN 2018, THE BETHANY FUND AWARDED $815,000 IN PROGRAM GRAN TS ADDRESSING ITS PRIORITY AREAS OF DIABETES, SCHOOL DROPOUT PREVENTION, VIOLENCE PREVENTI ON AND WORKFORCE DEVELOPMENT CENTER FOR FAITH AND COMMUNITY HEALTH TRANSFORMATION THE CEN TER FOR FAITH AND COMMUNITY HEALTH TRANSFORMATION WORKS TO ADVANCE HEALTH EQUITY BY PARTNE RING WITH FAITH-BASED AND COMMUNITY ORGANIZATIONS TO BUILD COMMUNITY, NURTURE LEADERS AND CONNECT THE UNIQUE SPIRIT POWER OF FAITH COMMUNITIES TO PROMOTE SOCIAL JUSTICE AND ABUNDAN T LIFE FOR INDIVIDUALS, FAMILIES AND COMMUNITIES THE CENTER IS A PARTNERSHIP BETWEEN ADVO CATE AND THE OFFICE FOR COMMUNITY ENGAGEMENT AND NEIGHBORHOOD HEALTH PARTNERSHIPS AT THE U NIVERSITY OF ILLINOIS AT CHICAGO CURRENTLY, THE CENTER IS CONVENING A TRAUMA INFORMED CON GREGATIONS NETWORK TO SUPPORT THE CAPACITY OF FAITH COMMUNITIES TO PREVENT TRAUMA

Form and Line Reference	Explanation
PART VI, LINE 6	6 AFFILIATED HEALTH CARE SYSTEM- CONTINUEDAND TO BE PLACES OF HEALING FOR THOSE WHO HAVE EXPERIENCED ADVERSITY IN CHILDHOOD OR THROUGHOUT THEIR LIVES THE CENTER ALSO CONVENES THE COURAGE TO LOVE COLLABORATIVE (CTLC), A PARTNERSHIP COMMITTED TO REDUCING PRE-TERM BIRTH A ND INFANT MORTALITY IN THE VULNERABLE AUBURN GRESHAM NEIGHBORHOOD OF CHICAGO THE COURAGE TO LOVE APPROACH IS ROOTED IN A REPORT BY THE COMMISSION ON INFANT MORTALITY OF THE HEALTH POLICY INSTITUTE OF THE JOINT CENTER FOR POLITICAL AND ECONOMIC STUDIES THAT MAINTAINS TH AT SOCIAL COHESION IS THE NECESSARY STRATEGY FOR IMPROVING BIRTH OUTCOMES THE CTLC HAS IN TERVIEWED OR GATHERED INPUT FROM ALMOST 150 COMMUNITY RESIDENTS DOCUMENTING THEIR EXPERIEN CES OF STRESS, AND OF LOVE AND CARE IN THEIR COMMUNITIES ECONOMIC PRESSURES AND COMMUNITY VIOLENCE WERE IDENTIFIED AS MOST STRESSFUL, AND FAMILY, CHURCH AND NEIGHBORS EMERGED AS T HE CORE DRIVERS OF SOCIAL CONNECTION THE COLLABORATIVE CONTINUES TO WORK WITH TEAMS OF CO MMUNITY MEMBERS TO DESIGN AN APPROACH TO EXPAND EXISTING NETWORKS OF SOCIAL CONNECTION TO PROVIDE INTENTIONAL SUPPORT FOR PARENTS AND FAMILIES GOAL C **NOT USED** GOAL D EXAMINE AND ADDRESS IN PARTNERSHIP WITH OTHERS THE ROOT CAUSES OF HEALTH INEQUITIES IN ADVOCATE CO MMUNITIES INCLUDING, BUT NOT LIMITED TO, UNEMPLOYMENT, LACK OF EDUCATION, POVERTY, ENVIRON MENTAL INJUSTICE AND RACISM SOCIONEEDS INDEX IN PREPARATION FOR THE 2014-2016 CHNA, ADVOC ATE PURCHASED ACCESS TO A TOOL THAT COULD BE USED BY ALL OF ITS HOSPITALS TO IDENTIFY PRIO RITY OPPORTUNITIES TO IMPACT THE SOCIAL DETERMINANTS OF HEALTH IN THE COMMUNITIES SERVED B Y ADVOCATE INCLUDED IN THIS TOOL, DEVELOPED BY THE HEALTHY COMMUNITIES INSTITUTE, IS THE SOCIONEEDS INDEX THE SOCIONEEDS INDEX IS A MEASURE OF SOCIOECONOMIC NEED THAT IS CORRELAT ED WITH POOR HEALTH OUTCOMES INDICATORS FOR THE INDEX ARE WEIGHTED TO MAXIMIZE THE CORREL ATION OF THE INDEX WITH PREMATURE DEATH RATES AND PREVENTABLE HOSPITALIZATION RATES THIS INDEX COMBINES MULTIPLE SOCIOECONOMIC INDICATORS INTO A SINGLE COMPOSITE VALUE AS A SINGL E INDICATOR, THE INDEX CAN SERVE AS A CONCISE WAY TO EXPLAIN WHICH AREAS ARE OF HIGHEST NE ED A MAP WAS THEN PREPARED FOR EACH HOSPITAL SERVICE AREA ENABLING THE COMMUNITY HEALTH C OUNCILS TO FOCUS PRIORITY SETTING AND PROGRAM PLANNING ON COMMUNITIES AT HIGHER LEVELS OF SOCIOECONOMIC NEED THE INDEX IS ALSO BEING USED FOR THE 2017-2019 CHNA PROCESS ALLIANCE F OR HEALTH EQUITY (FORMERLY KNOWN AS THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY) IN 20 15, COMMUNITY HEALTH LEADERS FROM ADVOCATE, PRESENCE HEALTH, THE ILLINOIS PUBLIC HEALTH IN STITUTE (IPHA), THE CHICAGO DEPARTMENT OF HEALTH (CDPH) AND THE COOK COUNTY DEPARTMENT OF PUBLIC HEALTH (CCDPH) CAME TOGETHER TO FORM THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (HICCC) EVENTUALLY THIS COLLABORATIVE INCLUDED 26 HOSPITALS, INCLUDING FIVE FROM ADVOCAT E, SEVEN HEALTH DEPARTMENTS AND NEARLY 100 COMMUNITY ORGANIZATIONS FROM ACROSS CHICAGO AND COOK COUNTY THE PURPOSE OF HICCC WAS TO CREATE A MORE EFFECTIVE WAY TO ASSESS HEALTH NEE DS ACROSS CHICAGO AND COOK COUNTY AND THEN IMPLEMENT A SHARED ACTION PLAN TO MAXIMIZE HEAL TH EQUITY AND WELLNESS DURING 2016, THE COLLABORATIVE COMPLETED THREE COMPREHENSIVE ASSES SMENTS - ONE EACH FOR THE NORTH, CENTRAL AND SOUTH REGIONS OF COOK COUNTY, INCLUDING CHICA GO SEE HTTP //HEALTHIMPACTCC ORG/REPORTS2016/ THROUGH COLLABORATIVE PRIORITIZATION PROCE SSES INVOLVING ALL HOSPITAL AND HEALTH DEPARTMENT MEMBERS OF THE COLLABORATIVE, AS WELL AS STAKEHOLDER ADVISORY GROUPS COMPRISED OF COMMUNITY REPRESENTATIVES, HICCC IDENTIFIED FOUR OVERARCHING FOCUS AREAS INCLUDING " IMPROVING SOCIAL, ECONOMIC, AND STRUCTURAL DETERMINAN TS OF HEALTH WHILE REDUCING SOCIAL AND ECONOMIC INEQUALITIES," IMPROVING MENTAL HEALTH AND DECREASING SUBSTANCE ABUSE," PREVENTING AND REDUCING CHRONIC DISEASE, WITH A FOCUS ON RIS K FACTORS-NUTRITION, PHYSICAL ACTIVITY AND TOBACCO, AND" INCREASING ACCESS TO CARE AND COM MUNITY RESOURCES ALL OF THE HOSPITALS IN THE COLLABORATIVE AGREED TO INCLUDE THE FIRST FOC US AREA-IMPROVING SOCIAL, ECONOMIC, AND STRUCTURAL DETERMINANTS OF HEALTH-AS A PRIORITY AR EA FOR THEIR CHNA AND IMPLEMENTATION PLAN OF THE FIVE ADVOCATE HOSPITALS IN COOK COUNTY, ADVOCATE ILLINOIS MASONIC AND ADVOCATE TRINITY CHOSE WORKFORCE DEVELOPMENT, ADVOCATE CHRIS T SELECTED VIOLENCE PREVENTION, ADVOCATE SOUTH SUBURBAN CHOSE HOUSING AND ADVOCATE LUTHERA N GENERAL SELECTED YOUTH EMPLOYMENT ACTION TEAMS BEGAN MEETING IN 2017 AND CONTINUED TO M EET THROUGHOUT 2018 WORK TO DEVELOP COMMUNITY HEALTH IMPROVEMENT PLANS FOCUSED ON ALIGNED ACTIONS AND DATA COLLECTION CONTINUES IN LATE 2017, HICCC MERGED WITH THE HEALTHY CHICAGO HOSPITALS COLLABORATIVE TO CREATE THE ALLIANCE FOR HEALTH EQUITY THE ALLIANCE FOR HEALTH EQUITY IS A PARTNERSHIP BETWEEN THE ILLINOIS PUBLIC HEALTH INSTITUTE, HOSPITALS, HEALTH D EPARTMENTS AND COMMUNITY ORGANIZATIONS ACROSS CHICAGO AND COOK COUNTY ADVOCATE, AS A FOUN DING MEMBER OF THE PREDECESSOR HICCC, CONTINUES TO

Form and Line Reference	Explanation
PART VI, LINE 6	BE ACTIVELY INVOLVED IN LEADERSHIP OF THE ALLIANCE FOR HEALTH EQUITY PARTNERSHIP, SERVING ON THE STEERING COMMITTEE ADVOCATE'S HOSPITALS AS WELL AS THE OTHER MEMBER HOSPITALS PRO VIDE THE MONETARY SUPPORT FOR THE COLLABORATIVE'S WORK AND SUPPORT THE COST OF STAFF AND O VERSIGHT PROVIDED BY THE ILLINOIS PUBLIC HEALTH INSTITUTE THIS INITIATIVE IS ONE OF THE LA RGEST COLLABORATIVE HOSPITAL-COMMUNITY PARTNERSHIPS IN THE COUNTRY WITH THE CURRENT INVOLV EMENT OF OVER 30 NONPROFIT AND PUBLIC HOSPITALS, SEVEN LOCAL HEALTH DEPARTMENTS, AND REPRE SENTATIVES OF MORE THAN 100 COMMUNITY ORGANIZATIONS SERVING ON ACTION TEAMS PARTNERS ARE COMING TOGETHER WITH THE GOAL OF WORKING ON STRATEGIES TO ADDRESS THE PRESSING ISSUES IN O UR COMMUNITIES TO ACHIEVE GREATER COLLECTIVE IMPACT ORGANIZATIONS WHOSE REPRESENTATIVES SE RVE ON THE ALLIANCE'S STEERING COMMITTEE INCLUDE ADVOCATE, LOYOLA UNIVERSITY HEALTH SYSTE M, LURIE CHILDREN'S HOSPITAL, NORTHWESTERN MEMORIAL HOSPITAL, NORWEGIAN AMERICAN HOSPITAL, PRESENCE HEALTH, RUSH, SINAI HEALTH SYSTEM, SWEDISH COVENANT, UNIVERSITY OF CHICAGO MEDIC INE HEALTH CARE ANCHOR NETWORK IN DECEMBER 2016, ADVOCATE JOINED LEADERS FROM HEALTH SYS TEMS IN WASHINGTON, DC, TO EXPLORE WHAT IT WOULD MEAN TO HARNESS THEIR SHARED ECONOMIC AND INTELLECTUAL POWER TO TRULY BENEFIT THEIR COMMUNITIES "THE DISCUSSION CENTERED ON IDENTI FYING HOW ALL OF THESE ECONOMIC ASSETS (THE COMBINED PURCHASES OF $65 BILLION IN PURCHASED GOODS AND SERVICES, 1 4 MILLION EMPLOYEES AND $200 BILLION IN INVESTMENT AND ENDOWMENT PO RTFOLIOS), COMBINED WITH CIVIC LEADERSHIP COULD BE DEPLOYED TO CREATE INCLUSIVE, EQUITABLE , HEALTHY AND ENVIRONMENTALLY SUSTAINABLE COMMUNITIES " (ADVANCING THE ANCHOR MISSION OF H EALTHCARE, DEMOCRACY COLLABORATIVE, 2017)ADVOCATE OFFICIALLY JOINED THE HEALTH CARE ANCHOR NETWORK IN 2016 AS A FOUNDING PARTNER AND HAS CONTINUED TO PROVIDE MONETARY SUPPORT, LEAD ERSHIP AND ACTIVE ENGAGEMENT TO THE NETWORK IN 2018, ADVOCATE STAFF ATTENDED TWO IN PERSO N MEETINGS HELD IN SAN FRANCISCO, CALIFORNIA AND RICHMOND, VIRGINIA AND PARTICIPATED AS AC TIVE MEMBERS OF WORKGROUPS ADDRESSING NETWORK PROJECTS BY THE END OF 2018, THE NETWORK HA D A MEMBERSHIP OF NEARLY 40 NATIONAL HEALTH SYSTEMS THE WORK OF THE NETWORK IS SUPPORTED BY HEALTH SYSTEM DOLLARS AND FUNDING FROM THE ROBERT WOOD JOHNSON FOUNDATION FACILITATION AND BACKBONE SUPPORT ARE PROVIDED BY THE DEMOCRACY COLLABORATIVE, WASHINGTON, DC THE HEA LTH CARE ANCHOR NETWORK AIMS TO ADDRESS UPSTREAM SOCIAL DETERMINANTS OF HEALTH IN COMMUNIT IES THROUGH LOCAL HIRING, LOCAL PURCHASING AND LOCAL INVESTMENT CHICAGO ANCHORS FOR A STRO NG ECONOMY (CASE) ADVOCATE IS ONE OF 16 ANCHOR INSTITUTIONS COMPRISING CASE THE CENTRAL WORK OF THE COLLABORATIVE IS FOSTERING STRATEGIC RELATIONSHIPS BETWEEN ANCHOR INSTITUTIONS AND SMALL BUSINESSES THAT CAN SUPPLY THE NEEDS OF THESE INSTITUTIONS IN AN EFFORT TO BUIL D ECONOMIC VITALITY ACROSS CHICAGO'S NEIGHBORHOODS HTTP //WWW CHICAGOANCHORS COM/ CASE I S FOCUSING ON FOUR MAJOR AREAS " INCREASING LOCAL SPENDING BY PARTNERING WITH ANCHOR INSTI TUTIONS TO INFUSE NEW REVENUE INTO THE REGIONAL ECONOMY, " FACILITATING NEW CONTRACTS BETW EEN LOCAL BUSINESSES AND ANCHOR INSTITUTIONS, " GROWING THE NETWORK BETWEEN SMALL BUSINESS ES AND ANCHOR INSTITUTIONS, AND " FACILITATING TRAINING TO BUILD CAPACITY AMONG SMALL BUSI NESSES IN CHICAGO COMMUNITIES THE HEALTHCARE INSTITUTIONS IN CASE ARE FOCUSING ON SUPPLY C HAIN INITIATIVES ENGAGING LOCAL SUPPLIERS AND POSSIBLE DEVELOPMENT OF NEW SMALL BUSINESSES IN UNDERSERVED COMMUNITIES THAT CAN SUPPLY HEALTH CARE PRODUCT NEEDS RESULTS FOR THE OVE RALL GROUP OF ANCHOR INSTITUTIONS INCLUDE 476 BUSINESSES ASSISTED RESULTING IN NEW CONTRAC TS BETWEEN SMALL BUSINESSES AND ANCHORS, 230 JOBS RETAINED, $58 9 MILLION IN REVENUE COMMI TTED, AND 57 CONTRACTS SIGNED WITH SMALL BUSINESSES THROUGH MULTIYEAR ANCHOR CONTRACTS

Form and Line Reference	Explanation
PART VI, LINE 6	6 AFFILIATED HEALTH CARE SYSTEM- CONTINUEDADVOCATE IS ALSO WORKING TO STRENGTHEN CORPORAT E OPTIONS THROUGH HUMAN RESOURCE, SUPPLY CHAIN, ENVIRONMENTAL STEWARDSHIP AND INVESTMENT P OLICIES TO IMPACT THE SOCIAL DETERMINANTS OF HEALTH IN THE COMMUNITIES SERVED BY ADVOCATE SEVERAL EXAMPLES OF THE ORGANIZATION'S WORK IN THESE AREAS FOLLOW ENVIRONMENTAL STEWARDSH IP ADVOCATE BELIEVES THAT ENVIRONMENTAL HEALTH DEEPLY IMPACTS PERSONAL HEALTH AND THE HEA LTH OF COMMUNITIES GROUNDED IN OUR FAITH BELIEFS THAT GUIDE OUR HEALTH MINISTRY, WE ARE C ALLED TO CARE FOR THE EARTH AND WORK DILIGENTLY TO MINIMIZE OUR ENVIRONMENTAL IMPACT AND C ONTRIBUTE POSITIVELY TO EFFORTS THAT PRESERVE HEALTHY ENVIRONMENTS FOR GENERATIONS TO COME ADVOCATE IS INVOLVED AS A LEADER IN THE HEALTH CARE SUSTAINABILITY ARENA AS AN ACTIVE MEM BER OF PRACTICE GREENHEALTH, HEALTH CARE CLIMATE COUNCIL, HEALTHCARE PLASTICS RECYCLING CO ALITION (HEALTH FACILITY ADVISORY BOARD) AND THE MIDWEST BUSINESS GROUP ON HEALTH, AS WELL AS HEALTH CARE ANCHORS (FOCUSED ON ENVIRONMENTAL STEWARDSHIP, SUSTAINABILITY, EQUITABLE P ROCUREMENT AND WORK FORCE DEVELOPMENT) IN 2010, ADVOCATE BECAME A FOUNDING SPONSOR OF THE HEALTHIER HOSPITALS INITIATIVE, A THREE-YEAR NATIONAL CAMPAIGN TO IMPLEMENT BEST PRACTICE S FOCUSED ON IMPROVING SUSTAINABILITY IN THE HEALTH CARE SECTOR HEALTHIER HOSPITALS IS NO W A PERMANENT PROGRAM OF PRACTICE GREENHEALTH THE PROGRAM ENGAGES OVER 1,300 HOSPITALS IN CHALLENGES IN SIX CATEGORIES ENGAGED LEADERSHIP, HEALTHIER FOODS, LESS WASTE, LEANER ENE RGY, SAFER CHEMICALS AND SMARTER PURCHASING IN 2008, ADVOCATE EMBARKED ON A JOURNEY TO RED UCE ITS CARBON FOOTPRINT AND TO BECOME AS EFFICIENT AS POSSIBLE BY 2015, ADVOCATE HAD RED UCED ENERGY CONSUMPTION BY 23% FROM THE 2008 BASELINE BY THE END OF 2018, ADVOCATE ACHIEV ED AN ADDITIONAL 4 5% REDUCTION FROM ITS NEW 2015 BASELINE PROJECT C U R E (COMMISSION O N URGENT RELIEF AND EQUIPMENT) ADVOCATE IS AN OFFICIAL DONATION PARTNER OF PROJECT C U R E , THE WORLD'S LEADING MEDICAL SUPPLY DISTRIBUTION ORGANIZATION BENEFITING RESOURCE-LIMIT ED AREAS ACROSS THE GLOBE SURPLUS MEDICAL SUPPLIES AND DECOMMISSIONED EQUIPMENT ARE DONAT ED TO PROJECT C U R E AND MANY ADVOCATE TEAM MEMBERS ALSO VOLUNTEER TIME AT ITS WAREHOUSE -SORTING AND PACKAGING SUPPLIES FOR DISTRIBUTION OVERSEAS IN 2018, ADVOCATE DONATED A TOT AL OF 91 PALLETS OF MISCELLANEOUS MEDICAL SUPPLIES AND 13 PIECES OF MEDICAL EQUIPMENT TO P ROJECT CURE STAKEHOLDER HEALTH ADVOCATE IS A FOUNDING MEMBER AND INVESTING PARTNER OF STA KEHOLDER HEALTH, FORMERLY KNOWN AS HEALTH SYSTEMS LEARNING GROUP MEMBERS OF ADVOCATE STAF F SERVE ON THE ADVISORY COUNCIL AND HAVE BEEN ACTIVELY INVOLVED IN OFFERING THOUGHT LEADER SHIP AS WELL AS CONTRIBUTING TO THE WRITING OF TWO SEMINAL DOCUMENTS-A 2013 HEALTH SYSTEMS LEARNING GROUP MONOGRAPH HTTPS //STAKEHOLDERHEALTH ORG/PDF/ AND A 2016 BOOK, STAKEHOLDER HEALTH INSIGHTS FROM NEW SYSTEMS OF HEALTH HTTPS //STAKEHOLDERHEALTH ORG/STAKEHOLDER-HEAL TH-CHAPTER-1/ THE LATTER PUBLICATION, DEVELOPED AND PUBLISHED WITH THE SUPPORT OF THE ROB ERT WOOD JOHNSON FOUNDATION, IS A RICH AND DETAILED REVIEW OF SOME OF THE BEST PRACTICES I N THE AREAS OF COMMUNITY HEALTH IMPROVEMENT, AND CLINICAL AND COMMUNITY PARTNERSHIPS THE FIRST RELEASE OF THE BOOK OCCURRED AT AN EVENT AT CHICAGO THEOLOGICAL SEMINARY AND WAS PLA NNED AND EXECUTED BY ADVOCATE STAFF AND STAFF OF THE CENTER FOR FAITH AND COMMUNITY HEALTH TRANSFORMATION STAKEHOLDER HEALTH ASPIRES TO IDENTIFY AND ACTIVATE A MENU OF PROVEN COMM UNITY HEALTH PRACTICES AND PARTNERSHIPS THAT WORK FROM THE TOP OF THE MISSION STATEMENT TO THE BOTTOM LINE ADVOCATE AURORA HEALTH CONTINUES TO BE AN ACTIVE MEMBER AND LEADER OF ST AKEHOLDER HEALTH SUSTAINABLE BUILDING SUSTAINABILITY, SAFETY AND EFFICIENCY ARE CORE ELEM ENTS OF ALL ADVOCATE CONSTRUCTION PROJECTS IN 2018, 74% OR 1,370 TONS OF ADVOCATE CONSTRU CTION WASTE WAS RECYCLED ADVOCATE IS PURSUING LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESI GN (LEED) CERTIFICATION ON ALL NEW MAJOR BUILDINGS AND HAS DEVELOPED A NEW TOOL, THE HEALT HY SPACES ROADMAP, TO ENSURE SUSTAINABILITY IN ALL RENOVATIONS AND PROJECTS THROUGHOUT ADV OCATE AS REPORTED FOR 2017, ADVOCATE CHRIST'S EAST TOWER WAS LEED GOLD HEALTHCARE CERTIFI ED IN 2018, HOWEVER, TWO MORE HOSPITALS-ADVOCATE GOOD SAMARITAN FOR ITS WEST TOWER AND AD VOCATE GOOD SHEPHERD FOR ITS MODERNIZATION PROJECT-ACHIEVED LEED FOR HEALTHCARE-SILVER CER TIFICATION IN 2018 SUSTAINABLE WORK SPACES BEING GREEN AT WORK IS EASIER WHEN THE WORK E NVIRONMENT IS CONDUCIVE TO SUSTAINABLE PRACTICES AT ADVOCATE, INDOOR AIR QUALITY IS INCRE ASED AND EXPOSURE TO TOXIC CHEMICALS DECREASED THROUGH ENVIRONMENTALLY-PREFERABLE PURCHASI NG, INCLUDING FURNITURE, CLEANING PRODUCTS AND MEDICAL SUPPLIES ADVOCATE'S TEAM MEMBERS A RE EMPOWERED TO CREATE SUSTAINABLE WORK SPACES THROUGH THE GREEN ADVOCATE AND SUSTAINABLE WORK SPACE CERTIFICATION PROGRAMS ALL TEAM MEMBERS AND VOLUNTEERS ARE ENCOURAGED TO REDUC E WASTE, RECYCLE AND UTILIZE ELECTRICITY EFFECTIVE

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PART VI, LINE 6	LY BEING GREEN IS A TEAM EFFORT AND MANY METRICS ARE TRACKED AND REPORTED AT ADVOCATE SIT ES BETHANY COMMUNITY HEALTH FUND ("BETHANY FUND") AS INTRODUCED EARLIER, THE BETHANY FUND ADDRESSES THE UNIQUE HEALTH NEEDS OF FOUR TARGETED UNDERSERVED COMMUNITIES ON CHICAGO'S W EST SIDE [AUSTIN, GARFIELD PARK, HUMBOLDT PARK AND NORTH LAWNDALE] BY AWARDING GRANTS TO P ROGRAMS THAT PROMOTE HEALTH AND WELLNESS AND REDUCE HEALTH DISPARITIES AND THEIR DETERMINA NTS PRIORITY AREAS INCLUDE DIABETES, SCHOOL DROPOUT PREVENTION, WORKFORCE DEVELOPMENT, AN D VIOLENCE PREVENTION SINCE THE BOARD WAS ESTABLISHED IN 2007, THE BETHANY FUND HAS AWARD ED OVER $9 MILLION THROUGH 381 GRANTS TO SUPPORT ORGANIZATIONS IN ITS FUND COMMUNITIES IN 2018, THE FUND AWARDED $815,000 TO GRANTEES THE ADVOCATE BETHANY FUND HAS SUPPORTED A WI DE VARIETY OF PROGRAMS THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH, INCLUDING THE FOLLO WING EXAMPLES OF PROGRAMS FUNDED DURING 2018 NEW MOMS (AUSTIN), FOR THEIR WORKFORCE DEVEL OPMENT PROGRAM THAT WORKS WITH YOUNG MOMS EXPERIENCING POVERTY AND UTILIZES CANDLE MAKING TO TEACH JOB-READINESS SKILLS, FREE SPIRIT MEDIA (NORTH LAWNDALE) FOR THEIR INDUSTRY AND C AREER PATHWAYS PROGRAM WHICH SERVES YOUTH AND YOUNG ADULTS SEEKING TO BREAK INTO CHICAGO'S ROBUST FILM AND MEDIA INDUSTRIES, MARILLAC ST VINCENT FAMILY SERVICES (GARFIELD PARK) TO SUPPORT PROJECT HOPE, A PROGRAM FOR PREGNANT AND PARENTING TEENS AND YOUNG ADULTS, AND GR EATER WEST TOWN COMMUNITY DEVELOPMENT PROJECT (HUMBOLDT PARK), TO ENRICH THEIR EXISTING VO CATIONAL TRAINING PROGRAM IN ADDITION TO ITS GRANT MAKING ROLE, THE ADVOCATE BETHANY FUND INVESTS SUBSTANTIAL STAFF TIME AND FINANCIAL RESOURCES IN ORGANIZATIONAL CAPACITY BUILDIN G THE ORGANIZATIONS FUNDED ARE PHYSICALLY LOCATED IN ONE OR MORE OF THE PRIORITY WEST-SID E COMMUNITIES EACH YEAR, THE FUND SUPPORTS CAPACITY-BUILDING IDEAS DETERMINED FROM RECOMM ENDATIONS FROM ITS GRANTEE ORGANIZATIONS AND ITS BOARD MEMBERS (SOME OF WHOM ARE LEADERS A T GRANTEE ORGANIZATIONS) THE FUND HAS OFFERED OVER 80 FORMAL CAPACITY BUILDING/PROFESSION AL DEVELOPMENT SESSIONS THAT HAVE ENGAGED MORE THAN 1,150 STAFF FROM GRANTEE AND COMMUNITY -BASED ORGANIZATIONS GOAL E LEVERAGE RESOURCES AND MAXIMIZE COMMUNITY ENGAGEMENT BY BUIL DING AND STRENGTHENING COMMUNITY PARTNERSHIPS WITH HEALTH DEPARTMENTS AND OTHER DIVERSE CO MMUNITY ORGANIZATIONS A KEY OBJECTIVE UNDER THIS GOAL IS ALIGNING INITIATIVES WITH LOCAL H EALTH DEPARTMENTS AND THEIR COMMUNITY HEALTH PRIORITIES ALL ADVOCATE HOSPITALS COLLABORAT ED WITH THEIR RESPECTIVE HEALTH DEPARTMENTS DURING THE 2014-2016 COMMUNITY HEALTH NEEDS AS SESSMENT (CHNA) CYCLE ONE OF THE PRIMARY VALUES OF ADVOCATE'S COMMUNITY HEALTH DEPARTMENT IS COLLABORATION WITH PARTNERS, PREFERABLY THROUGH A COLLECTIVE IMPACT MODEL ONE OF THE PRINCIPAL PARTNERS IN PROVIDING FOR COMMUNITY NEEDS IS THE LOCAL HEALTH DEPARTMENT WHILE AT THE DIRECTION OF THE SYSTEM, ALL HOSPITALS ACTIVELY PARTICIPATED IN COLLABORATIVE ASSES SMENTS AND HEALTH IMPROVEMENT PLANNING WITH THEIR LOCAL HEALTH DEPARTMENTS FOR THE 2014-20 16 CHNA PROCESS AND ARE DOING SO AGAIN FOR THE 2017-2019 PROCESS THERE IS ONE NOTABLE COL LABORATION IN PARTICULAR IN WHICH ADVOCATE SYSTEM LEVEL LEADERSHIP PLAYED A VITAL ROLE AL LIANCE FOR HEALTH EQUITY (FORMERLY THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY [HICCC] AS INTRODUCED EARLIER, ADVOCATE HEALTH CARE, PRESENCE HEALTH AND THE ILLINOIS PUBLIC HEAL TH INSTITUTE (IPHI) WERE THE THREE FOUNDING ORGANIZATIONS OF THE HEALTH IMPACT COLLABORATI VE OF COOK COUNTY THESE ORGANIZATIONS INVITED HEALTH DEPARTMENTS AND ALL COOK COUNTY NONP ROFIT HOSPITALS TO JOIN THEM IN CREATING ONE OF THE LARGEST CHNA AND COMMUNITY HEALTH IMPR OVEMENT COLLABORATIVES IN THE COUNTRY IPHI SERVES AS THE BACKBONE ORGANIZATION FOR THE CO LLABORATIVE AND THE HOSPITALS PROVIDE FUNDING FOR THE SHARED ASSESSMENT AND COMMUNITY HEAL TH IMPROVEMENT PLANNING FACILITATION WORK IN ADDITION TO 27

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PART VI, LINE 6	6 AFFILIATED HEALTH CARE SYSTEM- CONTINUEDNONPROFIT AND PUBLIC HOSPITALS, SEVEN LOCAL HEA LTH DEPARTMENTS AND MORE THAN 100 COMMUNITY ORGANIZATIONS PARTICIPATED IN THE ASSESSMENT A ND ACTION TEAMS DURING 2015 AND 2016, IPHI, THE PARTICIPATING HOSPITALS AND HEALTH DEPARTM ENTS WORKED TOGETHER TO DESIGN A SHARED LEADERSHIP MODEL AND COLLABORATIVE INFRASTRUCTURE TO SUPPORT COMMUNITY-ENGAGED PLANNING PARTNERSHIPS AND STRATEGIC ALIGNMENT OF IMPLEMENTATI ON PLANS, WHICH WILL FACILITATE MORE EFFECTIVE AND SUSTAINABLE COMMUNITY HEALTH IMPROVEMEN T IN THE FUTURE SURVEYS WERE DISTRIBUTED THROUGHOUT COOK COUNTY WITH A FOCUS ON UNDERSERV ED COMMUNITIES OVER 5,000 SURVEYS WERE COMPLETED PROVIDING A GOOD PICTURE OF THE HEALTH N EEDS OF THE COUNTY PRIMARY DATA ALSO INCLUDED MULTIPLE FOCUS GROUPS AND HOSPITAL UTILIZAT ION DATA A DATA TEAM ANALYZED MULTIPLE SECONDARY DATA SOURCES AS WELL THIS COLLABORATIVE WORK RESULTED IN THREE REGIONAL CHNA REPORTS AS A RESULT OF THE ASSESSMENT WORK, ALL PART NERS DETERMINED FOUR FOCUS AREAS FOR IMPLEMENTATION ACTION TEAMS HAVE BEEN FORMED AND COM MUNITY HEALTH IMPROVEMENT PLANS ARE BEING DEVELOPED WITH A FOCUS ON ALIGNED ACTIONS AND DA TA COLLECTION IN LATE 2017 AND FOLLOWING HICCC'S MERGER WITH THE HEALTH CHICAGO HOSPITALS COLLABORATE TO CREATE THE ALLIANCE FOR HEALTH EQUITY (AFHE), ADVOCATE HAS CONTINUED TO BE AN ACTIVE MEMBER INVOLVED IN LEADERSHIP AND SERVING ON THE AFHE STEERING COMMITTEE ANOTH ER OBJECTIVE TO STRENGTHEN COMMUNITY PARTNERSHIPS IS FOR ADVOCATE TO EXPLORE NON-TRADITION AL RELATIONSHIPS, SUCH AS WITH SCHOOL DISTRICTS, EMPLOYMENT AGENCIES, HOUSING GROUPS, FOOD PANTRIES, SHELTERS, ETC WHILE THERE ARE MANY EXISTING ADVOCATE COMMUNITY PARTNERSHIPS ME NTIONED THROUGHOUT THIS DOCUMENT AND EVEN SOME THAT RESULTED FROM OR BEGAN PRIOR TO ADVOCA TE'S 2011-2013 CHNA PROCESS, THIS OBJECTIVE IS FOCUSED PRIMARILY ON THE INNOVATIVE NON-TRA DITIONAL PARTNERSHIPS THAT HAVE BEGUN AS A RESULT OF THE 2014-2016 CHNA ADDRESSING FOOD IN SECURITY ONE SUCH EXAMPLE OF A NON-TRADITIONAL COMMUNITY PARTNERSHIP IS ADVOCATE GOOD SAM ARITAN'S PARTNERSHIP WITH LOCAL FOOD PANTRIES AND THE UNIVERSITY OF ILLINOIS EXTENSION TO DEVELOP A PROGRAM THAT OFFERS HEALTHY FRESH FOOD, NUTRITION AND COOKING CLASSES TO CLIENTS OF THE FOOD PANTRIES ANOTHER EXAMPLE IS ADVOCATE GOOD SHEPHERD'S WORK WITH VARIOUS COMMU NITY-BASED ORGANIZATIONS AND LOCAL MUNICIPAL ENTITIES THAT SERVE SENIORS TO IMPLEMENT FOOD SECURITY SCREENING FOR SENIORS A SCREENING TOOL AND COMPREHENSIVE RESOURCE GUIDE HAVE BE EN DEVELOPED FOR SENIORS THAT SCREEN AS FOOD INSECURE ADVOCATE GOOD SHEPHERD AND SEVERAL OTHER ADVOCATE HOSPITALS ARE GROWING VEGETABLES ON THEIR CAMPUSES OR IN THE COMMUNITY ADV OCATE GOOD SHEPHERD HAS PARTNERED WITH A LOCAL NON-PROFIT ORGANIZATION, SMARTFARM, WHOSE M ISSION IS TO BE AN EDUCATIONAL RESOURCE ON SUSTAINABLE GARDENING AND HEALTHY EATING SMART FARM MANAGES THE ON-SITE GARDEN ON OVER 10 ACRES OF LAND OWNED BY ADVOCATE AND THE HARVES TED FRESH VEGETABLES ARE DONATED TO LOCAL FOOD PANTRIES SIMILAR PARTNERSHIPS EXIST AT ADV OCATE SHERMAN AND ADVOCATE BROMENN IN 2018, ADVOCATE ILLINOIS MASONIC ESTABLISHED A HOSPI TAL-BASED FOOD PANTRY TO ADDRESS THE NEEDS OF FOOD INSECURE ONCOLOGY PATIENTS IN PARTNERS HIP WITH THE LAKEVIEW FOOD PANTRY, THE MEDICAL CENTER PROVIDES DRY GOOD FOOD BAGS, RE-USAB LE WHEELIE GROCERY BAGS AND GIFT CARDS TO LOW-INCOME AND FOOD INSECURE PATIENTS TWO HOSPI TALS, ADVOCATE SOUTH SUBURBAN AND ADVOCATE TRINITY HAVE PARTNERED WITH ADVOCATE'S PRODUCE VENDOR, CRISTINA FOODS, TO HOST THREE PUBLIC FARMERS MARKETS WHERE FRESH PRODUCE WAS PROVI DED TO PATIENTS, SURROUNDING COMMUNITIES AND ADVOCATE TEAM MEMBERS, WITH LEFTOVER FOOD DON ATED TO LOCAL FOOD PANTRIES IN 2018 ADVOCATE WORKFORCE INITIATIVE (AWI) IN 2015, JPMORGAN CHASE MADE A GENEROUS DONATION TO THE ADVOCATE CHARITABLE FOUNDATION, THE CHARITABLE ARM OF ADVOCATE, TO DEVELOP THE HEALTHCARE WORKFORCE COLLABORATIVE, A CREATIVE AND MODERN SOLU TION TO THE CITY'S TALENT SHORTAGE AND ECONOMIC DISPARITIES LED BY ADVOCATE, THIS HEALTH CARE SECTOR SKILLS-BASED TRAINING INITIATIVE CONNECTS CHICAGOLAND'S UNDEREMPLOYED AND UNEM PLOYED RESIDENTS WITH HIGH-QUALITY, IN-DEMAND JOBS IN THE RAPIDLY GROWING HEALTH CARE INDU STRY UNEMPLOYMENT RATES ARE AS HIGH AS 31 9% IN SOME NEIGHBORHOODS IN THE METROPOLITAN AR EA AS COMPARED TO CHICAGO'S OVERALL UNEMPLOYMENT RATE OF 8 2% ILLINOIS HAS THE NATION'S H IGHEST UNEMPLOYMENT RATE AMONG AFRICAN-AMERICANS THE UNEMPLOYMENT RATE OF AFRICAN-AMERICA NS AND HISPANICS IN CHICAGO IS THREE TIMES THAT OF THEIR WHITE COUNTERPARTS THE HEALTH CA RE SECTOR IS EXPECTED TO GENERATE 14,000 NEW WELL-PAYING MIDDLE-SKILL JOBS ANNUALLY IN THE CHICAGO REGION THROUGH 2019, BUT LACKS THE SKILLED TALENT NEEDED TO FILL THESE ROLES ADV OCATE ALSO HELPED LAUNCH THE CHICAGOLAND HEALTHCARE WORKFORCE COLLABORATIVE (CHWC) THE CH WC IS A CONSORTIUM OF LEADING HEALTHCARE EMPLOYERS AND INDUSTRY PARTNERS THAT BELIEVE IN T HE NECESSITY OF A STRONG AND DIVERSE LOCAL HEALTHC

Form and Line Reference	Explanation
PART VI, LINE 6	ARE WORKFORCE BY LEVERAGING RESOURCES AND BEST PRACTICES, THE COLLABORATIVE AIMS TO SUPPO RT AN INCLUSIVE HEALTHCARE WORKFORCE, PROVIDE ACCESSIBILITY FOR THE UNEMPLOYED AND UNDEREM PLOYED POPULATIONS, AND DEVELOP INNOVATIVE RESPONSES TO THE EVOLVING NEEDS OF THE HEALTHCA RE INDUSTRY THIS IS ACHIEVED BY IDENTIFYING AND IMPLEMENTING IMPACTFUL, DATA-DRIVEN AND A CTION-ORIENTED SOLUTIONS, WITH A SPECIFIC FOCUS ON POPULATIONS THAT ARE UNDERREPRESENTED I N THE HEALTH CARE WORKFORCE THIS WORKFORCE DEVELOPMENT PROGRAM " ALIGNS TRAINING CURRICULU M TO CURRENT AND EMERGING JOB NEEDS," CONNECTS JOB SEEKERS TO EMPLOYMENT OPPORTUNITIES WIT HIN ADVOCATE," INCREASES DIVERSITY WITHIN THE HEALTHCARE SECTOR," PROVIDES CAREER PATHWAYS TO ADVANCED TRAINING OR CAREER OPPORTUNITIES IN HEALTHCARE," SUPPORTS ECONOMIC DEVELOPMEN T IN VULNERABLE COMMUNITIES," ESTABLISHES BEST PRACTICES, CREATING A REGIONAL/NATIONAL MOD EL, AND" PROVIDES SUPPORTIVE SERVICES TO REMOVE BARRIERS TO EMPLOYMENT TO ENSURE THE INITI ATIVE IS BROAD-REACHING AND COMPREHENSIVE, ADVOCATE HAS ESTABLISHED STRATEGIC ALLIANCES WI TH THE CITY COLLEGES OF CHICAGO, PRAIRIE STATE COLLEGE, CHICAGO STATE UNIVERSITY, UNIVERSI TY OF CHICAGO (URBAN LABS) AND OTHER COMMUNITY-BASED ORGANIZATIONS, SUCH AS PHALANX FAMILY SERVICES, JEWISH VOCATION SERVICES, INSTITUTO DEL PROGRESO LATINO, POLISH AMERICAN ASSOCI ATION, NATIONAL LATINO EDUCATION INSTITUTE, KINZIE INDUSTRIAL DEVELOPMENT CORPORATION AND CHICAGO CENTER FOR ARTS AND TECHNOLOGY, TO RECRUIT, TRAIN AND SUPPORT POTENTIAL CANDIDATES AFTER SUCCESSFUL COMPLETION OF THE TRAINING AND LICENSING EXAM, ALL PARTICIPANTS ARE GUA RANTEED AN INTERVIEW WITH ADVOCATE AND RECEIVE JOB PLACEMENT ASSISTANCE SINCE INCEPTION, THE INITIATIVE HAS TRAINED MORE THAN 800 PARTICIPANTS AND HAS OVER AN 80% GRADUATION RATE NEARLY 300 GRADUATES FROM THE INITIATIVE ARE NOW EMPLOYED IN THE HEALTH CARE INDUSTRY WIT H ABOUT 162 STILL ENROLLED PENDING NEW EMPLOYMENT OPPORTUNITIES OF THOSE EMPLOYED, 98% HA VE MAINTAINED EMPLOYMENT FOR AT LEAST 90 DAYS ADVOCATE HAS ALSO LAUNCHED AN INCUMBENT WOR KER STRATEGY FOR FRONTLINE TEAM MEMBERS, THE NAVIGATE PROGRAM NAVIGATE AIMS TO CREATE A M ORE INCLUSIVE WORKFORCE, ONE THAT PROVIDES TEAM MEMBERS WITH OPPORTUNITIES TO DEVELOP NEW SKILLS, DETERMINE A CAREER PATHWAY AND CONNECT WITH TOOLS AND RESOURCES ADVOCATE IS INVES TED IN TEAM MEMBERS' SUCCESS THROUGH LEVERAGING THESE TYPES OF PROGRAMS TO ENSURE ADVOCATE IS A GREAT PLACE FOR TEAM MEMBERS WORK, PATIENTS TO HEAL AND PHYSICIANS TO PRACTICE THE PROGRAM WAS INITIATED AT ADVOCATE TRINITY IN 2016 AND AS OF YEAR-END 2018, HAS EXPANDED TO ADVOCATE ILLINOIS MASONIC, ADVOCATE CHRIST AND ADVOCATE MEDICAL GROUP, WITH PLANS TO ACTI VATE AT ADVOCATE SOUTH SUBURBAN IN 2019 THE PROGRAM HAS ENROLLED AND SUPPORTED 182 INCUMB ENT WORKERS, GUIDED MORE THAN 100 TO IDENTIFY A CAREER PATHWAY AND HAS NEARLY AN 80% GRADU ATION RATE OF THOSE THAT HAVE MOVED INTO AN ADVANCED CAREER PATHWAY, THE AVERAGE WAGE INC REASE IS 24% VOLUNTEERS FROM THE COMMUNITY ANOTHER ASPECT OF COMMUNITY ENGAGEMENT IS PRO VIDING COMMUNITY MEMBERS WITH AN OPPORTUNITY TO DONATE THEIR TIME SERVING THROUGH A MYRIAD OF VOLUNTEER SERVICE OPPORTUNITIES EACH YEAR, VOLUNTEERS FROM THE COMMUNITY SHARE THEIR TIME AND TALENTS THROUGH SERVICE AT ADVOCATE'S HOSPITALS, ADVOCATE MEDICAL GROUP AND ADVOC ATE AT HOME, AND IN THEIR OWN WAY, FURTHER ADVOCATE'S COMMITMENT TO PROVIDING EXCELLENT HE ALTH CARE IN 2018, ADVOCATE STAFF MANAGED 5,018 ACTIVE COMMUNITY VOLUNTEERS THAT ENGAGED PATIENTS, FAMILIES AND STAFF IN A VARIETY OF ACTIVITIES, SOME OF WHICH WERE PROVIDING INF ORMATION DESK SERVICES TO VISITORS, CLERICAL SUPPORT TO STAFF, SERVING CUSTOMERS IN HOSPIT AL GIFT AND RESALE SHOPS, OFFERING COMPASSIONATE CONCERN TO PATIENTS AND THEIR LOVED ONES IN MULTIPLE HOSPITAL AREAS SUCH AS THE EMERGENCY DEPARTMENT, INTENSIVE CARE UNIT, SURGERY WAITING ROOM,

Form and Line Reference	Explanation
PART VI, LINE 6	6 AFFILIATED HEALTH CARE SYSTEM- CONTINUEDPOST-ANESTHESIA CARE AND NURSERY INTENSIVE CARE UNITS, ASSISTING WITH COMMUNITY HEALTH SCREENINGS AND BLOOD DRIVE EVENTS, PROVIDING CHEER FUL SERVICE TO PATIENTS BY DELIVERING FLOWERS, MAIL AND NEWSPAPERS, AND PROVIDING SUPPORT SERVICES IN THE HOSPITAL THAT HAVE LIBRARIES AND/OR WELLNESS CENTERS ADVOCATE TEAM MEMBER S VOLUNTEERING IN THE COMMUNITY ADVOCATE'S SYSTEM LEADERSHIP ALSO ENCOURAGES AND PROVIDES OPPORTUNITIES FOR TEAM MEMBERS AND PHYSICIANS TO DONATE TO, VOLUNTEER AT AND HELP RAISE F UNDS FOR COMMUNITY INITIATIVES IN 2018, ADVOCATE PROMOTED AND SUPPORTED ASSOCIATE, PHYSIC IAN AND HOSPITAL PARTICIPATION IN WALKS, RUNS AND RACES, INCLUDING DEVELOPING OFFICIAL ADV OCATE TEAMS FOR THE AMERICAN HEART ASSOCIATION (HEAR WALK), AMERICAN CANCER SOCIETY (MAKIN G STRIDES AGAINST BREAST CANCER EVENTS AND HEAD FOR THE CURE 5K), ALZHEIMER'S ASSOCIATION (WALK TO END ALZHEIMER'S) AND MARCH OF DIMES (MARCH FOR BABIES) IN 2018, 5,583 ADVOCATE T EAM MEMBERS WALKED IN THESE FUNDRAISERS AND $633,792 IN CHARITABLE CONTRIBUTIONS WAS RAISE D TO SUPPORT THESE NONPROFIT PARTNER ORGANIZATIONS THROUGH SUCH EFFORTS ADVOCATE ALSO HAD THE HONOR OF BEING DESIGNATED THE #1 HEART WALK FUNDRAISING HEALTH CARE COMPANY IN THE NA TION BY THE AMERICAN HEART ASSOCIATION IN 2018 IN ADDITION, ADVOCATE'S TEAM MEMBERS AND P HYSICIANS GENEROUSLY SUPPORT MULTIPLE LOCAL COMMUNITY ORGANIZATIONS, PROGRAMS AND INITIATI VES, INCLUDING SOME OF ADVOCATE'S OWN SYSTEM-WIDE AND HOSPITAL-BASED COMMUNITY HEALTH PROG RAMS IN 2018, ADVOCATE TEAM MEMBERS CONTRIBUTED MORE THAN $2 1 MILLION THROUGH THE ADVOCA TE AURORA GIVING CAMPAIGN IN ADDITION, SYSTEM LEVEL LEADERS ARE SUPPORTIVE OF TEAM MEMBER S VOLUNTEERING DURING WORKTIME ON NONPROFIT COMMUNITY BOARDS, COMMITTEES, COUNCILS, TASK F ORCES AND COALITIONS, USING THEIR TALENTS TO SUPPORT A VARIETY OF COMMUNITY-BASED ORGANIZA TIONS GOAL F PROMOTE ACCOUNTABILITY FOR SYSTEM AND SITE ALIGNMENT BY INCREASING PROGRAM COORDINATION AND DEVELOPING STRONG GOVERNANCE RELATIONSHIPS KEY TO DEVELOPING STRONG GOVER NANCE RELATIONSHIPS WAS ESTABLISHING SYSTEM BOARD ENGAGEMENT IN SUPPORT OF ADVOCATE'S COMM UNITY HEALTH VISION AS THE FUNCTION ACCOUNTABLE FOR ADVOCATE'S SYSTEM-WIDE CHNA PROCESS A ND BOTH CHNA AND STATE COMMUNITY BENEFITS REGULATORY REPORTING IN ILLINOIS, THE COMMUNITY HEALTH DEPARTMENT PROVIDES PROGRESS UPDATES AT LEAST ANNUALLY TO HOSPITAL AND SYSTEM LEADE RSHIP WHEREAS PRIOR TO THE APRIL 2018MERGER, THE MISSION AND SPIRITUAL CARE COMMITTEE OF THE BOARD OF DIRECTORS WAS RESPONSIBLE FOR THE ADOPTION OF COMMUNITY HEALTH STRATEGY, POST -MERGER THE ADVOCATE HEALTH CARE NETWORK BOARD IS NOW CHARGED WITH THIS RESPONSIBILITY AS INDICATED EARLIER, ADVOCATE HEALTH CARE ESTABLISHED A COMMUNITY HEALTH DEPARTMENT IN LATE 2015 AND THE DEPARTMENT WAS FULLY STAFFED AND OPERATING BY JANUARY 2016 THE DEPARTMENT'S FIRST ORDER OF BUSINESS WAS TO DEVELOP A MISSION, VALUES AND VISION (MVV) TO GUIDE ITS AC TIONS THE DEPARTMENT'S MISSION IS "TO TRANSFORM THE HEALTH AND WELL-BEING OF THE COMMUNIT IES WE SERVE BY PROMOTING PREVENTION AND ENSURING HEALTH EQUITY, THROUGH COLLABORATIVE PAR TNERSHIPS AND EVIDENCE-BASED PRACTICES " THE DEPARTMENT'S VALUES ENCOMPASS BEING "ACCOUNTA BLE, COLLABORATIVE, EQUITABLE, INCLUSIVE, RESILIENT, SUSTAINABLE, TRANSFORMATIVE AND TRANS PARENT " THROUGH THESE ATTRIBUTES, THE VISION - "TO WORK COLLABORATIVELY TO TRANSFORM OUR ENVIRONMENT INTO COMMUNITIES WHERE HEALTH SERVICES ARE ACCESSIBLE AND INTEGRATED, PEOPLE A RE SUPPORTED, HEALTH EQUITY IS ACHIEVED AND RESULTS ARE MEASURABLE" - WILL BE ACHIEVED DU RING 2016 AND TO SUPPORT ADVOCATE HOSPITALS' PLANS TO IMPLEMENT PROGRAM STRATEGIES AS OUTL INED IN THEIR CHNA REPORTS DURING 2017, SITE-SPECIFIC COMMUNITY HEALTH DEPARTMENT BUDGETS WERE PUT IN PLACE AT ALL ADVOCATE HOSPITALS BY THE SYSTEM VICE PRESIDENT OF COMMUNITY HEAL TH AND FAITH OUTREACH HOSPITAL COMMUNITY HEALTH BUDGETS, INCLUDING ONGOING PROGRAM IMPLEM ENTATION COSTS, STAFF SALARIES, ANNUAL CONTRACTED DATA ACCESS COSTS TO THE CONDUENT-HEALTH Y COMMUNITIES INSTITUTE'S CHNA TOOL, FEE TO PARTICIPATE IN THE ALLIANCE FOR HEALTH EQUITY (AHFE) AND FOR ANNUAL SUPPORT FOR AND USE OF THE LYON SOFTWARE CBISA (COMMUNITY BENEFITS I NVENTORY OF SOCIAL RESPONSIBILITY) REPORTING TOOL WERE INCLUDED IN THE 2017 AND 2018 BUDGE T CYCLE IN PREPARATION FOR YEAR 2019 SYSTEM LEVEL MONITORING OF BUDGETS SUPPORTS APPROPRI ATE FUNDING TO SUSTAIN EXISTING AND IMPLEMENT NEW PROGRAMS THAT TARGET SELECTED COMMUNITY HEALTH PRIORITIES HOSPITAL GOVERNING COUNCILS ALSO KEY TO PROMOTING ACCOUNTABILITY FOR C OMMUNITY HEALTH THROUGHOUT ADVOCATE WAS A SYSTEM LEVEL IMPLEMENTED PROCESS FOR ESTABLISHIN G HOSPITAL-BASED GOVERNANCE OVERSIGHT FOR EACH HOSPITAL'S CHNA PROCESS, INCLUDING REVIEW A ND APPROVAL OF THE HOSPITAL CHNA REPORT AND HIGH LEVEL STRATEGIES TO ADDRESS KEY SELECTED NEEDS THAT RESULTED FROM THE PRIORITY-SETTING PROCESS TO THAT END, THE SYSTEM EXPANDED TH E ROLE OF THE HOSPITAL GOVERNING COUNCILS TO INCLU

Form and Line Reference	Explanation
PART VI, LINE 6	DE OVERSIGHT OF THE CHNA PROCESS AND APPROVAL OF THE HOSPITAL CHNA REPORTS AND IMPLEMENTAT ION STRATEGIES THIS HAS RESULTED IN COMMUNITY HEALTH BEING STRONGLY INTEGRATED INTO ADVOC ATE GOVERNANCE STRUCTURES COMMUNITY HEALTH COUNCILS COMPRISED OF COMMUNITY EXPERTS AND HO SPITAL LEADERS HAVE BEEN DEVELOPED AT EACH HOSPITAL THESE COUNCILS ARE CO-LED BY THE HOSP ITAL COMMUNITY HEALTH LEADER AND A HOSPITAL GOVERNING COUNCIL MEMBER A MINIMUM OF 50% OF THE COUNCIL MEMBERS FOR THE 2016 CHNA REPORT CYCLE WERE COMMUNITY REPRESENTATIVES WITH A F OCUS ON PEOPLE WHO REPRESENTED UNDERSERVED AND VULNERABLE POPULATIONS THE COUNCILS MET AT LEAST FOUR TIMES DURING THE YEAR HOSPITAL COMMUNITY HEALTH STAFF ANALYZED AND PRESENTED PRIMARY AND SECONDARY COMMUNITY HEALTH DATA TO THE HOSPITALS' COMMUNITY HEALTH COUNCILS T HE COUNCIL MEMBERS IDENTIFIED THE HOSPITAL SERVICE AREAS' SIGNIFICANT HEALTH NEEDS, SUBSEQ UENTLY EMPLOYING A CONSENSUS BASED PRIORITY-SETTING PROCESS TO DETERMINE THE NEEDS UPON WH ICH TO FOCUS AS PART OF THE PRIORITIZATION PROCESS, THE COUNCILS SCANNED HOSPITAL AND COM MUNITY CHALLENGES AND ASSETS, AS WELL AS POTENTIAL PARTNERSHIPS WITH OTHER ORGANIZATIONS T HAT MIGHT RESULT IN A LARGER HEALTH IMPROVEMENT IMPACT CHNA DATA ASSESSMENT RESULTS AND RE COMMENDATIONS FOR HEALTH IMPROVEMENT PRIORITIES WERE PRESENTED TO THE FULL HOSPITAL GOVERN ING COUNCILS FOR ENDORSEMENT ONCE THE HEALTH IMPROVEMENT PRIORITIES AND STRATEGIES WERE A PPROVED BY THE HOSPITAL GOVERNING COUNCILS, THE RESULTS WERE PRESENTED TO THE MISSION AND SPIRITUAL CARE COMMITTEE OF THE ADVOCATE HEALTH CARE BOARD OF DIRECTORS, CHARGED WITH SYST EM OVERSIGHT OF COMMUNITY HEALTH PLANNING AT THAT TIME, FOR FINAL APPROVAL AS INDICATED E ARLIER, AS A RESULT OF THE MERGER, THIS RESPONSIBILITY MOVED TO THE ADVOCATE HEALTH CARE N ETWORK BOARD IN 2018 SERVICE LINE AND POPULATION HEALTH ENGAGEMENT TO SUPPORT FURTHER AL IGNMENT WITHIN ADVOCATE, THE SYSTEM COMMUNITY HEALTH DEPARTMENT HAS ALSO WORKED TO ENGAGE SYSTEM DEFINED CLINICAL SERVICE LINES IN EXPANDING THEIR FOCUS ON COMMUNITY HEALTH ADVOCA TE IS VIEWED AS A LEADER IN THE POPULATION HEALTH MANAGEMENT ARENA AN EARLY ADOPTER OF MA NAGING CARE ACROSS POPULATIONS, ADVOCATE HAS SIGNIFICANT SUCCESS IMPROVING HEALTH OUTCOMES WHILE DECREASING OR MAINTAINING COST OF CARE DELIVERY ADVOCATE'S COMMUNITY HEALTH DEPART MENT HAS INTENTIONALLY ALIGNED WITH ADVOCATE POPULATION HEALTH LEADERS AND ADVOCATE SERVIC E LINES THIS ALIGNMENT ASSURES THAT MEMBERS OF THE COMMUNITIES ADVOCATE SERVES AND OUR PA TIENTS RECEIVE COMMUNITY-BASED INTERVENTIONS, AS WELL AS EDUCATION AND PROGRAMMING THAT AL IGNS WITH THEIR HEALTH NEEDS THE FOLLOWING ARE EXAMPLES OF EDUCATION AND PROGRAMMING ALIG NED WITH POPULATION HEALTH AND SERVICE LINE DEVELOPMENT THAT REFLECT THIS INTEGRATED APPRO ACH BEHAVIORAL HEALTH BEHAVIORAL HEALTH COUNCIL INTEGRATION STRATEGIES HAVE INCLUDED COM MUNITY HEALTH STAFF OFFERING MENTAL HEALTH FIRST AID TO TARGETED COMMUNITY MEMBERS FOR THE PURPOSE OF REDUCING STIGMA, AND TRAINING COMMUNITY MEMBERS TO RECOGNIZE MENTAL HEALTH ISS UES AND UNDERSTAND APPROPRIATE INTERVENTIONS IN 2018, OVER 1,047 COMMUNITY MEMBERS WERE T RAINED IN THE EIGHT-HOUR EVIDENCE-BASED PROGRAM ADDITIONALLY, ALL HOSPITALS PARTICIPATE I N LOCAL BEHAVIORAL HEALTH AND SUBSTANCE ABUSE COLLABORATIVES ADVOCATE PHYSICIAN PARTNERS (APP) ADVOCATE POPULATION HEALTH LEADERS AND ADVOCATE COMMUNITY HEALTH LEADERS ARE PARTNER ING TO DEVELOP NEW APPROACHES TO PATIENT SCREENING AND RESOURCING FOR SOCIAL DETERMINANTS OF HEALTH GOAL G PROMOTE THE TRAINING OF FUTURE HEALTH PROFESSIONALS TO FURTHER THE TRA DITION OF PROVIDING MEDICAL EDUCATION TO UNDERGRADUATE AND GRADUATE MEDICAL STUDENTS AND N URSING STUDENTS, ADVOCATE'S SYSTEM LEVEL CLINICAL EDUCATION DEPARTMENT HAS DEVELOPED LONG- TERM ACADEMIC AFFILIATIONS WITH ALL MAJOR UNIVERSITIES IN THE CHICAGO METROPOLITAN AREA FO R THE

Form and Line Reference	Explanation
PART VI, LINE 6	6 AFFILIATED HEALTH CARE SYSTEM- CONTINUEDEDUCATION AND TRAINING OF STUDENTS IN UNDERGRAD UATE MEDICAL EDUCATION (UME), GRADUATE MEDICAL EDUCATION (GME), NURSING UNDERGRADUATE AND GRADUATE EDUCATION, AND IN NUMEROUS OTHER ALLIED HEALTH PROFESSIONAL FIELDS ADVOCATE MEDI CAL EDUCATION DEPARTMENT'S MISSION IS TO TRAIN THE NEXT GENERATION OF PHYSICIANS THROUGH U NDERGRADUATE (UME) AND GRADUATE MEDICAL EDUCATION (GME), AND TO CONTINUE THE DEVELOPMENT O F ADVOCATE PHYSICIANS THROUGH CONTINUING MEDICAL EDUCATION (CME) AS ONE OF THE LARGEST PR OVIDERS OF PRIMARY MEDICAL EDUCATION IN ILLINOIS, THERE WERE 2,270 MEDICAL STUDENT ROTATIO NS COMPLETED AND 580 RESIDENTS AND FELLOWS WHO RECEIVED HANDS-ON TRAINING IN 2018 AT ADVOC ATE'S FOUR ACADEMIC MEDICAL CENTERS, INCLUDING ADVOCATE BROMENN, ADVOCATE CHRIST, ADVOCATE ILLINOIS MASONIC AND ADVOCATE LUTHERAN GENERAL POST-GRADUATE MEDICAL EDUCATION (CME) AD VOCATE HEALTH CARE IS ACCREDITED BY ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME) TO PROVIDE CONTINUING MEDICAL EDUCATION (CME) FOR PHYSICIANS ADVOCATE'S CME PROG RAM PROVIDES PROFESSIONAL DEVELOPMENT THROUGH YEAR-ROUND SCHEDULING AND PLANNING OF ACCRED ITED COURSES, SEMINARS AND MEETINGS FOR ADVOCATE AND NON-ADVOCATE PHYSICIANS AND HEALTH CA RE PROFESSIONALS IN THE REGION ADVOCATE'S MEDICAL STAFF SHARE THEIR EXPERTISE THROUGH GRA ND ROUNDS, MORTALITY AND MORBIDITY CONFERENCES, AND JOURNAL CLUBS-AS WELL AS SINGLE ACTIVI TIES ADDRESSING A VARIETY OF CLINICAL AND RESEARCH TOPICS IN 2018, ADVOCATE HOSTED 2,879 CME EVENTS TOTALING 3,942 CME CREDIT HOURS TO 54,277 PARTICIPANTS-OF WHICH 41,642 WERE PHY SICIANS THIS IS A SIGNIFICANT INCREASE AS COMPARED TO THE 2,581 EVENTS, 2513 CREDIT HOURS AND 48,592 PARTICIPANTS (PHYSICIAN AND NON-PHYSICIAN) IN 2017 NURSING EDUCATION UNDERGRA DUATE AND GRADUATE (APN/NP/MANAGEMENT) NURSING EDUCATION OCCURS AT TEN ADVOCATE HOSPITALS AND AT MANY ADVOCATE MEDICAL GROUP SITES NOTABLY, EIGHT ADVOCATE HOSPITALS HAVE EARNED MA GNET RECOGNITION FROM THE AMERICAN NURSE CREDENTIALING CENTER (ANCC), INCLUDING ADVOCATE B ROMENN, ADVOCATE CHRIST, ADVOCATE CONDELL, ADVOCATE GOOD SAMARITAN, ADVOCATE GOOD SHEPHERD , ADVOCATE ILLINOIS MASONIC, ADVOCATE LUTHERAN GENERAL AND ADVOCATE SHERMAN MAGNET STATUS REPRESENTS HOSPITAL-WIDE TEAMWORK AND DEDICATION TO CREATING A POSITIVE ENVIRONMENT, WHIC H HELPS ATTRACT THE BEST PHYSICIANS AND NURSES, RESULTING IN BETTER OVERALL PATIENT CARE EMERGENCY MEDICAL TECHNICIAN (EMT) EDUCATION ADVOCATE ALSO TAKES A LEADERSHIP ROLE IN THE TRAINING OF EMTS TO TAKE THEIR PLACE IN PROVIDING CARE IN THE COMMUNITY A MAJORITY OF AD VOCATE'S HOSPITALS PROVIDE EMT EDUCATION FROM BASIC THROUGH PARAMEDIC LEVEL IN FACT, SEVE RAL ADVOCATE HOSPITALS SERVE AS THE LEAD HOSPITAL IN THEIR COUNTIES/SERVICE AREAS, PROVIDI NG EDUCATION, STANDARDIZATION OF PROTOCOLS OF CARE AMONG ALL HOSPITALS (NON-ADVOCATE INCLU DED) AND EMS RESPONDERS, AND DIRECTION OF COUNTY-WIDE EMERGENCY MEDICAL SERVICES IN RESPON SE TO COMMUNITY-BASED, MASS INJURY/CASUALTY DISASTERS ALLIED HEALTH EDUCATION ADVOCATE I S COMMITTED TO TEACHING STUDENTS IN A BROAD RANGE OF SPECIALTIES THESE STUDENTS COME FROM LOCAL UNIVERSITIES AND COLLEGES WITH WHOM ADVOCATE HAS CONTRACTED TO PROVIDE THESE SERVIC ES STUDENTS ARE PROVIDED A CLINICAL ENVIRONMENT IN WHICH TO LEARN IN OVER TWENTY HEALTH C ARE DISCIPLINES/FIELDS, INCLUDING, BUT NOT LIMITED TO PHARMACEUTICAL, CARDIO DIAGNOSTICS, CARDIAC REHABILITATION, RADIOLOGY, NUCLEAR MEDICINE, MRI AND X-RAY, RADIATION THERAPY, EX ERCISE PHYSIOLOGY, PHYSICAL, OCCUPATIONAL, SPEECH AND RECREATIONAL THERAPY, PSYCHIATRY, BE HAVIORAL HEALTH, RESPIRATORY, AUDIOLOGY, PATHOLOGY, PODIATRY, PHLEBOTOMY, NUTRITION/DIETAR Y, AND DENTISTRY (DENTISTRY IS ONLY AVAILABLE THROUGH ADVOCATE ILLINOIS MASONIC) CLINICAL PASTORAL EDUCATION ADVOCATE'S SPIRITUAL LEADERS OVERSEE A NATIONALLY ACCREDITED CLINICAL PASTORAL EDUCATION (CPE) PROGRAM WITH OVERSIGHT BY THE SYSTEM DIRECTOR OF CLINICAL PASTOR AL EDUCATION SUPERVISING OVER 200 STUDENT UNITS EACH YEAR, THE PROGRAM IS ONE OF THE LARG EST IN THE COUNTRY, PROVIDING OPPORTUNITIES FOR SEMINARY STUDENTS AND LOCAL HEALTH LEADERS TO GROW AND DEVELOP SPIRITUAL CARE MINISTRY SKILLS OTHER EDUCATION MULTIPLE ADVOCATE SY STEM AND HOSPITAL DEPARTMENTS ALSO PROVIDE LEARNING ENVIRONMENTS FOR UNDERGRADUATE AND GRA DUATE STUDENTS IN PUBLIC HEALTH, HEALTH ADMINISTRATION AND HEALTH INFORMATION MANAGEMENT IN ADDITION, SEVERAL ADVOCATE HOSPITALS PROVIDE EXPERIENTIAL LEARNING TO AREA HIGH SCHOOL STUDENTS THAT ARE ON AN EDUCATIONAL TRACK TO A HEALTH CARE CAREER THESE STUDENTS RECEIVE CREDIT TOWARDS GRADUATION IN ADDITION TO HELPING THEM DECIDE WHICH AREA OF HEALTH CARE THE Y WISH TO PURSUE FOR EXAMPLE, IN ORDER TO GIVE CHICAGO SOUTHSIDE STUDENTS BETTER JOB OPPO RTUNITIES, ADVOCATE TRINITY WORKS WITH STUDENTS FROM CHICAGO VOCATIONAL CAREER ACADEMY, AN D SOUTH SHORE AND JULIAN HIGH SCHOOLS, ROTATING STUDENTS IN THE HOSPITAL'S UNITS TO LEARN MARKETABLE JOB SKILLS CONCLUSIONADVOCATE'S LEADER

Form and Line Reference	Explanation
PART VI, LINE 6	SHIP RECOGNIZES THAT COMMUNITY HEALTH AND COMMUNITY BENEFIT ARE BY DESIGN AN ELEMENT WITHI N ITS STRUCTURE AND ITS STRATEGIC DIRECTION ADVOCATE HEALTH CARE, THEREFORE, IS COMMITTED TO CONTINUING ITS SUPPORT OF SYSTEM AND SITE PROGRAMS AND ACTIVITIES THAT SUPPORT ADVOCAT E'S MISSION TO SERVE THE HEALTH NEEDS OF INDIVIDUALS, FAMILIES AND COMMUNITIES THROUGH A W HOLISTIC PHILOSOPHY ROOTED IN THE FUNDAMENTAL UNDERSTANDING OF HUMAN BEINGS AS CREATED IN THE IMAGE OF GOD

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	IL

Additional Data

Software ID:

Software Version:

EIN: 26-2525968

Name: ADVOCATE CONDELL MEDICAL CENTER

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	ADVOCATE CONDELL MEDICAL CENTER 801 S MILWAUKEE AVENUE LIBERTYVILLE, IL 60048 HTTP //WWW ADVOCATEHEALTH COM/CONDELL/ 0005579	X	X					X			

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

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	PART V, SECTION B, LINE 3J N/APART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 2N/A

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	PART V, SECTION B, LINE 5 ADVOCATE CONDELL MEDICAL CENTER (ADVOCATE CONDELL) COMPLETED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2016 THE MEDICAL CENTER WORKED CLOSELY WITH THE LAKE COUNTY HEALTH DEPARTMENT AND COMMUNITY HEALTH CENTER (LCHD/CHC) THRO UGHOUT THE 2016 CHNA PROCESS THE MEDICAL CENTER RECEIVED REGULAR UPDATES FROM THE HEALTH DEPARTMENT'S ONGOING COMMUNITY HEALTH IMPROVEMENT PLAN PROCESS AND OFTEN CONSULTED THE LCH D/CHC STAFF FOR INTERPRETATION OF DATA, AS IT WAS RELEASED ADDITIONALLY, ADVOCATE CONDELL COMMISSIONED THE HEALTH DEPARTMENT TO CONDUCT A TARGETED COMMUNITY SURVEY IN WAUKEGAN, LO CATED WITHIN THE MEDICAL CENTER'S PRIMARY SERVICE AREA (PSA) WAUKEGAN HAS THE HIGHEST PER CENTAGE OF HISPANIC RESIDENTS IN LAKE COUNTY, THE HIGHEST PERCENTAGE OF RESIDENTS WHO SPEA K SPANISH AT HOME IN THE COUNTY AND THE SECOND HIGHEST PERCENTAGE OF THE POPULATION COVERE D BY MEDICAID THE LCHD/CHC'S COMMUNITY HEALTH IMPROVEMENT PROCESS, NAMED LIVE WELL LAKE C OUNTY, WAS DEVELOPED WITHIN THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (M APP) FRAMEWORK FROM EARLY 2015 THROUGH SPRING 2016, THE COMMUNITY HEALTH IMPROVEMENT PROC ESS WAS GUIDED BY THE LIVE WELL LAKE COUNTY STEERING COMMITTEE, A DIVERSE GROUP OF STAKEHO LDERS FROM MULTIPLE SECTORS OF LAKE COUNTY THAT INFLUENCE THE HEALTH OF THE COUNTY RESIDEN TS THE DIRECTOR OF COMMUNITY HEALTH FOR THE NORTHERN REGION IS A MEMBER OF THIS STEERING COMMITTEE TO CONSIDER COMMUNITY VIEWPOINTS AND OPINIONS RELATED TO SPECIFIC HEALTH ISSUES , THREE MAIN SOURCES OF PRIMARY DATA WERE INCLUDED IN THE CHNA THESE WERE THE 2015 LAKE C OUNTY COMMUNITY STRENGTHS SURVEY, THE 2015 WAUKEGAN ILLINOIS COMMUNITY SURVEY REPORT AND T HE 2015 WAUCONDA ILLINOIS COMMUNITY SURVEY REPORT A KEY SOURCE FOR SECONDARY DATA WAS THE HEALTHY COMMUNITIES INSTITUTE (HCI), A CENTRALIZED DATA PLATFORM PURCHASED BY ADVOCATE HE ALTH CARE IN EARLY 2014, THE ORGANIZATION SIGNED A THREE-YEAR CONTRACT WITH HCI, NOW A XE ROX COMPANY, TO PROVIDE AN INTERNET-BASED DATA RESOURCE FOR THEIR 11 HOSPITALS DURING THE 2014-2016 CHNA CYCLE DATA WAS PRESENTED TO THE ADVOCATE CONDELL COMMUNITY HEALTH COUNCIL (CHC) OVER A PERIOD OF SEVERAL MEETINGS IN 2016 THE COMMUNITY HEALTH COUNCIL IS AN ADVISO RY COMMITTEE ESTABLISHED TO ASSIST IN THE SELECTION OF HEALTH PRIORITIES AND TO ADVISE AND MONITOR THE IMPLEMENTATION OF COMMUNITY HEALTH INTERVENTIONS IMPLEMENTED TO ADDRESS THE H EALTH ISSUES IN THE COMMUNITY DATA PRESENTED TO THE CHC INCLUDED DEMOGRAPHIC, ECONOMIC, E DUCATION, EMPLOYMENT AND HEALTH DATA USING THIS DATA, THE CHC WAS ABLE TO DETERMINE AREAS OF NEED FOR THE COMMUNITY ADVOCATE CONDELL COMMUNITY HEALTH COUNCILTHE COMMUNITY HEALTH COUNCIL IS CO-CHAIRED BY TWO COMMUNITY REPRESENTATIVES WHO ALSO SERVE ON THE ADVOCATE COND ELL GOVERNING COUNCIL THE CHC IS COMPRISED OF 11 COMMUNITY MEMBERS MANY OF THE COMMUNITY MEMBERS REPRESENT ENTITIES THAT SERVE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPU LATIONS NON-ADVOCATE-AFFILIAT

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	ED MEMBERS INCLUDE THE LCHD/CHC, A COMMUNITY-BASED FEDERALLY QUALIFIED HEALTH CENTER (FQHC), FAITH-BASED ORGANIZATIONS, AREA SCHOOL DISTRICTS, THE AMERICAN CANCER SOCIETY, SOCIAL S ERVICE AGENCIES, PRIMARY CARE AND MENTAL HEALTH PROVIDERS AND LAW ENFORCEMENT ADVOCATE CO NDELL REPRESENTATIVES INCLUDE MEMBERS OF THE EXECUTIVE TEAM, MISSION AND SPIRITUAL CARE, T RAUMA, CARDIAC CENTER AND BUSINESS DEVELOPMENT AND STRATEGY COMMUNITY HEALTH COUNCIL MEMB ERS' ROLES AND THE ORGANIZATIONS THEY REPRESENT ARE PROVIDED BELOW INDIVIDUALS REPRESENTI NG THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS ARE ALSO INDICATED BELOW COUNCIL MEMBERS FROM THE COMMUNITY- ANTIOCH ORCHARD MEDICAL CENTER, OFFICE MANAGER- CREAT ING CONVERSATIONS, OWNER- ERIE HEALTHREACH WAUKEGAN HEALTH CENTER, VICE PRESIDENT, PATIENT SUPPORT SERVICES (MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS)- LAKE COUNT Y HOUSING AUTHORITY, EXECUTIVE DIRECTOR (LOW-INCOME AND MINORITY POPULATIONS)- LCHD/CHC, P REVENTION COORDINATOR (MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS)- LIBERT YVILLE SCHOOL DISTRICT, RETIRED SCHOOL PRINCIPAL, ADVOCATE CONDELL COMMUNITY HEALTH COUNCI L CO-CHAIR- LIBERTYVILLE SCHOOL DISTRICT 70, SUPERINTENDENT- MANO A MANO FAMILY RESOURCE C ENTER, EXECUTIVE DIRECTOR (LOW-INCOME AND MINORITY POPULATIONS)- MUNDELEIN IVANHOE CONGREG ATIONAL CHURCH, SENIOR PASTOR, ADVOCATE CONDELL COMMUNITY HEALTH COUNCIL CO-CHAIR- WAUKEGA N PUBLIC LIBRARY, COMMUNITY ENGAGEMENT AND SPANISH LITERACY SERVICES MANAGER- YOUTH FAMILY COUNSELING, DIRECTOR, CLINICAL SERVICES (MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY P OPULATIONS)- VILLAGE OF LIBERTYVILLE, ECONOMIC COORDINATOR- VILLAGE OF MUNDELEIN, CHIEF OF POLICEADVOCATE CONDELL STAFF MEMBERS ON THE COUNCIL- ADVOCATE HEALTH CARE, MANAGER, STRAT EGIC PLANNING - ADVOCATE MEDICAL GROUP, INTERNAL MEDICINE PHYSICIAN- ADVOCATE CONDELL, CHA IR, PEDIATRIC DEPARTMENT- ADVOCATE CONDELL, DIRECTOR, CARDIOVASCULAR SERVICES- ADVOCATE CO NDELL, DIRECTOR, NURSING AND CLINICAL OPERATIONS- ADVOCATE CONDELL, DIRECTOR OF NURSING- A DVOCATE CONDELL, DIRECTOR, ORTHOPEDIC AND NEUROLOGY INSTITUTES- ADVOCATE CONDELL, DIRECTOR , PUBLIC AFFAIRS AND MARKETING- ADVOCATE CONDELL, VICE PRESIDENT, CLINICAL EXCELLENCE- ADV OCATE CONDELL, VICE PRESIDENT, CLINICAL SERVICE LINES AND SUPPORT SERVICES- ADVOCATE CONDE LL, VICE PRESIDENT, MISSION AND SPIRITUAL CAREADVOCATE CONDELL ALSO COLLABORATED WITH SEVE RAL ADDITIONAL PARTNER ORGANIZATIONS WHILE COMPLETING THE CHNA THESE INCLUDED THE LAKE CO UNTY UNDERAGE DRINKING AND DRUG PREVENTION TASK FORCE, MANO A MANO FAMILY RESOURCE CENTER, THE LAKE COUNTY OPIOID INITIATIVE TASK FORCE AND THE WAUCONDA UNITED HEALTH PARTNERSHIP EACH OF THESE ORGANIZATIONS HAVE A FOCUS ON MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS ADVOCATE CONDELL'S 2014-2016 AND PREVIOUS 2011-2013 CHNA REPORTS AND IMPLEME NTATION PLANS ARE POSTED ON ADVOCATE'S WEBPAGE AND INCLUDE A LINK TO A FORM AND AN EMAIL F OR THE COMMUNITY TO USE IN PRO

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	VIDING FEEDBACK IN COMPLIANCE WITH THE AFFORDABLE CARE ACT ANY QUESTIONS SUBMITTED WILL B E ADDRESSED WITHIN THIRTY DAYS AS OF DECEMBER 31, 2018, THERE WAS NO COMMUNITY FEEDBACK O R INQUIRIES

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

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	PART V, SECTION B, LINE 6A " RELATED? ADVOCATE GOOD SHEPHERD, BARRINGTON, ILLINOIS (THROUGH THE LCHD/CHC)" UNRELATED? THE CHNA WAS NOT CONDUCTED WITH OTHER HOSPITAL FACILITIES, BUT ALL HOSPITALS IN LAKE COUNTY PARTICIPATED IN THE LAKE COUNTY HEALTH DEPARTMENT MAPP PROCESS FOR THE DEVELOPMENT OF THE HEALTH DEPARTMENT'S STRATEGIC PLAN THE UNRELATED HOSPITALS THAT PARTICIPATED WERE VISTA HOSPITAL, WAUKEGAN, ILLINOIS, NORTHWESTERN LAKE FOREST HOSPITAL, LAKE FOREST, ILLINOIS, AND NORTHSHORE UNIVERSITY HEALTH SYSTEM HIGHLAND PARK HOSPITAL, HIGHLAND PARK, ILLINOIS

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

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	PART V, SECTION B, LINE 7D ADVOCATE CONDELL'S COMMUNITY HEALTH STAFF PRESENTED THE CHNA RESULTS TO THE LATINO COALITION OF LAKE COUNTY, THE HEALTHCARE FOUNDATION OF NORTHERN LAKE COUNTY AND THE ADVOCATE CONDELL COMMUNITY HEALTH COUNCIL COMMUNITY HEALTH STAFF ALSO PRESENTED THE RESULTS INTERNALLY TO THE SENIOR LEADERSHIP TEAM, CANCER COMMITTEE AND THE GOVERNING COUNCIL IN ADDITION, ADVOCATE CONDELL SENT AN ANNOUNCEMENT AND BRIEF DESCRIPTION OF THE CHNA RESULTS TO ALL EMPLOYEES, WHICH INCLUDED A LINK TO THE FULL REPORT

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	PART V, SECTION B, LINE 11 2014-2016 CHNANEEDS SELECTED TO ADDRESSAFTER CONSIDERING PRIMA RY AND SECONDARY DATA AND FINDINGS FROM OTHER LOCAL HEALTH NEEDS ASSESSMENT PROCESSES, THE ADVOCATE CONDELL COMMUNITY HEALTH COUNCIL RECOMMENDED, AND THE GOVERNING COUNCIL APPROVED , TWO HEALTH AREAS FOR PRIORITY ACTION 1) MENTAL HEALTH, AND 2) OBESITY STEPS BEING TAKE N TO ADDRESS THE TWO PRIORITIES FOLLOW MENTAL HEALTHADVOCATE CONDELL IS ADDRESSING MENTAL HEALTH THROUGH THREE STRATEGIES THE FIRST STRATEGY UTILIZES MENTAL HEALTH FIRST AID TRAIN ING MENTAL HEALTH FIRST AID IS AN INTERNATIONAL EVIDENCE-BASED PROGRAM, DESIGNED TO HELP PEOPLE RECOGNIZE INDIVIDUALS WITH MENTAL HEALTH PROBLEMS AND TO PROVIDE SKILLS TO ASSIST T HOSE WHO ARE HAVING A MENTAL HEALTH CRISIS ACCESS HELP ADVOCATE CONDELL WILL HOLD MENTAL HEALTH FIRST AID EIGHT-HOUR TRAINING SESSIONS TARGETING FIRST RESPONDERS AND OTHER ADULTS IN THE SERVICE AREA IN 2018, ADVOCATE CONDELL SPONSORED TWO INDIVIDUALS WHO ARE BOTH BILI NGUAL IN ENGLISH AND SPANISH, TO COMPLETE THE 40-HOUR INSTRUCTOR TRAINING FOR MENTAL HEALT H FIRST AID AS A STRATEGY TO INCREASE CAPACITY FOR SPANISH SPEAKING TRAINERS IN THE COUNTY ONE ADDITIONAL TRAINING WAS SCHEDULED IN THE FALL OF 2018 FOR POLICE DISPATCHERS BUT WAS POSTPONED TO 2019 DUE TO LOW ENROLLMENT THE COMMUNITY HEALTH TEAM HAS FOUND IT DIFFICULT TO SCHEDULE THE TRAINING FOR POLICE AND FIRE FIRST RESPONDERS, AS THEY WORK ON A SHIFT SC HEDULE THEREFORE, THE TARGET GROUP WAS EXPANDED TO INCLUDE BOTH ADULT AND YOUTH VERSIONS OF THE MENTAL HEALTH FIRST AID SESSIONS-TRAINING ADULTS TO SUPPORT THEIR OWN MENTAL HEALTH AND ADULTS WHO WORK WITH YOUTH IN 2018, AN ACTION TEAM WAS ESTABLISHED THROUGH THE LIVE WELL LAKE COUNTY INITIATIVE TO IMPLEMENT MENTAL HEALTH FIRST AID COUNTY-WIDE COMMUNITY HE ALTH STAFF HAVE SERVED ON THIS ACTION TEAM SINCE ITS INCEPTION THE WORK OF THIS ACTION TE AM LED TO THE LCHD/CHC SUCCESSFULLY RECEIVING GRANT FUNDING FROM THE SUBSTANCE ABUSE AND M ENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) TO TRAIN AN ADDITIONAL 90 INDIVIDUALS TO BE CERTIFIED AS ADULT MENTAL HEALTH FIRST AID INSTRUCTORS OVER THE NEXT THREE YEARS ADVOCATE CONDELL COMMUNITY HEALTH STAFF ARE NOW COORDINATING CLASSES THROUGH THE MHFA ACTION TEAM, SO THAT THE TOTAL IMPACT OF EVERY AGENCY DOING MHFA TRAINING CAN BE TRACKED AND REPORTED COLLECTIVELY THE SECOND STRATEGY TO ADDRESS MENTAL HEALTH IS TO INCREASE THE NUMBER OF AD ULTS WHO ARE SCREENED FOR DEPRESSION AND, IF POSITIVE, REFERRED TO SUPPORTIVE SERVICES BY HEALTH CARE PROFESSIONALS COLLABORATIVE CARE FOR THE MANAGEMENT OF DEPRESSIVE DISORDERS I S A MULTICOMPONENT, HEALTHCARE SYSTEM-LEVEL INTERVENTION THAT USES CASE MANAGERS TO LINK P RIMARY CARE PROVIDERS, PATIENTS AND MENTAL HEALTH SPECIALISTS THIS COLLABORATION IS DESIG NED TO IMPROVE THE ROUTINE SCREENING AND DIAGNOSIS OF DEPRESSIVE DISORDERS, INCREASE PROVI DER USES OF EVIDENCE-BASED PROTOCOLS FOR THE PROACTIVE MANAGEMENT OF DIAGNOSED DEPRESSIVE DISORDERS AND IMPROVE CLINICAL

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	AND COMMUNITY SUPPORT FOR ACTIVE PATIENT ENGAGEMENT IN TREATMENT GOAL SETTING AND SELF-MA NAGEMENT IN 2018, ADVOCATE CONDELL CONTINUED TO STRENGTHEN RELATIONSHIPS WITH THE LCHD/CH C, WHO PROVIDES BEHAVIORAL HEALTH SERVICES, AND OTHER COMMUNITY-BASED MENTAL HEALTH AGENCI ES, WITH THE GOAL OF IMPROVING THE REFERRAL PROCESS COMMUNITY HEALTH STAFF COMPLETED VERI FICATION THAT DEPRESSION SCREENINGS USING THE PHQ-9 SCREENING TOOL ARE OCCURRING IN THE AD VOCATE CONDELL EMERGENCY DEPARTMENT REFERRALS TO MENTAL HEALTH PROVIDERS ARE BEING COMPLE TED BY PHYSICIANS HOWEVER, CURRENTLY THERE IS NO AGGREGATE DATA REPORT AVAILABLE OF PATIE NTS WHO HAVE COMPLETED DEPRESSION SCREENING THE DATA IS ONLY AVAILABLE WITHIN THE PATIENT REGISTRY COMMUNITY HEALTH STAFF CONSULTED WITH THE ADVOCATE BEHAVIORAL HEALTH SERVICE LI NE TO DETERMINE IF AGGREGATE DATA CAN BE GENERATED FROM THE REGISTRY DATA, NO SUCH REPORT CAN BE DEVELOPED THEREFORE, THIS STRATEGY WAS DISCONTINUED IN 2018 IN 2018, COMMUNITY HE ALTH STAFF ALSO BEGAN EXPLORING A NEW PARTNERSHIP WITH THE HARVARD SENIOR CENTER IN MCHENR Y COUNTY FOR PEARLS (PROGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES) THE PROGRAM IS A NATIO NAL EVIDENCE-BASED PROGRAM FOR LATE-LIFE DEPRESSION PEARLS BRINGS HIGH QUALITY MENTAL HEA LTH CARE INTO COMMUNITY-BASED SETTINGS THAT REACH VULNERABLE OLDER ADULTS ADVOCATE GOOD S HEPHERD AND HARVARD SENIOR CENTER WILL COLLABORATE TO HOLD A TWO-DAY PEARLS MASTER TRAININ G FOR PROFESSIONALS IN MCHENRY COUNTY WHO WORK WITH THE SENIOR POPULATION DUE TO THE STRU CTURE OF THE PROGRAM FUNDING, THE TRAINING IS LIMITED TO PROFESSIONALS IN MCHENRY COUNTY HOWEVER, ADVOCATE CONDELL COMMUNITY HEALTH STAFF ARE NOW EXPLORING THE OPTION OF BRINGING THE PEARLS PROGRAM INTO LAKE COUNTY AS A RESOURCE FOR OLDER ADULTS WITH DEPRESSION THE TH IRD STRATEGY TO ADDRESS MENTAL HEALTH IS TO STRENGTHEN ADVOCATE CONDELL'S LINKAGES TO COMM UNITY MENTAL HEALTH AGENCIES WITHIN THE SERVICE AREA LAKE COUNTY HAS A STRONG NETWORK TO PROMOTE COLLABORATION THROUGH THE LIVE WELL LAKE COUNTY STRUCTURE IN 2018, ADVOCATE CONDE LL COMMUNITY HEALTH STAFF ACTIVELY PARTICIPATED IN THE LIVE WELL LAKE COUNTY BEHAVIORAL HE ALTH COUNCIL AND THE MENTAL HEALTH COALITION COMMITTEE TO DEVELOP A MENTAL HEALTH ANTI-STI GMA CAMPAIGN ON MAY 12, 2018, THE MEDICAL CENTER SPONSORED A JOINT (ADVOCATE CONDELL AND ADVOCATE GOOD SHEPHERD) MENTAL HEALTH RESOURCE FAIR, HELD AT ADVOCATE CONDELL, TO INTRODUC E COMMUNITY MENTAL HEALTH AGENCIES AND PROVIDERS TO ADVOCATE STAFF (PROVIDERS, NURSES, SOC IAL WORKERS AND CARE MANAGERS) RESOURCE FAIR ATTENDEES LEARNED ABOUT SERVICES PROVIDED AN D INSURANCE COVERAGE ACCEPTED BY THE MENTAL HEALTH AGENCIES FIFTEEN PARTNER AGENCIES FROM BOTH LAKE COUNTY AND MCHENRY COUNTY ATTENDED THE MENTAL HEALTH RESOURCE FAIR A TOTAL OF 13 PEOPLE ATTENDED THE RESOURCE FAIR BASED ON PRE-TEST AND POST-TEST RESULTS THERE WAS A 46 PERCENT INCREASE OF KNOWLEDGE OF RESOURCES IN THE COMMUNITY FOR ATTENDEES ADDITIONALLY , THERE WAS A 21 PERCENT INCRE

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	ASE IN CONFIDENCE THAT REFERRALS COULD BE MADE TO LOCAL AGENCIES IN LAKE COUNTY FOR MENTAL HEALTH OR SUBSTANCE ABUSE LOW ATTENDANCE WAS LIKELY DUE TO THE FACT THAT IT WAS HELD ON A SATURDAY, WHEN STAFFING LEVELS ARE LOWER AT THE MEDICAL CENTER ADDITIONALLY, RESOURCE F AIRS OVERALL ARE GARNERING MUCH LOWER ATTENDANCE THAN IN PREVIOUS YEARS DUE TO THE EASE AN D AVAILABILITY OF INFORMATION NOW WITH WHOM AVAILABLE ONLINE OBESITY ADVOCATE CONDELL IS A DDRESSING OBESITY IN THE SERVICE AREA THROUGH THREE SEPARATE EVIDENCE-BASED PROGRAMS THE FIRST PROGRAM, THE NUTRITION AND PHYSICAL ACTIVITY SELF-ASSESSMENT FOR CHILD CARE (GO NAP SACC) PROGRAM, IS AN EVIDENCE-BASED CHILDCARE FACILITY INTERVENTION THE GO NAP SACC PROGR AM IS AN EARLY INTERVENTION PROGRAM TARGETING INFANTS THROUGH PRE-KINDERGARTEN AND AIMS TO ADVANCE THE CHILDCARE ENVIRONMENT BY IMPROVING NUTRITION, PHYSICAL ACTIVITY AND POLICIES IN THE CHILD CARE CENTER ADVOCATE CONDELL WILL LEAD THE GO NAP SACC ASSESSMENT PROCESS WI TH CHILD CARE CENTERS IN COMMUNITIES WITH HIGH SOCIONEEDS INDEX SCORES WITHIN THE SERVICE AREA THE MEDICAL CENTER HAS PARTNERED WITH ADVOCATE GOOD SHEPHERD AND ADVOCATE SHERMAN TO MAKE THIS PROGRAM A REGIONAL INITIATIVE IN 2017, ADVOCATE HEALTH CARE LED THE LAUNCH OF A MULTI-STAKEHOLDER CHICAGOLAND COLLABORATIVE TO RAISE FUNDS TO BRING THE WEB-BASED GO NAP SACC PROGRAM TO THE STATE OF ILLINOIS IN 2018, THE ILLINOIS PUBLIC HEALTH INSTITUTE SECU RED A TWO-YEAR GRANT FROM THE NEMOURS FOUNDATION TO SUPPORT THE ANNUAL GO NAP SACC SUBSCRI PTION FOR THE STATE OF ILLINOIS AND THE GO NAP SACC ILLINOIS COLLABORATIVE LAUNCHED THE WE B-BASED GO NAP SACC PROGRAM IN 2018 AGENCIES WHO WERE PART OF THE ORIGINAL COLLABORATIVE WERE ASKED TO PILOT THE WEB-BASED VERSION OF GO NAP SACC WITH THE CHILD CARE CENTERS WITH WHOM THEY ARE WORKING IN 2018, THE UNIVERSITY OF NORTH CAROLINA-CHAPEL HILL PROVIDED ONLI NE TRAINING OF GO NAP SACC TO THE ADVOCATE CONDELL COMMUNITY HEALTH STAFF, RESULTING IN GO NAP SACC TECHNICAL ASSISTANT CONSULTANT CERTIFICATION ADVOCATE CONDELL IS NOW IMPLEMENTI NG THE WEB-BASED GO NAP SACC IN LAKE COUNTY, AND THE MEDICAL CENTER IS COLLABORATING WITH THE LCHD/CHC AND THE UNIVERSITY OF ILLINOIS EXTENSION SERVICE, AS THEY ARE ALSO IMPLEMENTI NG GO NAP SACC IN THE COUNTY IN 2018, ONE CHILD CARE CENTER IN GRAYSLAKE COMPLETED THE GO NAP SACC SELF-ASSESSMENTS FOR SCREEN TIME AND OUTDOOR PLAY AND IS DEVELOPING AN ACTION PL AN, THIS CENTER SERVES 120 CHILDREN ADVOCATE CONDELL STAFF ALSO COMPLETED ONE NUTRITION A ND PHYSICAL ACTIVITY TRAINING FOR 40 REGISTERED HOME CHILD CARE PROVIDERS IN LAKE COUNTY THE TRAINING WAS HELD IN PARTNERSHIP WITH THE LCHD/CHC AT UNIVERSITY CENTER OF LAKE COUNTY

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

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	PART V, SECTION B, LINE 13B PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 13BN/A

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

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	PART V, SECTION B, LINE 13H PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 13HOTHER FACTORS USED IN DETERMINING AMOUNTS CHARGED TO PATIENTS INCLUDE DECEASED PATIENTS WITH NO ESTATE, HOMELESS PATIENTS, OR PATIENTS WHO RECEIVE CARE IN A HOMELESS CLINIC, PATIENTS WITH RELIGIOUS AFFILATION WITH A VOW OF POVERTY, PATIENTS WHO QUALIFY FOR A STATE DEPARTMENT OF HUMAN SERVICES (DHS) ASSISTANCE PROGRAM, BUT HAVE NO MEDICAL COVERAGE (E G , ILLINOIS AMI/GA, FOOD STAMP, PRESCRIPTION, WOMEN, FREE LUNCH AND BREAKFAST PROGRAM, TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), INFANTS AND CHILDREN (WIC), MEDICAID ELIGIBLE PATIENTS BUT NOT ON THE DATE OF SERVICE, WHY WAIT AND WISE WOMEN PROGRAMS, COUNTY HEALTH CLINIC PATIENTS, LEGAL ASSSISTANCE FOUNDATION OF ILLINOIS REFERRALS, INDIVIDUALS WITH A VALID ADDRESS AT LOW-INCOME/SUSIDIZED HOUSING, QUALIFIED INDIVIDUALS OF LOW INCOME HOME ENERGY ASSISTANCE PROGRAM, INCARCERATED INDIVIIDUALS, INCOMPETENT INDIVIDUALS WITH COMPROMISED DIAGNOSES (E G , PSYCHIATRIC), INDIVIDUALS MEETING DEFINED CREDIT REPORTING (OR OTHER EXTERNAL REPORTING) RESULT THRESHOLDS, PATIENTS WITH PRIOR HISTORY OF INABILITY TO MAKE PAYMENTS, PATIENTS WITH COURT FILED OR APPROVED BANKRUPTCY DETERMINATIONS

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

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	PART V, SECTION B, LINE 15E PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 15EN/A

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

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	PART V, SECTION B, LINE 16J PART V, SECTION C- DESCRIPTION FOR PART V, SEC B, LINES 16A, 16B AND 16CHTTP //WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCEPART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 16JADVOCATE CONDELL 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 SIGNAGE IS CLEARLY AND CONSPICUOUSLY POSTED IN LOCATIONS THAT ARE VISIBLE TO THE PUBLIC, INCLUDING, BUT NOT LIMITED TO HOSPITAL RESGISTRATION AREAS (I E , PATIENT ACCESS, EMERGENCY DEPARTMENT) 3 BROCHURES ARE PLACED IN HOSPITAL RESGISTRATION AREAS (I E , PATIENT ACCESS, EMERGENCY DEPARTMENT) AND INCLUDE GUIDANCE ON HOW A PATIENTS MAY APPLY FOR MEDICARE, MEDICAID, ALL KIDS, FAMILY CARE ETC , AND THE HOSPTIAL'S FINANCIAL ASSISTANCE PROGRAM A HOSPITAL CONTACT AND TELEPHONE NUMBER FOR FINANCIAL ASSISTANCE IS INCLUDED 4 A HANDOUT SUMMARIZING ADVOCATE'S FINANCIAL ASSISTANCE POLICY AND FINANCIAL ASSISTANCE APPLICATION ARE GIVEN TO ALL UNINSURED PATIENTS WHO RECEIVE MEDICALLY NECESSARY HOSPITAL SERVICES AT THE EARLIEST PRACTICAL TIME OF SERVICE 5 ADVOCATE'S WEBSITE PROMINENTLY NOTES THAT FINANCIAL ASSISTANCE IS AVAILABLE, WITH AN EXPLANATION OF THE APPLICATION PROCESS, A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY, AND THE FINANCIAL ASSISTANCE APPLICATION

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

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	PART V, SECTION B, LINE 18E PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 18EN/A

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

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	PART V, SECTION B, LINE 19E PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 19EADVOCATE CONDELL DOES NOT PERFORM ACTIONS SUCH AS THOSE LISTED IN LINES 19A-D UNTIL REASONABLE EFFORTS HAVE BEEN MADE TO DETERMINE A PATIENT'S FAP ELIGIBILITY

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

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	PART V, SECTION B, LINE 20E PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 20EADVOCATE MAKES REASONABLE EFFORTS TO DETERMINE A PATIENT'S ELIGIBILITY UNDER ITS FAP, INCLUDING SENDING A SERIES OF LETTERS AND ATTEMPTING TO WORK WITH THE PATIENT THROUGH THE FINANCIAL COUNSELING PROCESS AND/OR PHONE CALLS ALL CORRESPONDENCE ASKS THE PATIENT TO NOTIFY THE HOSPITAL IF HE/SHE IS EXPERIENCING "DIFFICULTY IN PAYING YOUR BILL" ADVOCATE ALSO USES EARLY OUT AND PRECOLLECTION VENDORS TO ASSIST IN OBTAINING PAYMENTS OR COLLECTING FINANCIAL ASSISTANCE ELIGIBILITY INFORMATION THESE VENDORS HAVE THE FOLLOWING LANGUAGE IN THEIR CONTRACT "VENDOR WILL COMMUNICATE THE ADVOCATE HEALTH CARE POLICY AND GUIDELINE TO ANY PATIENT EXPRESSING A DIFFICULTY IN PAYING THEIR BILL AND, "VENDOR WILL MAIL THE ADVOCATE HEALTH CARE FINANCIAL ASSISTANCE APPLICATION TO ANY PATIENTS EXPRESSING A DIFFICULTY IN PAYING THEIR BILL" ADVOCATE'S BAD DEBT AGENCY CONTRACTS HAVE THE FOLLOWING LANGUAGE "AGENCY SHALL EVALUATE EACH PATIENT WHOSE ACCOUNT IS REFERRED TO AGENCY, WHERE THE PATIENT EXPRESSES DIFFICULTY OR INABILITY TO PAY THEIR BILL, FOR ELIGIBILITY UNDER ADVOCATE'S FINANCIAL ASSISTANCE POLICY " VENDOR AND AGENCY CONTRACTS ARE STANDARD ACROSS ADVOCATE'S SYSTEM

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

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	PART V, SECTION B, LINE 21C PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 21CN/A

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

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	PART V, SECTION B, LINE 21D PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 21DN/A

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

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	PART V, SECTION B, LINE 23 PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 23N/A

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

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	PART V, SECTION B, LINE 24 PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 24N/A

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 B, LINE 11 - CONTINUED	THE SECOND OBESITY-PREVENTION FOCUSED PROGRAM IS THE FOOD INSECURITY (FI) SCREENING AND RE SOURCE PROGRAM THE FI SCREEN RAPIDLY IDENTIFIES HOUSEHOLDS AT RISK FOR FOOD INSECURITY, E NABLING PROVIDERS TO TARGET SERVICES THAT AMELIORATE THE HEALTH AND DEVELOPMENTAL CONSEQUE NCES ASSOCIATED WITH FI ADVOCATE CONDELL WILL COLLABORATE WITH THE COMMUNITY SENIOR CENTE RS, THE ANTIOCH AREA ALLIANCE FOR HEALTHCARE ACCESS AND OTHER SOCIAL SERVICE AGENCIES TO A DMINISTER THE SCREENING TOOL INDIVIDUALS WHO ARE IDENTIFIED AS FOOD INSECURE WILL BE REFE RRED TO COMMUNITY RESOURCES (FOOD PANTRIES, SNAP, MEALS ON WHEELS, FAITH COMMUNITY MEAL PR OGRAMS, FARMERS' MARKETS AND COMMUNITY GARDENS) IN 2018, ADVOCATE CONDELL ADDED TO THE FO OD AND NUTRITION RESOURCE GUIDE, WHICH NOW INCLUDES 45 FOOD RESOURCES THROUGHOUT THE COMMU NITY THIS GUIDE IS AVAILABLE TO ANY COMMUNITY MEMBER AND IS PROVIDED TO ALL INDIVIDUALS S CREENING POSITIVE FOR FI THERE ARE NOW FOUR COMMUNITY AGENCIES IMPLEMENTING FI SCREENING, USING THE HUNGER VITAL SIGN TOOL ADDITIONALLY, IN 2018, TWO INTERNAL ADVOCATE CONDELL DE PARTMENTS BEGAN FI SCREENING-THE DIABETES CENTER AND THE WOUND CENTER IN 2018, A TOTAL OF 733 INDIVIDUALS WERE SCREENED FOR FOOD INSECURITY THE YWCA IN GURNEE SCREENED 336 CLIENT S AND 58 PERCENT SCREENED POSITIVE MANO A MANO FAMILY RESOURCE CENTER SCREENED 344 CLIENT S AND 35 PERCENT SCREENED POSITIVE NINE PARTICIPANTS OF THE DIABETES SELF-MANAGEMENT PROG RAM WERE SCREENED AT THE ROUND LAKE LIBRARY AND 44 PERCENT SCREENED POSITIVE SIX CLIENTS OF THE ANTIOCH AREA HEALTHCARE ACCESSIBILITY ALLIANCE (AAHAA) WERE SCREENED DURING REGULAR CLIENT ASSESSMENTS AND NONE SCREENED POSITIVE FOR FOOD INSECURITY INTERNALLY AT ADVOCATE CONDELL, 38 PATIENTS OF THE WOUND CENTER AND DIABETES CENTER WERE SCREENED, AND 15 PERCEN T SCREENED POSITIVE FOR FOOD INSECURITY FOOD INSECURITY SCREENING IS NOW MUCH MORE WIDELY ACCEPTED IN ADVOCATE CONDELL AND BY SOCIAL SUPPORT AGENCIES IN THE COMMUNITY AS AN IMPORT ANT ELEMENT TO ENSURE PATIENTS AND COMMUNITY RESIDENTS REMAIN HEALTHY COMMUNITY HEALTH ST AFF ARE ACTIVE MEMBERS OF THE LIVE WELL LAKE COUNTY EAT WELL ACTION TEAM AND COORDINATE WI TH THE GO LAKE COUNTY WALKING INITIATIVE TO ENSURE ADVOCATE CONDELL INITIATIVES ARE ALIGNE D WITH THE OTHER OBESITY INITIATIVES IN THE COUNTY THE THIRD INITIATIVE TO ADDRESS OBESITY IS TO COLLABORATE WITH THE LAKE COUNTY HEALTH DEPARTMENT AND OTHER ORGANIZATIONS TO IMPLE MENT THE LET'S MOVE! WALKING INITIATIVE WITHIN COMMUNITIES OF LOWER SOCIOECONOMIC STATUS BECAUSE THE LAKE COUNTY HEALTH DEPARTMENT AND COMMUNITY HEALTH CENTER LAUNCHED THE GO LAKE COUNTY INITIATIVE IN 2016, ADVOCATE CONDELL TRANSITIONED INSTEAD TO IMPLEMENT THIS PROGRA M IN ALIGNMENT GO LAKE COUNTY IS A WALKING INITIATIVE THAT PROMOTES HEALTHY AND ACTIVE LI VING THROUGH WALKING EVENTS WITHIN LAKE COUNTY COMMUNITIES GO LAKE COUNTY ENABLES EVERYON E TO INCREASE THEIR LEVEL OF DAILY PHYSICAL ACTIVITY AND FOSTER COMMUNITY ENGAGEMENT TWEL VE MUNICIPAL PARK DISTRICTS AN

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 B, LINE 11 - CONTINUED	D THE LAKE COUNTY FOREST PRESERVE ARE NOW ACTIVE IN THE GO LAKE COUNTY WALKING INITIATIVE IN 2018, ADVOCATE CONDELL WORKED IN PARTNERSHIP WITH THE MUNDELEIN PARK DISTRICT AND SPON SORED THE GO MUNDELEIN WALKING INITIATIVE KICK-OFF AND ONGOING PROGRAMMING LAUNCHED MID-Y EAR, SEVEN WALKS WERE HELD FOR THE GO MUNDELEIN CAMPAIGN AND 113 COMMUNITY RESIDENTS PARTI CIPATED PRE- AND POST-TEST RESULTS SHOWED THAT 88 PERCENT OF PARTICIPANTS REPORTED THAT G O MUNDELEIN WALKING EVENTS INCREASED THEIR OPPORTUNITIES TO BE PHYSICALLY ACTIVE SEVENTY- NINE PERCENT OF PARTICIPANTS STATED THAT HAVING A WALKING PROGRAM IN THEIR COMMUNITY IS EI THER "VERY IMPORTANT OR "SOMEWHAT IMPORTANT "NEEDS NOT SELECTED TO ADDRESSTHE COMMUNITY HE ALTH COUNCIL DID NOT SELECT THE FOLLOWING HEALTH NEEDS AS PRIORITIES FOR THE 2014-2016 CHN A DIABETES DIABETES WAS IDENTIFIED AS ONE OF THE KEY HEALTH NEEDS FOR LAKE COUNTY DIABETE S PREVALENCE IS INCREASING OVER TIME BOTH LOCALLY AND NATIONALLY EMERGENCY ROOM VISIT RAT ES FOR DIABETES HAVE ALSO CONTINUED TO INCREASE OVER TIME IN THE PAST IMPLEMENTATION PLAN PERIOD, ADVOCATE CONDELL SELECTED DIABETES AS A HEALTH PRIORITY PREVENTION EDUCATION AND DIABETES SCREENING ACTIVITIES WERE COMPLETED IN ANTIOCH THOUGH A SIGNIFICANT NEED, THE C OMMUNITY HEALTH COUNCIL MADE THE DECISION TO FOCUS ON OBESITY AS A PRIORITY GIVEN ITS IMPA CT ON THE RISK FOR PRE-DIABETES AND DIABETES EVEN THOUGH THIS HEALTH ISSUE WAS NOT SELECT ED, ADVOCATE CONDELL IS VERY INVOLVED IN COLLABORATIVE WORK THROUGH THE LIVE WELL LAKE COU NTY DIABETES ACTION TEAM THE ADVOCATE CONDELL COMMUNITY HEALTH COORDINATOR SERVES AS CO-C HAIR AND IN 2017, THE TEAM BROUGHT INSTRUCTOR TRAINING FOR THE STANFORD MODEL DIABETES SEL F-MANAGEMENT PROGRAM (DSMP) TO LAKE COUNTY NINE LAKE COUNTY LEADERS WERE TRAINED AS INSTR UCTORS IN 2018, THE ADVOCATE CONDELL COMMUNITY HEALTH COORDINATOR CONTINUED TO CO-CHAIR T HE ACTION TEAM IN 2018, IN PARTNERSHIP WITH THE ROUND LAKE LIBRARY, TWO DSMP WORKSHOPS WE RE OFFERED IN SPANISH AND ENGLISH DSMP CLASSES WERE ALSO OFFERED IN ANTIOCH IN PARTNERSHI P WITH CATHOLIC CHARITIES (SIX PARTICIPANTS), IN MUNDELEIN WITH CATHOLIC CHARITIES (SEVEN PARTICIPANTS) AND IN GURNEE WITH THE YWCA OF LAKE COUNTY (12 PARTICIPANTS) LECTURES ON DI ABETES CARE WERE GIVEN FOR DIABETES ALERT DAY AT OAK STREET HEALTH IN WAUKEGAN AND AT THE DIABETES AWARENESS FAIR AT NORTHWESTERN LAKE FOREST HOSPITAL CARDIOVASCULAR DISEASE RESUL TS FROM THE 2015 LAKE COUNTY COMMUNITY HEALTH STATUS SURVEY SHOWED THAT CARDIOVASCULAR DIS EASES AFFECT OVER ONE-THIRD OF ADULTS IN LAKE COUNTY ALTHOUGH HEART DISEASE WAS THE SECON D HIGHEST CAUSE OF DEATH IN LAKE COUNTY FROM 2010-2014, THE PREVALENCE RATE OF HEART DISEA SE WITHIN LAKE COUNTY WAS LOWER THAN THE RATES FOR ILLINOIS AND THE US FURTHERMORE, THE A GE-ADJUSTED DEATH RATE FOR LAKE COUNTY DUE TO CORONARY HEART DISEASE HAS DECLINED SINCE TH E 2010-2012 PERIOD THIS RATE IS BELOW THE HEALTHY PEOPLE 2020 TARGET AND IS LOWER THAN TH E ILLINOIS RATE OF 98 1 PER 10

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 B, LINE 11 - CONTINUED	0,000 BECAUSE OF THE DECLINE IN THE DEATH RATE AND THE POSITIVE PERFORMANCE AGAINST THE H EALTHY PEOPLE 2020 TARGET, THE COMMUNITY HEALTH COUNCIL DETERMINED THAT PROGRESS IS BEING MADE TO DECREASE CARDIOVASCULAR DISEASE IN LAKE COUNTY ADDITIONALLY, ADVOCATE CONDELL IS A MEMBER OF THE ADVOCATE HEART INSTITUTE, WHICH COMBINES ADVANCED DIAGNOSTICS AND TREATMEN T WITH STATE-OF-THE-ART TECHNOLOGY TO PROVIDE PATIENTS WITH THE BEST POSSIBLE OUTCOMES TH E HEART INSTITUTE INITIATES A VARIETY OF ANNUAL HEART DISEASE PREVENTION AND TREATMENT PRO GRAMS TO DECREASE CARDIOVASCULAR DISEASE THE COMMUNITY HEALTH COUNCIL DETERMINED IT WAS M ORE BENEFICIAL TO PRIORITIZE OBESITY BECAUSE OF ITS UNDERLYING RELATIONSHIP TO HEART DISEA SE SUBSTANCE ABUSE SUBSTANCE ABUSE WAS IDENTIFIED AS A HEALTH NEED WITHIN LAKE COUNTY HE ALTH BEHAVIORS IDENTIFIED INCLUDED EXCESSIVE ALCOHOL USE IN ADULTS AND THE HIGH PERCENTAGE OF TEENS USING MARIJUANA THOSE WHO ARE MENTALLY ILL ARE MORE LIKELY TO ABUSE DRUGS OR AL COHOL ACCORDING TO THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) , 27 PERCENT OF PEOPLE WITH MENTAL HEALTH ISSUES ABUSED ILLICIT DRUGS IN 2012 BECAUSE OF THE UNDERLYING MENTAL HEALTH ISSUES AFFECTING THE USE OF SUBSTANCES, THE COMMUNITY HEALTH COUNCIL DECIDED TO SELECT MENTAL HEALTH AS THE PRIORITY THE COMMUNITY HEALTH DIRECTOR AND THE ADVOCATE CONDELL EMERGENCY DEPARTMENT (ED) SOCIAL WORKER ARE BOTH ACTIVE MEMBERS OF T HE LAKE COUNTY OPIOID INITIATIVE TASK FORCE, COORDINATING WITH OTHER AGENCIES TO INCREASE ACCESS TO SUBSTANCE ABUSE TREATMENT FOR INDIVIDUALS FACING OPIOID ADDICTION IN 2017, ADVO CATE CONDELL ENTERED INTO AN AGREEMENT WITH GATEWAY FOUNDATION, A NON-PROFIT ORGANIZATION THAT PROVIDES DRUG AND ALCOHOL TREATMENT, TO LAUNCH THE WARM HANDOFF PROGRAM GATEWAY FOUN DATION HAS PLACED A FULL-TIME CREDENTIALED ENGAGEMENT SPECIALIST WITHIN THE ADVOCATE CONDE LL ED TO WORK WITH PATIENTS PRESENTING WITH A MEDICAL ISSUE RELATED TO OPIOID USE DISORDER THE GATEWAY FOUNDATION ENGAGEMENT SPECIALIST WORKS CLOSELY WITH ED SOCIAL WORKERS AND CA RE MANAGERS AND COMPLETES A CLINICAL ASSESSMENT AND CONTINUING CARE PLAN WITH THE PATIENT THE ENGAGEMENT SPECIALIST ALSO SEES PATIENTS IN THE INPATIENT UNITS THE GOAL IS TO COORD INATE A DIRECT TRANSFER OR REFERRAL INTO TREATMENT FOR PATIENTS COMING INTO THE ED FOR OPI OIDS GATEWAY FOUNDATION ALSO EMPLOYS A RECOVERY COACH TO PROVIDE SUPPORT AND COMMUNITY OU TREACH TO INDIVIDUALS SEEKING TREATMENT OR IN RECOVERY IN 2018, 117 PATIENTS WERE SEEN BY THE ADVOCATE CONDELL ENGAGEMENT SPECIALIST A TOTAL OF 114 PATIENTS (97 PERCENT) WERE RE FERRED FOR SUBSTANCE USE TREATMENT, AND OF THESE, 73 PATIENTS (64 PERCENT) KEPT THE APPOIN TMENT WITH THE TREATMENT FACILITY

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 B, LINE 11 - CONTINUED	CANCER CANCER WAS IDENTIFIED AS A HEALTH NEED IN LAKE COUNTY AND CANCER INCIDENCE, PREVALE NCE AND MORTALITY DATA WERE PROVIDED TO THE COMMUNITY HEALTH COUNCIL THE CANCER MORTALITY RATE IS HIGHEST IN LAKE COUNTY FOR LUNG CANCER, FOLLOWED BY BREAST CANCER, PROSTATE CANCE R AND THEN COLORECTAL CANCER APPROXIMATELY NINE PERCENT OF THE MEDICARE POPULATION IN LAK E COUNTY ARE TREATED FOR CANCER, HIGHER THAN NEIGHBORING MCHENRY COUNTY (EIGHT AND ONE-HAL F PERCENT) LAKE COUNTY HAS NOT MET THE HEALTHY PEOPLE 2020 TARGET FOR THE BREAST CANCER D EATH RATE CANCER PREVENTION, SCREENING AND TREATMENT ARE PART OF THE MEDICAL CENTER'S INS TITUTIONAL OPERATION AS IT IS REQUIRED TO MAINTAIN ACCREDITATION WITH THE COMMISSION ON CA NCER THE ADVOCATE CONDELL CANCER COMMITTEE WORKS WITH COMMUNITY HEALTH STAFF TO CONDUCT A N ANNUAL COMMUNITY NEEDS ASSESSMENT REGARDING CANCER THE MEDICAL CENTER PARTNERS CLOSELY WITH THE AMERICAN CANCER SOCIETY TO DEVELOP EDUCATION, PREVENTION AND SCREENING PROGRAMS BECAUSE SIGNIFICANT EFFORT AROUND CANCER PREVENTION, SCREENING AND TREATMENT IS ONGOING, I T WAS NOT IDENTIFIED AS ONE OF THE ADDITIONAL PRIORITY HEALTH ISSUES IN 2018, ADVOCATE CO NDELL OFFERED TWO FREE SKIN CANCER SCREENING EVENTS AND ONE COMMUNITY PRESENTATION AS A WA Y TO ADDRESS THE 1 3 PERCENT INCREASED INCIDENCE OF MELANOMA IN LAKE COUNTY FORTY-FOUR CO MMUNITY RESIDENTS WERE SCREENED AND THOSE WITH IDENTIFIED ABNORMALITIES WERE SCHEDULED FOR BIOPSY AND FOLLOW-UP CARE ADDITIONALLY, ADVOCATE CONDELL PARTNERED WITH THE YWCA OF LAKE COUNTY TO HOLD AN EDUCATION SESSION IN GURNEE ON HOW TO REDUCE THE RISK FOR MELANOMA AN ADVOCATE CONDELL DERMATOLOGIST FACILITATED THE WORKSHOP IN BOTH ENGLISH AND SPANISH AS A RESULT, 92 PERCENT OF PARTICIPANTS FOUND THE PRESENTATION "VERY HELPFUL" IN INTRODUCING NE W INFORMATION ON SKIN CANCER PREVENTION TO ADDRESS LUNG CANCER AND OTHER CHRONIC DISEASES, ADVOCATE CONDELL LAUNCHED A PILOT TOBACCO CESSATION PROGRAM IN PARTNERSHIP WITH THE LCHD/ CHC TOBACCO FREE PROGRAM IN OCTOBER 2018 PATIENTS ARE REFERRED TO A CERTIFIED TOBACCO TRE ATMENT SPECIALIST, WHO PROVIDES INDIVIDUAL OR GROUP COUNSELING SESSIONS ONSITE AT ADVOCATE CONDELL ONE DAY PER WEEK IN 2018, 33 PATIENTS WERE REFERRED FOR TOBACCO CESSATION COUNSE LING, INCLUDING FOUR PATIENTS FROM INPATIENT UNITS SIX PATIENTS ATTENDED GROUP COUNSELING IN 2018 ADVOCATE CONDELL STAFF CONTINUE TO WORK WITH THE LCHD/CHC TO REFINE AND GROW THE PROGRAM MATERNAL AND CHILD HEALTH IN SOME HIGHER POVERTY LEVEL AREAS OF LAKE COUNTY, SOM E MATERNAL AND CHILD HEALTH ISSUES DO SHOW A HIGH NEED HOWEVER, BECAUSE MANY OF THE INDIC ATORS REVIEWED FOR MATERNAL AND CHILD HEALTH SHOWED DOWNWARD TRENDS, OR WERE MEETING THE H EALTHY PEOPLE 2020 TARGETS, THE COMMUNITY HEALTH COUNCIL DID NOT SELECT THIS ISSUE AS A KE Y PRIORITY ADVOCATE CONDELL CONTINUES TO PARTNER WITH THE LAKE COUNTY SUPPLEMENTAL NUTRIT ION EDUCATION FOR WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM THROUGH THE LOOK WHAT WE CAN D O! SUPPORT GROUP WIC ATTENDS

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 B, LINE 11 - CONTINUED	GROUP SESSIONS AT ADVOCATE CONDELL AND EDUCATES THE PARTICIPANTS ABOUT WIC SERVICES TO INC REASE WIC ENROLLMENT FOR INDIVIDUALS WHO QUALIFY BASED ON INCOME

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

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

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

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

	Name and address	Type of Facility (describe)
1	1 - CONDELL MEDICAL CENTER - OFFICE BLDG 1170 E BELVIDERE RD VARIOUS SUITES GRAYSLAKE, IL 60030	PATIENT CARE - OUT PATIENT
1	2 - CONDELL IMMEDIATE CARE BLDG 150 HALF DAY ROAD STE 207 BUFFALO GROVE, IL 60089	PATIENT CARE - OUT PATIENT
2	3 - CONDELL MEDICAL CENTER - AMBI CENTER 890 GARFIELD LIBERTYVILLE, IL 60048	PATIENT CARE - OUT PATIENT
3	4 - CONDELL MEDICAL CENTER - CENTRE CLUB 1405 HUNT CLUB ROAD GURNEE, IL 60031	FITNESS CENTER
4	5 - CONDELL MEDICAL CENTER - CENTRE CLUB 200 W GOLF ROAD LIBERTYVILLE, IL 60048	FITNESS CENTER
5	6 - CONDELL MEDICAL CENTER-GURNEE IMAGING 1435 N HUNT CLUB GURNEE, IL 60031	PATIENT CARE - OUT PATIENT
6	7 - CONDELL MEDICAL CENTER - GURNEE POB 1445 HUNT CLUB STE 100 103 203 GURNEE, IL 60031	PATIENT CARE - OUT PATIENT
7	8 - CONDELL MEDICAL CENTER - INTER GEN CENT 700 S GARFIELD LIBERTYVILLE, IL 60048	PATIENT CARE - OUT PATIENT
8	9 - CONDELL MEDICAL CENTER - MUNGO BLDG 804 E PARK AVENUE VARIOUS SUITES LIBERTYVILLE, IL 60048	PATIENT CARE - OUT PATIENT
9	10 - CONDELL MEDICAL CENTER - OFFICE BLDG 2 E ROLLINS ROAD STE 101 105 106 ROAD LAKE BEACH, IL 60073	PATIENT CARE - OUT PATIENT
10	11 - CONDELL MEDICAL CENTER - OFFICE BLDG 1425 HUNT CLUB STE 102103203 304 GURNEE, IL 60031	PATIENT CARE - OUT PATIENT
11	12 - CONDELL MEDICAL CENTER - OFFICE BLDG 755 MILWAUKEE AVENUE VARIOUS SUITES LIBERTYVILLE, IL 60048	PATIENT CARE - OUT PATIENT
12	13 - CONDELL MEDICAL CENTER - OFFICES 6 PHILLIPS ROAD STE 1109 VERNON HILLS, IL 60061	PATIENT CARE - OUT PATIENT
13	14 - CONDELL MEDICAL CENTER-RADIATION THERAPY 880 GARFIELD AVENUE LIBERTYVILLE, IL 60048	PATIENT CARE - OUT PATIENT

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ADVOCATE CONDELL MEDICAL CENTER

Employer identification number
26-2525968

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CRISTO REY ST MARTIN COLLEGE PREP 3106 BELVIDERE ROAD WAUKEGAN, IL 60085	56-2372659	N/A	33,168				COMMUNITY SUPPORT

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

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

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

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

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

Return Reference	Explanation
FORM 990, SCHEDULE I	GRANTS AND OTHER ASSISTANCE TO DOMESTIC ORGANIZATIONS AND DOMESTIC GOVERNMENTS FOR AMOUNTS REPORTED ON SCHEDULE I, ADVOCATE CONDELL MEDICAL CENTER REPORTS ONLY NON PROFIT ORGANIZATIONS THAT ARE TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OR THAT ARE CONSISTENT WITH AND COMPLIMENTARY TO THE MISSION AND CHARITABLE, TAX-EXEMPT PURPOSES OF ADVOCATE CONDELL MEDICAL CENTER THE PURPOSES OF THESE GRANTS IS TO SUPPORT COMMUNITY PROGRAMS CASH CONTRIBUTIONS ARE NOT MADE TO INDIVIDUALS, FOR PROFIT BUSINESSES, OR PRIVATE PROVIDERS

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Schedule J (Form 990)

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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ADVOCATE CONDELL MEDICAL CENTER

Employer identification number
26-2525968

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		No
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
SCHEDULE J, PART I, LINE 1A	KATHIE S BENDER SCHWICH RECEIVED A HOUSING ALLOWANCE IN THE AMOUNT OF $50,000

Return Reference	Explanation
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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	EARL J BARNES II, FORMER ASSISTANT SECRETARY, RECEIVED A SERVERANCE PAYMENT IN THE AMOUNT OF $116,346 AND A LUMP SUM SEVERANCE PAYMENT OF $507,308 SUSAN CAMPBELL, FORMER DIRECTOR, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $95,192 AND A LUMP SUM SEVERANCE PAYMENT OF $273,658 LEE B SACKS, FORMER CHIEF MEDICAL OFFICER, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $52,885 AND A LUMP SUM SEVERANCE PAYMENT OF $1,037,706 THESE PAYMENTS HAVE ALL BEEN REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III)

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	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 EARL J BARNES II $161,281, KATHIE S BENDER SCHWICH $96,607, KEVIN R BRADY $193,428, VINCENT J BUFALINO $201,425, SUSAN CAMPBELL 524,114, KELLY JO GOLSON $129,294, KAREN A LAMBERT $152,769, DOMINIC NAKIS $281,176, MICHAEL A PLOSZEK $21,668, SCOTT A POWDER $149,513, LEE B SACKS $266,143, WILLIAM P SANTULLI $417,996, JAMES H SKOGSBERGH $888,730, AND DOMINICA M TALLARICO $151,451 THE FOLLOWING EMPLOYEES HAVE NOT YET VESTED AND THEREFORE THE CONTRIBUTIONS ARE REPORTED AS DEFERRED COMPENSATION EARL J BARNES II $108,830, BARBARA P BYRNE $104,100, SUSAN CAMPBELL $36,733, AND GARY D STUCK $18,342

Additional Data

Software ID:

Software Version:

EIN: 26-2525968

Name: ADVOCATE CONDELL MEDICAL CENTER

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GAIL D HASBROUCK DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	0	420,963	10,000	0	46	431,009	0
GARY STUCK DO EVP, CHIEF MEDICAL OFFICER, DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	201,923	0	170,505	18,342	3,654	394,424	0
JAMES SKOGSBERGH PRESIDENT & CEO, DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	1,755,408	4,987,464	1,720,302	25,167	23,314	8,511,655	0
BARBARA BYRNE MD SVP, CHIEF INFORMATION OFFICER	(I)	0	0	0	0	0	0	0
	(II)	543,138	392,739	36,043	104,100	16,321	1,092,341	0
DOMINIC J NAKIS SVP, CFO, & TREASURER	(I)	0	0	0	0	0	0	0
	(II)	786,099	1,330,444	519,433	25,167	28,698	2,689,841	0
EARL J BARNES II SVP, GENERAL COUNSEL & SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	222,375	921,732	816,319	116,930	35,611	2,112,967	0
JAMES DOHENY SVP, CONTROLLER, & ASST TREASURER	(I)	0	0	0	0	0	0	0
	(II)	376,465	105,297	36,894	25,167	28,750	572,573	0
JAMES SLINKMAN ASSISTANT SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	292,415	49,932	51,101	25,167	34,046	452,661	0
KELLY JO GOLSON SVP, CHIEF MARKETING OFFICER	(I)	0	0	0	0	0	0	0
	(II)	376,465	105,297	36,894	25,167	28,750	572,573	0
KEVIN BRADY SVP, CHIEF HUMAN RESOURCES OFFICER	(I)	0	0	0	0	0	0	0
	(II)	557,230	893,542	345,111	25,167	38,438	1,859,488	0
LEE B SACKS MD EVP, CHIEF MEDICAL OFFICER	(I)	0	0	0	0	0	0	0
	(II)	536,909	1,344,960	1,606,740	33,417	16,871	3,538,897	0
LESLIE LENZO ASSISTANT TREASURER	(I)	0	0	0	0	0	0	0
	(II)	525,002	105,297	15,974	22,417	19,341	688,031	0
MICHAEL GREBE ASSISTANT SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	534,832	279,350	181,220	90,670	0	1,086,072	39,171
MICHAEL KERNS ASSISTANT SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	324,582	70,419	25,968	25,167	35,728	481,864	0
MIKE LAPPIN SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	724,919	856,997	345,262	123,330	20,010	2,070,518	106,199
NAN NELSON ASSISTANT TREASURER	(I)	0	0	0	0	0	0	0
	(II)	456,961	346,675	116,406	83,023	1,092	1,004,157	62,829
RACHELLE HART ASSISTANT SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	472,246	147,547	3,602	20,475	20,010	663,880	0
REV KATHIE BENDER SCHWICH SVP, MISSION & SPIRITUAL CARE	(I)	0	0	0	0	0	0	0
	(II)	265,612	390,634	168,400	25,167	76,270	926,083	0
SCOTT POWDER SVP, CHIEF STRATEGY OFFICER	(I)	0	0	0	0	0	0	0
	(II)	503,510	610,805	465,409	25,167	25,265	1,630,156	0
STEVE HUSER ASSISTANT TREASURER	(I)	0	0	0	0	0	0	0
	(II)	289,104	45,426	3,004	31,275	13,147	381,956	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				
SUSAN CAMPBELL SVP OF PATIENT CARE, CHIEF NURSING O	(i)	0	0	0	0	0	0	0
	(ii)	202,493	803,366	1,058,351	67,400	16,108	2,147,718	0
VINCENT BUFALINO MD PRESIDENT OF PHYS & AMB SVCS/ AMG	(i)	0	0	0	0	0	0	0
	(ii)	581,015	931,954	373,611	25,167	27,060	1,938,807	0
WILLIAM P SANTULLI PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	1,073,245	2,114,312	777,832	25,167	25,003	4,015,559	0
KAREN LAMBERT PRESIDENT OF GOOD SHEPHERD & CONDELL	(i)	0	0	0	0	0	0	0
	(ii)	590,226	564,123	278,389	25,167	39,308	1,497,213	0
MICHAEL PLOSZEK PRESIDENT OF CONDELL	(i)	0	0	0	0	0	0	0
	(ii)	302,163	53,307	56,664	24,828	5,667	442,629	0
DAVID CARTWRIGHT VP, FINANCE & SUPPORT	(i)	254,818	38,595	4,543	25,167	21,343	344,466	0
	(ii)	0	0	0	0	0	0	0
DEBRA SUSIE-LATTNER VP, CHIEF MEDICAL OFFICER FOR CONDEL	(i)	377,196	88,235	33,525	25,167	12,461	536,584	0
	(ii)	0	0	0	0	0	0	0
KAREN HANSON VP, CHIEF NURSING OFFICER FOR CONDEL	(i)	199,132	20,367	-5,311	20,290	24,571	259,049	0
	(ii)	0	0	0	0	0	0	0
LANIS KUYZIN DIRECTOR MEDICAL CARE MANAGEMENT	(i)	300,550	0	1,996	22,417	796	325,759	0
	(ii)	0	0	0	0	0	0	0
MARY HILLARD VP PATIENT CARE AND CLINICAL OPERATI	(i)	248,225	40,285	7,570	23,636	10,660	330,376	0
	(ii)	0	0	0	0	0	0	0
BRUCE D SMITH SVP, FORMER CHIEF INFORMATION OFFICE	(i)	0	0	0	0	0	0	0
	(ii)	0	508,520	0	0	46	508,566	0
DOMINICA TALLARICO FORMER PRESIDENT OF CONDELL	(i)	0	0	0	0	0	0	0
	(ii)	607,986	592,502	280,586	25,167	24,772	1,531,013	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ADVOCATE CONDELL MEDICAL CENTER

Employer identification number
26-2525968

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C - CONTINUED	SEXUAL ASSAULT NURSE EXAMINER PROGRAM ADVOCATE CONDELL'S SEXUAL ASSAULT NURSE EXAMINER (SA NE) PROGRAM OPENED IN 2011 AND REMAINS THE ONLY LAKE COUNTY PROGRAM WITH CERTIFIED SEXUAL ASSAULT NURSE EXAMINERS AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK THESE HIGHLY TRAINED PRAC TITIONERS NOT ONLY PROVIDE COMPASSIONATE CARE TO VICTIMS, BUT ARE ALSO ABLE TO COLLECT FOR ENSIC EVIDENCE, COUNSEL THE VICTIM AND TESTIFY IN COURT-ASSISTING THE VICTIM THROUGH THE E NTIRE PROCESS IN ADDITION, THE SANE PROGRAM COORDINATOR WORKS CLOSELY WITH LOCAL ADVOCATE S, LAW ENFORCEMENT AND PROSECUTORS TO ASSURE VICTIMS OF SEXUAL ASSAULT IN LAKE COUNTY RECE IVE THE BEST CARE POSSIBLE IN 2018, THE MEDICAL CENTER'S SANE TEAM TRAINED OVER 200 PROFE SSIONALS ON SEXUAL ASSAULT, THE IMPORTANCE OF A SANE NURSE, HOW TO USE MEDICAL EVIDENCE TO PROSECUTE A CASE AND HOW TO TALK TO VICTIMS IN 2018, THE ADVOCATE CONDELL HIGHLY SKILLED SANE TEAM TREATED 87 VICTIMS OF SEXUAL VIOLENCE GOAL D EXAMINE AND ADDRESS IN PARTNERSH IP WITH OTHERS THE ROOT CAUSES OF HEALTH INEQUITIES IN ADVOCATE COMMUNITIES INCLUDING, BUT NOT LIMITED TO, UNEMPLOYMENT, LACK OF EDUCATION, POVERTY, ENVIRONMENTAL INJUSTICE AND RAC ISM STAFF FROM ADVOCATE CONDELL ARE ACTIVE MEMBERS OF THE LIVE WELL LAKE COUNTY INITIATIV E, FOCUSED ON IMPROVING THE OVERALL HEALTH OF LAKE COUNTY THROUGH STRATEGIES OUTLINED IN T HE LAKE COUNTY HEALTH DEPARTMENT IMPROVEMENT PLAN (CHIP) IN 2016, MEDICAL CENTER STAFF PA RTICIPATED WITH THE LAKE COUNTY HEALTH DEPARTMENT TO BEGIN PLANNING THE LAUNCH OF A NEW 20 17 COUNTY-WIDE INITIATIVE NAMED THE TOGETHER SUMMIT THE FOCUS OF THE TOGETHER SUMMIT WAS TO COLLECTIVELY IMPROVE THE HEALTH AND QUALITY OF LIFE OF ALL LAKE COUNTY RESIDENTS COMMU NITY LEADERS FROM A VARIETY OF SECTORS JOINED IN A LARGE TOGETHER SUMMIT EVENT IN JANUARY 2017 AT THE COLLEGE OF LAKE COUNTY IN GRAYSLAKE THE SUMMIT GATHERED OVER 200 LEADERS FROM LAKE COUNTY TO COLLECTIVELY FOCUS ON IMPROVING THE HEALTH AND QUALITY OF LIFE OF ALL LAKE COUNTY RESIDENTS AS OF 2018, ADVOCATE CONDELL CONTINUES TO WORK COLLABORATIVELY WITH THE HEALTH DEPARTMENT, PARTICIPATING IN ACTION TEAMS ADDRESSING OBESITY (NUTRITION AND PHYSIC AL ACTIVITY ACTION TEAMS) AND CO-CHAIRING THE DIABETES ACTION TEAM THE LIVE WELL LAKE COU NTY STEERING COMMITTEE MONITORS THE IMPACT OF THE FOCUSED HEALTH EQUITY WORK THE FOCUS IS TO STRATEGICALLY ALIGN WITH LAKE COUNTY PARTNERS AND ADDRESS HEALTH DISPARITIES IN THE CO MMUNTY GOAL E LEVERAGE RESOURCES AND MAXIMIZE COMMUNITY ENGAGEMENT BY BUILDING AND STREN GTHENING COMMUNITY PARTNERSHIPS WITH HEALTH DEPARTMENTS AND OTHER DIVERSE COMMUNITY ORGANI ZATIONS COMMUNITY PARTNERSHIPS IN ADDITION TO THE ADVOCATE CONDELL PARTNERSHIP WITH THE Y WCA AND IBCCP TO PROVIDE RADIOLOGY SERVICES TO UNINSURED PATIENTS, THE MEDICAL CENTER ACTI VELY WORKS TO IMPROVE COMMUNITY HEALTH WITH ITS FINANCIAL AND LEADERSHIP SUPPORT OF THE LA KE COUNTY HEALTH DEPARTMENT'S STRATEGIC PLANNING PROCESS THE ADVOCATE REGIONAL DIRECTOR O F COMMUNITY HEALTH SERVES ON T

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C - CONTINUED	HE HEALTH DEPARTMENT'S STRATEGIC PLAN STEERING COMMITTEE THE MEDICAL CENTER ALSO WORKS WI TH THE LAKE COUNTY HEALTH DEPARTMENT TOBACCO FREE LAKE COUNTY COALITION, THE WOMEN'S HEALT H PROGRAM AND WIC PROGRAM MEDICAL CENTER REPRESENTATIVES ALSO SERVE ON THE LAKE COUNTY OP IOID INITIATIVE TASK FORCE, THE LAKE COUNTY COMMUNITY FOUNDATION BOARD, THE ERIE FAMILY HE ALTH CENTER ADVISORY COMMITTEE AND WORK CLOSELY WITH THE ANTIOCH AREA HEALTHCARE ACCESSIBI LITY ALLIANCE THE COMMUNITY HEALTH COORDINATOR SERVES AS CO-CHAIR FOR THE LIVE WELL LAKE COUNTY DIABETES ACTION TEAM, LEVERAGING RESOURCES AND DEPLOYING DIABETES PROGRAMS IN COMMU NITIES OF HIGH RISK OBESITY PREVENTION PROGRAMMING ADVOCATE CONDELL HAS FOCUSED ON THE PR OMOTION OF BREASTFEEDING FOR NEW LOW-INCOME MOTHERS WHO DELIVER AT THE MEDICAL CENTER IN P ARTNERSHIP WITH THE LAKE COUNTY HEALTH DEPARTMENT THE PERCENTAGE OF EXCLUSIVELY BREASTFED INFANTS AT 12 WEEKS AS SEEN AT THE HEALTH DEPARTMENT MIDLAKES CLINIC IN ROUND LAKE BEACH, INCREASED BY A LITTLE MORE THAN TWO PERCENTAGE POINTS IN 2016 ADDITIONALLY, THE RATE OF MIDLAKES CLINIC INFANTS PARTIALLY OR EXCLUSIVELY BREASTFED AT SIX MONTHS ALSO ROSE THE ME DICAL CENTER WAS IDENTIFIED AS A SITE FOR BREASTFEEDING PEER COUNSELOR SERVICES BECAUSE OF THE ONGOING PARTNERSHIP IN JUNE OF 2017, A BREASTFEEDING PEER COUNSELOR WAS INTEGRATED I NTO THE LACTATION PROGRAM AT ADVOCATE CONDELL THE BREASTFEEDING PEER COUNSELOR IS PAID FO R THROUGH A GRANT RECEIVED BY WIC ADVOCATE CONDELL MAY NOT HAVE BEEN IDENTIFIED AS A SITE FOR THIS SERVICE IF THE MEDICAL CENTER HAD NOT FORMED THE EARLIER PARTNERSHIP THE PARTNE RSHIP PROGRAM WITH THE LAKE COUNTY HEALTH DEPARMENT CONTINUED IN 2018 FAITH COMMUNITY PAR TNERSHIPS ADVOCATE CONDELL'S OFFICE OF MISSION AND SPIRITUAL CARE DEVELOPS PARTNERSHIPS WI TH COMMUNITIES AND CONGREGATIONS TO HELP ADDRESS LOCAL HEALTH CARE NEEDS AND PROVIDES HEAL TH EDUCATION SESSIONS ON TOPICS INCLUDING DIABETES AND MENTAL HEALTH THIS IS IN ADDITION TO THE MISSION AND SPIRITUAL CARE OFFICE PROVIDING CLINICAL CHAPLAINS WHO OFFER SUPPORT AN D SERVICES 24 HOURS EACH DAY TO THE INDIVIDUALS AND FAMILIES SERVED BY THE MEDICAL CENTER GOAL F PROMOTE ACCOUNTABILITY FOR SYSTEM AND SITE ALIGNMENT BY INCREASING PROGRAM COORDI NATION AND DEVELOPING STRONG GOVERNANCE RELATIONSHIPS STRENGHTENED GOVERNANCE RELATIONSHI PS ADVOCATE CONDELL'S COMMUNITY HEALTH PROGRAMMING IS OVERSEEN BY A COMMUNITY HEALTH COUNC IL COMPRISED OF DIVERSE STAKEHOLDERS FROM ALL SECTORS OF LAKE COUNTY THE COUNCIL INCLUDES REPRESENTATIVES FROM THE LAKE COUNTY HEALTH DEPARTMENT, THE FAITH COMMUNITY, AMERICAN CAN CER SOCIETY, AREA SCHOOL DISTRICTS, LAKE COUNTY HOUSING AUTHORITY, ERIE FAMILY HEALTH CENT ER (A FEDERALLY QUALIFIED HEALTH CENTER), AND PHYSICIANS AND MEDICAL CENTER LEADERSHIP TH E COUNCIL MEETS QUARTERLY TO COLLABORATE ON EXISTING AND FUTURE HEALTH PROGRAMMING AT ADVO CATE CONDELL THE COUNCIL ALSO OVERSEES THE ONGOING COMMUNITY HEALTH NEEDS ASSESSMENT (CHN A) PROCESS, WHICH INVOLVES CON

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C - CONTINUED	TINUOUS EXAMINATION/ANALYSIS OF MEDICAL CENTER AND PUBLIC HEALTH DATA, AND COMMUNITY SURVE YS TO IDENTIFY AND PRIORITIZE COMMUNITY HEALTH NEEDS AS WITH OTHER ILLINOIS HOSPITALS IN THE ADVOCATE AURORA HEALTH CARE SYSTEM, THE ADVOCATE CONDELL CHNA REPORT AND ITS COMMUNITY HEALTH IMPLEMENTATION PLAN ARE ENDORSED BY ITS GOVERNING COUNCIL COMMUNITY HEALTH PLANS ARE ALSO SHARED AND EDORSED EACH YEAR BY THE MEDICAL CENTER'S SENIOR LEADERSHIP TEAM THE PLANS ARE PERIODICALLY SHARED WITH THE SYSTEM LEVEL ADVOCATE HEALTH CARE EXECUTIVE MANAGEM ENT TEAM, THE MISSION AND SPIRITUAL CARE COMMITTEE AND THE ADVOCATE HEALTH CARE BOARD OF D IRECTORS ALIGNMENT OF SITE AND SYSTEM COMMUNITY HEALTH STRATEGY ADVOCATE CONDELL COMMUNIT Y HEALTH STAFF REPORT TO ADVOCATE'S VICE PRESIDENT OF COMMUNITY HEALTH AND FAITH OUTREACH COMMUNITY HEALTH STAFF FROM ALL ADVOCATE HOSPITALS ALSO MEET MONTHLY TO PLAN COMMUNITY HE ALTH STRATEGIES THE FOCUS OF THE NEW DEPARTMENT WAS TO COMPLETE AND POST HOSPITAL CHNA'S IN 2016, INCLUDING GAINING APPROVAL OF STRATEGIES TO ADDRESS IDENTIFIED HEALTH PRIORITY NE EDS MOVING FORWARD IN 2017, THE ADVOCATE CONDELL IMPLEMENTATION PLAN WAS DEVELOPED FOR TH E PRIORITIES OF OBESITY AND MENTAL HEALTH PROGRAM IMPLEMENTATION FOR ALL OBESITY AND MENT AL HEALTH STRATEGIES BEGAN IN 2017 AND WILL CONTINUE THROUGH 2019 GOAL G PROMOTE THE TRA INING OF FUTURE HEALTH PROFESSIONALS REGION 10 EMERGENCY MEDICAL SERVICES THE MEDICAL CEN TER IS A RESOURCE HOSPITAL FOR ILLINOIS EMERGENCY MANAGEMENT SERVICES (EMS) REGION 10, WHI CH REQUIRES ADVOCATE CONDELL TO COORDINATE THE REGION'S ONGOING TRAINING IN EMERGENCY RESP ONSE TO A MASS CASUALTY SITUATION OR OTHER DISASTER THESE EDUCATION PROGRAMS AND TRAINING EXERCISES INVOLVE EVERY EMERGENCY PROVIDER IN THE REGION AS WELL AS THE LAKE COUNTY HEALT H DEPARTMENT AND OTHER REGIONAL ORGANIZATIONS AS APPROPRIATE ADVOCATE CONDELL COLLABORATE S WITH EMERGENCY MEDICAL SERVICE PROVIDERS TO SHARE BEST-PRACTICE INFORMATION THROUGHOUT I LLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH) DESIGNATED REGION 10 IN ADDITION, THE MEDICAL CENTER OFFERS EDUCATIONAL TRAINING COURSES TO PREPARE INDIVIDUALS TO EARN EMERGENCY MEDICA L TECHNICIAN (EMT) AND EMERGENCY COMMUNICATIONS REGISTERED NURSE (ECRN) CERTIFICATION TRA INING OF NURSES AND OTHER HEALTH PROFESSIONALS ADVOCATE CONDELL DEVOTES RESOURCES TO TRAIN ING STUDENT NURSES FROM CHAMBERLAIN, DEPAUL, GEORGETOWN, INDIANA STATE, NORTHERN MICHIGAN, OLIVET NAZARENE, LOYOLA AND RUSH UNIVERSITIES, AS WELL AS OAKTON COMMUNITY COLLEGE AND TH E COLLEGE OF LAKE COUNTY THE MEDICAL CENTER ALSO TRAINS STUDENTS IN PHYSICAL, OCCUPATIONA L AND SPEECH THERAPY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	BOARD DELEGATING POWERS TO EXECUTIVE COMMITTEE THE ORGANIZATION'S BYLAWS PROVIDE THAT THE EXECUTIVE COMMITTEE HAS AUTHORITY TO ACT ON BEHALF OF THE BOARD THE EXECUTIVE COMMITTEE 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, SECTION A, LINE 2	OFFICER BUSINESS RELATIONSHIP AS DR JAMES DAN, DR VINCENT BUFALINO, GAIL HASBROUCK, EARL BARNES II, JAMES DOHENY, AND DOMINIC NAKIS ARE EITHER DIRECTORS OR OFFICERS OF WHOLLY OWNED ADVOCATE ENTITIES, THEY ARE DEEMED TO HAVE A BUSINESS RELATIONSHIP PURSUANT TO THE INSTRUCTIONS FOR FORM 990 AS DR JAMES DAN, DR VINCENT BUFALINO, GAIL HASBROUCK, EARL BARNES II, JAMES DOHENY, AND SCOTT POWDER ARE EITHER DIRECTORS OR OFFICERS OF WHOLLY OWNED ADVOCATE ENTITIES, THEY ARE DEEMED TO HAVE A BUSINESS RELATIONSHIP PURSUANT TO THE INSTRUCTIONS FOR FORM 990 AS DR JAMES DAN, DR VINCENT BUFALINO, GAIL HASBROUCK, EARL BARNES II, JAMES DOHENY, 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, SECTION A, LINE 6	DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS BY-LAWS PROVIDE FOR CORPORATE MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, 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 DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS THE FOLLOWING RESERVE POWERS IDENTIFIED IN THE BYLAWS REQUIRE THE APPROVAL OF THE CORPORATE MEMBER, ADVOCATE HEALTH CARE NETWORK APPOINT OUTSIDE AUDITORS AND ESTABLISH AND REVISE ALL FINANCIAL CONTROL POLICIES, AND ANY CHANGES TO SUCH POLICIES, BEFORE SUCH POLICIES OR CHANGES BECOME EFFECTIVE, CAUSE THE CORPORATION TO PAY, LOAN OR OTHERWISE TRANSFER PROPERTY AND FUNDS TO OTHER ENTITIES AFFILIATED WITH THE CORPORATE MEMBER, AMEND THE BYLAWS WITHOUT ACTION OR APPROVAL BY THE BOARD OF DIRECTORS (AFTER TEN DAYS NOTICE) TO THE CORPORATION'S BOARD OF DIRECTORS OF THE PROPOSED AMENDMENT(S) WITH AN OPPORTUNITY FOR BOARD MEMBERS TO CONSULT WITH THE CORPORATE MEMBER REGARDING THE PROPOSED AMENDMENT, APPROVAL OF THE OVERALL MISSION, PHILOSOPHY AND VALUES STATEMENTS AND ANY AMENDMENTS OR SUPPLEMENTS TO SUCH STATEMENTS, APPROVAL OF THE OVERALL STRATEGIC PLANS, APPROVAL OF ALL OVERALL OPERATING AND CAPITAL BUDGETS BEFORE ANY EXPENDITURE, PURSUANT TO SUCH BUDGETS ARE MADE OR COMMITTED, AND APPROVAL OF ALL EXPENDITURES ABOVE ANY LIMIT THAT MAY BE ESTABLISHED BY THE BOARD OF THE CORPORATE MEMBER, APPROVAL OF THE INCURRENCE OR GUARANTEE OF ANY INDEBTEDNESS FOR BORROWED MONEY WHICH HAS NOT ALREADY BEEN APPROVED AS A PART OF THE BUDGET APPROVAL PROCESS OR WHICH IS ABOVE ANY LIMIT THAT MAY BE ESTABLISHED BY THE BOARD OF THE CORPORATE MEMBER, APPROVAL OF ALL TRANSFERS OF OWNERSHIP OR DONATIONS OF ASSETS ABOVE ANY LIMIT THAT MAY BE ESTABLISHED BY THE BOARD OF THE CORPORATE MEMBER, APPROVAL OF ALL AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION BEFORE THEY BECOME EFFECTIVE, APPROVAL OF ANY MERGER, CONSOLIDATION, OR DISSOLUTION, AND APPROVAL OF THE CREATION OF OR AFFILIATION WITH ANY SUBSIDIARY OR AFFILIATE, BEFORE SUCH ENTITY I 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, SECTION B, LINE 11B	DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 ADVOCATE'S TAX PREPARATION PROCESS INCLUDES ONGOING CONSULTATION WITH ITS OUTSIDE TAX CONSULTING FIRM AND TAX LEGAL COUNSEL, BOTH OF WHICH POSSESS EXPERTISE IN HEALTH CARE AND TAX-EXEMPT RETURN PREPARATION, TO ADVISE AND ASSIST WITH PREPARATION OF THE FORM 990 THESE ADVISORS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE, TAX, AND LEGAL ASSOCIATES AND OTHER MEMBERS OF THE ORGANIZATION'S TEAM ASSEMBLED TO PARTICIPATE IN THE PREPARATION OF THE FORM 990 THE FORM 990 IS REVIEWED BY FINANCE MANAGEMENT, THE TAX MANAGER, THE VP OF FINANCE/CORPORATE CONTROLLER, THE CHIEF FINANCIAL OFFICER, AND ADVOCATE'S OUTSIDE TAX CONSULTING FIRM AND TAX LEGAL COUNSEL PRIOR TO PRESENTING THE FORM 990 TO THE BOARD OF DIRECTOR'S AUDIT COMMITTEE IN NOVEMBER, THE ORGANIZATION'S TEAM, INCLUDING ITS ADVISORS, MET FREQUENTLY TO DISCUSS AND REVIEW DRAFTS OF THE FORM 990 AT THE NOVEMBER AUDIT COMMITTEE MEETING, THE VP OF FINANCE/CORPORATE CONTROLLER AND CHIEF FINANCIAL OFFICER COORDINATED A REVIEW OF THE FORM 990 WITH COMMITTEE MEMBERS, AS THE AUDIT COMMITTEE IS THE COMMITTEE OF THE BOARD OF DIRECTORS CHARGED WITH OVERSIGHT OF AUDIT AND TAX MATTERS THE VP OF FINANCE/CORPORATE CONTROLLER AND CHIEF FINANCIAL OFFICER RESPONDED TO THE AUDIT COMMITTEE MEMBERS' QUESTIONS AND PROVIDED THE OPPORTUNITY FOR DETAILED DISCUSSION OF THE FORM 990 THE CHANGES IDENTIFIED WERE INCORPORATED, AND THEN A COMPLETE COPY OF THE FINAL FORM 990 WAS PROVIDED TO EACH MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS BEFORE THE FORM 990 WAS FILED

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & 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, SECTION C, LINE 19	AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE FOLLOWING SITES DACBOND COM (DIGITAL ASSURANCE CERTIFICATION LLC) AND 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	FASB 158 ADJUSTMENT 7,905,609 CONTR TO ADVOCATE HEALTH & HOSPITALS CORPORATION

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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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ADVOCATE CONDELL MEDICAL CENTER

Employer identification number
26-2525968

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

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

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

See Additional Data Table

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

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

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

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.

See Additional Data Table

(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

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	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)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 26-2525968
Name: ADVOCATE CONDELL MEDICAL CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2167779	PARENT CORP	IL	501(C)(3)	LINE 12C, III-FI	N/A		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3166629	HEALTH CARE	IL	501(C)(3)	LINE 3	AHHC		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2169147	HEALTH CARE	IL	501(C)(3)	LINE 3	AHCN		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3297360	FUNDRAISING	IL	501(C)(3)	LINE 7	AHCN		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2913108	HOME CARE	IL	501(C)(3)	LINE 10	AHHC		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3158667	HOSPICE CARE	IL	501(C)(3)	LINE 10	EHSHHCS		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3606486	HEALTH CARE	IL	501(C)(3)	LINE 10	AHSHN		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3196629	FUNDRAISING	IL	501(C)(3)	LINE 12B, II	N/A		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-4397387	FUNDRAISING	IL	501(C)(3)	LINE 12A, I	MFHS		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2167920	HEALTH CARE	IL	501(C)(3)	LINE 3	AHCN		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3725580	NURSING CARE	IL	501(C)(3)	LINE 10	ASH		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 82-4184596	SUPPORT ORG	DE	501(C)(3)	LINE 12C, III-FI	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ADVOCATE HOME CARE PRODUCTS INC 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-3315416	HEALTH SERVICES	IL	N/A	C					No
(1) EVANGELICAL SERVICES CORPORATION 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-3208101	MGMT SERVICES	IL	N/A	C					No
(2) HIGH TECHNOLOGY INC 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-3368224	MEDICAL SERVICES	IL	N/A	C					No
(3) DREYER CLINIC INC 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-2690329	MEDICAL SERVICES	IL	N/A	C					No
(4) BROMENN PHYSICIAN MANAGEMENT CORPORATION 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 37-1313150	MEDICAL SERVICES	IL	N/A	C					No
(5) PARKSIDE CENTER CONDO ASSOCIATION 1775 WEST DEMPSTER STREET PARK RIDGE, IL 60068 36-3452486	PROPERTY MGMT	IL	N/A	C					No
(6) ADVOCATE INSURANCE SPC 878 W BAY ROAD PO BOX 1159 GRAND CAYMAN KY1-1102 CJ 98-0422925	INSURANCE	CJ	N/A	C					No
(7) THE DELPHI GROUP IV INC 1425 N RANDALL ROAD ELGIN, IL 60123 36-4017279	HEALTH COST M	IL	N/A	C					No
(8) SHERMAN VENTURES INC 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-4292309	HOLDING COMPANY	IL	N/A	C					No
(9) ADVOCATE HPN NFP INC 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 81-0893878	HEALTH IMPRV	IL	N/A	C					No
(10) ADVOCATE HEALTH PARTNERS 1701 WEST GOLF ROAD ROLLING MEADOWS, IL 60008 36-4032117	HEALTH CARE MGT	IL	N/A	C					No
(11) ADVOCATE PHYSICIAN PARTNERS ACCOUNTABLE 1701 WEST GOLF ROAD ROLLING MEADOWS, IL 60008 45-5498384	HEALTH CARE MGT	IL	N/A	C					No
(12) ADVOCATE PHYSICIAN PTNRS RISK PURC GROUP 1701 WEST GOLF ROAD ROLLING MEADOWS, IL 60008 38-3914173	GROUP MALPRACTICE	IL	N/A	C					No

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	ADVOCATE HEALTH & HOSPITALS CORP	A	267,638	COST
(1)	ADVOCATE CHARITABLE FOUNDATION	C	306,689	COST
(2)	ADVOCATE HEALTH & HOSPITALS CORP	K	54,209	COST
(3)	ADVOCATE HEALTH & HOSPITALS CORP	L	1,038,861	COST
(4)	ADVOCATE HEALTH & HOSPITALS CORP	M	58,493,249	COST
(5)	ADVOCATE HEALTH & HOSPITALS CORP	P	54,150,889	COST
(6)	ADVOCATE HEALTH & HOSPITALS CORP	Q	22,222,799	COST
(7)	ADVOCATE HEALTH & HOSPITALS CORP	R	3,630,214	COST
(8)	ADVOCATE HEALTH & HOSPITALS CORP	S	3,283,346	COST