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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 07-01-2018 , and ending 06-30-2019

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

C Name of organization
Presence Central and Suburban Hospitals Network

Doing business as
SEE SCHEDULE O

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
200 South Wacker Drive 1200

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

F Name and address of principal officer:
KEITH PARROTT
200 South Wacker Drive 1200
Chicago, IL 60606

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ SEE SCHEDULE O

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1997

M State of legal domicile: IL

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO IMPROVE THE HEALTH AND WELL-BEING OF ALL PEOPLE IN THE COMMUNITIES WE SERVE.

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 8

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0

6 Total number of volunteers (estimate if necessary) 6 882

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 2,167,067

b Net unrelated business taxable income from Form 990-T, line 34 7b 1,460,795

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 1,363,037

9 Program service revenue (Part VIII, line 2g) 9 430,668,254

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 75,489,533

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 5,816,907

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 513,337,731

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 50,400

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 149,220,667

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 291,539,487

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 440,810,554

19 Revenue less expenses. Subtract line 18 from line 12 19 72,527,177

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 528,047,649

21 Total liabilities (Part X, line 26) 21 128,247,373

22 Net assets or fund balances. Subtract line 21 from line 20 22 399,800,276

Part II

Signature Block

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

Sign Here

Signature of officer
TONYA MERSHON TAX OFFICER
Type or print name and title

2020-05-15
Date

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2018)

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:

OUR MISSION AS PART OF A CATHOLIC HEALTH CARE SYSTEM IS TO FURTHER THE HEALING MINISTRY OF JESUS BY CONTINUALLY IMPROVING THE HEALTH AND WELL-BEING OF ALL PEOPLE, ESPECIALLY THE POOR, IN THE COMMUNITIES WE SERVE.

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:) (Expenses \$ 553,867,433 including grants of \$ 256,066) (Revenue \$ 812,982,788)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 553,867,433

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	No
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	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

	Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Form **990** (2018)

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

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	Yes
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		No
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	No
b Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

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

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:
 ► Sara O'Brien 11775 BOMAN DRIVE MARYLAND HEIGHTS, MO 63146 (314) 733-8070

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 ☐

7

● 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.

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,377,726	11,166,772	519,578

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 **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
CARDIAC SURGERY ASSOCIATES SC 2650 WARRENVILLE ROAD DOWNERS GROVE, IL 605152075	MEDICAL SERVICES	5,897,483
JOINT DYNAMICS LLC 505 WEXFORD COURT ST CHARLES, IL 60175	MEDICAL SERVICES	4,413,438
OPTIMUS HOSPITALISTS AND PEDIATRIC 900 JORIE BLVD OAK BROOK, IL 605233808	PHYSICIAN SERVICES	1,694,250
PCL ALVERNO CLINICAL LABORATORIES LLC 26051 NETWORK PLACE CHICAGO, IL 606731260	LABORATORY SERVICES	1,415,383
CENTER FOR WOUND HEALING 7435 WEST TALCOTT AVENUE chicago, IL 606313707	medical services	935,023

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 **65**

Part VIII		Statement of Revenue					
Check if Schedule O contains a response or note to any line in this Part VIII <input checked="" type="checkbox"/>							
		(A)	(B)	(C)	(D)		
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	0				
	b Membership dues	1b	0				
	c Fundraising events	1c	0				
	d Related organizations	1d	402,131				
	e Government grants (contributions)	1e	2,342				
	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		404,473				
Program Service Revenue			Business Code				
	2a Net Patient Service Revenue	621990	809,340,034	809,339,674	360		
	b Income from Joint Ventures	900099	1,922,763	298,657	1,624,106		
	c Rental Income from Affiliates	531120	1,762,549	1,762,549			
	d Retail/Contract Pharmacy	446110	1,394,260	1,163,519	230,741		
	e _____						
	f All other program service revenue.		0	0	0	0	
	g Total. Add lines 2a-2f		814,419,606				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds		0			0	
	5 Royalties		0			0	
	6a Gross rents	(i) Real	(ii) Personal				
		1,258,638	0				
		b Less: rental expenses	35,527				
		c Rental income or (loss)	1,223,111	0			
	d Net rental income or (loss)		1,223,111		23,676	1,199,435	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		0	6,992,095				
		b Less: cost or other basis and sales expenses	59,274				
		c Gain or (loss)	0	6,932,821			
	d Net gain or (loss)		6,932,821			6,932,821	
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18		a	0			
	b Less: direct expenses		b	0			
	c Net income or (loss) from fundraising events			0			0
	9a Gross income from gaming activities. See Part IV, line 19		a	0			
	b Less: direct expenses		b	0			
c Net income or (loss) from gaming activities			0			0	
10a Gross sales of inventory, less returns and allowances		a	362,910				
b Less: cost of goods sold		b	15,508				
c Net income or (loss) from sales of inventory			347,402			347,402	
Miscellaneous Revenue		Business Code					
11a Cafeteria/Vending Revenue		722514	2,385,704		15,743	2,369,961	
b Escheatment Revenue		900099	420			420	
c _____							
d All other revenue			5,570,418	418,389	272,441	4,879,588	
e Total. Add lines 11a-11d			7,956,542				
12 Total revenue. See Instructions.			831,283,955	812,982,788	2,167,067	15,729,627	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	256,066	256,066		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,568,161	0	2,568,161	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	222,198,887	198,135,001	24,063,886	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	8,740,071	7,752,007	988,064	
9 Other employee benefits	25,687,624	22,705,017	2,982,607	
10 Payroll taxes	16,402,830	14,466,174	1,936,656	
11 Fees for services (non-employees):				
a Management				
b Legal	82,871		82,871	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	28,365,231	28,276,046	89,185	0
12 Advertising and promotion	224,797	182,896	41,901	
13 Office expenses	1,737,534	767,496	970,038	
14 Information technology	52,005	2,548	49,457	
15 Royalties				
16 Occupancy	19,901,195	7,914,225	11,986,970	
17 Travel	167,397	65,877	101,520	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	80,872	60,135	20,737	
20 Interest	14,185,220		14,185,220	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,727,877	15,239,871	21,488,006	
23 Insurance	11,713,288		11,713,288	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Supplies	142,420,951	125,711,488	16,709,463	
b Purchased Services	101,383,583	65,953,564	35,430,019	
c Professional Fee to Affiliate	97,240,067		97,240,067	
d Provider Tax	44,930,590	44,930,590		
e All other expenses	26,965,617	21,448,432	5,517,185	0
25 Total functional expenses. Add lines 1 through 24e	802,032,734	553,867,433	248,165,301	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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	14,484,837	1	13,504
	2	Savings and temporary cash investments	1,116,611	2	7,029,296
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net	128,539,665	4	114,777,242
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7	Notes and loans receivable, net	311,704	7	0
	8	Inventories for sale or use	23,076,848	8	20,269,186
	9	Prepaid expenses and deferred charges	0	9	77,716
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	317,323,912		
	b	Less: accumulated depreciation	34,526,274		
			297,852,326	10c	282,797,638
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities. See Part IV, line 11	0	12	
	13	Investments—program-related. See Part IV, line 11	30,448,483	13	1,539,961
	14	Intangible assets		14	413,315
15	Other assets. See Part IV, line 11	32,217,175	15	3,761,558	
16	Total assets. Add lines 1 through 15 (must equal line 34)	528,047,649	16	430,679,416	
Liabilities	17	Accounts payable and accrued expenses	11,285,202	17	2,895,142
	18	Grants payable	0	18	0
	19	Deferred revenue	13,193	19	2,314,727
	20	Tax-exempt bond liabilities		20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties	525,887	23	0
	24	Unsecured notes and loans payable to unrelated third parties		24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	116,423,091	25	102,087,035
	26	Total liabilities. Add lines 17 through 25	128,247,373	26	107,296,904
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	399,800,276	27	323,382,512
	28	Temporarily restricted net assets	0	28	0
	29	Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> 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	399,800,276	33	323,382,512	
34	Total liabilities and net assets/fund balances	528,047,649	34	430,679,416	

Part XI Reconciliation of Net AssetsCheck 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	831,283,955
2	Total expenses (must equal Part IX, column (A), line 25)	2	802,032,734
3	Revenue less expenses. Subtract line 2 from line 1	3	29,251,221
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	399,800,276
5	Net unrealized gains (losses) on investments	5	-52,571
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-26,737,477
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-78,878,937
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	323,382,512

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?	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.	Yes	

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 36-4195126
Name: Presence Central and Suburban Hospitals Network

Form 990 (2018)

Form 990, Part III, Line 4a:

PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK OPERATED 4 ACUTE CARE HOSPITALS. AMITA HEALTH ST. MARY'S HOSPITAL IS A 178-BED HOSPITAL CAMPUS PROVIDING SERVICES WITHOUT REGARD TO PATIENT RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY. DURING JULY 1, 2018 - JUNE 30, 2019, AMITA HEALTH ST. MARY'S HOSPITAL TREATED 5,691 ADULTS AND CHILDREN FOR A TOTAL OF 20,876 PATIENT DAYS OF SERVICE. THE HOSPITAL ALSO PROVIDED SERVICES FOR 111,204 OUTPATIENT VISITS, WHICH INCLUDED 3,428 OUTPATIENT SURGERIES AND 27,635 EMERGENCY ROOM VISITS. AMITA HEALTH ST. JOSEPH MEDICAL CENTER IS A 478-BED HOSPITAL CAMPUS PROVIDING SERVICES WITHOUT REGARD TO PATIENT RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY. DURING JULY 1, 2018 - JUNE 30, 2019, AMITA HEALTH ST. JOSEPH MEDICAL CENTER TREATED 18,259 ADULTS AND CHILDREN FOR A TOTAL OF 83,791 PATIENT DAYS OF SERVICE. THE HOSPITAL ALSO PROVIDED SERVICES FOR 231,611 OUTPATIENT VISITS, WHICH INCLUDED 6,420 OUTPATIENT SURGERIES AND 58,113 EMERGENCY ROOM VISITS. AMITA HEALTH ST. JOSEPH HOSPITAL - ELGIN IS A 184-BED HOSPITAL CAMPUS PROVIDING SERVICES WITHOUT REGARD TO PATIENT RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY. DURING JULY 1, 2018 - JUNE 30, 2019, AMITA HEALTH ST. JOSEPH HOSPITAL - ELGIN TREATED 6,622 ADULTS AND CHILDREN FOR A TOTAL OF 36,040 PATIENT DAYS OF SERVICE. THE HOSPITAL ALSO PROVIDED SERVICES FOR 89,684 OUTPATIENT VISITS, WHICH INCLUDED 2,173 OUTPATIENT SURGERIES AND 24,431 EMERGENCY ROOM VISITS. AMITA HEALTH MERCY MEDICAL CENTER IS A 267-BED HOSPITAL CAMPUS PROVIDING SERVICES WITHOUT REGARD TO PATIENT RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY. DURING JULY 1, 2018 - JUNE 30, 2019, AMITA HEALTH MERCY MEDICAL CENTER TREATED 7,911 ADULTS AND CHILDREN FOR A TOTAL OF 35,960 PATIENT DAYS OF SERVICE. THE HOSPITAL ALSO PROVIDED SERVICES FOR 118,580 OUTPATIENT VISITS, WHICH INCLUDED 1,870 OUTPATIENT SURGERIES AND 37,123 EMERGENCY ROOM VISITS. SEE SCHEDULE H FOR A NON-EXHAUSTIVE LIST OF COMMUNITY BENEFIT PROGRAMS AND DESCRIPTIONS.

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			
MARSHA LADENBURGER RN CHAIR	1.0	X		X				0	0	0
THOMAS HUBERTY MD VICE CHAIR	2.0	X		X				0	0	0
THOMAS RUSSE DIRECTOR	1.0	X						0	0	0
DAVID J BORDO MD DIRECTOR	0.0	X						0	417,630	29,506
JAY BERGMAN DIRECTOR (START 6/2019)	1.0	X						0	0	0
PATRICIA FOLTZ DIRECTOR	1.0	X						0	0	0
MARK HANSON DIRECTOR	1.0	X						0	0	0
STEVE TALTY MD DIRECTOR	1.0	X						0	0	0
PATRICIA EDDY ASSISTANT TREASURER (END 12/2018)	0.0			X				0	491,134	36,023
BETTINA A JOHNSON ASSISTANT TREASURER (END 12/2018)	0.0			X				0	269,108	16,099

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			
DANA GILBERT	0.0									
PRESIDENT	..... 50.0			X				0	1,327,922	37,704
PAUL E BELTER	0.0									
TREASURER	..... 50.0			X				0	1,035,468	43,888
JULIE P ROKNICH	0.0									
SECRETARY	..... 50.0			X				0	299,953	34,317
MICHAEL L BROWN	50.0									
REGIONAL PRESIDENT & CEO - FXV	..... 0.0				X			905,265	0	19,409
ROBERT JAMES ERICKSON	50.0									
PRESIDENT - PSJMC (START 3/2017)	..... 0				X			593,032	0	40,316
CHRISTOPHER SCOTT SHRIDE	50.0									
PRESIDENT - PSMH	..... 0				X			561,224	0	40,061
JARED C ROGERS	50.0									
REGIONAL PRESIDENT & CEO - CES	..... 0				X			401,881	0	6,972
GARY LIPINSKI MD	50.0									
REGIONAL CMO	..... 0.0					X		449,137	0	23,008
ANIL B GOPINATH MD	50.0									
REGIONAL CMO	..... 0					X		385,623	0	39,405
BARB ANNE WEBER	50.0									
REGIONAL CMO	..... 0					X		328,106	0	12,655

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			
DEBORAH A SCHIMEROWSKI REGIONAL FINANCE OFFICER - CES/SSB	50.0 0					X		310,171	0	26,365
SHOBHANA RAVIKUMAR MD PHYSICIAN	50.0 0					X		295,205	0	33,962
CONNIE J NOLTEMAYER FORMER KEY EMPLOYEE (END 12/2014)	50.0 0						X	148,082	0	16,490
JAMES H KELLEY FORMER OFFICER (END 3/2018)	0.0 0.0						X	0	2,288,689	19,828
JEANNIE C FREY FORMER OFFICER (3/2018)	0.0 0.0						X	0	1,669,694	13,959
JEFFREY M ROONEY FORMER OFFICER (END 3/2018)	0.0 0.0						X	0	967,249	20,127
ANN ERRICHETTI FORMER OFFICER (END 3/2018)	0.0 0.0						X	0	2,399,925	9,481

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
Presence Central and Suburban Hospitals Network

Employer identification number
36-4195126

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 33 1/3% 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 33 1/3% 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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 ▶ <input type="checkbox"/>						

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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2018

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? <i>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.</i>		
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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
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?		
b	A family member of a person described in (a) above?		
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.		

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		Yes	No
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
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	<input type="checkbox"/>	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	<input type="checkbox"/>	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: 18007697

Software Version: 2018v3.1

EIN: 36-4195126

Name: Presence Central and Suburban Hospitals Network

Schedule A (Form 990 or 990-EZ) 2018

Page **8**

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

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
Presence Central and Suburban Hospitals Network

Employer identification number
36-4195126

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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	0	0	0	14,591,459	2,899,207
b Contributions			0		16,897,832
c Net investment earnings, gains, and losses				89,083	-21,361
d Grants or scholarships				45,525	29,359
e Other expenditures for facilities and programs				14,635,017	5,154,860
f Administrative expenses					
g End of year balance	0	0	0	0	14,591,459

2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 0 %

c

Temporarily restricted endowment ▶ 0 %

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:

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		23,750,000		23,750,000
b Buildings		209,921,739	10,773,649	199,148,090
c Leasehold improvements		2,946,143	312,052	2,634,091
d Equipment		72,318,729	22,089,163	50,229,566
e Other		8,387,301	1,351,410	7,035,891
Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				282,797,638

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.

(a) Description of liability	(b) Book value	
1. (1) Federal income taxes		
OTHER LONG TERM LIABILITIES		
DUE TO AFFILIATES		
MEDICAID SETTLEMENTS		
Estimated 3rd Party Payor Settlement	94,449,477	
Recovery Tail Liability	3,592,019	
Accrued Tax Liability	593,631	
lease liabilities	525,887	
other liabilities	2,926,021	
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	102,087,035	

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 36-4195126
Name: Presence Central and Suburban Hospitals Network

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

1. (a) Description of Liability	(b) Book Value
OTHER LONG TERM LIABILITIES	
DUE TO AFFILIATES	
MEDICAID SETTLEMENTS	
Estimated 3rd Party Payor Settlement	94,449,477
Recovery Tail Liability	3,592,019
Accrued Tax Liability	593,631
lease liabilities	525,887
other liabilities	2,926,021

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SYSTEM HAS DETERMINED THAT NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF JUNE 30, 2019.

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
Presence Central and Suburban Hospitals Network

Employer identification number
36-4195126

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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> 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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 60000 % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	3a	Yes
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 eligible 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)			17,134,140		17,134,140	2.14 %
b Medicaid (from Worksheet 3, column a)			185,462,644	166,746,884	18,715,760	2.33 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	202,596,784	166,746,884	35,849,900	4.47 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,710,066		1,710,066	0.21 %
f Health professions education (from Worksheet 5)			4,170,416		4,170,416	0.52 %
g Subsidized health services (from Worksheet 6)			119,898		119,898	0.01 %
h Research (from Worksheet 7)			313,958		313,958	0.04 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			284,441		284,441	0.04 %
j Total. Other Benefits	0	0	6,598,779	0	6,598,779	0.82 %
k Total. Add lines 7d and 7j	0	0	209,195,563	166,746,884	42,448,679	5.29 %

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					0	0 %
2 Economic development					0	0 %
3 Community support					0	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development					0	0 %
9 Other					0	0 %
10 Total	0	0	0	0	0	0 %

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

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.

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.

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.

1

Yes

2

3,535,282

3

0

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)

6 Enter Medicare allowable costs of care relating to payments on line 5

7 Subtract line 6 from line 5. This is the surplus (or shortfall)

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

5

338,557,633

6

389,326,401

7

-50,768,768

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?

9b 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

9a

Yes

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 KANKAKEE VALLEY DIALYSIS CENTER	DIALYSIS CENTER	50 %		50 %
2 DREYER MERCY AMBULATORY SURGERY CENTER	AMBULATORY SURGERY CENTER	40 %		60 %
3 CENTER FOR DIGESTIVE HEALTH	DIGESTIVE HEALTH SERVICES	10 %		90 %
4 PRESENCE SAINT JOSEPH HOSPITAL ORTHOPEDIC CLINICAL CO-MANAGEMENT COMPANY LLC	MANAGEMENT OF ORTHOPEDIC SERVICE LINE	20 %		80 %
5				
6				
7				
8				
9				
10				
11				
12				
13				

Schedule H (Form 990) 2018

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?

4

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)
AMITA HEALTH SAINT JOSEPH MEDICAL CENTER**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>17</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.amitahealth.org/about-us/community-benefit/</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> 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 <u>17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>https://www.amitahealth.org/about-us/community-benefit/</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

AMITA HEALTH SAINT JOSEPH 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 <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>600.0</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

AMITA HEALTH SAINT JOSEPH 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

AMITA HEALTH SAINT JOSEPH MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____**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?

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?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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)
AMITA HEALTH MERCY MEDICAL CENTER**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

2

Community Health Needs Assessment

	Yes	No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>17</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.amitahealth.org/about-us/community-benefit/</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> 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 <u>17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>https://www.amitahealth.org/about-us/community-benefit/</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

AMITA HEALTH MERCY 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 <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>600.0</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

AMITA HEALTH MERCY 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

AMITA HEALTH MERCY MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____**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?

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?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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)
AMITA HEALTH SAINT JOSEPH HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**3****Community Health Needs Assessment**

	Yes	No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>17</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.amitahealth.org/about-us/community-benefit/</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> 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 <u>17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>https://www.amitahealth.org/about-us/community-benefit/</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

AMITA HEALTH SAINT JOSEPH HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>600.0</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

AMITA HEALTH SAINT JOSEPH HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

AMITA HEALTH SAINT JOSEPH HOSPITAL

Name of hospital facility or letter of facility reporting group _____**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?

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?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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)
AMITA HEALTH SAINT MARY'S HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

4

Community Health Needs Assessment

	Yes	No
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. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>17</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.amitahealth.org/about-us/community-benefit/</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> 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 <u>17</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url): <u>https://www.amitahealth.org/about-us/community-benefit/</u>		
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)**

AMITA HEALTH SAINT MARY'S HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>600.0</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

AMITA HEALTH SAINT MARY'S HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

AMITA HEALTH SAINT MARY'S HOSPITAL

Name of hospital facility or letter of facility reporting group _____**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?

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?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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.

[illegible]

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? 21

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c PART I, LINE 3C	<p>IN ADDITION TO THE FEDERAL POVERTY GUIDELINES (FPG), WITH FPG FAMILY INCOME LIMIT FOR ELIGIBILITY OF FREE CARE OF 200% AND FPG FAMILY INCOME LIMIT FOR ELIGIBILITY FOR DISCOUNTED CARE OF 600% THE FOLLOWING ELIGIBILITY CRITERIA ARE EXPLAINED IN THE FINANCIAL ASSISTANCE POLICY. PRESUMPTIVE ELIGIBILITY CRITERIA ANY PATIENT MEETING ANY OF THE CRITERIA SET FORTH BELOW WILL BE CONSIDERED PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE WITHOUT FURTHER DOCUMENTATION REQUIREMENTS. IN SUCH SITUATIONS, THE PATIENT IS DEEMED TO HAVE A FAMILY INCOME OF 200% OR LESS OF THE FEDERAL POVERTY LEVEL, AND THEREFORE ELIGIBLE FOR A 100% REDUCTION FROM MEDICALLY NECESSARY HOSPITAL CHARGES (I.E. FULL CHARITY WRITE OFF). PATIENTS WILL RECEIVE A MINIMUM OF ONE (1) STATEMENT TO PROVIDE A SUMMARY OF SERVICES AND ACCOUNT INFORMATION. PRESUMPTIVE ELIGIBILITY FOR 100% FINANCIAL ASSISTANCE WILL BE MADE FOR PATIENTS MEETING ANY OF THE FOLLOWING CRITERIA: A. PATIENT IS HOMELESS (WITH SUCH STATUS VERIFIED AFTER REVIEW OF AVAILABLE FACTS). B. PATIENT IS DECEASED WITH NO ESTATE. C. PATIENT IS MENTALLY OR PHYSICALLY INCAPACITATED AND HAS NO ONE TO ACT ON HIS/HER BEHALF. D. PATIENT IS CURRENTLY ELIGIBLE FOR MEDICAID, BUT WAS NOT ON A PRIOR DATE OF SERVICE OR FOR NON-COVERED SERVICES. E. PATIENT IS ENROLLED OR COVERED BY THE WOMEN, INFANTS AND CHILDREN NUTRITION PROGRAM (WIC). F. PATIENT IS ENROLLED OR COVERED BY THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR FOOD STAMP ELIGIBILITY (LINK). G. PATIENT IS ENROLLED OR COVERED BY THE ILLINOIS FREE LUNCH AND BREAKFAST PROGRAM (ELIGIBLE FOR FREE AND REDUCED PRICE SCHOOL MEALS). H. PATIENT IS ENROLLED OR COVERED BY THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP). I. PATIENT OR FAMILY IS A QUALIFIED PARTICIPANT IN AN ORGANIZED COMMUNITY-BASED PROGRAM FOR PROVIDING ACCESS TO MEDICAL CARE THAT ACCESSES AND DOCUMENTS LIMITED LOW-INCOME FINANCIAL STATUS CRITERIA. J. PATIENT RECEIVES OR QUALIFIES FOR FREE CARE FROM A COMMUNITY CLINIC AFFILIATED WITH THE HOSPITAL OR KNOWN TO HAVE ELIGIBILITY STANDARDS SUBSTANTIALLY EQUIVALENT TO THAT OF THE HOSPITAL UNDER THIS POLICY, AND THE COMMUNITY CLINIC REFERS THE PATIENT TO THE HOSPITAL FOR TREATMENT OR FOR A PROCEDURE. K. PATIENT IS A RECIPIENT OF GRANT ASSISTANCE FOR MEDICAL SERVICES. L. PATIENT PARTICIPATES IN STATE-FUNDED PRESCRIPTION PROGRAMS. M. PATIENT OR PATIENT'S FAMILY IS ENROLLED IN ILLINOIS HOUSING DEVELOPMENT AUTHORITY'S RENTAL HOUSING SUPPORT PROGRAM. N. PATIENT OR PATIENT'S FAMILY HAS BEEN DETERMINED BY AN INDEPENDENT THIRD-PARTY REPORTING AGENCY TO HAVE FAMILY INCOME OF 200% OR LESS THAN THE FEDERAL POVERTY LEVEL. O. PATIENT OR PATIENT'S FAMILY'S INABILITY TO PAY ANY PORTION OF PATIENT-LIABILITY AMOUNT HAS BEEN VERIFIED BY AN INDEPENDENT THIRD-PARTY AGENCY. APPLICATION OF CATASTROPHIC DISCOUNT. THE CATASTROPHIC DISCOUNT WILL BE AVAILABLE TO PATIENTS WHO HAVE MEDICAL EXPENSES OVER A 12-MONTH PERIOD FOR MEDICALLY NECESSARY SERVICES FROM A PRESENCE HEALTH HOSPITAL THAT EXCEED 15% OF THE PATIENT'S FAMILY'S ANNUAL GROSS INCOME, EVEN AFTER PAYMENT BY THIRD-PARTY PAYERS. ANY PATIENT RESPONSIBILITY IN EXCESS OF 15% WILL BE WRITTEN OFF TO CHARITY. SERVICES THAT ARE NOT MEDICALLY NECESSARY WILL NOT BE ELIGIBLE FOR THIS DISCOUNT. UNINSURED SELF-PAY DISCOUNT 1. THERE IS NO APPLICATION PROCESS FOR THE PATIENT TO RECEIVE THE UNINSURED SELF-PAY DISCOUNT. THE DISCOUNT IS APPLIED BASED ON THE ACCOUNT'S SELF -PAY/UNINSURED STATUS. 2. PATIENTS RECEIVING PRE-NEGOTIATED DISCOUNTS (PACKAGE PRICING) FOR HOSPITAL SERVICES WILL NOT BE ELIGIBLE FOR THE UNINSURED SELF-PAY DISCOUNT. 3. IF A PATIENT IS SUBSEQUENTLY APPROVED FOR FINANCIAL ASSISTANCE, THE UNINSURED SELF-PAY DISCOUNT WILL BE REVERSED SO THAT THE FULL AMOUNT CAN BE RECOGNIZED AS A CHARITY DISCOUNT. FINANCIAL ASSISTANCE FOR CERTAIN CRIME VICTIMS. INDIVIDUALS WHO ARE DEEMED ELIGIBLE BY THE STATE OF ILLINOIS TO RECEIVE ASSISTANCE UNDER THE VIOLENT CRIME VICTIMS COMPENSATION ACT OR THE SEXUAL ASSAULT VICTIMS COMPENSATION ACT SHALL FIRST BE EVALUATED FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE BASED ON THE FINANCIAL ASSISTANCE GUIDELINES AND THE ELIGIBILITY CRITERIA. APPLICATIONS FOR REIMBURSEMENT UNDER SUCH CRIME VICTIMS FUNDS WILL BE MADE ONLY TO THE EXTENT OF ANY REMAINING PATIENT LIABILITY AFTER THE FINANCIAL ASSISTANCE ELIGIBILITY DETERMINATION IS MADE. FINANCIAL ASSISTANCE FOR INSURED PATIENTS. FINANCIAL ASSISTANCE IN THE FORM OF 100% DISCOUNTS (FREE CARE) ARE AVAILABLE FOR PATIENT-LIABILITY AMOUNTS REMAINING AFTER INSURANCE PAYMENTS, FOR INSURED PATIENTS WHO ARE ILLINOIS RESIDENTS WITH FAMILY GROSS INCOME LESS THAN OR UP TO 200% OF THE FEDERAL POVERTY GUIDELINES. FOR INSURED PATIENTS WITH FAMILY GROSS INCOME BETWEEN 200% AND 400% OF THE FEDERAL POVERTY GUIDELINES, THE EXPECTED PATIENT PAYMENT WILL BE THE LESSER OF PATIENT'S OUT OF POCKET (OOP) LIABILITY REDUCED BY 100% OF THE HOSPITAL'S MEDICARE COST-TO-CHARGE RATIO OR THE AMOUNT THE PATIENT WOULD HAVE BEEN RESPONSIBLE FOR HAD THEY BEEN UNINSURED. THE AMOUNT</p>

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

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 COMMUNITY DEMOGRAPHICS - PART II	<p>AMITA HEALTH SAINT JOSEPH HOSPITAL RESIDES IN KANE COUNTY. A total of 530,839 people live in the 519.36 square mile report area defined for Kane County according to the U.S. Census Bureau American Community Survey 2014-18 5-year estimates. Nearly 73% off the population in Kane County is White, followed by Other Race at 14.7% in 2018. Nearly 32% of the population is Hispanic or Latino ethnicity. The median age is 37 years which is similar to that of Illinois. Nearly 18% of the population is foreign-born in Kane County which is significantly higher than Illinois (14.0%) and the United Stated (13.4%) in 2018. Ninety-six percent of the population resides in urban areas of the county. In 2018, the median family income is \$90,558, which is higher than Illinois and the United States. There are geographical disparities that exist with lower incomes in the Aurora and Elgin. Married couples with or without children earn the most income in Kane County while since males with children earn the least. Asian and Non-Hispanic White populations earn the most while Black populations, Other Race populations and Hispanic populations earn the least. AMITA HEALTH SAINT JOSEPH HOSPITAL'S SERVICE AREA IS DEFINED BY ZIP CODE BELOW:</p> <p>SERVICE AREA: PRIMARY MARKET - ZIP CODE CITY 60123 ELGIN 60120 ELGIN 60124 ELGIN 60121 ELGIN 60110 CARPENTERSVILLE 60177 SOUTH ELGIN 60140 HAMPSHIRE 60118 DUNDEE SERVICE AREA: SECONDARY MARKET - ZIP CODE CITY 60102 ALGONQUIN 60103 BARTLETT 60174 SAINT CHARLES 60014 CRYSTAL LAKE 60107 STREAMWOOD 60142 HUNTLEY 60098 WOODSTOCK 60050 MCHENRY 60051 MCHENRY 60156 LAKE IN THE HILLS 60175 SAINT CHARLES 60136 GILBERTS 60134 GENEVA 60013 CARY 60152 MARENGO 60135 GENOA 60109 BURLINGTON 60012 CRYSTAL LAKE 60180 UNION</p>

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Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The cost of providing charity care, means-tested government programs, and other community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines. The organization uses a cost accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay). The best available data was used to calculate the amounts reported in the table. For the information in the table, a cost-to-charge ratio was calculated and applied.

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Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	<p>COMMUNITY BUILDING ACTIVITIES INCLUDE PROGRAMS THAT IMPROVE THE COMMUNITY'S HEALTH AND SAFETY BY ADDRESSING THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL HAZARDS. PARTICIPATION IN COLLABORATIVE COMMUNITY EFFORTS TO PROMOTE PUBLIC HEALTH INITIATIVES IS ALSO INCLUDED, SUCH AS ENGAGEMENT IN COALITIONS AND ADVOCACY FOR HEALTH IMPROVEMENT. THESE ACTIVITIES STRENGTHEN THE COMMUNITY'S CAPACITY TO PROMOTE THE HEALTH AND WELL-BEING OF ITS RESIDENTS BY OFFERING THE EXPERTISE AND RESOURCES OF THE HEALTH CARE ORGANIZATION. HOSPITAL MINISTRIES ENGAGE IN A VARIETY OF COMMUNITY-BUILDING ACTIVITIES WHICH ULTIMATELY IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE ARE PRIVILEGED TO SERVE, EVEN THOUGH THEY ARE NOT SPECIFIC HEALTH ACTIVITIES. EXAMPLES OF COMMUNITY BUILDING ACTIVITIES INCLUDE: -THE WORK OF ALL OF OUR HOSPITALS IN SUPPORT OF DISASTER READINESS AND EMERGENCY PREPAREDNESS. THIS WORK GOES ABOVE AND BEYOND ANY LICENSURE REQUIREMENTS TO PROACTIVELY ENSURE THAT OUR COMMUNITIES ARE SAFE AND PREPARED IF A DISASTER SHOULD PRESENT ITSELF. -COMMUNITY SUPPORT: DONATIONS FROM OUR MINISTRIES TO ORGANIZATIONS ADDRESSING THE ROOT CAUSES OF HEALTH PROBLEMS. -COALITION BUILDING: WITH THE GOAL OF MAKING COMMUNITIES A THRU WORKING WITH LOCAL LEGISLATORS ON POLICY, SYSTEMS AND ENVIRONMENTAL CHANGES. -WORKFORCE DEVELOPMENT: PARTNERING WITH LOCAL SCHOOLS TO ALLOW LOCAL TEEN PARTICIPANTS THE OPPORTUNITY TO USE THEIR TIME AND TALENTS FOR THOSE IN NEED, WHILE PROVIDING THEMSELVES WITH EXCELLENT EXPOSURE TO MANY HEALTH-RELATED CAREERS, AS WELL AS BUSINESS COMMUNICATIONS AND EARLY CHILDHOOD TEACHING.</p>

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Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITHIN COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES. AFTER APPLYING THE COST-TO-CHARGE RATIO, THE SHARE OF THE BAD DEBT EXPENSE FOR JULY 1, 2018 THROUGH JUNE 30, 2019 WAS \$22,244,251 AT CHARGES, (\$3,535,282 AT COST).

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Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK has a very robust financial assistance program; therefore, no estimate is made for bad debt attributable to financial assistance eligible patients.

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Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	THE ORGANIZATION IS PART OF THE ASCENSION HEALTH ALLIANCE'S CONSOLIDATED AUDIT IN WHICH THE FOOTNOTE THAT DISCUSSES THE BAD DEBT (IMPLICIT PRICE CONCESSIONS) EXPENSE IS LOCATED IN FOOTNOTE #2, PAGES 18-20.

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Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	A COST TO CHARGE RATIO IS APPLIED TO THE ORGANIZATION'S MEDICARE EXPENSE TO DETERMINE THE MEDICARE ALLOWABLE COSTS REPORTED IN THE ORGANIZATION'S MEDICARE COST REPORT. ASCENSION HEALTH AND ITS RELATED HEALTH MINISTRIES FOLLOW THE CATHOLIC HEALTH ASSOCIATION (CHA) GUIDELINES FOR DETERMINING COMMUNITY BENEFIT. CHA COMMUNITY BENEFIT REPORTING GUIDELINES SUGGEST THAT MEDICARE SHORTFALL IS NOT TREATED AS COMMUNITY BENEFIT.

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- AMITA HEALTH SAINT JOSEPH MEDICAL CENTER: Line 16a URL: www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/ ; - AMITA HEALTH MERCY MEDICAL CENTER: Line 16a URL: www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/ ; - AMITA HEALTH SAINT JOSEPH HOSPITAL: Line 16a URL: www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/ ; - AMITA HEALTH SAINT MARY'S HOSPITAL: Line 16a URL: www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/ ;

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- AMITA HEALTH SAINT JOSEPH MEDICAL CENTER: Line 16b URL: www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/ ; - AMITA HEALTH MERCY MEDICAL CENTER: Line 16b URL: www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/ ; - AMITA HEALTH SAINT JOSEPH HOSPITAL: Line 16b URL: www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/ ; - AMITA HEALTH SAINT MARY'S HOSPITAL: Line 16b URL: www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/ ;

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- AMITA HEALTH SAINT JOSEPH MEDICAL CENTER: Line 16c URL: www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/ ; - AMITA HEALTH MERCY MEDICAL CENTER: Line 16c URL: www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/ ; - AMITA HEALTH SAINT JOSEPH HOSPITAL: Line 16c URL: www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/ ; - AMITA HEALTH SAINT MARY'S HOSPITAL: Line 16c URL: www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/ ;

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK IS COMMITTED TO DELIVERING EFFECTIVE, SAFE, PERSON-CENTRIC, HEALTHCARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. AS A NONPROFIT HEALTH SYSTEM, IT IS OUR MISSION AND PRIVILEGE TO PLAY THIS IMPORTANT ROLE IN OUR COMMUNITY. STAFF SCREEN UNINSURED PATIENTS AND IF FOUND POTENTIALLY ELIGIBLE FOR A GOVERNMENT FUNDING SOURCE, PROVIDE ASSISTANCE AND/OR RESOURCES TO THE PATIENT AND THEIR FAMILY. IF A PATIENT IS NOT ELIGIBLE FOR A PAYMENT SOURCE, PRESENCE HEALTH'S FINANCIAL ASSISTANCE POLICY COVERS PATIENTS WHO LACK THE FINANCIAL RESOURCES TO PAY FOR ALL OR PART OF THEIR BILLS. ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED UPON THE ANNUAL FEDERAL POVERTY GUIDELINES; PRESENCE HEALTH HOSPITALS PROVIDE FINANCIAL ASSISTANCE FOR THOSE WHO EARN UP TO 600% OF THE FEDERAL POVERTY LEVEL. PRESENCE HEALTH HOSPITALS WIDELY PUBLICIZE THEIR: - FINANCIAL ASSISTANCE POLICY - FINANCIAL ASSISTANCE APPLICATION - FINANCIAL ASSISTANCE POLICY SUMMARY - BILLING AND COLLECTIONS POLICY - AMOUNT GENERALLY BILLED (AGB) CALCULATION - LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY VIA THE HOSPITAL FACILITY'S WEBSITE - https://www.amitahealth.org/patient-resources/pay-your-bill/price-estimates/financial-assistance-documents PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK MAKE PAPER COPIES OF THE: - FINANCIAL ASSISTANCE POLICY - FINANCIAL ASSISTANCE APPLICATION - FINANCIAL ASSISTANCE POLICY SUMMARY - BILLING AND COLLECTIONS POLICY - AMOUNT GENERALLY BILLED CALCULATION - LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY. THE PAPER COPIES ARE MADE READILY AVAILABLE AS PART OF THE INTAKE, DISCHARGE AND CUSTOMER SERVICE PROCESSES. UPON REQUEST, PAPER COPIES CAN ALSO BE OBTAINED BY MAIL AND BY EMAIL. PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK INFORMS THEIR PATIENTS OF THE FINANCIAL ASSISTANCE POLICY VIA A NOTICE ON PATIENT BILLING STATEMENTS, INCLUDING THE PHONE NUMBER AND WEB ADDRESS WHERE MORE INFORMATION MAY BE FOUND AND VERBALLY DURING PATIENT REGISTRATION ENCOUNTERS. PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK INFORMS THEIR PATIENTS OF THE FINANCIAL ASSISTANCE POLICY VIA SIGNAGE DISPLAYED IN THE EMERGENCY ROOM AND ADMISSIONS AREAS.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>REPORTING HOSPITALS HAVE IDENTIFIED A SEPARATE SERVICE AREA FOR EACH OF ITS ACUTE CARE HOS PITALS UTILIZING A CONSISTENT METHODOLOGY AND REFLECTING A COMBINATION OF GEOGRAPHIC LOCAT ION AND MARKET SHARE CRITERIA. THE TOTAL SERVICE AREA OF EACH MINISTRY REPRESENTS APPROXIM ATELY 80% TO 90% OF THE TOTAL INPATIENT DISCHARGES FROM THAT FACILITY. THE PRIMARY SERVICE AREA (THE "PRIMARY SERVICE AREA") OF EACH FACILITY REPRESENTS APPROXIMATELY 65 TO 75% OF SUCH DISCHARGES AND THE SECONDARY SERVICE AREA (THE "SECONDARY SERVICE AREA") OF EACH FACI LITY REPRESENTS APPROXIMATELY 15 TO 25% OF SUCH DISCHARGES. THE PRIMARY SERVICE AREAS AND SECONDARY SERVICE AREAS HAVE BEEN DETERMINED BY UTILIZING A PATIENT ORIGIN ANALYSIS TO IDE NTIFY THOSE ZIP CODES THAT REPRESENT INPATIENT DISCHARGES. THESE ZIP CODES ARE THEN MAPPED TO IDENTIFY GEOGRAPHIC COVERAGE OF THE PRIMARY SERVICE AREAS AND SECONDARY SERVICE AREAS. A description of each reporting hospital-specific community demographics is listed in the information below. MANY OF THE REPORTING HOSPITAL FACILITIES ARE LOCATED IN POPULATION GR OWTN AREAS. BASED UPON POPULATION ESTIMATES AND PROJECTIONS OBTAINED FROM CLARITAS, INC., THE POPULATION OF THE OUR HOSPITALS' COMBINED SERVICE AREA IS EXPECTED TO GROW AT A RATE O F 1.9% ANNUALLY BETWEEN 2012 AND 2017, COMPARED WITH A GROWTH RATE OF 1.3% AND 1.6% PER YE AR IN THE CHICAGO MSA AND IN ILLINOIS, RESPECTIVELY. OF PRESENCE'S TOTAL SERVICE AREA POPU LATION, 10.7% IS OVER THE AGE OF 65, COMPARED TO 11.1% AND 12.3% IN THE CHICAGO MSA AND IN ILLINOIS, RESPECTIVELY. Amita Health Saint Joseph Medical Center resides in Will County, which total population is approximately 692,661 as of 2017. A majority of these Will Count y residents reside in Joliet, Plainfield, Bolingbrook, and Romeoville. Will County is pred ominantly urban, with 96.07% of the total population living in urban areas. Geographically , southern Will County is largely rural. The median age of Will County is 36.2 years, and the County's population is slightly younger than Illinois' population. The population of f oreign-born residents in Will County increased slightly between 2011 and 2016 (an increase of 2,767 residents). Currently, the foreign-born population constitutes 11.7% of the Will County population. In 2016, the majority of Will County's population was White (74.2%), f ollowed by Black/African American (11.2%), Asian (5.1%), and American Indian/Alaska Native (0.2%). The median household family income in 2018 was \$97,733 in Will County which highe r than Illinois. However, there are geographical inequities that exist in income with lowe r median in the 60433 & 60432 (both Joliet) zip codes as well as among the Hispanic & Lati no populations. AMITA HEALTH SAINT JOSEPH MEDICAL CENTER SERVICE AREA IS DEFINED BY ZIP CO DES BELOW: SERVICE AREA: PRIMARY MARKET - ZIP CODE CITY 60435 JOLIET 60436 JOLIET 60544 PL AINFIELD 60433 JOLIET 60431 JOLIET 60432 JOLIET 60434 JOLIET 60585 PLAINFIELD 60586 PLAINF IELD 60403 CREST HILL 60404 SHOREWOOD SERVICE AREA: SECONDARY MARKET - ZIP CODE CITY 60451 NEW LENOX 60481 WILMINGTON 60450 MORRIS 60410 CHANNAHON 60446 ROMEOVILLE 60447 MINOOKA 60 416 COAL CITY 60408 BRAIDWOOD 60421 ELWOOD 60441 LOCKPORT 60448 MOKENA 60442 MANHATTAN 604 23 FRANKFORT 60440 BOLINGBROOK 60424 GARDNER 60439 LEMONT 60407 BRACEVILLE 60474 SOUTH WIL MINGTON 60491 HOMER GLEN Amita Health St. Mary's Hospital is located within Kankakee Count y. According to the US Census Bureau, Kankakee has grown steadily over the years. However, from 2010 to 2015 the population has decreased slightly. The total population for Kankake e was projected to reach 110,024 in 2018. Kankakee County is mainly urban with 75.4% of th e total population (85,703 people) living in urban areas. A majority of Kankakee County re sidents reside in the central part of the county. The median age of Kankakee County is 37. 6 years, which is similar to the median population of Illinois (37.9). In 2018, the foreig n-born population consists of nearly 5% of the Kankakee County population. The majority of Kankakee County residents are white (79.7%) which is higher than the white populations in the Illinois (71.67%) and US (72.75%). Fifteen percent of the population is black, is sli ghtly higher than the Illinois (14.23%) and US (12.67%). Ten percent of the population is Hispanic or Latino, which has increased from 8.2% in 2010. In 2017, the median family inco me is significantly less in Kankakee County (\$56,543) than the income for Illinois residen ts, and slightly less than the US population. The median family income is highest among wh ite non-Hispanics, and lowest among blacks. The median family income is highest among fami lies married with children, and lowest among single females with children. Amita Health St . Mary's Hospital SERVICE AREA IS DEFINED BY ZIP CODES BELOW: SERVICE AREA: PRIMARY MARKET - ZIP CODE CITY 60901 KANKAKEE 60914 BOURBONNAIS 60915 BRADLEY 60954 MOMENCE 60950 MANTEN O SERVICE AREA: SECONDARY MARKET - ZIP CODE CITY 6</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>0964 SAINT ANNE 60927 CLIFTON 60922 CHEBANSE 60940 GRANT PARK 60970 WATSEKA 60941 HERSCHER 60913 BONFIELD 60938 GILMAN 60911 ASHKUM 60955 ONARGA 60944 HOPKINS PARK 60951 MARTINTON 60930 DANFORTH 60910 AROMA PARK 60912 BEAVERVILLE 60919 CABERY 60961 REDDICK 60917 BUCKING HAM 60935 ESSEX 60928 CRESCENT CITY 60481 WILMINGTON 60468 PEOTONE 60420 DWIGHT 60958 PEMBROKE TOWNSHIP AURORA, WHERE AMITA HEALTH MERCY MEDICAL CENTER RESIDES, IS THE SECOND LARGE CITY IN ILLINOIS AND ACCOUNTS FOR MOST OF THE HOSPITAL'S PRIMARY SERVICE AREA. A total of 530,839 people live in the 519.36 square mile report area defined for Kane County according to the U.S. Census Bureau American Community Survey 2014-18 5-year estimates. Nearly 73% of the population in Kane County is White, followed by Other Race at 14.7% in 2018. Nearly 32% of the population is Hispanic or Latino ethnicity. The median age is 37 years which is similar to that of Illinois. Nearly 18% of the population is foreign-born in Kane County which is significantly higher than Illinois (14.0%) and the United States (13.4%) in 2018. Ninety-six percent of the population resides in urban areas of the county. In 2018, the median family income is \$90,558, which is higher than Illinois and the United States. There are geographical disparities that exist with lower incomes in the Aurora and Elgin. Married couples with or without children earn the most income in Kane County while since males with children earn the least. Asian and Non-Hispanic White populations earn the most while Black populations, Other Race populations and Hispanic populations earn the least. AMITA HEALTH MERCY MEDICAL CENTER'S SERVICE AREA IS DEFINED BY ZIP CODES BELOW: SERVICE AREA: PRIMARY MARKET - ZIP CODE CITY 60506 AURORA 60505 AURORA 60542 NORTH AURORA 60538 MONTGOMERY 60504 AURORA 60507 AURORA 60502 AURORA SERVICE AREA: SECONDARY MARKET - ZIP CODE CITY 60510 BATAVIA 60543 OSWEGO 60560 YORKVILLE 60548 SANDWICH 60545 PLANO 60174 SAINT CHARLES 60554 SUGAR GROVE 60134 GENEVA 60552 SOMONAUK 60503 AURORA 60511 BIG ROCK 60520 HINCKLEY 60119 ELBURN 60115 DEKALB 60541 NEWARK 60512 BRISTOL 60531 LELAND 60556 WATERMAN 60539 MOOSEHEART</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK BECAME AN AFFILIATE OF ASCENSION HEALTH AND JOINED AMITA HEALTH WHEN IT WAS ACQUIRED BY ASCENSION HEALTH ON MARCH 1, 2018. PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK'S AFFILIATES ARE LARGE MULTI-FACETED, INTEGRATED, NOT-FOR-PROFIT MINISTRIES INCLUDING HOSPITAL AND NON-HOSPITAL MINISTRIES (PHYSICIAN GROUP PRACTICES, HOSPITAL ORGANIZATIONS, RESEARCH, AND HOME HEALTH,). THESE MINISTRIES WORK TOGETHER TO CARE FOR PATIENTS, JOINED BY COMMON SYSTEMS AND A PHILOSOPHY OF SERVING AS A HEALING PRESENCE WITH SPECIAL CONCERN FOR OUR NEIGHBORS ESPECIALLY THOSE WHO ARE VULNERABLE. THIS COMMUNITY BENEFIT HAPPENS THROUGH ITS FOCUS ON PATIENT CARE, EDUCATION AND RESEARCH. THE ORGANIZATIONS WORK TOGETHER TO SERVE THEIR COMMUNITIES AT THE LOCAL, REGIONAL, STATE AND NATIONAL LEVEL. ASCENSION HEALTH ALLIANCE, D/B/A ASCENSION (ASCENSION), IS A MISSOURI NONPROFIT CORPORATION FORMED ON SEPTEMBER 13, 2011. ASCENSION IS THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEALTH, A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN MORE THAN 20 OF THE STATES AND THE DISTRICT OF COLUMBIA. ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A PUBLIC JURIDIC PERSON. THE PARTICIPATING ORGANIZATIONS/ENTITIES OF ASCENSION SPONSOR ARE THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, ST. LOUISE PROVINCE; THE CONGREGATION OF ST. JOSEPH; THE CONGREGATION OF THE SISTERS OF ST. JOSEPH OF CARONDELET; THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE, INC. - AMERICAN PROVINCE; AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST. FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE. AMITA HEALTH (WWW.AMITAHEALTH.ORG) IS A JOINT OPERATING COMPANY FORMED BY ASCENSION HEALTH AND ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION OF WHICH ADVENTIST MIDWEST HEALTH, AND ALEXIAN BROTHERS HEALTH SYSTEM, ARE THE MEMBERS. AMITA HEALTH WELCOMED PRESENCE HEALTH TO THE ORGANIZATION IN MARCH 2018, MAKING AMITA HEALTH THE LARGEST HEALTH SYSTEM IN ILLINIOS. THROUGH ITS MEMBERS, AMITA HEALTH HAS OVER 25,000 ASSOCIATES COMMITTED TO DELIVERING THE MOST EFFICIENT, HIGHEST QUALITY, FAITH-BASED CARE AT NINETEEN ACUTE AND SPECIALTY CARE HOSPITALS AND AT MORE THAN 200 AMBULATORY/CLINIC LOCATIONS. AMITA HEALTH HAS AN EXTENSIVE PROVIDER NETWORK OF OVER 7,000 HOSPITAL-AFFILIATED PHYSICIANS, AND THE AMITA HEALTH MEDICAL GROUP CONSISTS OF OVER 800 MULTI-SPECIALTY EMPLOYED PHYSICIANS AND ASSOCIATE PRACTITIONERS, RANKING IT AMONG THE LARGEST REGIONAL MEDICAL GROUPS. AMITA HEALTH'S MISSION IS TO EXTEND THE HEALING MINISTRY OF JESUS BY RESPECTING THE FAITH TRADITIONS OF THE MANY INDIVIDUALS AND FAMILIES IT SERVES ACROSS SUBURBAN CHICAGO. WITH A SACRED MISSION OF EXTENDING THE HEALING MINISTRY OF CHRIST, ADVENTHEALTH (WWW.ADVENTHEALTH.COM) IS A CONNECTED SYSTEM OF CARE FOR EVERY STAGE OF LIFE AND HEALTH. MORE THAN 80,000 SKILLED AND COMPASSIONATE CAREGIVERS IN PHYSICIAN PRACTICES, HOSPITALS, OUTPATIENT CLINICS, SKILLED NURSING FACILITIES, HOME HEALTH AGENCIES AND HOSPICE CENTERS PROVIDE INDIVIDUALIZED, HOLISTIC CARE. A CHRISTIAN MISSION, SHARED VISION, COMMON VALUES, FOCUS ON WHOLE-PERSON HEALTH AND COMMITMENT TO MAKING COMMUNITIES HEALTHIER UNIFY THE SYSTEM'S 45 HOSPITAL CAMPUSES AND HUNDREDS OF CARE SITES IN DIVERSE MARKETS THROUGHOUT NINE STATES. THE COVERED AFFILIATES WITHIN AMITA HEALTH PROVIDE THE COMMUNITY WITH A FULL RANGE OF COMPREHENSIVE HEALTHCARE SERVICES AND ACCESS TO THE MOST ADVANCED MEDICAL TECHNOLOGY. THEIR HEALTHCARE PROFESSIONALS ARE PASSIONATE ABOUT DELIVERING EXCEPTIONAL HEALTHCARE AND ARE PROUD OF THE POWERFUL, CUTTING-EDGE TECHNOLOGY OFFERED BY THE SYSTEM. THE COVERED AFFILIATES WITHIN AMITA HEALTH ALSO OFFER A WIDE RANGE OF COMMUNITY HEALTH SERVICES, CORPORATE WELLNESS PROGRAMS, PREVENTIVE CARE AND EDUCATION. AS CHARITABLE ORGANIZATIONS, THEY RECOGNIZE THAT NOT EVERYONE CAN AFFORD ESSENTIAL MEDICAL SERVICES AND THAT THEIR MISSION IS TO SERVE THE COMMUNITY BY PROVIDING HEALTHCARE SERVICES AND HEALTHCARE EDUCATION. THEREFORE, IN KEEPING WITH AMITA HEALTH'S COMMITMENT TO SERVING ALL MEMBERS OF ITS COMMUNITY, FREE CARE AND/OR SUBSIDIZED CARE, CARE TO PERSONS COVERED BY GOVERNMENT PROGRAMS AT OR BELOW COST, AND HEALTH ACTIVITIES AND PROGRAMS TO SUPPORT THE COMMUNITY ARE CONSIDERED AND PROVIDED WHEN APPROPRIATE. THESE ACTIVITIES INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, SPECIAL PROGRAMS FOR THE ELDERLY AND MEDICALLY UNDERSERVED, AND A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES INCLUDING, BUT NOT LIMITED TO, EDUCATIONAL AFFILIATIONS, HEALTH SCREENINGS, COUNSELING PROGRAMS, CONTINUING MEDICAL EDUCATION (CME) PROGRAMS AND DONATIONS TO COMMUNITY GROUPS.</p>

990 Schedule H, Supplemental Information

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

Additional Data**Software ID:** 18007697**Software Version:** 2018v3.1**EIN:** 36-4195126**Name:** Presence Central and Suburban Hospitals Network**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 4		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	AMITA HEALTH SAINT JOSEPH MEDICAL CENTER 333 N MADISON STREET JOLIET, IL 60435 https://www.amitahealth.org/our-locations/hospitals/amita-health-saint-joseph-medical-center-joliet/ 0004838	X	X					X			
2	AMITA HEALTH MERCY MEDICAL CENTER 1325 NORTH HIGHLAND AVENUE AURORA, IL 60506 https://www.amitahealth.org/our-locations/hospitals/amita-health-mercy-medical-center-aurora/ 0004903	X	X					X			
3	AMITA HEALTH SAINT JOSEPH HOSPITAL 77 NORTH AIRLITE AVENUE ELGIN, IL 60123 https://www.amitahealth.org/our-locations/hospitals/amita-health-saint-joseph-hospital-elgin/ 0004887	X	X					X			
4	AMITA HEALTH SAINT MARY'S HOSPITAL 500 WEST COURT STREET KANKAKEE, IL 60901 https://www.amitahealth.org/our-locations/hospitals/amita-health-st-mary-s-hospital-kankakee/ 0004879	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
Schedule H, Part V, Section B, Line 3E	To better target community resources on the service area's most pressing health needs, the hospital participated in a group discussion with organizational decision makers and community leaders to prioritize the significant community health needs while considering several criteria: alignment with Ascension Health strategies of healthcare that leaves no one behind; care for the poor and vulnerable; opportunities for partnership; availability of existing programs and resources; opportunities for partnership; addressing disparities of subgroups; availability of evidence-based practices; and community input. The significant health needs are a prioritized description of the significant health needs of the community as identified through the CHNA. See Schedule H, Part V, Line 7 for the link to the CHNA and Schedule H, Part V, Line 11 for how those needs are being addressed.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - AMITA HEALTH SAINT JOSEPH MEDICAL CENTER. IN 2016, THE WILL COUNTY MAPP COLLABORATIVE CONVENED TO CONDUCT THE THIRD ITERATION OF THE MAPP PROCESS. MAPP IS A COMMUNIT Y-DRIVEN, STRATEGIC PLANNING FRAMEWORK THAT ASSISTS COMMUNITIES IN DEVELOPING AND IMPLEMEN TING EFFORTS AROUND THE PRIORITIZATION OF PUBLIC HEALTH ISSUES AND THE IDENTIFICATION OF R ESOURCES TO ADDRESS THEM, AS DEFINED BY THE 10 ESSENTIAL PUBLIC HEALTH SERVICES. THE MAPP PROCESS HAS SIX PHASES WHICH INCLUDE FOUR ASSESSMENTS. COMMUNITY HEALTH STATUS ASSESSMENT THE COMMUNITY HEALTH STATUS ASSESSMENT (CHSA) IS ONE OF FOUR ASSESSMENTS CONDUCTED AS A PA RT OF THE MAPP PROCESS. DURING THIS ASSESSMENT, INFORMATION REGARDING DEMOGRAPHICS, HEALTH STATUS, HEALTH BEHAVIORS, AND SOCIAL DETERMINANTS IN THE COMMUNITY IS GATHERED AND ANALYZ ED. DATA IS COLLECTED FROM A VARIETY OF RESOURCES AND ANALYZED COMPARING LOCAL, STATE, AND NATIONAL BENCHMARKS WHEN AVAILABLE. THE CHSA WAS CONDUCTED MAY - NOVEMBER 2016. COMMUNITY THEMES AND STRENGTHS ASSESSMENT THE COMMUNITY THEMES AND STRENGTHS ASSESSMENT (CTSA) AIMS TO GATHER COMMUNITY MEMBERS' PERCEPTIONS, THOUGHTS, OPINIONS, AND CONCERNS REGARDING QUAL ITY OF LIFE IN WILL COUNTY. THIS INPUT PROVIDES VALUABLE INSIGHT INTO THE ISSUES OF IMPORT ANCE TO THE COMMUNITY. THE CTSA WAS CONDUCTED DECEMBER 2016 - MARCH 2017. FORCES OF CHANGE ASSESSMENT THE FORCES OF CHANGE ASSESSMENT (FOCA) AIMS TO IDENTIFY ALL THE FORCES AND ASS OCIATED OPPORTUNITIES AND THREATS THAT CAN AFFECT, EITHER NOW OR IN THE FUTURE, THE LOCAL PUBLIC HEALTH SYSTEM. FORCES MAY BE SOCIAL, ECONOMIC, POLITICAL, TECHNOLOGICAL, ENVIRONMEN TAL, SCIENTIFIC, LEGAL, AND/OR ETHICAL IN NATURE. FORCES CAN BE TRENDS, FACTORS, OR EVENTS . THE FOCA WAS CONDUCTED SEPTEMBER - DECEMBER 2016. LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT THE LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA) WAS CONDUCTED ON DECEMBER 1, 2016. THE L PHSA IS USED TO UNDERSTAND THE OVERALL STRENGTHS AND WEAKNESSES OF THE PUBLIC HEALTH SYSTE M BASED ON THE 10 ESSENTIAL PUBLIC HEALTH SERVICES. THE WILL COUNTY MAPP COLLABORATIVE WAS FORMED FOLLOWING THE COMPLETION OF THE MAPP PROJECT IN 2011. THE SECOND ITERATION OF THE MAPP PROCESS BEGAN IN SEPTEMBER 2012 AND WAS COMPLETED IN MAY 2014. THE THIRD ROUND OF THE MAPP PROCESS BEGAN IN JANUARY 2016 AND THE FOURTH ROUND BEGAN IN 2019 FOR COMPLETION IN 2 020. THE MAPP EXECUTIVE COMMITTEE MEETS BI-MONTHLY TO PROVIDE OVERSIGHT TO THE ONGOING MAP P PROCESS AND MAKE RECOMMENDATIONS TO THE OVERALL OPERATIONS OF THE MAPP COLLABORATIVE. A PROGRAM COORDINATOR WAS APPOINTED IN MARCH 2013. THE COORDINATOR IS A FULL-TIME STAFF MEMB ER OF THE WILL COUNTY HEALTH DEPARTMENT, WITH PARTIAL FUNDING BY THE WILL COUNTY MAPP COLL ABORATIVE. ACTION TEAMS WERE ESTABLISHED AROUND THE IDENTIFIED PRIORITIES AND HAVE BEEN IM PLEMENTING ACTION PLANS AND STRATEGIES TO ADDRESS THOSE NEEDS. THE ACTION TEAMS ARE LED BY CHAIRS AND CO-CHAIRS FROM PARTNER ORGANIZATIONS. MOST OF THE TEAMS MEET MONTHLY OR BI-MON THLY AS NEEDED. ORGANIZATIONS

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	INVOLVED IN THE MAPP EXECUTIVE COMMITTEE ARE LISTED BELOW. - AMITA HEALTH ADVENTIST MEDICAL CENTER BOLINGBROOK - AUNT MARTHA'S YOUTH SERVICES - CATHOLIC CHARITIES - CHESTNUT HEALTH SYSTEMS - EASTERSEALS JOLIET REGION, INC. - EDWARD HOSPITAL - GOVERNORS STATE UNIVERSITY - NEW LIFE CHURCH - AMITA HEALTH SAINT JOSEPH MEDICAL CENTER - SENIOR SERVICES OF WILL COUNTY - SILVER CROSS HOSPITAL - STEPPING STONES, INC. - UNITED WAY OF WILL COUNTY - WILL COUNTY COMMUNITY HEALTH CENTER - WILL COUNTY EXECUTIVE'S OFFICE - WILL COUNTY HEALTH DEPARTMENT - WILL-GRUNDY MEDICAL CLINIC PRIORITIZATION OF STRATEGIC ISSUES ON APRIL 7, 2017, FORTY-ONE WILL COUNTY PUBLIC HEALTH STAKEHOLDERS PARTICIPATED IN A PLANNING SESSION AT PRESENCE SAINT JOSEPH MEDICAL CENTER TO REVIEW KEY FINDINGS FROM THE FOUR MAPP ASSESSMENTS, IDENTIFY CROSS-CUTTING THEMES AND POTENTIAL STRATEGIC ISSUES, AND PRIORITIZE A SET OF STRATEGIC ISSUES. THE MEETING WAS FACILITATED BY THE ILLINOIS PUBLIC HEALTH INSTITUTE. ATTENDEES IDENTIFIED FIVE POTENTIAL STRATEGIC ISSUES BUT COULD NOT COME TO CONSENSUS. IN MAY OF 2017, MAPP EXECUTIVE COMMITTEE MEMBERS WERE ASKED TO USE A PRIORITIZATION CRITERIA AND PLANNING WORKSHEET DURING THE DISCUSSION OF THE PREVIOUSLY IDENTIFIED STRATEGIC ISSUES. ALL ATTENDEES AGREED THAT TRANSPORTATION IS A CONCERN, BUT THAT IT COULD BE NESTED UNDER ALL STRATEGIC ISSUES AND BECOME A GOAL OF THE MAPP EXECUTIVE COMMITTEE. ACCESS TO HEALTHY LIFESTYLE CHOICES WOULD ALSO BE NESTED IN ALL ISSUES AS A STRATEGY. MAPP EXECUTIVE COMMITTEE MEMBERS DECIDED THAT BEHAVIORAL HEALTH, ACCESS TO DENTAL AND PRIMARY CARE, AND CHRONIC DISEASE WOULD BE THE TOP THREE STRATEGIC ISSUES FOR THE NEXT THREE YEARS.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - AMITA HEALTH SAINT JOSEPH MEDICAL CENTER. AMITA HEALTH SAINT JOSEPH MEDICAL CENTER PARTNERED WITH SILVER CROSS HOSPITAL, ADVENTIST BOLINGBROOK HOSPITAL AND EDWARD HOSPITAL TO COMPLETE THEIR CHNA.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - AMITA HEALTH SAINT JOSEPH MEDICAL CENTER. -AUNT MARTHA'S YOUTH SERVICES -CATHOLIC CHARITIES -CHESTNUT HEALTH SYSTEMS -EASTERSEALS JOLIET REGION, INC. -GOVERNORS STATE UNIVERSITY -NEW LIFE CHURCH -SENIOR SERVICES OF WILL COUNTY -STEPPING STONES, INC. -UNITED WAY OF WILL COUNTY -WILL COUNTY COMMUNITY HEALTH CENTER -WILL COUNTY EXECUTIVE'S OFFICE -WILL COUNTY HEALTH DEPARTMENT -WILL-GRUNDY MEDICAL CLINIC

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - AMITA HEALTH SAINT JOSEPH MEDICAL CENTER. COPIES OF THE CHNA REPORT WERE MAILED AND/OR E-MAILED TO COMMUNITY PARTNERS WHO PARTICIPATED IN THE CHNA PROCESS. PARTNERS WERE ALSO PROVIDED LINKS TO THE WEBSITE FOR DISSEMINATION TO INDIVIDUALS ON THEIR MAILING LISTS AND RESPECTIVE CONSTITUENTS.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - AMITA HEALTH SAINT JOSEPH MEDICAL CENTER. AFTER CONSOLIDATING OVERLAPPING ISSUES IDENTIFIED IN THE MAPP CHNA, THE TOP IDENTIFIED NEEDS IN WILL COUNTY ARE: -IMPROVING BEHAVIORAL HEALTH -ACCESS TO DENTAL AND PRIMARY CARE -PREVENTING AND REDUCING CHRONIC DIS EASE AMITA HEALTH SAINT JOSEPH MEDICAL CENTER WILL CONTINUE TO SERVE ON THE MAPP EXECUTIVE COMMITTEE AND MAPP ACTION TEAMS TO ADDRESS THE IDENTIFIED NEEDS IN WILL COUNTY WITHIN THE NEXT THREE TO FIVE YEARS. ALL SIGNIFICANT NEEDS IDENTIFIED IN THE MOST RECENTLY CONDUCTED CHNA ARE BEING ADDRESSED. Access to Dental and Primary Care Federally Qualified Health Ce nt ers (FQHC) and Free Clinic Partner Support: Provide financial, referral, and in-kind sup port to local FQHCs and free clinics. In fiscal year 2019. AMITA Health Saint Joseph Medic al Center Joliet provided an annual donation as well as in-kind surgical and ancillary car e for patients registered with the Will-Grundy Medical Clinic. The Clinic annually serves over 800 persons, who are the most economically vulnerable in our community and are not el igible for government assistance. In addition, in order to increase and secure access to p rimary health care for those uninsured and underinsured, AMITA HEALTH Saint Joseph Medical Center partnered with Aunt Martha's to ensure patients are assigned a medical home for po st discharge care. In collaboration, Aunt Martha's provided an on-site coordinator and pho ne liaison to AMITA Health Saint Joseph Medical Center, to round in the emergency departme nt as well as on inpatient units to coordinate primary care visits for patients and sign p atients up for Medicaid services or insurance on the federal exchanges. Additionally, Sain t Joseph Medical Center provides clinic space within the Medical Center campus for Aunt Ma rtha's at a rental fee of only \$1 per year. Oral Health Needs Assessment: Conduct a compre hensive oral health needs assessment for Will County to develop further strategies to addr ess dental issues. In 2018 & 2019 a comprehensive oral needs assessment was completed in c ollaboration with the Will County Health Department. Findings from the assessment were cir culated to key stakeholders in the community. A resource list of services for patients who utilize Medicaid was developed and Saint Joseph Medical Center circulated this resource t o its emergency department team for referrals. Improving Behavioral Health Behavioral Heal th Capacity Assessment: A county-wide assessment to determine the current barriers to care for behavior health. In partnership with the Will County MAPP Collaborative a bi-annual c apacity assessment was completed to identify gaps in mental health care and substance use disorder programs. Findings from the assessment were circulated to key stakeholders in the community. Additionally, an GIS mapped Behavioral Health Resource Directory was completed in collaboration with the Will County GIS department. Mental Health First Aid (MHFA): Cer tificate-based program using n

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	ational, evidence-based curriculum that teaches the skills to respond to the signs of ment al illness and substance use disorders. Saint Joseph Medical Center hosted and funded trai nings for local law enforcement, first responders, the local YMCAs and other community mem bers during the last 3-year action cycle. Family Guidance Center Warm Handoff Program In p artnership with Family Guidance Center, a non-profit behavioral health organization, the W arm Handoff Program for those AMITA Health Saint Joseph Medical Center Joliet patients wit h an identified substance use disorder, was initiated in 2018. Family Guidance Center prov ides a full-time Certified Alcohol and Drug Counselor on site at AHSJMCJ so clinical staff that identify patients suffering with SUD can be routed to treatment options. Family Guid ance specializes in finding appropriate inpatient or intensive outpatient treatment for th ose individuals who are uninsured or underinsured. Through the initiation of this program, over 360 persons have been screened and nearly 50 have been to treatment. Preventing and Reducing Chronic Diseases American Lung Association Tobacco 21 Act: Increasing the minimum age of sale for tobacco products to at least 21 years old will significantly reduce youth tobacco use and save thousands of lives. Through local and state advocacy efforts, AMITA Health was able to assist in the passage of reducing the age to obtain to tobacco to 21 ye ars. This was passed into state law in 2019. Micro Pantry Through partnership with the Foo d Access team of the Will County MAPP Collaborative, additional sites of need were identif ied to install a micro pantry in Will County. As a result of this collaboration, AMITA Hea lth Saint Joseph Medical Center Joliet installed a pantry outside of the chapel entrance i n September 2018. A micro pantry is a 24/7 emergency food source typically location outsid e a hosting organization. Additionally, the all the micro pantries in the county were mapp ed using GIS services and promoted with those who have food insecurity. Food Insecurity Sc reenings: Food Box & Rx Mobile Food Pantries In collaboration with Northern Illinois Food Bank, AHSJMCJ began screening outpatient dietician and diabetes patients on food insecurit y. In fiscal year 2019, patients who screened positive were given a voucher to obtain a fr ee box of fresh fruit and produce from the Medical Center. On average 10-15 boxes per week were provided to patients. In fiscal year 2020, a new program, Rx Mobile Food Pantry, was initiated to bring an on-site mobile food pantry truck to the AHSJMJ campus twice per mon th to provide free produce, meat and dairy. Patients referred by the outpatient dietician and diabetes center are tracked on health outcomes related to obtaining healthy foods from the Rx Mobile Food Pantry. On average, each truck serves 220 individuals with free health y food options that they would normally would not obtain on their limited incomes. Diabete s Prevention Program (DPP): Di

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	abetes screening and education program focusing on the prevention of type 2 diabetes through lifestyle and nutrition therapy. In response to prevalence of diabetes we supported the Greater Joliet Area YMCA in implementing a Diabetic Prevention Program, an evidence-based program, to reduce the rate of uncontrolled Type 2 Diabetes. In addition, AMITA advocated for expansion and sustainability of the Diabetes Prevention Program with federal and state representatives to provide reimbursement for Medicare and coverage for Medicaid recipients. Diabetes Resource Guide: A comprehensive guide of services for diabetes and pre-diabetes for providers and community. Through partnership with the Will County MAPP Collaborative a diabetes resource guide for Will County was established and shared with key community stakeholders in 2018.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	To better target community resources on the service area's most pressing health needs, the hospital participated in a group discussion with organizational decision makers and community leaders to prioritize the significant community health needs while considering several criteria: alignment with Ascension Health strategies of healthcare that leaves no one behind; care for the poor and vulnerable; opportunities for partnership; availability of existing programs and resources; opportunities for partnership; addressing disparities of subgroups; availability of evidence-based practices; and community input. The significant health needs are a prioritized description of the significant health needs of the community as identified through the CHNA. See Schedule H, Part V, Line 7 for the link to the CHNA and Schedule H, Part V, Line 11 for how those needs are being addressed.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - AMITA HEALTH MERCY MEDICAL CENTER. THE CHNA PROCESS WAS INITIATED BY AMITA HEALTH MERCY MEDICAL CENTER AND AMITA HEALTH SAINT JOSEPH HOSPITAL IN COLLABORATION WITH T HE COMMUNITIES THEY SERVE, THE KANE COUNTY HEALTH DEPARTMENT, DELNOR HOSPITAL, RUSH-COPLEY MEDICAL CENTER, SHERMAN HOSPITAL, FOX VALLEY UNITED WAY AND THE UNITED WAY OF ELGIN. ENGA GEMENT OF PUBLIC HEALTH EXPERTISE THE KANE COUNTY HEALTH DEPARTMENT FACILITATED THE CHNA P ROCESS BY USING THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) TOOL. A MITA HEALTH MERCY MEDICAL CENTER SERVED AS ONE OF EIGHT PARTNERS THAT PARTICIPATED IN THE KANE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT. THIS PROVIDED THE OPPORTUNITY FOR AMITA HEA LTH MERCY MEDICAL CENTER TO ACTIVELY PROVIDE EXPERTISE, INPUT, AND FINANCIAL SUPPORT. PART NERS ALSO INVOLVED IN THIS PROCESS INCLUDED THE FOUR OTHER HOSPITALS IN KANE COUNTY INCLUD ING DELNOR HOSPITAL, AMITA HEALTH SAINT JOSEPH HOSPITAL, RUSH-COPLEY MEDICAL CENTER, SHERM AN HOSPITAL, AS WELL AS FOX VALLEY UNITED WAY AND THE UNITED WAY OF ELGIN. COMMUNITY HEALT H IMPROVEMENT PLAN (CHIP) COMMITTEE TO PROVIDE COMMUNITY LEVEL OVERSIGHT FOR THE PROCESS, A DIVERSE GROUP OF COMMUNITY STAKEHOLDERS AND AMITA HEALTH MERCY MEDICAL CENTER REPRESENTA TIVES WERE INVITED TO PARTICIPATE ON THE CHIP STEERING COMMITTEE. TO ENSURE REPRESENTATIVE ENGAGEMENT, PERSONAL INVITATIONS WERE SENT TO ORGANIZATIONS REPRESENTING CULTURAL, LINGUI STIC, RACIAL, ETHNIC, AND OTHER MINORITY GROUPS. IN ADDITION, INDIVIDUALS WITH SPECIALIZED QUALIFICATIONS IN DEALING WITH SPECIAL POPULATIONS OR CLINICAL GROUPS WERE SOLICITED FOR THEIR PARTICIPATION. FINALLY, EFFORTS WERE MADE TO INCLUDE INDIVIDUALS ON THE CHIP STEERIN G COMMITTEE WITH PUBLIC HEALTH EXPERTISE. THOSE WHO COMMITTED TO THE ASSESSMENT AND PLANNI NG PROCESS BECAME THE EIGHT MEMBERS OF THE CHNA STEERING COMMITTEE, WHICH CONTINUES TO MEE T REGULARLY TO PROVIDE FEEDBACK AND OVERSIGHT, ASSESS PROGRESS, AND MODIFY PLANS AS NEEDED . THE KANE COUNTY CHIP STEERING COMMITTEE MEMBERS ARE LISTED BELOW: -KANE COUNTY HEALTH DEPARTMENT -UNITED WAY OF ELGIN -AMITA HEALTH MERCY MEDICAL CENTER -AMITA HEALTH SAINT JOSEPH HOSPITAL -ADVOCATE SHERMAN HOSPITAL -FOX VALLEY UNITED WAY -INC BOARD -CADENCE HEALTH -R USH-COPLEY MEDICAL CENTER TO ESTABLISH PRIORITIES FOR THE IDENTIFIED NEEDS, AMITA HEALTH M ERCY MEDICAL CENTER ENGAGED IN A JOINT PRIORITIZATION EXERCISE WITH OTHER KANE COUNTY PART NER ORGANIZATIONS. ON MAY 10TH, 2018, THE KANE COUNTY HEALTH DEPARTMENT AND THE COLLABORAT ING HOSPITAL PARTNERS CONVENED A GROUP OF COMMUNITY STAKEHOLDERS (REPRESENTING A CROSS-SEC TION OF COMMUNITY-BASED AGENCIES AND ORGANIZATIONS) TO EVALUATE, DISCUSS AND PRIORITIZE HE ALTH ISSUES FOR COMMUNITY, BASED ON FINDINGS OF THIS COMMUNITY HEALTH NEEDS ASSESSMENT (CH NA). PROFESSIONAL RESEARCH CONSULTANTS, INC. (PRC) BEGAN THE MEETING WITH A PRESENTATION O F KEY FINDINGS FROM THE CHNA, HIGHLIGHTING THE SIGNIFICANT HEALTH ISSUES IDENTIFIED FROM T HE RESEARCH (SEE AREAS OF OPPO

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	RTUNITY ABOVE). FOLLOWING THE DATA REVIEW, PRC ANSWERED ANY QUESTIONS AND FACILITATED A GR OUP DIALOGUE, ALLOWING PARTICIPANTS TO ADVOCATE FOR ANY OF THE HEALTH ISSUES DISCUSSED. AF TERWARD, PARTICIPANTS WERE PROVIDED AN OVERVIEW OF THE PRIORITIZATION EXERCISE THAT FOLLOW ED. TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN T HE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY ALSO WAS IMPLEMENTED AS PART OF THIS PROCESS. A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY KANE COUNTY HEALTH DEPAR TMENT AND COLLABORATING PARTNER ORGANIZATIONS; THIS LIST INCLUDED NAMES AND CONTACT INFORM ATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SE RVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHO SEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THE Y WORK, AS WELL AS OF THE COMMUNITY OVERALL. KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRO DUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE; REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION. IN ALL, 157 COMMUNITY STAKEHOLDERS T OOK PART IN THE ONLINE KEY INFORMANT SURVEY. AMITA HEALTH MERCY MEDICAL CENTER WILL USE TH E INFORMATION FROM THIS COMMUNITY HEALTH NEEDS ASSESSMENT TO DEVELOP AN IMPLEMENTATION STR ATEGY TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IN THE COMMUNITY. WHILE THE HOSPITAL WILL LI KELY NOT IMPLEMENT STRATEGIES FOR ALL OF THE HEALTH ISSUES LISTED ABOVE, THE RESULTS OF TH IS PRIORITIZATION EXERCISE WILL BE USED TO INFORM THE DEVELOPMENT OF THE HOSPITAL'S ACTION PLAN TO GUIDE COMMUNITY HEALTH IMPROVEMENT EFFORTS IN THE COMING YEARS.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - AMITA HEALTH MERCY MEDICAL CENTER. AMITA HEALTH MERCY MEDICAL CENTER PARTNERED WITH SHERMAN HOSPITAL, CADENCE HEALTH, AMITA HEALTH SAINT JOSEPH HOSPITAL AND RUSH-COPLEY MEDICAL CENTER TO COMPLETE THEIR CHNA.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - AMITA HEALTH MERCY MEDICAL CENTER. KANE COUNTY HEALTH DEPARTMENT; UNITED WAY OF ELGIN; FOX VALLEY UNITED WAY; INC BOARD

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - AMITA HEALTH MERCY MEDICAL CENTER. COPIES OF THE CHNA REPORT WERE MAILED AND/OR E-MAILED TO COMMUNITY PARTNERS WHO PARTICIPATED IN THE CHNA PROCESS. PARTNERS WERE ALSO PROVIDED LINKS TO THE WEBSITE FOR DISSEMINATION TO INDIVIDUALS ON THEIR MAILING LISTS AND RESPECTIVE CONSTITUENTS.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - AMITA HEALTH MERCY MEDICAL CENTER. BASED ON THE CHNA FINDINGS, INTERNAL RESOURCES, AND INTERNAL EXPERTISE, THE AREAS OF FOCUS FOR THE TAX YEAR 2017 IMPLEMENTATION ST RATEGY PLAN THAT AMITA HEALTH MERCY MEDICAL CENTER WILL HELP ADDRESS INCLUDE: - MENTAL HEA LTH - CHRONIC DISEASE - INCOME AND EDUCATION ALL SIGNIFICANT NEEDS IDENTIFIED IN 2018 CHNA except for Income & Education. AMITA HEALTH MERCY MEDICAL CENTER is actively participatin g on the Kane county Income & Education action team. An environmental scan was completed i n 2018 to better target action team activities. There are initiatives planned to target ea rly career development for middle school students. AMITA HEALTH MERCY MEDICAL CENTER will continue to support and collaborate with this action team. Faith Community Nursing Program The Faith Community Nursing (FCN) program at AMITA HEALTH MERCY MEDICAL CENTER integrates faith and health in order to serve the health care needs of members of faith congregation s and the community. The FCN role is a specialty of nursing focused on the integration of the spiritual dimension into the health system through visits involving advocacy, referral , wellness education and navigation of the health system. In 2019, AMITA HEALTH MERCY MEDI CAL CENTER provided faith communities with health information and resources integrating th e spiritual dimension with evidence-based knowledge to enhance decision making for optimal healthy choices. The following parishes were engaged Our Lady of Mercy Catholic Church, S t. Katharine Drexel Catholic Church, Bethany Lutheran Catholic Church, Main Baptist Church , Fox Valley Faith & Health Network. Total participants int eh program in 2019 were 6,583. Take Charge of Your Health Take Charge of Your Health Chronic Disease Self-Management Pro gram is a 6-week program with participants education workshop that is evidence based Chron ic Disease Self-Management Program developed by Stanford School of Medicine Patient Educat ion Research Center. The program provides information and teaches practical skills on mana ging chronic health problems. Live Well, Be Well program gives people the confidence and m otivation they need to manage the challenges of living with chronic disease including comm unication with physicians, symptom management, action planning & strategies for disease pr evention. Caregivers are encouraged to attend. In 2019, AMITA HEALTH MERCY MEDICAL CENTER provided access to Take Charge of Your Health workshops for individuals diagnosed with at least one chronic disease to Federally Qualified Health Centers (FQHCS), local physicians and faith communities. Twenty participants were enrolled in this program in FY2019. Commu nity Wellness Program The Community Wellness Program provides community education and scree ning programs on a variety of health and wellness topics both in the community and main ho spital location. Components of the program include: blood pressure, blood glucose, blood l ipid, body-fat and body mass i

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>index (BMI) screenings. Health education topics on chronic disease include hypertension, stroke, diabetes, obesity and heart disease. In 2019, AMITA HEALTH MERCY MEDICAL CENTER provided increased access to health screenings services and health education, including wellness and chronic disease prevention to Faith Communities, at Local Health Fair, at Local Food Pantry's and at Federally Qualified Health Center's. Screening included metabolic screenings along with health education on chronic disease (stroke, diabetes, heart disease, high blood pressure) to over 1,300 persons. A-List Diabetes Prevention Program A-List is a diabetes screening and education program that focuses to prevent the onset of type 2 diabetes. Established in 2011, the A-List: Achieving Good Health Diabetes Prevention program is an 8-week program that combines diabetes prevention education strategies and medical nutrition therapy concurrently. Participants must have at least one risk factor for type 2 diabetes but must not be diagnosed upon program entry. Participants meet with a diabetes educator for an individual initial assessment to determine the plan of care. Participants will then attend eight 1.5-hour workshops and two individual medical nutrition therapy sessions. Healthy behavior goals are selected by participants and a diabetes educator at the beginning of the program and then to be re-evaluated midway through the program and upon program completion or as needed. In 2019, 26 persons participated in A-List with 100% reporting increased knowledge on diabetes risk factors, nutrition and diabetes prevention strategies. A1C Achiever Diabetes Management Program The A1C Achiever Diabetes Management Program is a 2-3 month diabetes self-management education program, which has achieved Education Recognition Program status by the American Diabetes Association and follow the National Standards for Diabetes Self-Management Education and Support. Patients are referred to the program by their primary healthcare provider. The program includes an initial assessment, followed by a series of 5 classes and concluding with a final assessment. The diabetes educators are nurses, dietitians and pharmacists. The goal for the program is to adopt healthier behaviors which will lead to improved glycemic control. In 2019, AMITA HEALTH MERCY MEDICAL CENTER offered the self-management training and education to community with an emphasis on the underserved. 80% dropped their A1C score and 66% kept their A1C score less than 7%. Active Shooter Response Community Training In response to the active shooter event that occurred in Aurora, IL in February 2019, AMITA HEALTH MERCY MEDICAL CENTER partnered with the Aurora Police Department (APD) offering ALICE: Active Shooter Response Training to several local faith communities. ALICE (Alert, Lockdown, Inform, Counter, Evacuate) Training provides preparation and a plan for individuals and organizations on how to more proactively handle the threat of an aggressor.</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	sive intruder or active shooter event. ALICE training option based tactics have become the accepted response, versus the traditional "lockdown only" approach. Program participants increased recognition of ALICE option-based tactics and improved confidence in responding to an aggressive intruder or active shooter event. Having demonstrated its effectiveness, the program continues to expand and add both participants and partners in the faith community. In 2019, 130 community participants completed the training held by AMITA HEALTH MERCY MEDICAL CENTER. Mental Health First Aid Training In response to a demonstrated system and state-wide need of addressing barriers to accessing and utilizing mental health services, AMITA HEALTH MERCY MEDICAL CENTER introduced Mental Health First Aid (MHFA), to reduce the stigma associated with mental illness and improve the coordination of mental health care throughout a six county service area. Community stakeholders partnered in the development of the strategy and its implementation throughout the process, recruiting trainees, identifying resources, and disseminating findings. Program participants increased recognition of mental health disorders, increased understanding of appropriate treatments, improved confidence in providing help to others during crisis situations, and decreased stigmatizing attitudes. Having demonstrated its effectiveness, the program continues to expand and add both participants and partners. In 2019, Mental Health First Aid for Public Safety was introduced. This training is available to first responders. Forty-four persons attended MHFA training held by AMITA HEALTH MERCY MEDICAL CENTER in 2019.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	To better target community resources on the service area's most pressing health needs, the hospital participated in a group discussion with organizational decision makers and community leaders to prioritize the significant community health needs while considering several criteria: alignment with Ascension Health strategies of healthcare that leaves no one behind; care for the poor and vulnerable; opportunities for partnership; availability of existing programs and resources; opportunities for partnership; addressing disparities of subgroups; availability of evidence-based practices; and community input. The significant health needs are a prioritized description of the significant health needs of the community as identified through the CHNA. See Schedule H, Part V, Line 7 for the link to the CHNA and Schedule H, Part V, Line 11 for how those needs are being addressed.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - AMITA HEALTH SAINT JOSEPH HOSPITAL. THE CHNA PROCESS WAS INITIATED BY AMITA HEALTH SAINT JOSEPH HOSPITAL AND AMITA HEALTH MERCY MEDICAL CENTER IN COLLABORATION WITH THE COMMUNITIES THEY SERVE, THE KANE COUNTY HEALTH DEPARTMENT, DELNOR HOSPITAL, RUSH-COPLEY MEDICAL CENTER, SHERMAN HOSPITAL, FOX VALLEY UNITED WAY AND THE UNITED WAY OF ELGIN. ENGAGEMENT OF PUBLIC HEALTH EXPERTISE THE KANE COUNTY HEALTH DEPARTMENT FACILITATED THE CHNA PROCESS BY USING THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) TOOL. AMITA HEALTH SAINT JOSEPH HOSPITAL SERVED AS ONE OF EIGHT PARTNERS THAT PARTICIPATED IN THE KANE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT. THIS PROVIDED THE OPPORTUNITY FOR AMITA HEALTH SAINT JOSEPH HOSPITAL TO ACTIVELY PROVIDE EXPERTISE, INPUT, AND FINANCIAL SUPPORT. PARTNERS ALSO INVOLVED IN THIS PROCESS INCLUDED THE FOUR OTHER HOSPITALS IN KANE COUNTY INCLUDING DELNOR HOSPITAL, AMITA HEALTH MERCY MEDICAL CENTER, RUSH-COPLEY MEDICAL CENTER, SHERMAN HOSPITAL, AS WELL AS FOX VALLEY UNITED WAY AND THE UNITED WAY OF ELGIN. COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) COMMITTEE: TO PROVIDE COMMUNITY LEVEL OVERSIGHT FOR THE PROCESS, A DIVERSE GROUP OF COMMUNITY STAKEHOLDERS AND AMITA HEALTH SAINT JOSEPH HOSPITAL REPRESENTATIVES WERE INVITED TO PARTICIPATE ON THE CHIP STEERING COMMITTEE. TO ENSURE REPRESENTATIVE ENGAGEMENT, PERSONAL INVITATIONS WERE SENT TO ORGANIZATIONS REPRESENTING CULTURAL, LINGUISTIC, RACIAL, ETHNIC, AND OTHER MINORITY GROUPS. IN ADDITION, INDIVIDUALS WITH SPECIALIZED QUALIFICATIONS IN DEALING WITH SPECIAL POPULATIONS OR CLINICAL GROUPS WERE SOLICITED FOR THEIR PARTICIPATION. FINALLY, EFFORTS WERE MADE TO INCLUDE INDIVIDUALS ON THE CHIP STEERING COMMITTEE WITH PUBLIC HEALTH EXPERTISE. THOSE WHO COMMITTED TO THE ASSESSMENT AND PLANNING PROCESS BECAME THE EIGHT MEMBERS OF THE CHNA STEERING COMMITTEE, WHICH CONTINUES TO MEET REGULARLY TO PROVIDE FEEDBACK AND OVERSIGHT, ASSESS PROGRESS, AND MODIFY PLANS AS NEEDED. THE KANE COUNTY CHIP STEERING COMMITTEE MEMBERS ARE LISTED BELOW: KANE COUNTY HEALTH DEPARTMENT UNITED WAY OF ELGIN AMITA HEALTH MERCY MEDICAL CENTER AMITA HEALTH ST. JOSEPH HOSPITAL ADVOCATE SHERMAN HOSPITAL FOX VALLEY UNITED WAY INC BOARD CADENCE HEALTH RUSH-COPLEY MEDICAL CENTER TO ESTABLISH PRIORITIES FOR THE IDENTIFIED NEEDS, AMITA HEALTH SAINT JOSEPH HOSPITAL ENGAGED IN A JOINT PRIORITIZATION EXERCISE WITH OTHER KANE COUNTY PARTNER ORGANIZATIONS. ON MAY 10TH, 2018, THE KANE COUNTY HEALTH DEPARTMENT AND THE COLLABORATING HOSPITAL PARTNERS CONVENED A GROUP OF COMMUNITY STAKEHOLDERS (REPRESENTING A CROSS-SECTION OF COMMUNITY-BASED AGENCIES AND ORGANIZATIONS) TO EVALUATE, DISCUSS AND PRIORITIZE HEALTH ISSUES FOR COMMUNITY, BASED ON FINDINGS OF THIS COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). PROFESSIONAL RESEARCH CONSULTANTS, INC. (PRC) BEGAN THE MEETING WITH A PRESENTATION OF KEY FINDINGS FROM THE CHNA, HIGHLIGHTING THE SIGNIFICANT HEALTH ISSUES IDENTIFIED FROM THE RESEARCH. FOLLOWING THE DATA REVIEW

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	EW, PRC ANSWERED ANY QUESTIONS AND FACILITATED A GROUP DIALOGUE, ALLOWING PARTICIPANTS TO ADVOCATE FOR ANY OF THE HEALTH ISSUES DISCUSSED. AFTERWARD, PARTICIPANTS WERE PROVIDED AN OVERVIEW OF THE PRIORITIZATION EXERCISE THAT FOLLOWED. TO SOLICIT INPUT FROM KEY INFORMANT S, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE K EY INFORMANT SURVEY ALSO WAS IMPLEMENTED AS PART OF THIS PROCESS. A LIST OF RECOMMENDED PA RTICIPANTS WAS PROVIDED BY KANE COUNTY HEALTH DEPARTMENT AND COLLABORATING PARTNER ORGANIZ ATIONS; THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REP RESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVE RALL. KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PR OVIDING A LINK TO TAKE THE SURVEY ONLINE; REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION. IN ALL, 157 COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SU RVEY. AMITA HEALTH SAINT JOSEPH HOSPITAL WILL USE THE INFORMATION FROM THIS COMMUNITY HEAL TH NEEDS ASSESSMENT TO DEVELOP AN IMPLEMENTATION STRATEGY TO ADDRESS THE SIGNIFICANT HEALT H NEEDS IN THE COMMUNITY. WHILE THE HOSPITAL WILL LIKELY NOT IMPLEMENT STRATEGIES FOR ALL OF THE HEALTH ISSUES LISTED ABOVE, THE RESULTS OF THIS PRIORITIZATION EXERCISE WILL BE USE D TO INFORM THE DEVELOPMENT OF THE HOSPITAL'S ACTION PLAN TO GUIDE COMMUNITY HEALTH IMPROV EMENT EFFORTS IN THE COMING YEARS.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - AMITA HEALTH SAINT JOSEPH HOSPITAL. AMITA HEALTH SAINT JOSEPH HOSPITAL PARTNERED WITH SHERMAN HOSPITAL, AMITA HEALTH MERCY MEDICAL CENTER, CADENCE HEALTH AND RUSH-COPLEY MEDICAL CENTER TO COMPLETE THEIR CHNA.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - AMITA HEALTH SAINT JOSEPH HOSPITAL. KANE COUNTY HEALTH DEPARTMENT; UNITED WAY OF ELGIN; FOX VALLEY UNITED WAY; INC BOARD

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - AMITA HEALTH SAINT JOSEPH HOSPITAL. COPIES OF THE CHNA REPORT WERE MAILED AND/OR E-MAILED TO COMMUNITY PARTNERS WHO PARTICIPATED IN THE CHNA PROCESS. PARTNERS WERE ALSO PROVIDED LINKS TO THE WEBSITE FOR DISSEMINATION TO INDIVIDUALS ON THEIR MAILING LISTS AND RESPECTIVE CONSTITUENTS.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - AMITA HEALTH SAINT JOSEPH HOSPITAL. BASED ON THE CHNA FINDINGS, INTERNAL RE SOURCES, AND INTERNAL EXPERTISE, THE AREAS OF FOCUS FOR THE TAX YEAR 2017 IMPLEMENTATION S STRATEGY PLAN THAT AMITA HEALTH SAINT JOSEPH HOSPITAL WILL HELP ADDRESS INCLUDE: - MENTAL H EALTH - CHRONIC DISEASE - INCOME AND EDUCATION ALL SIGNIFICANT NEEDS IDENTIFIED IN TAX YEA R 2017 CHNA ARE BEING ADDRESSED EXCEPT INCOME AND EDUCATION. IN LIEU OF A DIRECT STRATEGY TO ADDRESS THE NEED, AMITA HEALTH SAINT JOSEPH HOSPITAL JOINED THE ALIGNMENT FOR COLLABORA TIVE EDUCATION COALITION IN 2018. THIS COLLABORATIVE IS FOCUSED ON THE COLLECTIVE IMPACT O F BUSINESSES AND THE SCHOOL COMMUNITIES. THEY ARE PARTNERING WITH ELGIN SCHOOL DISTRICT U- 46 TO IMPROVE CAREER PATHWAYS, EARLY EDUCATION SUCCESS AND INCREASE TRAUMA EDUCATION. AMIT A HEALTH SAINT JOSEPH HOSPITAL PROVIDED FUNDING TO ASSIST THE COLLABORATIVE IN THEIR EFFOR TS IN DECEMBER 2018. Take Charge of Your Health Take Charge of Your Health Chronic Disease Self- Management Program is a 6-week program with participants education workshop that is evidence based Chronic Disease Self-Management Program developed by Stanford School of Med icine Patient Education Research Center. The program provides information and teaches prac tical skills on managing chronic health problems. Live Well, Be Well program gives people the confidence and motivation they need to manage the challenges of living with chronic di sease including communication with physicians, symptom management, action planning & strat egies for disease prevention. Caregivers are encouraged to attend. In 2019, AMITA HEALTH S AINT JOSEPH HOSPITAL provided access to Take Charge of Your Health workshops for individua ls diagnosed with at least one chronic disease to Federally Qualified Health Centers (FQHC S), local physicians and faith communities. Twenty participants were enrolled in this prog ram in FY2019. Community Wellness Program The Community Wellness Program provides community y education and screening programs on a variety of health and wellness topics both in the community and main hospital location. Components of the program include: blood pressure, b lood glucose, blood lipid, body-fat and body mass index (BMI) screenings. Health education topics on chronic disease include hypertension, stroke, diabetes, obesity and heart disea se. In 2019, AMITA provided increased access to health screenings services and health educ ation, including wellness and chronic disease prevention to Faith Communities, at Local He alth Fair, at Local Food Pantry's and at Federally Qualified Health Center's. Screening in cluded metabolic screenings along with health education on chronic disease (stroke, diabet es, heart disease, high blood pressure) to over 400 persons. CDC National Diabetes Prevent ion Program The National Diabetes Prevention Program (National DPP) is an evidence-based l ifestyle change program. People at risk for type 2 diabetes participate in the program and work to reduce their risk of

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>type 2 diabetes. Healthy behavior goals are selected by participants and a diabetes educator at the beginning of the program and then to be re-evaluated midway through the program and upon program completion or as needed. In 2019, 36 persons participated in the DPP provided by AMITA HEALTH SAINT JOSEPH HOSPITAL. A1C Achiever Diabetes Management Program The A1C Achiever Diabetes Management Program is a 2-3 month diabetes self-management education program, which has achieved Education Recognition Program status by the American Diabetes Association and follow the National Standards for Diabetes Self-Management Education and Support. Patients are referred to the program by their primary healthcare provider. The program includes and initial assessment, followed by a series of 5 classes and concluding with a final assessment. The diabetes educators are nurses, dietitians and pharmacists. The goal for the program is to adopt healthier behaviors which will lead to improved glycemic control. In 2019, AMITA HEALTH SAINT JOSEPH HOSPITAL offered the self-management training and education to community with an emphasis on the underserved. 79% dropped their A1C score and 67% kept their A1C score less than 7%. Mental Health First Aid Training In response to a demonstrated system and state-wide need of addressing barriers to accessing and utilizing mental health services, AMITA HEALTH SAINT JOSEPH HOSPITAL introduced Mental Health First Aid (MHFA), to reduce the stigma associated with mental illness and improve the coordination of mental health care throughout a six county service area. Community stakeholders partnered in the development of the strategy and its implementation throughout the process, recruiting trainees, identifying resources, and disseminating findings. Program participants increased recognition of mental health disorders, increased understanding of appropriate treatments, improved confidence in providing help to others during crisis situations and decreased stigmatizing attitudes. Having demonstrated its effectiveness, the program continues to expand and add both participants and partners. In 2019, Mental Health First Aid for Public Safety was introduced. This training is available to first responders. Eighty-eight persons attended MHFA trainings held by AMITA HEALTH SAINT JOSEPH HOSPITAL in 2019. Mental Health Mental Health First Aid (MHFA): An evidenced-based program aimed at reducing the stigma associated with mental illness and improves the coordination of mental health care throughout a six county service area. Program participants increased recognition of mental health disorders, increased understanding of appropriate treatments, improved confidence in providing help to others during crisis situations, and decreased stigmatizing attitudes. Having demonstrated its effectiveness, the program continues to expand and add both participants and partners. Chronic Disease I'M Reducing Obesity in Children (IROC) Nutrition Program: The IROC Nutrition</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>program is designed to provide a series of eight 1.0 hour workshops that will emphasize proper nutrition education for parents and children including goal setting and motivation related to healthy behavior issues. The workshops also provide families with information and resources relevant to the topics covered. Parents attend an education workshop presented by a registered dietitian as children concurrently participate in a cooking demonstration activity led by a registered nurse. Children create and eat healthy snacks in the class that introduces little cooks to the kitchen with easy recipes, simple measurements and kitchen safety.</p> <p>A1C Achiever Diabetes Management Program: "Life with Diabetes" is a 2-3 month program that combines diabetes self-management education and medical nutrition therapy concurrently. Patients who are referred meet with a diabetes educator for an individual initial assessment to determine the plan of care. Patients attend six 1.5 hour sessions and two individual medical nutrition therapy sessions. Patients select healthy behavior goals. All patients that achieve an A1C of less than 7% become part of the "A 1C Achiever" program which is a patient recognition program that rewards patients for achieving glycemic control.</p> <p>Diabetes Prevention Program: The National Diabetes Prevention Program (National DPP) is an evidence-based lifestyle change program. People at risk for type 2 diabetes participate in the program and work to reduce their risk of type 2 diabetes. Healthy behavior goals are selected by participants and a diabetes educator at the beginning of the program and then to be re-evaluated midway through the program and upon program completion or as needed.</p> <p>Community Wellness Program: The Community Wellness Program provides community education and screening programs on a variety of health and wellness topics both in the community and main hospital location. Components of the program include: blood pressure, blood glucose, blood lipid, body fat and body mass index (BMI) screenings. Health education topics on chronic disease include hypertension, stroke, diabetes, obesity and heart disease.</p>

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	Facility , 2 - AMITA HEALTH SAINT JOSEPH HOSPITAL. Live Well, Be Well (LWBW) Chronic Disease Self-Management Program: The LWBW Chronic Disease Self-Management Program is a 6-week program with education workshops. It is an evidence base program developed by Stanford School of Medicine Patient Education Research Center. The program provides information and teaches practical skills on managing chronic health problems. Live Well, Be Well program gives people the confidence and motivation they need to manage the challenges of living with chronic disease including communication with physicians, symptom management, action planning & strategies for disease prevention. Caregivers are encouraged to attend. Income and Education Local School Partnerships: Work with area schools to develop training and internship programs for students, improve health education, and strengthen the economic vibrancy of our neighborhood. Provide advocacy and support for local partnerships with schools and school districts.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	To better target community resources on the service area's most pressing health needs, the hospital participated in a group discussion with organizational decision makers and community leaders to prioritize the significant community health needs while considering several criteria: alignment with Ascension Health strategies of healthcare that leaves no one behind; care for the poor and vulnerable; opportunities for partnership; availability of existing programs and resources; opportunities for partnership; addressing disparities of subgroups; availability of evidence-based practices; and community input. The significant health needs are a prioritized description of the significant health needs of the community as identified through the CHNA. See Schedule H, Part V, Line 7 for the link to the CHNA and Schedule H, Part V, Line 11 for how those needs are being addressed.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - AMITA HEALTH SAINT MARY'S HOSPITAL. IN EARLY 2017, THE PARTNERSHIP FOR A HEALTHY COMMUNITY CONVENED TO CONDUCT THE THIRD ITERATION OF THE MAPP PROCESS. MAPP IS A COMMUNITY-DRIVEN, STRATEGIC PLANNING FRAMEWORK THAT ASSISTS COMMUNITIES IN DEVELOPING AND IMPLEMENTING EFFORTS AROUND THE PRIORITIZATION OF PUBLIC HEALTH ISSUES AND THE IDENTIFICATION OF RESOURCES TO ADDRESS THEM, AS DEFINED BY THE 10 ESSENTIAL PUBLIC HEALTH SERVICES. THE MAPP PROCESS HAS SIX PHASES WHICH INCLUDE FOUR ASSESSMENTS. ENGAGEMENT OF PUBLIC HEALTH EXPERTISE THE KANKAKEE COUNTY HEALTH DEPARTMENT AND PSMH CO-FACILITATED THE CHNA PROCESS BY USING THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) TOOL. THE PARTNERSHIP FOR A HEALTHY COMMUNITY FORMALLY ENGAGED THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI) FOR ASSISTANCE IN PLANNING AND EXECUTING THE CHNA PROCESS. IPHI SERVED AS AN EXPERT PUBLIC HEALTH CONSULTANT THROUGHOUT THE CHNA TIMELINE. CHNA STEERING COMMITTEE THE STEERING COMMITTEE OF THE KANKAKEE PARTNERSHIP MEETS REGULARLY TO PROVIDE OVERSIGHT TO THE ONGOING MAPP PROCESS AND MAKE RECOMMENDATIONS. ACTION TEAMS WERE ESTABLISHED AROUND THE IDENTIFIED PRIORITIES AND HAVE BEEN IMPLEMENTING ACTION PLANS AND STRATEGIES TO ADDRESS THOSE NEEDS. THE ACTION TEAMS ARE LED BY CHAIRS AND CO-CHAIRS FROM PARTNER ORGANIZATIONS. MOST OF THE TEAMS MEET MONTHLY OR BI-MONTHLY AS NEEDED. ORGANIZATIONS ON THE KANKAKEE PARTNERSHIP FOR A HEALTHY COMMUNITY STEERING COMMITTEE ARE LISTED BELOW: - HELEN WHEELER CENTER FOR COMMUNITY MENTAL HEALTH - KANKAKEE COUNTY HEALTH DEPARTMENT - KANKAKEE COUNTY HISPANIC PARTNERSHIP - IROQUOIS & KANKAKEE COUNTY REGIONAL OFFICE OF EDUCATION - PRESENCE ST. MARY'S HOSPITAL - RIVERSIDE MEDICAL CENTER - UNITED WAY OF KANKAKEE & IROQUOIS COUNTIES THE GENERAL MEMBERSHIP CONSISTS OF PARTNERS WHO ARE NOT INVOLVED DIRECTLY WITH AN ACTION TEAM, BUT PARTICIPATE AS APPROPRIATE FOR THEIR ORGANIZATION. THEY CONTRIBUTE TO THE OVERALL ASSESSMENT PROCESS AND SOME IMPLEMENTATION STRATEGIES. PROCESS USED TO IDENTIFY COMMUNITY NEEDS EVERY FIVE YEARS, LOCAL HEALTH DEPARTMENTS IN ILLINOIS MUST COMPLETE A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND HEALTH PLAN AS A REQUIREMENT FOR RECERTIFICATION WITH THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH). THIS PROCESS IS KNOWN AS ILLINOIS PROJECT FOR LOCAL ASSESSMENT OF NEED, (IPLAN). HOSPITALS ARE REQUIRED BY THE IRS TO COMPLETE A CHNA EVERY THREE YEARS. FOR THE 2018 ASSESSMENT AND PLANNING PROCESS, THE PARTNERSHIP FOR A HEALTHY COMMUNITY USED THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) PROCESS AS AN EQUIVALENT FOR IPLAN. THE KANKAKEE COUNTY HEALTH DEPARTMENT AND AMITA HEALTH SAINT MARY'S HOSPITAL PARTNERED TO FACILITATE THE MAPP PROCESS IN 2012 AND AGAIN IN 2015 AND 2018. FROM FEBRUARY 2017 THROUGH MARCH 2018 FOUR SEPARATE ASSESSMENTS WERE CONDUCTED. MAPP IS A PROCESS THAT PROVIDES A COMPREHENSIVE FRAMEWORK FOR ASSESSING COMMUNITY NEEDS, AND DEVELOPING AND ADDRESSING STRATEGIC ISSUES. THE PU

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	RPOSE OF THE KANKAKEE COUNTY MAPP PROCESS IS TO PROVIDE A COMMUNITY PLAN THAT IS DEVELOPED BY AND FOR THE COMMUNITY. THE BENEFITS OF KANKAKEE COUNTY ENGAGING IN THIS PROCESS INCLUD E: -A HEALTHIER COMMUNITY THAT IMPROVES THE QUALITY OF LIFE FOR THE PEOPLE WHO LIVE AND WO RK IN IT. -INCREASED VISIBILITY OF PUBLIC HEALTH IN THE COMMUNITY. -INCREASED AWARENESS AN D KNOWLEDGE ABOUT PUBLIC HEALTH ISSUES. -PREPARATION OF OUR LOCAL PUBLIC HEALTH SYSTEM TO BETTER ANTICIPATE, MANAGE AND RESPOND TO CHANGES IN THE COUNTY. -GREATER COLLABORATION AND SHARING OF RESOURCES AMONG PARTNERS. -REFLECTION OF PRIORITIES IN HOSPITAL IMPLEMENTATION STRATEGIES. MAPP HAS SIX PHASES. THE FIRST FIVE PHASES WERE COMPLETED OVER TWENTY-TWO MON THS. PHASE SIX, THE ACTION CYCLE, IS AN ONGOING PROCESS OF PLANNING, IMPLEMENTING AND EVAL UATING. KANKAKEE COUNTY IS CURRENTLY IN PHASE SIX OF THE PROCESS.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - AMITA HEALTH SAINT MARY'S HOSPITAL. AMITA HEALTH SAINT MARY'S HOSPITAL PARTNERED WITH RIVERSIDE MEDICAL CENTER TO COMPLETE THEIR CHNA.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - AMITA HEALTH SAINT MARY'S HOSPITAL. HELEN WHEELER CENTER FOR COMMUNITY MENTAL HEALTH; KANKAKEE COUNTY HEALTH DEPARTMENT; KANKAKEE COUNTY HISPANIC PARTNERSHIP; IROQUOIS & KANKAKEE COUNTY REGIONAL OFFICE OF EDUCATION; UNITED WAY OF KANKAKEE & IROQUOIS COUNTIES

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility , 1	Facility , 1 - AMITA HEALTH SAINT MARY'S HOSPITAL. COPIES OF THE CHNA REPORT WERE MAILED AND/OR E-MAILED TO COMMUNITY PARTNERS WHO PARTICIPATED IN THE CHNA PROCESS. PARTNERS WERE ALSO PROVIDED LINKS TO THE WEBSITE FOR DISSEMINATION TO INDIVIDUALS ON THEIR MAILING LISTS AND RESPECTIVE CONSTITUENTS.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - AMITA HEALTH SAINT MARY'S HOSPITAL. AMITA HEALTH SAINT MARY'S HOSPITAL HAS IDENTIFIED THE FOLLOWING THREE FOCUS AREAS AS SIGNIFICANT HEALTH NEEDS. THESE ARE THE FOCUS AREAS IDENTIFIED BY THE PARTNERSHIP FOR A HEALTHY COMMUNITY (PHC) THROUGH A COLLECTIVE PRIORITIZATION PROCESS. ACCESS TO HEALTH - FOCUS AREAS: PREVENTION AND PRIMARY CARE, SOCIAL DETERMINANTS OF HEALTH & CHRONIC DISEASE BEHAVIORAL HEALTH - FOCUS AREAS: SUBSTANCE USE, MENTAL HEALTH, & TRAUMA AWARENESS AND PREVENTION EDUCATION AND EMPLOYMENT - FOCUS AREAS: JOB SKILLS, EMPLOYABILITY, & CAREER LADDER THE PRIORITIZED FOCUS AREAS WERE AGREED UPON BASED ON THE NEEDS THROUGHOUT KANKAKEE COUNTY. THESE NEEDS WERE ALSO GUIDED BY INFORMAL FEEDBACK FROM COMMUNITY AND HOSPITAL STAKEHOLDERS. NO WRITTEN FEEDBACK WAS RECEIVED ON AMITA HEALTH SAINT MARY'S HOSPITAL'S PREVIOUS CHINA OR IMPLEMENTATION STRATEGY. AMITA HEALTH SAINT MARY'S HOSPITAL HAS SEVERAL EXISTING PROGRAMS THAT ARE ALREADY ADDRESSING THESE NEEDS, AND OUR 2018 IMPLEMENTATION STRATEGY FURTHER REFINED THESE PROGRAMS AND IDENTIFIED NEW ONES TO ENSURE THAT ALL PRIORITIZED HEALTH NEEDS ARE ADDRESSED. Access to Health Social Determinants of Health Screenings Conduct routine screenings on patients regarding their access to services and resources. Provide resource and assistance to those patients to ensure access to health. AMITA HEALTH SAINT MARY'S HOSPITAL participates in the AHC study and our Case Management team is actively screening patients for Social Determinants of Health per the grant guidelines and referring as needed using the AMITA Health Community Resource platform (Aunt Betha). This Community Resource platform is free for the community and patients to use to look for services in their area related to social determinants of health. Mobile Food Pantry & Micro Pantry: Development Host mobile food pantry trucks and place micro pantries in designated food deserts. AMITA HEALTH SAINT MARY'S HOSPITAL added a Micro Food Pantry to our campus in 2019. This emergency pantry is stocked by donations from our associates and stocking is coordinated by our Patient Care Counsel President. Additionally, due to food insecurity in Kankakee County, AMITA HEALTH SAINT MARY'S HOSPITAL has been planning in conjunction with Northern Illinois Food Bank to develop the Screen and Intervene program. This program will provide free nutritious foods to patients who test positive for food insecurity and have an underlying chronic disease issue. RN in a Library: Place an AMITA HEALTH SAINT MARY'S HOSPITAL Community Health Nurse at the public library to answer health questions, link individuals to health and other social services to address social determinants of health. This program was established in June 2019 and began with onsite AMITA HEALTH SAINT MARY'S HOSPITAL nurse to assist with answering general health questions, providing general health and wellness screenings, link individuals to health and other social service need to those in the library

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	ry. We provide the nurse 4 days per month (16 hours per month) and continue to work with l library administration to tweak hours and location of service. AMITA HEALTH SAINT MARY'S HO SPITAL has extended the Nurse in a Library concept to a local clinic that serves primarily a Hispanic population that do not have access to health care. The Community Health Care N urse provides these same services at the clinic 2 days per week and sees on average 10 peo ple per shift. We Fit! & Fit N Healthy: Provide exercise and health programs in low-income areas for youth and adults. AMITA HEALTH SAINT MARY'S HOSPITAL offers the Fit-N-Healthy P rogram in 5-10 week sessions in low-income areas of Kankakee County focusing on those area s identified as having a higher risk of chronic disease and decreased access to health. By bringing this program to the community, we are reducing the need for transportation to ac cess free exercise and healthy lifestyle classes. In the summer, children are added to the program with the name We Fit! This program encourages parents and their children to exerc ise together to increase physical activity within at risk, low-income communities. PADS Pr ogram/Fortitude: AMITA HEALTH SAINT MARY'S HOSPITAL provides support and in-kind services the faith-based, rotating homeless shelter model in Kankakee County. AMITA HEALTH SAINT MA RY'S HOSPITAL also assists in coordinating associate volunteers for training and opportuni ties within the PADS program. Behavioral Health Mental Health First Aid (MHFA): Certificat e-based program using national, evidence-based curriculum that teaches the skills to respo nd to the signs of mental illness and substance use disorders AMITA HEALTH SAINT MARY'S HO SPITAL conducts 2 Mental Health First Aid training sessions each summer per year in coordi nation with Helen Wheeler Community Mental Health Center in Kankakee. In August 2018, a yo uth training was provided to the community. Two additional training were offered in Jul an d August 2019. Opioid Education: Providers & Community Conduct training for nursing, physi cians and other providers on pain assessment, monitoring and safe opioid prescribing. Comm unity Conduct education campaign on opioid addiction awareness as well as safe use, storag e, and disposal of opioids when prescribed. Multiple leaders from AMITA HEALTH SAINT MARY' S HOSPITAL participate in the Kankakee County Opioid Task Force led by the Kankakee County Health Department. Focus of the group is to provide community education, training and Nar can kit disbursement. AMITA HEALTH SAINT MARY'S HOSPITAL is working on developing a traini ng program to extend education for medical staff and AMITA Health Medical Group providers and staff. Children's Mental Health 2.0 Initiative (Project Sun): Partner in community col laborative to remedy system for children's mental health services. Multiple leaders of AMI TA HEALTH SAINT MARY'S HOSPITAL participate in the Project Sun Collaboration. Focus of gro up is to provide community awa

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>reness, education and support services in relation to Pediatric Mental Health Services, of which there is a gap in services in Kankakee County. Education & Employment Anchor Mission: Alignment of hiring and procurement practices locally to ensure vitality in the communities we serve. AMITA HEALTH SAINT MARY'S HOSPITAL leaders participates with Kankakee County Workforce Development and Economic Development Teams to identify needs within the county to address unemployment, job force training, out-commuting, etc. Health Clinic at School: Implement health clinic on school campus to increase healthcare training opportunities as well as access to care. SMH in 2019 partnered with Kankakee District 111 to create a first ever high school CNA program. District 111 provides several college credits programs as part of their curriculum to increase graduation and employment rates among their students. The CNA program at AMITA HEALTH SAINT MARY'S HOSPITAL allows high school seniors studying to be a CNA to receive their clinicals in a hospital setting on the unit's working hand in hand with our nurses. AMITA HEALTH SAINT MARY'S HOSPITAL Mentoring Program & Speaker Bureau: Partner with local high schools to develop mentoring opportunities and speaking engagements for youth to learn about various health careers. In the last 2 years, AMITA HEALTH SAINT MARY'S HOSPITAL has increased their collaboration with local high schools and employment groups to provide job shadowing, high school volunteer program and have even participated in a Graduate to Get Paid program where local high school counselors and administrators toured 4 local employers to learn about local job opportunities for their students that may not require a 4-year college degree.</p>

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 PRESENCE PHYSICAL THERAPY 3000 W JEFFERSON ST JOLIET, IL 60435	PHYSICAL THERAPY
1 PRESENCE PHYSICAL THERAPY SERVICES 600 SOUTH WEBER ROAD ROMEOVILLE, IL 60446	PHYSICAL THERAPY
2 PRESENCE CENTER FOR WOUND CARE 301 NORTH MADISON ST JOLIET, IL 60435	WOUND CARE CENTER
3 PRESENCE PHYSICAL THERAPYINDUSTRIAL REH 852 SHARP AVENUE SHOREWOOD, IL 60404	PHYSICAL THERAPY
4 MERCY PROFESSIONAL BUILDING PHARMACY 1315 N HIGHLAND SUITE 201 AURORA, IL 60506	OUTPATIENT PHARMACY
5 PRESENCE PHYSICAL REHAB & SPORT INJURY 2132 JEFFERSON STREET JOLIET, IL 60435	PHYSICAL THERAPY
6 PRESENCE PHYSICAL THERAPY SERVICES 1812 LINCOLN HIGHWAY NEW LENOX, IL 60451	PHYSICAL THERAPY
7 PRESENCE PHYSICAL THERAPY SERVICES 15120 WALLIN DRIVE PLAINFIELD, IL 60544	PHYSICAL THERAPY
8 PRESENCE SLEEP DISORDER CENTER 2132 JEFFERSON STREET JOLIET, IL 60435	SLEEP DISORDER CENTER
9 PRESENCE MANTENO MEDCENTRE 501 LOCUST STREET MANTENO, IL 60950	MEDICAL OFFICE BUILDING
10 PRESENCE MEDCENTRE EAST 455 WEST COURT STREET KANKAKEE, IL 60901	MEDICAL OFFICE BUILDING
11 PRESENCE MEDCENTRE WEST 555 WEST COURT STREET KANKAKEE, IL 60901	MEDICAL OFFICE BUILDING
12 PRESENCE MOMENCE MEDCENTRE 739 NORTH DIXIE HIGHWAY MOMENCE, IL 60954	MEDICAL OFFICE BUILDING
13 PRESENCE PEOTONE MEDCENTRE 117 SOUTH HARLEM AVENUE PEOTONE, IL 60468	MEDICAL OFFICE BUILDING
14 PRESENCE ST MARY'S REGIONAL CANCER CTR 100 PROVENA WAY BOURONNAIS, IL 60914	REGIONAL ONCOLOGY CENTER

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)
16 PRESENCE ST MARY'S IMAGING CENTER 100 PROVENA WAY BOURONNAIS, IL 60914	IMAGING CENTER
1 PRESENCE SLEEP DISORDER 656 N CONVENT STREET BOURONNAIS, IL 60914	SLEEP DISORDER CENTER
2 PRESENCE ADVANCED IMAGING 410 EAST LINCOLN HIGHWAY NEW LENOX, IL 60451	IMAGING CENTER
3 PRESENCE HEALING ARTS PAVILION 410 EAST LINCOLN HIGHWAY NEW LENOX, IL 60451	MEDICAL OFFICE BUILDING
4 PRESENCE ADVANCED IMAGING 2000 GLENWOOD AVENUE JOLIET, IL 60435	IMAGING CENTER
5 PRESENCE HEALING ARTS PAVILION 16615 SOUTH ROUTE 59 PLAINFIELD, IL 60586	MEDICAL OFFICE BUILDING

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

**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

Department of the
Treasury
Internal Revenue Service

Name of the organization
Presence Central and Suburban Hospitals Network

Employer identification number
36-4195126

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

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

7

3

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

0

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

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

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	ALL ORGANIZATIONS WHICH ARE RECIPIENTS OF GRANT FUNDS ARE TAX-EXEMPT ORGANIZATIONS DESCRIBED IN 501(C)(3) OR GOVERNMENTAL ENTITIES AND THEREFORE THE CORPORATION DOES NOT MONITOR THE USE OF THOSE FUNDS.

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 36-4195126
Name: Presence Central and Suburban Hospitals Network

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILL GRUNDY MEDICAL CLINIC 213 EAST CASS STREET JOLIET, IL 60432	36-3492306	501(C)(3)	35,000				GENERAL SUPPORT
JOLIET TOWNSHIP HIGH SCHOOL 300 Caterpillar Drive JOLIET, IL 60436	22-0320476	170(b)(1)(a)(ii)	6,000				SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BISHOP MCNAMARA CATHOLIC HIGH SCHOOL 5500 W Brookmont Blvd KANKAKEE, IL 60901	36-2317629	170(B)(1)(A)(ii)	5,900				GENERAL SUPPORT
SENIOR SERVICES CENTER OF WILL CO 251 N Center Street Joliet, IL 60436	36-2615835	501(C)(3)	7,400				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF KANKAKEE AND IROQUOIS 200 E Court Suite 500 Kankakee, IL 60901	36-2188452	501(C)(3)	9,000				GENERAL SUPPORT
KANKAKEE COUNTY CONVENTION AND VISITORS 100 Marquette Place S Manteno, IL 60950	36-3276020	501(C)(3)	9,120				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER OF INFORMATION OF ELGIN 28 N GROVE AVE SUITE 200 ELGIN, IL 60120	36-2776988	501(C)(3)	178,646				GENERAL PURPOSE

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
Department of the Treasury Internal Revenue Service	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.	
Name of the organization Presence Central and Suburban Hospitals Network		Employer identification number 36-4195126

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate 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.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> 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	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued 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	

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.

[illegible]

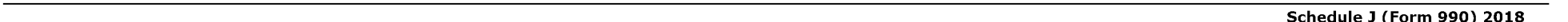
Part III **Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	A RELATED ORGANIZATION OF Presence Central and Suburban Hospitals Network USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT & CEO: -COMPENSATION COMMITTEE, -INDEPENDENT COMPENSATION CONSULTANT, -COMPENSATION SURVEY OR STUDY, AND -APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	PRESENCE HAS THREE SEVERANCE PLANS DEPENDING UPON LEVEL. THESE PLANS ALLOW INDIVIDUALS WHOSE JOBS HAVE BEEN ELIMINATED AND WHO HAVE NOT BEEN ABLE TO FIND A SIMILAR POSITION WITHIN THE SYSTEM TIME TO TRANSITION. THE NUMBER OF WEEKS OF WAGE CONTINUATION ARE BASED UPON LENGTH OF SERVICE. THE PLANS ARE NOT FUNDED. THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR YEAR 2018: ANN ERRICETTI - \$1,188,221 JEANNIE C FREY - \$727,448 JAMES H KELLEY - \$1,026,946 JEFFREY M ROONEY - \$499,990

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	<p>IN ORDER TO ENHANCE THE ABILITY OF PRESENCE HEALTH TO ATTRACT AND RETAIN QUALIFIED MANAGEMENT PERSONNEL BY PROVIDING ELIGIBLE EXECUTIVES WITH ADDITIONAL RETIREMENT BENEFITS ON A DEFERRED BASIS, PRESENCE HEALTH NETWORK A RELATED ORGANIZATION MAINTAINS AN UNFUNDED SUPPLEMENTAL RETIREMENT PLAN (THE "PLAN") FOR A SELECT GROUP OF MANAGEMENT, WHICH IS INTENDED TO COMPLY WITH SECTION 457(F), AND SECTION 409A OF THE INTERNAL REVENUE CODE. PRESENCE HEALTH NETWORK A RELATED ORGANIZATION CREDITS TO SUCH ELIGIBLE EXECUTIVE'S RETIREMENT ACCOUNT AN AMOUNT BASED ON A PERCENTAGE OF SALARY. EARNINGS AND/OR LOSSES ON INVESTMENTS ARE CREDITED AT A RATE EQUAL TO THE RATE OF RETURN OVER THE SAME PERIOD ON INVESTMENT OPTIONS SELECTED BY THE ELIGIBLE EXECUTIVE. ELIGIBLE EXECUTIVES ARE ENTITLED TO RECEIVE BENEFITS ON THE EARLIEST OF (I) JANUARY 1 OF THE THIRD CALENDAR YEAR BEGINNING AFTER THE YEAR IN WHICH SUCH CONTRIBUTION IS CREDITED, (II) ATTAINING AGE 62, OR (III) ATTAINING THE AGE OF 60 IF THE ELIGIBLE EXECUTIVE HAS COMPLETED TEN (10) YEARS OF SERVICE. THE FOLLOWING LISTED INDIVIDUALS BECAME VESTED IN SUPPLEMENTAL RETIREMENT BENEFITS UNDER THE SERP, AND THEREFORE HAD BENEFITS INCLUDED IN THEIR TAXABLE INCOME: PATRICIA EDDY - \$41,624 DANA GILBERT - \$201,146 MICHAEL L BROWN - \$213,741 ROBERT JAMES ERICKSON - \$52,071 CHRISTOPHER S SHRIDE - \$35,748 JAMES H KELLEY - \$227,637 JEANNIE C FREY - \$262,648 JEFFREY M ROONEY - \$83,914 THE FOLLOWING LISTED INDIVIDUALS PARTICIPATED IN THE ORGANIZATION'S SECTION 457(F) PLAN AND EARNED UNVESTED BENEFITS DURING 2018 WHICH ARE REPORTED IN COLUMN (C): DAVID J BORDO - \$19,250 PATRICIA EDDY - \$13,750 DANA GILBERT - \$13,750 PAUL E BELTER - \$17,875 JULIE P ROKNICH - \$12,842 MICHAEL L BROWN - \$16,500 ROBERT JAMES ERICKSON - \$13,750 CHRISTOPHER S SHRIDE - \$13,750 JARED C ROGERS - \$5,735 GARY LIPINSKI - \$13,750 ANIL B GOPINATH - \$13,750 BARB ANNE WEBER - \$9,984 DEBORAH A SCHIMEROWSKI - \$16,500 SHOBHANA RAVIKUMAR - \$13,750 CONNIE J NOLTEMEYER - \$6,047 JAMES H KELLEY - \$13,750 JEANNIE C FREY - \$10,483 JEFFREY M ROONEY - \$13,750 ANN ERRICHETTI - \$8,078</p>



Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 36-4195126

Name: Presence Central and Suburban Hospitals Network

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVID J BORDO MD	(i)	0	0	0	0	0	0	0
DIRECTOR	(ii)	353,022	44,411	20,197	19,250	10,256	447,136	0
JAMES H KELLEY	(i)	0	0	0	0	0	0	0
FORMER OFFICER (END 3/2018)	(ii)	167,469	742,410	1,378,809	13,750	6,078	2,308,517	227,637
JEANNIE C FREY	(i)	0	0	0	0	0	0	0
FORMER OFFICER (3/2018)	(ii)	88,831	435,931	1,144,932	10,483	3,477	1,683,653	262,648
JEFFREY M ROONEY	(i)	0	0	0	0	0	0	0
FORMER OFFICER (END 3/2018)	(ii)	133,257	163,335	670,657	13,750	6,377	987,377	83,914
ANN ERRICHETTI	(i)	0	0	0	0	0	0	0
FORMER OFFICER (END 3/2018)	(ii)	148,824	963,282	1,287,819	8,078	1,403	2,409,405	0
PATRICIA EDDY	(i)	0	0	0	0	0	0	0
ASSISTANT TREASURER (END 12/2018)	(ii)	263,592	160,938	66,603	13,750	22,273	527,157	41,624
BETTINA A JOHNSON	(i)	0	0	0	0	0	0	0
ASSISTANT TREASURER (END 12/2018)	(ii)	200,603	61,692	6,813	0	16,099	285,207	0
DANA GILBERT	(i)	0	0	0	0	0	0	0
PRESIDENT	(ii)	502,675	578,517	246,730	13,750	23,954	1,365,626	201,146
PAUL E BELTER	(i)	0	0	0	0	0	0	0
TREASURER	(ii)	602,413	386,737	46,318	17,875	26,013	1,079,356	0
JULIE P ROKNICH	(i)	0	0	0	0	0	0	0
SECRETARY	(ii)	222,620	71,812	5,521	12,842	21,475	334,270	0
CONNIE J NOLTEMEYER	(i)	143,648	2,625	1,809	6,047	10,443	164,573	0
FORMER KEY EMPLOYEE (END 12/2014)	(ii)	0	0	0	0	0	0	0
MICHAEL L BROWN	(i)	442,210	211,985	251,070	16,500	2,909	924,675	213,741
REGIONAL PRESIDENT & CEO - FXV	(ii)	0	0	0	0	0	0	0
ROBERT JAMES ERICKSON	(i)	423,333	79,696	90,002	13,750	26,566	633,348	52,071
PRESIDENT - PSJMC (START 3/2017)	(ii)	0	0	0	0	0	0	0
CHRISTOPHER SCOTT SHRIDE	(i)	292,932	203,633	64,659	13,750	26,311	601,285	35,748
PRESIDENT - PSMH	(ii)	0	0	0	0	0	0	0
JARED C ROGERS	(i)	41,100	279,376	81,404	5,735	1,237	408,853	0
REGIONAL PRESIDENT & CEO - CES	(ii)	0	0	0	0	0	0	0
GARY LIPINSKI MD	(i)	392,917	33,422	22,799	13,750	9,258	472,146	0
REGIONAL CMO	(ii)	0	0	0	0	0	0	0
ANIL B GOPINATH MD	(i)	329,508	42,885	13,230	13,750	25,655	425,028	0
REGIONAL CMO	(ii)	0	0	0	0	0	0	0
BARB ANNE WEBER	(i)	319,354	8,000	752	9,984	2,671	340,761	0
REGIONAL CMO	(ii)	0	0	0	0	0	0	0
DEBORAH A SCHIMEROWSKI	(i)	263,626	23,175	23,369	16,500	9,865	336,536	0
REGIONAL FINANCE OFFICER - CES/SSB	(ii)	0	0	0	0	0	0	0
SHOBHANA RAVIKUMAR MD	(i)	265,275	0	29,929	13,750	20,212	329,167	0
PHYSICIAN	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

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

Department of the Treasury

Internal Revenue Service

Name of the organization
Presence Central and Suburban Hospitals Network

Employer identification number

36-4195126

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 20b AUDITED FINANCIAL STATEMENT	The activity of PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK is reported in the consolidated financial statements of Ascension Health Alliance. No individual audit of PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK is completed. Therefore, the audited financial statements are of Ascension Health Alliance and Affiliates, which include the activity of PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process for Determining Compensation of Top Management Officials	The process for determining compensation of the organization's CEO, Executive Director, or Top Management Official is performed by a related organization. The process includes review and approval by independent persons of the related organization's compensation committee, use of comparability data, and contemporaneous substantiation of deliberation and decision regarding the compensation arrangement. The compensation committee is charged with overseeing the process in a manner designed to assure independence, avoid conflicts of interest, ensure reasonableness and market comparability of total compensation, and to otherwise abide by pertinent laws and regulations.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process for Determining Compensation of Other Officers and key Employees	The process for determining compensation of the organization's other officers or key employees is performed by a related organization. The process includes review and approval by independent persons of the related organization's compensation committee, use of comparability data, and contemporaneous substantiation of deliberation and decision regarding the compensation arrangement. The compensation committee is charged with overseeing the process in a manner designed to assure independence, avoid conflicts of interest, ensure reasonableness and market comparability of total compensation, and to otherwise abide by pertinent laws and regulations.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents	THE ORGANIZATION'S ARTICLES AND BYLAWS WERE AMENDED EFFECTIVE JUNE 19, 2019 TO REFLECT THE APPOINTMENT OF ASCENSION HEALTH ALLIANCE AS ITS TREASURY AGENT TO CONTROL FINANCES AND FINANCIAL POLICIES OF THE CORPORATION AND TO PERFORM BANKING, FINANCE AND OTHER TREASURY FUNCTIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK HAS A SINGLE CORPORATE MEMBER, PRESENCE CARE TRANSFORMATION CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK HAS A SINGLE CORPORATE MEMBER, PRESENCE CARE TRANSFORMATION CORPORATION. THE CORPORATE MEMBER HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	ALL DECISIONS THAT HAVE A MATERIAL IMPACT TO PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK'S FINANCIAL INFORMATION OR CORPORATION AS A WHOLE ARE SUBJECT TO APPROVAL BY ITS SOLE CORPORATE MEMBER, PRESENCE CARE TRANSFORMATION CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	DURING THE RETURN PREPARATION PROCESS, THE TAX DEPARTMENT WORKS WITH OTHER FUNCTIONAL AREAS WHICH MAY INCLUDE, AS NEEDED, FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN. A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO DESIGNATED MANAGEMENT TEAM MEMBERS WITH EXPERIENCE IN TAX IN LIEU OF THE FULL BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IN THAT ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. THE REMAINING INDIVIDUALS ON THE GOVERNING BOARD OR COMMITTEE WILL DECIDE IF CONFLICTS OF INTEREST EXIST. EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX-EXEMPT PURPOSE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION WILL PROVIDE ANY DOCUMENTS OPEN TO PUBLIC INSPECTION UPON REQUEST.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Miscellaneous Revenue - Total Revenue: 5570418, Related or Exempt Function Revenue: 418389 , Unrelated Business Revenue: 272441, Revenue Excluded from Tax Under Sections 512, 513, o r 514: 4879588;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	INTERCOMPANY TRANSFER TO AFFILIATES - -78878937;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c oversight of audit or selection of independent accountant	PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK is included in the consolidated financial statements of Ascension Health Alliance. The Finance and Audit committee of Ascension Health Alliance's Board assumes responsibility for the consolidated organization as a whole.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Page 1, Box C d/b/a names	PRESENCE CENTRAL AND SUBURBAN HOSPITALS NETWORK ALSO OPERATES UNDER THE FOLLOWING ASSUMED NAMES: - Mercy Professional Building Pharmacy - Covenant Outpatient Pharmacy - Highland Answering Service - Presence Covenant Medical Center - Presence Mercy Medical Center - Presence Saint Joseph Hospital - Elgin - Presence Saint Joseph Medical Center - Presence United Samaritans Medical Center - Presence St. Mary's Hospital - Presence Surgery Center - Joliet - The Apothecary - Danville - Presence Immediate Care - Plainfield - Presence Imaging - Plainfield - Presence United Samaritans Medical Center Foundation - Presence St. Mary's Hospital Foundation - Presence Saint Joseph Medical Center Foundation - Presence Mercy Medical Center Foundation - Presence Covenant Medical Center Foundation - Presence Saint Joseph Hospital - Elgin Foundation - Pro Ambulance - Presence N.E.W. You Center - AMITA Health Mercy Medical Center Aurora - AMITA Health Saint Joseph Hospital Elgin - AMITA Health Saint Joseph Medical Center Joliet - AMITA Health St. Mary's Hospital Kankakee

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Page 1 Box J Website	<p>Presence Central and Suburban Hospitals Network does not have its own direct website; however, Presence Central and Suburban Hospitals Network operates the following hospitals which have their own websites as follows: Presence St. Joseph Medical Center- https://www.amitahealth.org/our-locations/hospitals/amita-health-saint-joseph-medical-center-joliet/ Presence Mercy Medical Center- https://www.amitahealth.org/our-locations/hospitals/amita-health-mercy-medical-center-aurora/ Presence St. Joseph Hospital- https://www.amitahealth.org/our-locations/hospitals/amita-health-saint-joseph-hospital-elgin/ Presence St. Mary's Hospital- https://www.amitahealth.org/our-locations/hospitals/amita-health-st-mary-s-hospital-kanakee/</p>

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As Filed Data -

DLN: 93493136017360

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
Presence Central and Suburban Hospitals Network

Employer identification number
36-4195126

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	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.

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) 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?		(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	

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	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.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PRESENCE HEALTH FOUNDATION BOARD OF TRUSTEES	C	336,232	FAIR MARKET VALUE
(2) ALEXIAN BROTHERS HEALTH SYSTEM	C	65,899	FAIR MARKET VALUE
(3) Presence Care Transformation Corporation	P	720,124,732	FAIR MARKET VALUE
(4) Presence Care Transformation Corporation	M	123,058,452	FAIR MARKET VALUE

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
Schedule R, Part V, Line 1p REIMBURSEMENTS FOR SHARED SERVICES	PRESENCE CARE TRANSFORMATION CORPORATION (FEIN: 36-3366652) PAYS ALL OF THE COMPENSATION AND ACCOUNTS PAYABLE FOR ALL ENTITIES UNDER THE PRESENCE HEALTH SYSTEM AS THE DESIGNATED PAYMENT AGENT FOR SUCH ENTITIES. CASH IS DEPOSITED INTO AN ACCOUNT BY PRESENCE HEALTH ENTITIES AND SWEEP ON A MONTHLY BASIS TO REIMBURSE PRESENCE CARE TRANSFORMATION CORPORATION FOR THESE EXPENSES AT COST. THE AMOUNTS REPORTED ON PART V OF SCHEDULE R REFLECT THE TOTAL CASH TRANSFERS TO/FROM PRESENCE CARE TRANSFORMATION CORPORATION.

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 36-4195126

Name: Presence Central and Suburban Hospitals Network

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1506 Oneida St Appleton, WI 54915 39-1568866	HEALTH SYSTEM	IL	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
6100 NORTH 42ND STREET MILWAUKEE, WI 53209 39-1641846	COMMUNITY CENTER	WI	501(c)(3)	7	MINISTRY HEALTH CARE INC	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 46-2847744	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	10	GULF COAST HEALTH SYSTEM	Yes	
2601 Navistar Drive Lisle, IL 60532 47-2360513	Joint Operating Company	IL	501(c)(3)	Type II	NA		No
2601 Navistar Drive Lisle, IL 60532 36-4336931	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
1650 Moon Lake Blvd Hoffman Estates, IL 60169 36-4251848	Behavioral health hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
825 Wellington Avenue Chicago, IL 60657 36-3527899	Housing and supportive care services for persons with HIV/AIDS	IL	501(c)(3)	10	Alexian Brothers Health System	Yes	
3436 N Kennicott Avenue Arlington Heights, IL 60004 36-3045007	Outpatient community mental health services	IL	501(c)(3)	10	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 36-4344423	PACE- Comprehensive & Coordinated Community Based Services	TN	501(c)(3)	10	Ascension Health Senior Care	Yes	
200 South Wacker Drive Chicago, IL 60606 36-3260495	Supports the provision of healthcare services for related corporations for which it is a member	IL	501(c)(3)	Type III-FI	Ascension Health	Yes	
2601 Navistar Drive Lisle, IL 60532 36-3276552	Supports the provision of healthcare services for related corporations	IL	501(c)(3)	Type III-FI	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 43-1470362	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
2601 Navistar Drive Lisle, IL 60532 47-1930457	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
800 Biesterfield Road Elk Grove Village, IL 60007 36-2596381	Acute care hospital	TX	501(c)(3)	3	Alexian Brothers Health System	Yes	
2601 Navistar Drive Lisle, IL 60532 81-1110738	SPECIALTY PHYSICIAN PRACTICE GROUP	IL	501(c)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	Yes	
2601 Navistar Drive Lisle, IL 60532 94-1530037	Acute care hospital (sold in 1998)	TX	501(c)(3)	Type I	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 36-4484290	Supports the provision of healthcare for related corporations	IL	501(c)(3)	Type II	Alexian Brothers Health System	Yes	
3040 W Salt Creek Ln Arlington Heights, IL 60005 43-1295333	HUD housing	MO	501(c)(3)	10	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 43-1592502	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
2601 Navistar Drive Lisle, IL 60532 80-0710751	Specialty physician practice group	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	

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
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 39-1351584	CONTINUING CARE RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 62-1136742	CONTINUING CARE RETIREMENT COMMUNITY	TN	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
2434 Interstate Plaza Drive Hammond, IN 46234 20-3238867	HEALTH CARE	IN	501(c)(3)	3	Presence Central & Suburban Hospitals Network AND PRESENCE CHICAGO HOSPITAL S NETWORK	Yes	
2660 10TH AVENUE SOUTH NO 505 BIRMINGHAM, AL 35205 63-0952490	SPORTS MEDICINE	AL	501(c)(3)	7	ST VINCENT'S BIRMINGHAM	Yes	
1190 E 2900 N ROAD CLIFTON, IL 60927 36-2841358	RETIREMENT COMMUNITY	IL	501(c)(3)	10	PRESENCE LIFE CONNECTIONS	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2601348	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
3801 SPRING STREET RACINE, WI 53405 39-1264986	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
2202 N FORBES BLVD TUCSON, AZ 85745 86-0455920	HOSPITAL	AZ	501(c)(3)	3	ASCENSION HEALTH	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 23-7222558	FUNDRAISING	MI	501(c)(3)	Type III-FI	ASCENSION BORGESS HOSPITAL	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-1360526	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
420 W HIGH STREET DOWAGIAC, MI 49047 38-2860459	FUNDRAISING	MI	501(c)(3)	Type III-FI	ASCENSION BORGESS-LEE HOSPITAL	Yes	
420 WEST HIGH STREET DOWAGIAC, MI 49047 38-1490190	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
12851 GRAND RIVER BRIGHTON, MI 48116 38-1576680	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
614 MEMORIAL DRIVE CHILTON, WI 53014 39-0905385	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
) 101 South Hanley Ste 450 St Louis, MO 63105 46-1121862	Health care	MO	501(c)(3)	7	Ascension Health Alliance	Yes	
201 HOSPITAL ROAD EAGLE RIVER, WI 54521 39-0985690	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-1958763	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3591148	FOUNDATION	MI	501(c)(3)	Type I	GENESYS HEALTH SYSTEM	Yes	
ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2377821	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-0808503	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	

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
PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
PO BOX 45998 ST LOUIS, MO 63145 65-1257719	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
PO BOX 45998 ST LOUIS, MO 63145 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
RUST 4600 EDMUNDSON RD ST LOUIS, MO 63134 36-7046706	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
101 SOUTH HANLEY SUITE 450 ST LOUIS, MO 63105 65-1205990	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
12250 Weber Hill Road St Louis, MO 63127 43-1227406	PARENT COMPANY	MO	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
PO BOX 46944 ST LOUIS, MO 63146 43-1601369	TRUST	MO	501(c)(9)		ASCENSION HEALTH	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 82-4710412	RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-3322109	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
28000 Dequinidre Rd WARREN, MI 48092 38-3494637	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-3193801	HEALTHCARE SERVICES	MI	501(c)(3)	10	BORGESS HEALTH ALLIANCE INC	Yes	
1570 APPLETON RD MENASHA, WI 54952 39-1127163	CLINICAL HEALTHCARE SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	
824 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-1965593	MEDICAL GROUP	WI	501(c)(3)	Type III-FI	MINISTRY HEALTH CARE INC	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1791586	MEDICAL GROUP	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2631907	HEALTH CARE	MI	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
PO BOX 45998 ST LOUIS, MO 63145 27-3174701	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
1506 S ONEIDA STREET APPLETON, WI 54915 39-0816818	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
1120 PINE STREET STANLEY, WI 54768 39-0807065	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
6901 MEDICAL PARKWAY WACO, TX 76712 74-1109636	HEALTHCARE SERVICES	TX	501(c)(3)	3	ASCENSION TEXAS	Yes	
22101 MOROSS DETROIT, MI 48236 38-3526629	FUNDRAISING	MI	501(c)(3)	Type III-FI	ST JOHN PROVIDENCE	Yes	

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
16001 WEST NINE MILE ROAD SOUTHFIELD, MI 48037 38-1358212	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
ENTER FOUNDATION 1101 WEST UNIVERSITY DR ROCHESTER, MI 48307 38-2627336	SUPPORTING	MI	501(c)(3)	Type I	ASCENSION PROVIDENCE ROCHESTER HOSPITAL	Yes	
1101 W UNIVERSITY DR ROCHESTER, MI 48307 38-1359247	GENERAL HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
4100 RIVER ROAD EAST CHINA, MI 48054 38-3160564	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
PO BOX 347 STEVENS POINT, WI 54481 39-1390638	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
5000 WEST CHAMBERS STREET MILWAUKEE, WI 53210 39-0816857	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-1109643	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	3	ASCENSION TEXAS	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2262856	HEALTH CARE	MI	501(c)(3)	3	ST JOHN PROVIDENCE	Yes	
3400 MINISTRY PARKWAY WESTON, WI 54476 72-1531917	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-0907740	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
22101 MOROSS DETROIT, MI 48236 20-2961579	FUNDRAISING	MI	501(c)(3)	7	ST JOHN PROVIDENCE	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-1359063	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
200 HEMLOCK ROAD TAWAS CITY, MI 48763 01-0790428	FUNDRAISING	MI	501(c)(3)	Type I	ASCENSION ST JOSEPH'S HOSPITAL	Yes	
200 HEMLOCK ROAD TAWAS CITY, MI 48763 38-1443395	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2246366	FUNDRAISING	MI	501(c)(3)	Type II	ASCENSION ST MARY'S HOSPITAL	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-0997730	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
900 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-0808443	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
805 WEST CEDEAR STREET STANDISH, MI 48658 38-1671120	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364243	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
8200 E THORN DRIVE WICHITA, KS 67226 48-0958974	MANAGEMENT COMPANY	KS	501(c)(3)	10	ASCENSION VIA CHRISTI HEALTH INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
8200 E THORN DRIVE WICHITA, KS 67226 48-1172107	HEALTH SYSTEM PARENT	KS	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
1823 COLLEGE AVENUE MANHATTAN, KS 66502 48-1186704	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
1 MT CARMEL WAY PITTSBURG, KS 66762 48-0543778	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
14800 W ST TERESA WICHITA, KS 67235 27-1965272	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
929 N SAINT FRANCIS WICHITA, KS 67214 48-1172106	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
8200 E THORN DRIVE WICHITA, KS 67226 48-0948571	PROPERTY MANAGEMENT	KS	501(c)(4)		ASCENSION VIA CHRISTI HOSPITALS WICHITA INC	Yes	
1151 N ROCK ROAD WICHITA, KS 67206 48-1158274	REHABILITATION HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HOSPITALS WICHITA INC	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-1701402	LABORATORY	WI	501(c)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
19525 WEST NORTH AVENUE BROOKFIELD, WI 53005 39-1613624	PHARMACY	WI	501(c)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
2000 CHURCH STREET NASHVILLE, TN 37236 58-1509251	COMMUNITY HEALTH PROMOTION	TN	501(c)(3)	Type I	SAINT THOMAS NETWORK	Yes	
2000 CHURCH STREET NASHVILLE, TN 37236 58-1861378	INACTIVE	TN	501(c)(3)	Type I	SAINT THOMAS MIDTOWN HOSPITAL	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2971975	OWN OIL AND MINERAL RIGHTS, REAL ESTATE	TX	501(c)(3)	Type III-FI	SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-2468823	HOLDING COMPANY	MI	501(c)(3)	3	BORGESS HEALTH ALLIANCE INC	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-2335286	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 38-2555589	SKILLED NURSING FACILITY	MI	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
2202 N FORBES BLVD TUSCON, AZ 85716 86-0749574	FOUNDATION	AZ	501(c)(3)	Type I	ASCENSION ARIZONA	Yes	
1000 CARONDELET DRIVE KANSAS CITY, MO 63145 43-1276738	HEALTH SYSTEM PARENT	MO	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
2202 N FORBES BLVD TUCSON, AZ 85745 56-1943271	INACTIVE HOSPITAL	AZ	501(c)(3)	3	ASCENSION ARIZONA	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 74-2505427	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
427 GUY PARK AVE AMSTERDAM, NY 12010 81-4769136	MEDICAL GROUP	NY	501(c)(3)	3	ST MARY'S HEALTHCARE	Yes	

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						Yes	No
N4642 COUNTY N APPLETON, WI 54914 45-4681563	BEHAVIORAL HEALTH SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	
5455 ALI DRIVE DEPT200 GRAND BLANC, MI 484395195 38-2514708	ADULT DAY CARE	MI	501(c)(3)	Type I	GENESYS AMBULATORY HEALTH SERVICES	Yes	
2001 W 86TH STREET INDIANAPOLIS, IN 46260 35-1869951	FREESTANDING OUTPATIENT CENTER	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 20-0468031	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-1596986	COLLEGE	WI	501(c)(3)	2	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC	Yes	
400 W RIVER WOODS PKWY GLENDALE, WI 53212 39-1494981	FOUNDATION	WI	501(c)(3)	7	COLUMBIA ST MARY'S INC	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0806315	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0807063	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1834639	HEALTH SYSTEM	WI	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
2622 W Central Suite 100 Wichita, KS 67203 48-1241079	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
1101 WEST UNIVERSITY DR ROCHESTER, MI 48307 38-3239057	CANCER TREATMENT	MI	501(c)(3)	10	ASCENSION PROVIDENCE ROCHESTER HOSPITAL	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2800601	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
PO BOX 829 WOODRUFF, WI 54568 39-1357365	NURSING/ASSISTED LIVING SERVICES	WI	501(c)(3)	10	HOWARD YOUNG HEALTH CARE INC	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2790703	MEDICAL RESEARCH ORGANIZATION	MI	501(c)(3)	10	ASCENSION ST MARY'S HOSPITAL	Yes	
3400 MINISTRY PARKWAY WESTON, WI 54476 75-3193633	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST CLARE'S HOSPITAL INC	Yes	
611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 39-1684957	FOUNDATION	WI	501(c)(3)	Type I	SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC	Yes	
5455 ALI DR DEPT 200 GRAND BLANC, MI 484395195 38-2371754	HEALTH SRVCS/STAFFING/PROP MNGT	MI	501(c)(3)	Type II	GENESYS HEALTH SYSTEM	Yes	
8481 HOLLY ROAD GRAND BLANC, MI 484391812 38-2317364	CONVALESCENT CENTER	MI	501(c)(3)	3	GENESYS AMBULATORY HEALTH SERVICES	Yes	
ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3339703	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type II	ASCENSION MICHIGAN	Yes	
101 SOUTH HANLEY SUITE 200 ST LOUIS, MO 63105 83-1078006	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	

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						Yes	No
601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-1627755	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION GOOD SAMARITAN HOSPITAL INC	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0934712	HEALTH SYSTEM	AL	501(c)(3)	Type III-FI	ST VINCENT'S HEALTH SYSTEM	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 59-3620346	NURSING HOME	FL	501(c)(3)	10	SACRED HEART HEALTH SYSTEM	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 27-3220767	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
240 MAPLE STREET WOODRUFF, WI 54568 39-1521169	CHARITABLE FOUNDATION	WI	501(c)(3)	7	HOWARD YOUNG HEALTH CARE INC	Yes	
240 MAPLE STREET WOODRUFF, WI 54568 39-1499115	HOME OFFICE	WI	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-0606129	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
237 SOUTH LOCUST NOWATA, OK 74048 73-1440267	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
18927 HICKORY CREEK DRIVE SUITE 300 MOKENA, IL 60448 36-3438977	LOW INCOME HOUSING FOR ELDERLY AND HANDICAPPED INDIVIDUALS	IL	501(c)(3)	10	PRESENCE LIFE CONNECTIONS	Yes	
520 NORTH 4TH AVENUE PASCO, WA 99301 91-1528577	FUNDRAISING	WA	501(c)(3)	Type I	OUR LADY OF LOURDES HOSPITAL AT PASCO	Yes	
169 Riverside Drive Binghamton, NY 13905 22-2873637	Rental of Health Care Facilities	NY	501(c)(2)		Our Lady of Lourdes Memorial Hospital Inc	Yes	
427 GUY PARK AVE AMSTERDAM, NY 12010 14-1776546	MEDICAL OFFICE BUILDING	NY	501(c)(25)		ST MARY'S HEALTHCARE	Yes	
2380 E Dempster Street DES PLAINES, IL 60016 36-3495969	HEALTH CARE	IL	501(c)(3)	10	Presence Health Partners Services	Yes	
PO BOX 3370 OSHKOSH, WI 54903 23-7140261	FOUNDATION	WI	501(c)(3)	10	AFFINITY HEALTH SYSTEM	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 94-3436893	Medical Group	WI	501(c)(3)	3	ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN INC	Yes	
10925 W LAKE PARK DR STE 100 MILWAUKEE, WI 53224 39-1490371	PARENT CORPORATION	WI	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
2251 NORTH SHORE DRIVE RHINELANDER, WI 54501 39-1829015	SPECIALTY HEALTH SERVICES	WI	501(c)(3)	3	ASCENSION SACRED HEART-STMARY'S HOSPITALS INC	Yes	
520 NORTH 4TH AVENUE PASCO, WA 99301 91-0349750	HEALTHCARE	WA	501(c)(3)	3	ASCENSION HEALTH	Yes	
169 RIVERSIDE DRIVE BINGHAMTON, NY 13905 15-0532221	HOSPITAL	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	
5285 Lewiston Road Lewiston, NY 14092 16-1608735	SKILLED NURSING FACILITY	NY	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	

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						Yes	No
1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3700131	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
2380 E Dempster Street DES PLAINES, IL 60016 36-4286236	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
1820 SOUTH 25TH AVENUE BROADVIEW, IL 60155 36-2709982	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
18927 HICKORY CREEK DR 300 MOKENA, IL 60448 46-0483587	HEALTH CARE	IL	501(c)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	Yes	
200 South Wacker Drive Chicago, IL 60606 36-3366652	MGMT SUPPORT	IL	501(c)(3)	Type III-FI	Alexian Brothers Health System	Yes	
200 SOUTH WACKER DRIVE CHICAGO, IL 60606 36-2235165	HEALTH CARE	IL	501(c)(3)	3	Presence Care Transformation Corporation	Yes	
200 SOUTH WACKER DRIVE CHICAGO, IL 60606 36-3330929	FUNDRAISING	IL	501(c)(3)	7	Alexian Brothers Health System	Yes	
2380 E DEMPSTER AVE STE 236 DES PLAINES, IL 60016 36-2644178	HEALTH CARE	IL	501(c)(3)	Type II	Alexian Brothers Health System	Yes	
2380 E Dempster Street DES PLAINES, IL 60016 36-3330928	HEALTH CARE	IL	501(c)(3)	3	Presence Care Transformation Corporation	Yes	
18927 HICKORY CREEK DR 300 MOKENA, IL 60448 46-0483581	HEALTH CARE	IL	501(c)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	Yes	
18927 HICKORY CREEK DRIVE 300 MOKENA, IL 60448 37-1127787	RETIREMENT COMMUNITY	IL	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
100 NORTH RIVER ROAD DES PLAINES, IL 60016 23-7061646	RETIREMENT COMMUNITY	IL	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 20-8775914	DORMANT	IN	501(c)(3)	10	ST MARY'S HEALTH INC	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0914564	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(2)		GULF COAST HEALTH SYSTEM	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0915493	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	7	GULF COAST HEALTH SYSTEM	Yes	
6901 MEDICAL PARKWAY WACO, TX 76712 74-2683112	SUPPORT CHARITABLE PURPOSE OF ASCENSION PROVIDENCE	TX	501(c)(3)	Type I	ASCENSION PROVIDENCE	Yes	
6901 MEDICAL PARKWAY WACO, TX 76712 74-2696970	PHYSICIAN PRACTICES	TX	501(c)(3)	3	ASCENSION PROVIDENCE	Yes	
1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1275583	FUNDRAISING ORGANIZATION	DC	501(c)(3)	Type I	PROVIDENCE HOSPITAL	Yes	
1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1275587	PHYSICIAN PRACTICES	DC	501(c)(3)	Type I	PROVIDENCE HOSPITAL	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0288861	HOSPITAL	AL	501(c)(3)	3	GULF COAST HEALTH SYSTEM	Yes	

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						Yes	No
1150 VARNUM STREET NE WASHINGTON, DC 20017 53-0196636	HOSPITAL	DC	501(c)(3)	3	ASCENSION HEALTH	Yes	
300 W Highway 6 Waco, TX 76712 61-1759304	SKILLED NURSING FACILITY	TX	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
1550 BISHOP COURT MOUNT PROSPECT, IL 60056 36-3296367	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 59-2436597	FOUNDATION	FL	501(c)(3)	7	SACRED HEART HEALTH SYSTEM	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 59-0634434	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 57-1183283	INVESTMENT	FL	501(c)(3)	Type I	SACRED HEART HEALTH SYSTEM	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0902199	REHAB SERVICES	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
1200 GRANT BLVD WEST WABASHA, MN 55981 41-0693877	HOSPITAL	MN	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 39-0847631	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
900 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-1657410	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST MICHAEL'S HOSPITAL INC	Yes	
4220 HARDING ROAD NASHVILLE, TN 37205 58-1716804	SYSTEM PARENT	TN	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
PO BOX 380 NASHVILLE, TN 37202 58-1663055	OPERATES FOUNDATION	TN	501(c)(3)	7	SAINT THOMAS NETWORK	Yes	
135 EAST SWAN STREET CENTERVILLE, TN 37033 58-1737573	HOSPITAL	TN	501(c)(3)	3	BAPTIST HEALTH CARE AFFILIATES INC	Yes	
135 EAST SWAN STREET CENTERVILLE, TN 37033 62-1836937	HOME HEALTH CARE	TN	501(c)(3)	10	SAINT THOMAS HICKMAN HOSPITAL	Yes	
2000 CHURCH STREET NASHVILLE, TN 37236 62-1529858	HEALTHCARE PROVIDER	TN	501(c)(3)	10	SAINT THOMAS NETWORK	Yes	
4220 HARDING ROAD NASHVILLE, TN 37205 62-1869474	ACUTE CARE HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
4220 HARDING ROAD NASHVILLE, TN 37205 62-1284994	HEALTH INVESTMENT ENTITY	TN	501(c)(3)	10	SAINT THOMAS HEALTH	Yes	
4220 HARDING PIKE NASHVILLE, TN 37205 47-4063046	HOSPITALS	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-1167917	FOUNDATION	TN	501(c)(3)	Type I	SAINT THOMAS RUTHERFORD HOSPITAL	Yes	
1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-0475842	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	

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						Yes	No
4220 HARDING ROAD NASHVILLE, TN 37205 62-0347580	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
520 SOUTH SANTA FE AVE SALINA, KS 67401 43-1948057	MEDICAL EQUIPMENT	KS	501(c)(3)	10	ASCENSION VIA CHRISTI HEALTH PARTNERS INC	Yes	
2601 Navistar Drive Lisle, IL 60532 36-3308965	Owns or leases properties where healthcare services are delivered	IL	501(c)(2)		Alexian Brothers Health System	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364681	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 26-4562522	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 27-1311790	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2212968	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 26-2842608	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
28000 DEQUINDRE WARREN, MI 48092 38-2820107	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 45-2498998	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	ASCENSION SETON	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364813	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 23-2960726	SKILLED NURSING FACILITY	PA	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
900 CATON AVENUE BALTIMORE, MD 21229 39-2064992	PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY	MD	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0937704	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	Type II	GULF COAST HEALTH SYSTEM	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 42-1670843	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 23-7326976	REAL ESTATE	AL	501(c)(2)		ST VINCENT'S HEALTH SYSTEM	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 20-5330986	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2869762	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
415 6TH STREET LEWISTON, ID 83501 82-0204264	HOSPITAL	ID	501(c)(3)	3	ASCENSION HEALTH	Yes	
169 RIVERSIDE DRIVE BINGHAMTON, NY 13905 82-1103087	HEALTHCARE	NY	501(c)(3)	3	OUR LADY OF LOURDES MEMORIAL HOSPITAL INC	Yes	

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						Yes	No
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-2292041	PHYSICIAN PRACTICE	FL	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
900 CATON AVENUE BALTIMORE, MD 21229 52-1415083	FUNDRAISING	MD	501(c)(3)	Type I	ST AGNES HEALTHCARE	Yes	
900 CATON AVENUE BALTIMORE, MD 21229 52-0591657	HOSPITAL	MD	501(c)(3)	3	ASCENSION HEALTH	Yes	
1555 Barrington Road Hoffman Estates, IL 60194 36-4251846	Acute care hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
1750 Stockton Street Jacksonville, FL 32204 59-1878316	SKILLED NURSING FACILITY	FL	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
1506 S ONEIDA STREET APPLETON, WI 54915 39-1256677	FOUNDATION	WI	501(c)(3)	7	AFFINITY HEALTH SYSTEM	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0999759	HEALTH CARE	OK	501(c)(3)	10	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 38-3833117	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 61-1659782	REAL ESTATE	OK	501(c)(2)		ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1133139	HEALTH CARE	OK	501(c)(3)	7	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1215174	SYSTEM PARENT	OK	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0579286	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2244034	PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0662663	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1077367	NURSING HOME	OK	501(c)(3)	10	ST JOHN HEALTH SYSTEM INC	Yes	
1907 W SYCAMORE STREET KOKOMO, IN 46901 23-7313206	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST JOSEPH HOSPITAL & HEALTH CENTER INC	Yes	
1907 W SYCAMORE STREET KOKOMO, IN 46901 35-0992717	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
1000 CARONDELET DRIVE KANSAS CITY, MO 64114 43-1388461	FUNDRAISING	MO	501(c)(3)	Type III-FI	CARONDELET HEALTH	Yes	
415 6TH STREET LEWISTON, ID 83501 51-0168321	FUNDRAISING	ID	501(c)(3)	Type I	SJPMC Inc	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 52-1835288	SKILLED NURSING FACILITY	MD	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
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						Yes	No
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 26-0479484	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 46-1084363	SUPPORTING ORGANIZATION	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899560	DME/HOME CARE	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7248362	REAL ESTATE HOLDING COMPANY	IN	501(c)(2)		ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899562	TAX-EXEMPT AFFILIATE REIMBURSEMENTS	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7045370	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1679526	INVESTMENT SERVICES	IN	501(c)(3)	Type III-FI	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-0869065	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
427 GUY PARK AVE AMSTERDAM, NY 12010 14-1347719	HOSPITAL	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	
1000 CARONDELET DRIVE KANSAS CITY, MO 63145 43-1918107	FUNDRAISING	MO	501(c)(3)	Type III-FI	CARONDELET HEALTH	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 26-1356310	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	10	ST VINCENT MEDICAL GROUP INC	Yes	
901 ST MARYS DRIVE EVANSVILLE, IN 47714 27-3474697	DORMANT	IN	501(c)(3)	Type I	ST MARY'S MEDICAL GROUP LLC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 20-5342518	AMBULANCE SERVICES	IN	501(c)(4)		ST MARY'S HEALTH SERVICES INC	Yes	
1116 MILLIS AVENUE BOONVILLE, IN 47601 35-1343019	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
2015 JACKSON STREET ANDERSON, IN 46016 35-2053693	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT ANDERSON REGIONAL HOSPITAL INC	Yes	
2015 JACKSON STREET ANDERSON, IN 46016 46-0877261	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
13500 N MERIDIAN STREET CARMEL, IN 46032 74-3107055	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
1206 E NATIONAL AVENUE BRAZIL, IN 47834 35-2112529	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
1600 23RD STREET BEDFORD, IN 47421 27-2192831	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
13861 OLIO ROAD FISHERS, IN 46037 45-4243702	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	

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						Yes	No
1300 S JACKSON FRANKFORT, IN 46041 35-1531734	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT FRANKFORT HOSPITAL INC	Yes	
1300 S JACKSON FRANKFORT, IN 46041 35-2099320	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 35-2052591	PARENT COMPANY	IN	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
8333 NAAB ROAD STE 301 INDIANAPOLIS, IN 46260 46-1227327	HEALTH AND WELLNESS SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
2001 W 86TH STREET INDIANAPOLIS, IN 46260 35-0869066	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
8402 Harcourt Rd Ste 210 INDIANAPOLIS, IN 46260 35-6088862	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	Yes	
301 HENRY STREET NORTH VERNON, IN 47265 84-1703732	DORMANT	IN	501(c)(3)	1	ST VINCENT JENNINGS HOSPITAL INC	Yes	
301 HENRY STREET NORTH VERNON, IN 47265 35-1841606	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
1331 SOUTH A STREET ELWOOD, IN 46036 35-0876389	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
8425 HARCOURT ROAD INDIANAPOLIS, IN 46260 27-2039417	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	10	ST VINCENT CARMEL HOSPITAL INC	Yes	
1331 SOUTH A STREET ELWOOD, IN 46036 31-1066871	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	Yes	
473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2133006	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT RANDOLPH HOSPITAL INC	Yes	
473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2103153	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
10330 N MERIDIAN STREET STE 400N INDIANAPOLIS, IN 46290 47-1289091	RETAIL AMBULATORY SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
911 N SHELBY STREET SALEM, IN 47167 27-0847538	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
8050 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260 35-1712001	LONG TERM CARE HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
412 N MONROE STREET WILLIAMSPORT, IN 47993 74-3130159	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT WILLIAMSPORT HOSPITAL INC	Yes	
412 N MONROE STREET WILLIAMSPORT, IN 47993 35-0784551	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0288864	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
150 GILBREATH DRIVE ONEONTA, AL 35121 63-0909073	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	

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						Yes	No
2800 MAIN STREET BRIDGEPORT, CT 06606 06-1331677	COLLEGE OF HEALTH SCIENCE	CT	501(c)(3)	2	ST VINCENT'S MEDICAL CENTER	Yes	
95 MERRITT BOULEVARD TRUMBULL, CT 06611 22-2554128	REAL ESTATE HOLDINGS	CT	501(c)(25)		ST VINCENT'S HEALTH SERVICES CORP	Yes	
50 MEDICAL PARK EAST DRIVE BIRMINGHAM, AL 35235 63-0578923	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
1 Medical Park East Drive BIRMINGHAM, AL 35235 63-0868066	FUNDRAISING	AL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-2219923	FUND RAISING	FL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM INC	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558134	HOLDING COMPANY	CT	501(c)(3)	Type I	ST VINCENT'S MEDICAL CENTER	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0931008	HEALTH SYSTEM	AL	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-3650609	PARENT ENTITY	FL	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 06-0646886	HOSPITAL AND SYSTEM PARENT	CT	501(c)(3)	3	ASCENSION HEALTH	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 46-1523194	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558132	FUNDRAISING	CT	501(c)(3)	7	ST VINCENT'S HEALTH SERVICES CORP	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-0624449	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 80-0458769	PHYSICIAN PRACTICES	CT	501(c)(3)	Type I	ST VINCENT'S MEDICAL CENTER	Yes	
95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-0702617	PROGRAMS FOR SPECIAL NEEDS INDIVIDUALS	CT	501(c)(3)	10	ST VINCENT'S HEALTH SERVICES CORP	Yes	
10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 20-5002285	REAL ESTATE HOLDING COMPANY	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
2202 N FORBES BLVD TUCSON, AZ 85745 85-4088322	FOUNDATION	AZ	501(c)(3)	Type I	CARONDELET FOUNDATION INC	Yes	
5455 ALI DR DEPT 200 GRAND BLANC, MI 484395195 38-2427678	PRG RELATED INVESTMENTS	MI	501(c)(3)	Type I	GENESYS HEALTH SYSTEM	Yes	
240 MAPLE STREET WOODRUFF, WI 54568 39-0873606	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2727509	SPIRITUALITY CENTER	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 26-4562712	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	

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						Yes	No
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2855201	TO HOLD TITLE TO REAL PROPERTY	TX	501(c)(25)		SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0932323	PHYSICIAN GROUP	AL	501(c)(3)	Type II	ST VINCENT'S HEALTH SYSTEM	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1236589	PACE (SNF)	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1129325	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 20-2828680	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1078862	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1247723	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 74-3070971	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 73-1153337	RETIREMENT COMMUNITY	OK	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-0559086	MANAGEMENT COMPANY	KS	501(c)(3)	Type III-FI	ASCENSION HEALTH SENIOR CARE	Yes	
3807 SPRING STREET RACINE, WI 53405 93-0838390	FOUNDATION	WI	501(c)(3)	10	ASCENSION ALL SAINTS HOSPITAL INC	Yes	
711 Genn Drive Wamego, KS 66547 72-1526400	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HOSPITAL MANHATTAN INC	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-2028808	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
5000 WEST CHAMBERS STREET MILWAUKEE, WI 53210 39-1636804	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
3805B SPRING STREET RACINE, WI 53405 39-1570877	FOUNDATION	WI	501(c)(3)	7	ASCENSION ALL SAINTS HOSPITAL INC	Yes	
19333 WEST NORTH AVENUE BROOKFIELD, WI 53045 39-6068950	AUXILIARY	WI	501(c)(3)	Type III-FI	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 32-0135258	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST FRANCIS HOSPITAL INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 39-1486775	RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
4300 BROWN DEER ROAD SUITE 250 BROWN DEER, WI 53223 56-2426294	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION WISCONSIN PHARMACY INC	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1568865	PARENT CORPORATION	IL	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
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							Yes	No		Yes	No	
(1) Alexian Rehabilitation Services LLC 935 Beisner Elk Grove Village, IL 60007 30-0221481	Rehabilitation hospital	IL	NA	N/A								
(1) ALVERNO CLINICAL LABORATORIES LLC 2434 INTERSTATE PLAZA DRIVE HAMMOND, IN 46324 20-3240648	MEDICAL SERVICE	IN	NA	N/A								
(2) AMBROSE PARKWOOD WEST II LLC 55 MONUMENT CIRCLE STE 450 INDIANAPOLIS, IN 46204 27-0532924	LAND HOLDINGS	IN	NA	N/A								
(3) AMBULATORY SURGERY CENTER LP 818 N Emporia Ste 108 WICHITA, KS 67214 48-1114690	SURGERY CENTER	KS	NA	N/A								
(4) ASCENSION ALPHA FUND LLC 101 SOUTH HANLEY ROAD SUITE 200 ST LOUIS, MO 63105 90-0786464	INVESTMENTS	MO	NA	N/A								
(5) ASCENSION VIA CHRISTI IMAGING MANHATTAN LLC 1823 College Avenue MANHATTAN, KS 66502 48-1251984	RADIOLOGY SERVICES	KS	NA	N/A								
(6) ASCENSION WISCONSIN EMERUS JV LLC 8040 EXCELSIOR DRIVE SUITE 400 MADISON, WI 53717 38-4118568	ACUTE CARE HOSPITALS	WI	NA	N/A								
(7) BAPTIST WOMENS HEALTH CENTER LLC 1900 CHURCH STREET SUITE 300 NASHVILLE, TN 37203 62-1772195	OWNS AND OPERATES SPECIALTY HOSPITAL	TN	NA	N/A								
(8) BELMONT HARLEM SURGERY CENTER LLC 3101 NORTH HARLEM CHICAGO, IL 60634 41-2237162	MEDICAL SERVICE	IL	NA	N/A								
(9) BONAVENTURE MEDICAL FOUNDATION LLC 2601 Navistar Drive Lisle, IL 60532 36-3978153	Manages managed care contracts	DE	NA	N/A								
(10) Borgess Health Partners LLC 28000 DeQuindre Warren, MI 48092 38-2648846	MANAGED CARE	MI	NA	N/A								
(11) CARMEL AMBULATORY SURGERY CENTER LLC 13421 OLD MERIDIAN STREET STE 150 CARMEL, IN 46032 32-0014795	AMBULATORY SURGERY CENTER	IN	NA	N/A								
(12) CENTRAL TEXAS LAUNDRY LLC 4255 PROFIT STREET SAN ANTONIO, TX 78219 74-2613749	LAUNDRY SERVICES	TX	NA	N/A								
(13) CHV III LP 101 SOUTH HANLEY ROAD ST LOUIS, MO 63105 45-4486925	INVESTMENTS	MO	NA	N/A								
(14) CHV IV LP 101 SOUTH HANLEY ROAD ST LOUIS, MO 63105 81-3953953	INVESTMENTS	MO	NA	N/A								

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							Yes	No		Yes	No	
(16) ENDOSCOPY CENTER LLC 13421 OLD MERIDIAN STREET STE 150 CARMEL, IN 46032 32-0029881	ENDOSCOPY CENTER	IN	NA	N/A								
(1) ENDOSCOPY GROUP LLC 4810 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503 59-3519881	MEDICAL SERVICES	FL	NA	N/A								
(2) Hospital Consolidated Laboratories LLC 39595 W 10 Mile Rd Novi, MI 48375 38-3318428	LAB SERVICES	MI	NA	N/A								
(3) INTERVENTIONAL REHABILITATION CENTER LLC 1549 AIRPORT BOULEVARD STE 420 PENSACOLA, FL 32503 59-3673361	MEDICAL SERVICES	FL	NA	N/A								
(4) KANSAS SURGERY AND RECOVERY CENTER LLC 2770 North Webb Road WICHITA, KS 67226 48-1148580	SURGERY CENTER	KS	NA	N/A								
(5) KENOSHA DIGESTIVE HEALTH CENTER 1033 N MAYFAIR ROAD SUITE 101 WAUWATUSA, WI 53226 84-2167873	DIGESTIVE HEALTH	WI	NA	N/A								
(6) Lourdes Health Support LLC 333 Butternut Drive Suite 100 Dewitt, NY 13214 16-1611707	Medical Equipment Provider	NY	NA	N/A								
(7) MIDDLE TENNESSEE IMAGING LLC 400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 01-0570490	DIAGNOSTIC IMAGING CENTER	TN	NA	N/A								
(8) MURFREESBORO DIAGNOSTIC IMAGING LLC 400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 20-0291952	DIAGNOSTIC IMAGING CENTER	TN	NA	N/A								
(9) NAAB ROAD SURGERY CENTER LLC 8260 NAAB ROAD STE 100 INDIANAPOLIS, IN 46260 35-1991390	AMBULATORY SURGERY CENTER	IN	NA	N/A								
(10) Oklahoma Cancer Specialists Real Estate Company LLC 12697 E 51st St South TULSA, OK 74146 61-1774455	REAL ESTATE HOLDING	OK	NA	N/A								
(11) Open MRI of Michigan 411 W 13 MILE ROAD MADISON HEIGHTS, MI 48071 38-3544539	MRI Center	MI	NA	N/A								
(12) ORTHOPEDIC SURGERY CENTER OF THE FOX VALLEY LLC 2223 LIME KILN ROAD SUITE 101 GREEN BAY, WI 54311 84-2016212	SURGERY CENTER	WI	NA	N/A								
(13) PET LLC 5149 NORTH 9TH AVENUE SUITE 124 PENSACOLA, FL 32504 59-3788701	MEDICAL SERVICES	FL	NA	N/A								
(14) PREMIER RADIOLOGY WISCONSIN LLC 500 W BROWN DEER ROAD SUITE 202 BAYSIDE, WI 53217 83-3180104	RADIOLOGY	WI	NA	N/A								

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							Yes	No		Yes	No	
(31) Presence Lakeshore Gastroenterology LLC 150 N River Road Suite 210 Des Plaines, IL 60016 81-1750563	Medical Service	IL	NA	N/A								
(1) PROFESSIONAL CLINICAL LABORATORIES LLC 113 E 4TH ST MICHIGAN CITY, IN 46360 30-0711211	MEDICAL SERVICES	IN	NA	N/A								
(2) RADS OF AMERICA LLC PO BOX 249 GOODLETTSVILLE, TN 370700249 20-0597581	AMBULATORY SURGERY CENTER	TN	NA	N/A								
(3) SAINT THOMAS HOME RECOVERY CARE LLC 49 MUSIC SQUARE WEST SUITE 401 NASHVILLE, TN 37203 84-2100096	MEDICAL AND REHABILITATION SERVICES	TN	NA	N/A								
(4) SOUTH COAST REAL ESTATE VENTURE LLC 5907 HIGHWAY 90 MOSS POINT, MS 39563 45-5599047	OWN REAL ESTATE FOR A PHYSICIAN OFFICE BUILDING	MS	NA	N/A								
(5) ST VINCENT'S OUTPATIENT SURGERY SERVICES LLC 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 20-0708162	OUTPATIENT SURGERY	AL	NA	N/A								
(6) ST VINCENT'S SLEEP DISORDER CENTER 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1282288	SLEEP DISORDER CENTER	AL	NA	N/A								
(7) STVINCENT HEART CENTER OF INDIANA LLC 10580 N MERIDIAN STREET INDIANAPOLIS, IN 46290 36-4492612	HEART HOSPITAL	IN	NA	N/A								
(8) STHS SLEEP CENTER LLC 102 WOODMONT BOULEVARD SUITE 800 NASHVILLE, TN 37205 20-3664894	OPERATES A SLEEP CENTER	TN	NA	N/A								
(9) The Michigan Institute for Advanced Surgery LLC 1375 S Lapeer Rd 109 Lake Orion, MI 48360 03-0444972	OUTPATIENT SERVICES	MI	NA	N/A								
(10) TOWNE CENTRE SURGERY CENTER LLC 4599 TOWNE CENTRE SAGINAW, MI 48604 20-4943843	OUTPATIENT SERVICES	MI	NA	N/A								
(11) TRI-STATE COMMUNITY CLINICS LLC 8601 N KENTUCKY AVENUE STE J EVANSVILLE, IN 47711 27-0885968	PRIMARY CARE PHYSICIAN PRACTICES	IN	NA	N/A								
(12) VIA CHRISTI MERCY CLINIC LLC 1 Mt Carmel Place Pittsburg, KS 66762 81-2927645	MEDICAL SERVICES	KS	NA	N/A								

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								Yes	No
(1) ADVANTAGE HEALTHCO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2698151	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(1) ADVENT INC 28000 DEQUINDRE WARREN, MI 48092 38-2971743	RENTAL REAL ESTATE	MI	NA	C Corporation				Yes	
(2) AFFILIATED HEALTH SERVICES INC 28000 DEQUINDRE WARREN, MI 48092 38-2292922	MEDICAL SERVICES	MI	NA	C Corporation				Yes	
(3) AFFILIATED MEDICAL SERVICES LABORATORY INC 2916 E CENTRAL WICHITA, KS 67214 48-1239522	MEDICAL LABORATORY	KS	NA	C Corporation				Yes	
(4) AH INCUBATIONS ACCELERATOR INC 101 SOUTH HANLEY ROAD SUITE 450 ST LOUIS, MO 63105 45-5078523	MEDICAL SERVICE	MO	NA	C Corporation				Yes	
(5) ALEXIAN BROTHERS CORPUS CHRISTI HOUSING PROJECT LLC 3900 SOUTH GRAND ST LOUIS, MO 63118 94-3465394	HOUSING	MO	NA	C Corporation				Yes	
(6) Alexian Brothers Health Providers Association Inc 2601 Navistar Drive Lisle, IL 60532 36-3853286	Messenger model IPA	IL	NA	C Corporation				Yes	
(7) Alexian Village of Elk Grove 3040 W Salt Creek Arlington Heights, IL 60005 35-2211303	Tax credit financed housing	IL	NA	C Corporation				Yes	
(8) AMITA HEALTH CLINICALLY INTEGRATED NETWORK LLC 2601 NAVISTAR DRIVE LISLE, IL 60532 80-0967178	MANAGED CARE	IL	NA	C Corporation				Yes	
(9) ASCENSION CAPITAL UK LIMITED FOUNTAIN HOUSE 130 FENCHURCH STREET LONDON, ENGLAND EC3M5DJ UK	INSURANCE	UK	NA	C Corporation				Yes	
(10) Ascension Care Management Health Partners Tennessee 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 45-2958482	ACCOUNTABLE CARE ORGANIZATION	TN	NA	C Corporation				Yes	
(11) ASCENSION CARE MANAGEMENT HEALTH PARTNERS INC 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-4413419	MEDICAL SERVICE	MO	ASCENSION HEALTH ALLIANCE	C Corporation				Yes	
(12) ASCENSION CARE MANAGEMENT HOLDINGS LTD AND SUBSIDIARIES 8220 IRVING STERLING HEIGHTS, MI 48312 38-3269272	INSURANCE AND TPA	MI	ASCENSION CARE MANAGEMENT INSURANCE HOLDINGS	C Corporation				Yes	
(13) ASCENSION HEALTH INSURANCE LIMITED PO BOX 1159 GRAND CAYMAN, Bahamas KY11102 CJ	INSURANCE	CJ	NA	C Corporation				Yes	
(14) ASCENSION HEALTH MASTER PENSION TRUST 11775 BORMAN DRIVE SUITE 200 ST LOUIS, MO 63146 36-6891022	TRUST	MO	NA	Trust				Yes	

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								Yes	No
(16) ASCENSION HEALTH RISK PURCHASING GROUP 101 SOUTH HANLEY ROAD SUITE 450 ST LOUIS, MO 63105 27-4176480	SUPPORTING ORGANIZATION	MO	NA	C Corporation				Yes	
(1) ASCENSION MEDICAL GROUP VIA CHRISTI PA 3311 EAST MURDOCK WICHITA, KS 67208 48-0993446	PROFESSIONAL ASSOCIATION	KS	NA	C Corporation				Yes	
(2) ASCENSION VENTURES CORPORATION 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1217059	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	
(3) BAPTIST HEALTH CARE VENTURES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-0469214	HOLDING COMPANY	TN	NA	C Corporation				Yes	
(4) BAYLEY CONDOMINIUM ASSOCIATION 2121 HIGHLAND AVENUE SOUTH BIRMINGHAM, AL 35205 63-1209915	CONDOMINIUM ASSOCIATION	AL	NA	C Corporation				Yes	
(5) BEECHER BALLENGER SERVICES ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2497922	HOLDING COMPANY	MI	NA	C Corporation				Yes	
(6) CARONDELET MEDICAL GROUP INC 2202 N FORBES BLVD TUCSON, AZ 85745 86-0836126	MEDICAL GROUP	AZ	NA	C Corporation				Yes	
(7) CARONDELET SPECIALIST GROUP INC 2202 N FORBES BLVD TUCSON, AZ 85745 28-1558773	PHYSICIAN PRACTICE	AZ	NA	C Corporation				Yes	
(8) CLINICAL HOLDINGS CORP 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-3802297	HOLDING COMPANY	MO	NA	C Corporation				Yes	
(9) CONSOLIDATED PHARMACY SERVICES INC AND SUBSIDIARIES 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3398033	RETAIL PHARMACY & PATIENT TRANSPORT	FL	NA	C Corporation				Yes	
(10) Corbett Corporation 169 Riverside Drive Binghamton, NY 13905 16-1268267	Property Management	NY	NA	C Corporation				Yes	
(11) CRITTENTON DEVELOPMENT CORPORATION 2251 N SQUIRREL RD STE 310 AUBURN HILLS, MI 48326 38-2594115	REAL ESTATE	MI	NA	C Corporation				Yes	
(12) CRITTENTON MEDICAL PHARMACY INC 1135 West University Dr 105 ROCHESTER, MI 48307 20-3773341	PHARMACY SERVICES	MI	NA	C Corporation				Yes	
(13) DELL CHILDREN'S HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 27-1311909	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(14) EASTSIDE VENTURES 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0846221	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	

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								Yes	No
(31) FAMILY MEDICINE CENTER CONDOMINIUM ASSOCIATION INC 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204 26-1983355	CONDOMINIUM ASSOCIATION	FL	NA	C Corporation				Yes	
(1) FRANKLIN MEDICAL OFFICE BUILDING CONDOMINIUM ASSOCIATION INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 34-1983857	CONDO ASSOCIATION	WI	NA	C Corporation				Yes	
(2) GENESYS PRACTICE PARTNERS 5445 ALI DRIVE DEPT 200 GRAND BLANC, MI 48439 03-0516871	EMPLOYED PHY PRACTICE	MI	NA	C Corporation				Yes	
(3) GULF COAST DIVERSIFIED INC 5154 NORTH 9TH AVENUE PENSACOLA, FL 32507 59-2432798	INVESTMENT	FL	NA	C Corporation				Yes	
(4) HEALTHNET OF ALABAMA INC PO BOX 830605 BIRMINGHAM, AL 352830605 63-1027511	PREFERRED PROVIDER ORGANIZATION	AL	NA	C Corporation				Yes	
(5) HOWARD YOUNG CLINICS INC 240 MAPLE STREET WOODRUFF, WI 54568 39-1969706	HEALTHCARE	WI	NA	C Corporation				Yes	
(6) INDIAN CREEK CENTER INC 101 S Hanley Ste 200 St Louis, MO 63105 48-0956627	MANAGEMENT	MO	NA	C Corporation				Yes	
(7) INTEGRATED HEALTHCARE SYSTEMS INC 3311 EAST MURDOCK WICHITA, KS 67208 48-0941549	CLINIC SERVICES	KS	NA	C Corporation				Yes	
(8) MADISON MEDICAL AFFILIATES INC 4425 N PORT WASHINGTON RD GLENDALE, WI 53212 39-1855720	HEALTHCARE	WI	NA	C Corporation				Yes	
(9) MID-STATE PROPERTIES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-1232018	INACTIVE	TN	NA	C Corporation				Yes	
(10) MISSISSIPPI PROVIDENCE HEALTHCARE SERVICES INC 6801 AIRPORT BLVD MOBILE, AL 36608 46-1130426	HEALTHCARE SERVICES	MS	NA	C Corporation				Yes	
(11) OMNI MEDICAL GROUP INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1335536	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(12) PHYSICIAN SUPPORT SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1437252	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(13) PHYSICIANS OF PASCO CONDOMINIUMS ASSOC 520 NORTH 4TH AVENUE PASCO, WA 99301 45-3691641	PROPERTY MANAGEMENT	WA	NA	C Corporation				Yes	
(14) PRESENCE PROPERTIES INC 100 NORTH RIVER ROAD DES PLAINES, IL 60016 36-3520630	MEDICAL	IL	NA	C Corporation				Yes	

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								Yes	No
(46) PRESENCE SERVICE CORPORATION 2380 E DEMPSTER STREET DES PLAINES, IL 60016 36-4314354	MEDICAL	IL	NA	C Corporation				Yes	
(1) PRESENCE VENTURES INC 100 NORTH RIVER ROAD DES PLAINES, IL 60016 37-1168085	MEDICAL	IL	NA	C Corporation				Yes	
(2) PROSPECT MEDICAL COMMONS CONDOMINIUM ASSOCIATION INC 4425 N Port Washington Rd GLENDALE, WI 53212 20-8042108	CONDO ASSOCIATION	WI	NA	C Corporation				Yes	
(3) PROVIDENCE PARK Inc PO BOX 850429 MOBILE, AL 36685 63-0886846	REAL ESTATE	AL	NA	C Corporation				Yes	
(4) REGIONAL MEDICAL LABORATORIES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1131608	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(5) RESOURCE PHARMACIES INC 1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1410076	RETAIL PHARMACY	DC	NA	C Corporation				Yes	
(6) SETON INSURANCE COMPANY 1345 PHILOMENA STREET AUSTIN, TX 78723 47-5395483	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(7) SETON ACCOUNTABLE CARE ORGANIZATION INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2677756	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(8) SETON HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 45-3047469	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(9) SETON HEALTH PLAN INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2725348	HMO	TX	NA	C Corporation				Yes	
(10) SETON MSO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2870455	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(11) SETON PHARMACY INC 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3001427	RETAIL PHARMACY	FL	NA	C Corporation				Yes	
(12) SETON PHYSICIAN HOSPITAL NETWORK 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2643825	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(13) SOVA INC 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 26-1319638	HEALTH SERVICES	TN	NA	C Corporation				Yes	
(14) ST AGNES HEALTH VENTURES INC 900 CATON AVENUE BALTIMORE, MD 21229 52-1733632	HOLDING COMPANY	MD	NA	C Corporation				Yes	

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								Yes	No
(61) ST JOHN ANESTHESIA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3690446	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(1) ST JOHN PHYSICIANS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1321032	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(2) ST JOHN URGENT CARE CLINICS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-4990275	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(3) ST JOSEPH HEALTH ENTERPRISES 200 HEMLOCK ROAD TAWAS CITY, MI 48764 38-2686747	OTHER MEDICAL	MI	NA	C Corporation				Yes	
(4) St Mary's Health 800 S Washington Avenue Saginaw, MI 48601 38-3477017	Dormant	MI	NA	C Corporation				Yes	
(5) ST MARY'S MEDICAL GROUP INC 3700 WASHINGTON AVE EVANSVILLE, IN 47750 35-2076827	INVESTMENT	IN	NA	C Corporation				Yes	
(6) St Vincent's Strategic Ventures Inc 4205 Belfort Road Suite 4030 Jacksonville, FL 33213 59-3133073	LEASING	FL	NA	C Corporation				Yes	
(7) SUNFLOWER ASSURANCE LTD PO BOX 1085 GRAND CAYMAN, Bahamas KY11102 CJ	INSURANCE	CJ	NA	C Corporation				Yes	
(8) TEXTILE SYSTEMS INC 817 WALBRIDGE KALAMAZOO, MI 49007 38-2705047	LAUNDRY SERVICES	MI	NA	C Corporation				Yes	
(9) Thelen Corporation 3040 Salt Creek Lane Arlington Heights, IL 60005 36-3266316	Owns/ leases property; joint venture partner	IL	NA	C Corporation				Yes	
(10) TRAVEL SERVICES CORPORATION PO BOX 45998 ST LOUIS, MO 631455998 26-3764978	TRAVEL SERVICES	MO	NA	C Corporation				Yes	
(11) US HEALTH HOLDINGS LTD AND SUBSIDIARIES 8220 IRVING STERLING HEIGHTS, MI 48312 38-3269272	INSURANCE AND TPA	MI	NA	C Corporation				Yes	
(12) UTICA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1057650	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(13) VCH IOWA PC 8200 E THORN DRIVE WICHITA, KS 67226 27-3983977	PROFESSIONAL ASSOCIATION	IA	NA	C Corporation				Yes	
(14) VCH IOWA PC TRUST 8200 E THORN DRIVE WICHITA, KS 67226 27-6937322	BENEFICIARY TRUST	IA	NA	Trust				Yes	

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								Yes	No
(76) VIA CHRISTI CLINIC SERVICES INC 8200 E THORN DRIVE WICHITA, KS 67226 27-3984287	CLINIC SERVICES	KS	NA	C Corporation				Yes	
(1) VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE INC 8200 E THORN DRIVE WICHITA, KS 67226 48-2872857	ACO	KS	NA	C Corporation				Yes	
(2) VINCENTIAN VENTURES OF NORTH ALABAMA INC 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0965456	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	
(3) VINCENTURES INC 95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-1211417	INACTIVE	CT	NA	C Corporation				Yes	
(4) WHEATON FRANCISCAN ENTERPRISES INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1985204	HOLDING CO	WI	NA	C Corporation				Yes	
(5) WHEATON FRANCISCAN HOLDINGS INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1836357	HOLDING CO	WI	NA	C Corporation				Yes	
(6) WHEATON FRANCISCAN MEDICAL GROUP - SUSSEX INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1361100	HEALTHCARE	WI	NA	C Corporation				Yes	
(7) WHEATON FRANCISCAN PROVIDER NETWORK INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1952140	PROVIDER CONTRACT	WI	NA	C Corporation				Yes	
(8) WHEATON WAY CONDOMINIUM OWNERS ASSOCIATION INC 10101 SOUTH 27TH STREET FRANKLIN, WI 53123 30-0659830	CONDO ASSOCIATION	WI	NA	C Corporation				Yes	
(9) L GILBRAITH INSURANCE SPC LTD 68 W BAY ROAD PO BOX 1109 GRAND CAYMAN KY11120 CJ	INSURANCE	CJ	NA	C Corporation				Yes	