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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

2019

Open to Public Inspection

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

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

C Name of organization
ADVOCATE CONDELL MEDICAL CENTER

Doing business as

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

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

D Employer identification number
26-2525968

E Telephone number
(630) 572-9393

G Gross receipts $ 485,652,626

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

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

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

H(c) Group exemption number ▶ 9395

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

J Website: ▶ WWW.ADVOCATEHEALTH.COM

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

L Year of formation: 2008

M State of legal domicile: IL

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	2,355
6	Total number of volunteers (estimate if necessary)	**6**	590
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	323,904
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	290,514

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	319,189	534,638
9	Program service revenue (Part VIII, line 2g)	459,771,756	451,279,292
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,116,493	22,577,886
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,225,474	11,092,373
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	474,432,912	485,484,189
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,996	23,461
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	141,353,643	145,358,301
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	293,437,426	289,950,765
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	434,800,065	435,332,527
19	Revenue less expenses. Subtract line 18 from line 12	39,632,847	50,151,662

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	487,010,948	538,621,208
21	Total liabilities (Part X, line 26)	97,957,758	102,000,377
22	Net assets or fund balances. Subtract line 21 from line 20	389,053,190	436,620,831

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

****** 2020-11-16
Signature of officer Date

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

Paid Preparer Use Only

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a	(Code: See Additional Data)	(Expenses $	368,725,732	including grants of $	23,461) (Revenue $	445,136,487)
4b	(Code: See Additional Data)	(Expenses $	9,611,854	including grants of $	) (Revenue $	8,117,424)
4c	(Code: See Additional Data)	(Expenses $		including grants of $	) (Revenue $	)
	(Code:)	(Expenses $	11,924,082	including grants of $	) (Revenue $	7,753,921)
4d	Other program services (Describe in Schedule O.) (Expenses $ 11,924,082 including grants of $) (Revenue $ 7,753,921)					
4e	**Total program service expenses ▶**		390,261,668			

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	122		
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		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	2,355		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	Yes
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶ADVOCATE AURORA HEALTH INC 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 (630) 929-6057

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,955,759	34,130,871	2,155,553

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 ▶ 6

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
EDWARD W MCNABOLA 161 N CLARK STREET SUITE 2550 CHICAGO, IL 60601	LEGAL SERVICES	1,843,693
EMERGENCY SURGICAL SERVICES OF LAKE COUN 1870 W WINCHESTOR RD STE 112 LIBERTYVILLE, IL 60048	EMERGENCY SERVICES	1,449,240
PULMONARY MEDICINE ASSOCIATES SC 675 W NORTH AVENUE 505 MELROSE PARK, IL 60160	HOSPITAL SERVICES	1,307,127
TOTAL RENAL CARE INC PO BOX 402946 ATLANTA, GA 30384	MEDICAL SERVICES	1,080,473
SUPERIOR HEALTH LINENS LLC 5005 S PACKARD AVENUE CUDAHY, WI 53110	LAUNDRY SERVICES	1,050,110

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 ▶ 25

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	534,638			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a - 1f: $	1g				
	h **Total.** Add lines 1a-1f		534,638			
Program Service Revenue		Business Code				
	2a MEDICARE/MEDICAID	622110	155,617,522	155,617,522		
	b BLUE CROSS/MGD CARE	622110	121,513,530	121,513,530		
	c PATIENT SVC REVENUE	622110	72,380,874	72,380,874		
	d PHARMACY	446110	40,742,060	40,742,060		
	e LABORATORY	621511	32,292,901	32,292,901		
	f All other program service revenue.		28,732,405	28,408,501	323,904	
	g **Total.** Add lines 2a–2f.	451,279,292				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		22,704,299			22,704,299
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	6a 1,039,929				
	b Less: rental expenses	6b 0				
	c Rental income or (loss)	6c 1,039,929				
	d Net rental income or (loss)		1,039,929			1,039,929
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	42,024			
	b Less: cost or other basis and sales expenses	7b	168,437			
	c Gain or (loss)	7c	-126,413			
	d Net gain or (loss)		-126,413			-126,413
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a FITNESS & WELLNESS CLU	713940	6,544,810	6,544,810		
	b CHILD CARE	624410	1,944,633	1,944,633		
	c CAFETERIA REVENUE	722514	1,219,726	1,219,726		
	d All other revenue		343,275	343,275		
	e **Total.** Add lines 11a–11d		10,052,444			
	12 **Total revenue.** See instructions		485,484,189	461,007,832	323,904	23,617,815

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	23,461	23,461		
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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	116,502,088	114,962,141	1,539,947	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	5,087,105	5,087,105		
9 Other employee benefits	15,851,106	15,799,090	52,016	
10 Payroll taxes	7,918,002	7,846,087	71,915	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	80,004		80,004	
d Lobbying	42,130		42,130	
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)	13,602,330		13,602,330	
12 Advertising and promotion	21,840	11,583	10,257	
13 Office expenses	1,854,845	1,732,435	122,410	
14 Information technology	13,126,368	152,066	12,974,302	
15 Royalties				
16 Occupancy	4,753,616	4,753,616		
17 Travel	97,514	88,758	8,756	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	179,849	178,254	1,595	
20 Interest	2,069,734	2,069,734		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,670,505	20,430,006	240,499	
23 Insurance	2,305,713	2,305,713		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER INTERCOMPANY	109,644,669	109,644,112	557	
b MEDICAL SUPPLIES	59,024,681	59,022,791	1,890	
c BAD DEBT	18,724,071	18,724,071		
d INCOME TAXES	75,391	75,391		
e All other expenses	43,677,505	27,355,254	16,322,251	
25 **Total functional expenses.** Add lines 1 through 24e	435,332,527	390,261,668	45,070,859	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		33,087,782	1	13,658,136
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		44,087,852	4	46,531,616
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		11,166	7	
	8	Inventories for sale or use		4,931,866	8	6,223,524
	9	Prepaid expenses and deferred charges		2,109,964	9	596,575
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 422,854,424			
	b	Less: accumulated depreciation	10b 162,084,609	260,932,726	10c	260,769,815
	11	Investments—publicly traded securities		131,897,887	11	201,924,514
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		9,951,705	15	8,917,028
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		487,010,948	16	538,621,208
Liabilities	17	Accounts payable and accrued expenses		36,361,673	17	42,201,976
	18	Grants payable			18	
	19	Deferred revenue		35,756	19	30,693
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		26,338,770	23	24,810,519
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		35,221,559	25	34,957,189
	26	**Total liabilities.** Add lines 17 through 25		97,957,758	26	102,000,377
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		389,053,190	27	436,620,831
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		389,053,190	32	436,620,831
	33	Total liabilities and net assets/fund balances		487,010,948	33	538,621,208

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	485,484,189
2	Total expenses (must equal Part IX, column (A), line 25)	2	435,332,527
3	Revenue less expenses. Subtract line 2 from line 1	3	50,151,662
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	389,053,190
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,584,021
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	436,620,831

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 26-2525968

Name: ADVOCATE CONDELL MEDICAL CENTER

Form 990 (2019)

Form 990, Part III, Line 4a:

FINANCIAL ASSISTANCE (CHARITY CARE) AND TRAUMA CARE. PROVIDING INPATIENT AND OUTPATIENT HEALTH CARE SERVICES TO THE COMMUNITY REGARDLESS OF THE PATIENTS' ABILITY TO PAY.AS PART OF ADVOCATE CONDELL MEDICAL CENTER'S (ADVOCATE CONDELL) COMMUNITY HEALTH STRATEGY, THE MEDICAL CENTER IS COMMITTED TO PROMOTING INITIATIVES THAT ENAHANCE ACCESS TO HEALTH CARE FOR THE UNINSURED AND UNDERINSURED. AN EXAMPLE OF THIS IS THE PROVISION OF FINANCIAL ASSISTANCE. ADVOCATE CONDELL OFFERS A VERY GENEROUS FINANCIAL ASSISTANCE PROGRAM, REQUIRING NO PAYMENTS FROM THE PATIENTS MOST IN NEED, AND PROVIDING DISCOUNTS TO UNINSURED AND INSURED PATIENTS. FROM JANUARY 2019 TO MAY 2019, UNINSURED PATIENTS EARNING UP TO SIX TIMES THE FEDERAL POVERTY LEVEL (FPL), AND INSURED PATIENTS EARNING UP TO FOUR TIMES THE FPL WERE ELIGIBLE TO BE CONSIDERED FOR A FULL OR PARTIAL FINANCIAL ASSISTANCE DISCOUNT. AS OF JUNE 2019, PATIENTS EARNING UP TO SIX TIMES THE FPL, AND INSURED PATIENTS EARNING UP TO TWO AND HALF TIMES THE FPL MAY QUALIFY FOR A FULL OR PARTIAL FINANCIAL ASSISTANCE DISCOUNT. ADDITIONALLY, A CATASTROPHIC ASSISTANCE DISCOUNT WAS ADDED FOR UNINSURED AND INSURED PATIENTS WHOSE INCOMES EXCEED THE TRADITIONAL FINANCIAL ASSISTANCE INCOME GUIDELINES AND HAVE OUTSTANDING PATIENT BALANCES OF $25,000 OR MORE FOR A SINGLE DATE OF SERVICE OR SUM OF SEVERAL DATES OF SERVICE. THESE PATIENTS MAY QUALIFY TO RECEIVE A FINANCIAL ASSISTANCE DISCOUNT THAT REDUCES THEIR OUTSTANDING BALANCE TO 25% OF THEIR NET INCOME. FOR UNINSURED PATIENTS, ADVOCATE CONDELL WILL PRESUMPTIVELY PROVIDE FINANCIAL ASSISTANCE IF THE FINANCIAL STATUS HAS BEEN VERIFIED BY A THIRD PARTY. IN THESE CASES, THE PATIENT IS NOT REQUIRED TO SUBMIT A SEPARATE FINANCIAL ASSISTANCE APPLICATION. IF PRESUMPTIVE CRITERIA ARE NOT AVAILABLE FOR UNINSURED PATIENTS, FINANCIAL ASSISTANCE ELIGIBILITY IS AVAILABLE USING AN INCOME-BASED SCREENING. THE MEDICAL CENTER EXTENDS ITS INCOME-BASED FINANCIAL ASSISTANCE POLICY TO ITS INSURED PATIENTS AS WELL. BOTH UNINSURED AND INSURED REQUESTS ARE GIVEN CONSIDERATION BASED ON THE INDIVIDUAL'S EXTENUATING CIRCUMSTANCES. ADVOCATE AURORA HEALTH CONTINUES TO REVIEW AND REFINE ITS POLICY IN AN ONGOING EFFORT TO ENSURE THAT FINANCIAL ASSISTANCE IS AVAILABLE TO THOSE WHO NEED HELP AT ADVOCATE CONDELL AND ALL OTHER AAH HOSPITALS. THE MEDICAL CENTER MAINTAINS HIGHLY VISIBLE SIGNAGE AND BROCHURES IN MULTIPLE LANGUAGES TO INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL HELP AND FINANCIAL COUNSELORS. INFORMATION ABOUT THE FINANCIAL ASSISTANCE PROGRAM AND AN APPLICATION IS PROVIDED TO ALL UNINSURED PATIENTS DURING REGISTRATION AND IS MAILED TO THEM IN ADVANCE OF THE FIRST PATIENT BILLING. AFTER THAT, EACH UNINSURED PATIENT'S BILL INCLUDES SUMMARY INFORMATION REGARDING THE FINANCIAL ASSISTANCE PROGRAM. IN THE AREA OF TRAUMA CARE, ADVOCATE CONDELL PROVIDES EXPERT EMERGENCY CARE. THE MEDICAL CENTER'S LEVEL I TRAUMA CENTER, THE HIGHEST TRAUMA DESIGNATION IN ILLINOIS, CARES FOR THE MOST SERIOUSLY INJURED PEOPLE IN ITS SERVICE AREA. ADVOCATE CONDELL IS THE ONLY LEVEL I TRAUMA CENTER IN LAKE COUNTY. AS IS THE CASE WITH ALL ILLINOIS LEVEL I TRAUMA CENTERS, ADVOCATE CONDELL IS STAFFED BY ON-SITE, 24-HOUR-A-DAY TRAUMA SURGEONS, FEATURES 24-HOUR SURGICAL AND NONSURGICAL SERVICES, SUCH AS RADIOLOGY AND ANESTHESIA, AND CAN ACCOMMODATE HELICOPTER TRANSPORTS. IN 2019, THE MEDICAL CENTER HAD 1,948 TRAUMA VISITS.

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

DESCRIPTION OF ADVOCATE CONDELL. ADVOCATE HEALTH CARE BASED IN ILLINOIS AND AURORA HEALTH CARE BASED IN WISCONSIN MERGED TO BECOME ADVOCATE AURORA HEALTH IN APRIL 2018. HAVING SERVED THE COMMUNITY SINCE 1928, ADVOCATE CONDELL IS A 273-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN LIBERTYVILLE, ILLINOIS, AND IS ONE OF THE 27 ACUTE CARE HOSPITALS IN THE ADVOCATE AURORA HEALTH SYSTEM. AS THE LARGEST HEALTH CARE PROVIDER IN LAKE COUNTY, THE MEDICAL CENTER PROVIDES A FULL SPECTRUM OF MEDICAL SERVICESFROM OBSTETRICS, RADIOLOGY SERVICES AND REHABILITATION TO OPEN HEART SURGERY, NEUROSURGERY AND ONCOLOGY.ADVOCATE CONDELL'S EMERGENCY DEPARTMENT PROVIDES LEVEL I TRAUMA CARE AND HAS THE CAPACITY TO ACCOMMODATE GROWING NUMBERS OF PATIENTS. IN 2019, THE MEDICAL CENTER PROVIDED 1,948 TRAUMA CARE VISITS OUT OF 57,422 EMERGENCY ROOM VISITS. THE MEDICAL CENTER ALSO OFFERS AN EMERGENCY DEPARTMENT APPROVED FOR PEDIATRICS (EDAP) AND IS ACCREDITED AS A PRIMARY STROKE CENTER. MORE THAN 620 PHYSICIANS AND 1,800 ASSOCIATES COMPRISE THE TEAM OF MEDICAL EXPERTS. NOTABLY, ADVOCATE CONDELL IS ONE OF EIGHT ADVOCATE HOSPITALS THAT HAVE EARNED MAGNET RECOGNITION FROM THE AMERICAN NURSE CREDENTIALING CENTER (ANCC). MAGNET STATUS REPRESENTS HOSPITAL-WIDE TEAMWORK AND DEDICATION TO CREATING A POSITIVE ENVIRONMENT, WHICH HELPS ATTRACT THE BEST PHYSICIANS AND NURSES, RESULTING IN BETTER OVERALL PATIENT CARE.IN ADDITION TO SERVICES LOCATED ON ITS LIBERTYVILLE CAMPUS, ADVOCATE CONDELL OPERATES THREE IMMEDIATE CARE CENTERS AND TWO FITNESS CENTERS THROUGHOUT LAKE COUNTY. ADVOCATE CONDELL ALSO OPERATES AN OUTPATIENT IMAGING CENTER AND IS IN A JOINT VENTURE AGREEMENT FOR AN AMBULATORY SURGERY CENTER. ADVOCATE CONDELL IS THE RESOURCE HOSPITAL FOR REGION 10 EMERGENCY MEDICAL SERVICES, WHICH DEMONSTRATES THE COMMITMENT TO EFFICIENTLY AND EFFECTIVELY MANAGE EMERGENCY SERVICES IN A DISASTER. THE MEDICAL CENTER ALSO PROVIDES COMMUNITY HEALTH DATA-DRIVEN HEALTH AND WELLNESS PROGRAMS, EVIDENCE-BASED STRATEGIES TO ADDRESS HEALTH ISSUES, AND COMMUNITY EDUCATION. AS AN ADVOCATE AURORA MEDICAL CENTER, ADVOCATE CONDELL SUPPORTS THE ORGANIZATION'S VISION OF "WE HELP PEOPLE LIVE WELL AND TO FULFILL ITS VALUE OF: EXCELLENCEWE ARE A TOP PERFORMER IN ALL THAT WE DO; COMPASSIONWE UNSELFISHLY CARE FOR OTHERS; AND RESPECTWE VALUE THE UNIQUE NEEDS AND PREFERENCES OF ALL PEOPLE. POPULATION SERVED. ADVOCATE CONDELL PROVIDES QUALITY HEALTH CARE TO INDIVIDUALS REGARDLESS OF RACE, RELIGION, CREED, NATIONAL ORIGIN, AGE OR ABILITY TO PAY. IN 2019, THE MEDICAL CENTER RECORDED 15,638 INPATIENT ADMISSIONS, 220,147 OUTPATIENT VISITS AND 1,113 DELIVERIES.COMMITMENT TO THE COMMUNITY. EVEN IN THE FACE OF LOW REIMBURSEMENTS, ADVOCATE CONDELL IS DEDICATED TO MAINTAINING A STRONG PRESENCE WITHIN ITS COMMUNITY AND CONTINUES TO MONITOR THESE EXPENDITURES TO MAKE CERTAIN THAT THE PROGRAMS AND SERVICES SUPPORTED ARE IN DIRECT RESPONSE TO COMMUNITY NEED. IN 2019, THE MEDICAL CENTER REPORTED OVER $24 MILLION IN COMMUNITY BENEFIT PROGRAMS AND SERVICES. THESE SERVICES ARE COMPRISED OF MANY COMMUNITY HEALTH PROGRAMS FOCUSED ON IMPROVING ACCESS TO CARE, ADDRESSING SPECIAL NEEDS AND IMPROVING OVERALL COMMUNITY HEALTH. PARTNERING TO ASSESS COMMUNITY NEEDS. ADVOCATE CONDELL COLLABORATED WITH THE LAKE COUNTY HEALTH DEPARTMENT IN THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) COMPLETED IN 2019. IN PARTNERSHIP WITH THE MEDICAL CENTER, THE HEALTH DEPARTMENT CONDUCTED TWO ADDITIONAL SURVEYS OF UNDERSVERVED COMMUNITIES WITHIN THE ADVOCATE CONDELL SERVICE AREAGURNEE AND WESTERN LAKE COUNTY, ILLINOIS. THE MEDICAL CENTER USED THE RESULTS OF THE HEALTH DEPARTMENT'S EXTENSIVE COMMUNITY HEALTH ASSESSMENT, WHICH USED THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) PROCESS, AND THE HEALTH DEPARTMENT COMMUNITY HEALTH IMPROVEMENT PLAN TO INFORM THE CHNA. STAFF FROM ADVOCATE CONDELL ARE ACTIVE MEMBERS OF THE LIVE WELL LAKE COUNTY INITIATIVE, FOCUSED ON IMPROVING THE OVERALL HEALTH OF LAKE COUNTY THROUGH STRATEGIES OUTLINED IN THE LAKE COUNTY HEALTH DEPARTMENT IMPROVEMENT PLAN (CHIP). AS OF 2019, ADVOCATE CONDELL CONTINUES TO WORK COLLABORATIVELY WITH THE HEALTH DEPARTMENT, PARTICIPATING IN ACTION TEAMS ADDRESSING OBESITY (NUTRITION AND PHYSICAL ACTIVITY ACTION TEAMS) AND CO- CHAIRING THE DIABETES ACTION TEAM. THE LIVE WELL LAKE COUNTY STEERING COMMITTEE MONITORS THE IMPACT OF THE FOCUSED HEALTH EQUITY WORK. THE FOCUS IS TO STRATEGICALLY ALIGN WITH LAKE COUNTY PARTNERS AND ADDRESS HEALTH DISPARITIES IN THE COMMUNTY. ADVOCATE CONDELL ALSO TAPS THE MEDICAL CENTER'S INTERNAL CLINICAL SERVICE LINE EXPERTISE TO ASSESS COMMUNITY NEEDS AND TO ASSIST IN GUIDING PROGRAM DEVELOPMENT. AS AN EXAMPLE, COMMUNITY HEALTH STAFF WORKING WITH THE ADVOCATE CONDELL CANCER COMMITTEE REVIEWED CHNA FINDINGS AND UP-TO-DATE DATA IN 2019. CHNA RESULTS SHOWED THAT THE COLORECTAL CANCER INCIDENCE RATE IS SHOWING A STATISTICALLY SIGNIFICANT DECREASE. HOWEVER, COLORECTAL SCREENING WAS IDENTIFIED AS A HEALTH ISSUE OF FOCUS BECAUSE THE DEATH RATE FROM COLORECTAL CANCER IN LAKE COUNTY IS HIGHER IN AFRICAN AMERICANS THAN THE GENERAL POPULATION. AS A STEP TO ADDRESS THIS ISSUE, ADVOCATE CONDELL HELD A BLACK EXPO IN 2019, WHICH INCLUDED EDUCATION ON COLORECTAL CANCER PREVENTION, ALONG WITH THE PROVISION OF COLORECTAL CANCER FIT KITS FECAL IMMUNOCHEMICAL TESTS. THE YEAR 2019 MARKED THE END OF A THREE YEAR CHNA CYCLE FOR ADVOCATE HOSPITALS IN ILLINOIS AND BY THE END OF THE YEAR, ADVOCATE CONDELL HAD COMPLETED A NEW, COMPREHENISIVE CHNA. THE MEDICAL CENTER IDENTIFIED OBESTIY AS A PRIORITY TO CONTINUE AND IDENTIFIED SUBSTANCE ABUSE AS A NEED TO ADDRESS THROUGH ITS 2020-2022 IMPLEMENTATION PLAN. COMMUNITY STRATEGY AND EXAMPLES OF PROGRAMS AND SERVICE ACCOMPLISHMENTS. AS A MEDICAL CENTER WITHIN THE ADVOCATE AURORA HEALTH SYSTEM, ADVOCATE CONDELL'S IMPLEMENTATION PLANS AND STRATEGIES ALIGN WITH THE AAH SYSTEM STRATEGY. THROUGH THIS COMMUNITY STRATEGY, THE MEDICAL CENTER WILL BUILD HEALTH EQUITY, ENSURE ACCESS AND IMPROVE HEALTH OUCOMES IN ITS COMMUNITY THROUGH EVIDENCE-INFORMED SERVICES AND INNOVATIVE PARTHERSHIPS BY ADDRESSING MEDICAL NEEDS AND SOCIAL DETERMINANTS OF HEALTH. BASED ON NEED AND EFFECT ON HEALTH EQUITY AS IDENTIFIED IN THE AAH HOSPITALS CHNA REPORTS AND ON INDUSTRY LITERATURE, THE FOLLOWING SIX FOCUS AREAS HAVE BEEN PRIORITIZED AND IS THE FOUNDATION ON WHICH THE HOSPITAL-SPECIFIC IMPLEMENATION PLANS ARE BUILT. THE FOCUS AREAS ARE: 1) ACCESS TO PRIMARY MEDICAL HOMES; 2) ACCESS TO BEHAVIORAL HEALTH SERVICES; 3) WORKFORCE DEVELOPMENT; 4) COMMUNITY SAFETY; 5) AFFORDABLE HOUSING; AND 6) WORKFORCE DEVELOPMENT. EACH STRATEGY FOCUS AREA AND EXAMPLES OF ADVOCATE CONDELL PROGRAMS AND ACTIVITIES ADDRESSING THAT STRATEGY ARE PROVIDED BELOW.1. ACCESS/PRIMARY MEDICAL HOMES. ADVOCATE CONDELL IS COMMITTED TO UNDERTAKING AND SUPPORTING INITIATIVES THAT ENHANCE ACCESS TO HEALTH CARE, INCLUDING NOT ONLY ITS FINANCIAL ASSISTANCE AS INDICATED EARLIER FOR ITEM 4.A, BUT ALSO CARE COORDINATION, LANGUAGE ASSISTANCE, CULTURALLY SENSITIVE PROVISION OF CARE, AND PREVENTION EDUCATION AND WELLNESS SERVICES ACROSS THE LIFESPAN AND WITHIN THE DIVERSE COMMUNITIES THE MEDICAL CENTER SERVES. SOME OF EXAMPLES OF SUCH PROGRAMS PROVIDED BY THE MEDICAL CENTER INCLUDE THE FOLLOWING.MEDICAL IMAGING SERVICES. THE MEDICAL CENTER PARTNERS WITH THE LAKE COUNTY HEALTH DEPARTMENT TO PROVIDE MEDICAL IMAGING (RADIOLOGY) SERVICES TO UNINSURED LAKE COUNTY HEALTH DEPARTMENT PATIENTS THROUGH ITS ILLINOIS BREAST AND CERVICAL CANCER PROGRAM (IBCCP). THE IBCCP HELPS PROVIDE FINANCIAL ASSISTANCE FOR MAMMOGRAMS AND DIAGNOSTIC SCREENINGS. THESE RADIOLOGY SERVICES, AS WELL AS WOMEN'S HEALTH AND OTHER SERVICES, ARE PROVIDED ON A HEAVILY DISCOUNTED, BELOW COST BASIS TO PATIENTS SERVED BY THE PUBLIC HEALTH DEPARTMENT. ADVOCATE CONDELL ALSO PARTNERS WITH THE LAKE COUNTY YWCA TO PROVIDE FREE AND DISCOUNTED BREAST SCREENINGS. THE PARTNERSHIP WITH THE YWCA OFFERS 300 FREE AND DISCOUNTED MAMMOGRAMS PER YEAR.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLARENCE NIXON JR PHD DIRECTOR	1.00 3.00	X						0	14,000	0
DAVID ANDERSON DIRECTOR	1.00 3.00	X						0	107,333	0
GAIL D HASBROUCK DIRECTOR	1.00 3.00	X						0	14,000	38
JAMES SKOGSBERGH EXECUTIVE VICE PRESIDENT & COO, DIRECTOR	1.00 55.00	X		X				0	5,917,505	46,577
LYNN CRUMP-CAINE DIRECTOR	1.00 3.00	X						0	80,000	0
MARK HARRIS DIRECTOR	1.00 3.00	X						0	69,000	0
MICHELE BAKER RICHARDSON CHAIRPERSON, DIRECTOR	1.00 3.00	X		X				0	132,165	0
REV DR NATHANIEL EDMOND DIRECTOR	1.00 4.00	X						0	18,100	0
K RICHARD JAKLE VICE CHAIRPERSON OF BOARD/DIRECTOR	1.00 4.00	X		X				0	119,433	0
RONALD GREENE DIRECTOR	1.00 3.00	X						0	13,000	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN TIMMER DIRECTOR	1.00 3.00	X						0	103,333	0
EMELIE ILARDE MD DIRECTOR	1.00 3.00	X						0	8,000	0
GARY STUCK DO CHIEF MEDICAL OFFICER	1.00 55.00			X				0	696,475	45,531
BARBARA BYRNE MD CHIEF INFORMATION OFFICER	1.00 55.00			X				0	1,426,356	86,252
DOMINIC J NAKIS CFO, & TREASURER	1.00 55.00			X				0	2,542,698	53,130
JAMES DOHENY ASSISTANT TREASURER	1.00 55.00			X				0	575,517	54,577
JAMES SLINKMAN ASSISTANT SECRETARY	1.00 55.00			X				0	434,355	60,616
KELLY JO GOLSON CHIEF MARKETING OFFICER	1.00 55.00			X				0	1,316,033	28,503
KEVIN BRADY CHIEF HUMAN RESOURCES OFFICER	1.00 55.00			X				0	1,645,013	64,204
LESLIE LENZO ASSISTANT TREASURER	1.00 55.00			X				0	875,800	45,201

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			
MICHAEL GREBE CHIEF LEGAL OFFICER, ASSISTANT SECRETARY	1.00 55.00			X				0	1,358,493	201,665
MICHAEL KERNS ASSISTANT SECRETARY	1.00 55.00			X				0	490,282	60,284
MIKE LAPPIN SECRETARY	1.00 55.00			X				0	1,964,257	331,811
NAN NELSON ASSISTANT TREASURER	1.00 55.00			X				0	1,072,348	167,410
SHELLY HART ASSISTANT SECRETARY	1.00 55.00			X				0	702,837	132,786
REV KATHIE BENDER SCHWICH CHIEF SPIRITUAL OFFICER	1.00 55.00			X				0	872,287	105,846
SCOTT POWDER CHIEF STRATEGY OFFICER	1.00 55.00			X				0	1,488,375	50,716
STEVE HUSER ASSISTANT TREASURER	1.00 55.00			X				0	437,105	85,462
VINCENT BUFALINO MD CHIEF ADVOCATE MEDICAL GROUP OFFICER	1.00 55.00			X				0	1,689,703	53,312
WILLIAM P SANTULLI PRESIDENT OF THE CORPORATION	1.00 55.00			X				0	3,389,096	49,894

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			
MATTHEW PRIMACK HOSPITAL PRESIDENT	55.00				X			0	526,010	46,771
MICHAEL PLOSZEK PRESIDENT OF CONDELL MEDICAL CENTER	55.00					X		459,749	0	35,128
DEBRA SUSIE-LATTNER VP, CHIEF MEDICAL OFFICER CONDELL	55.00					X		497,614	0	38,229
KAREN HANSON VP, CHIEF NURSING OFFICER CONDELL	55.00					X		243,821	0	47,762
LANIS KUYZIN DIRECTOR MEDICAL CARE MANAGEMENT	55.00					X		318,228	0	25,479
CHRISTIAN WALLIS VP CLIN SERV LINES & SUPP SRVS	55.00					X		228,808	0	20,038
EARL J BARNES II FORMER OFFICER, KEY EMPLOYEE-SR VICE PRESIDENT, GE	0.00						X	0	445,619	30,660
LEE B SACKS MD FORMER OFFICER	0.00						X	0	625,633	972
SUSAN CAMPBELL FORMER OFFICER	0.00						X	0	407,708	7,069
KAREN LAMBERT FORMER KEY EMPLOYEE-PRESIDENT-GOOD SHEPHERD & PRES	0.00						X	0	1,132,308	64,402

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOMINICA TALLARICO FORMER KEY EMPLOYEE-PRESIDENT-CONDELL	0.00						X	0	1,086,210	50,918
DAVID CARTWRIGHT FORMER HCE-VP, FINANCE & SUPPORT SERVICES UNTIL J	0.00						X	0	334,484	47,462
MARY HILLARD FORMER HCE-VP, PATIENT CARE/CLINICAL OPERATIONS/CN	0.00						X	207,539	0	16,848

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ADVOCATE CONDELL MEDICAL CENTER

Employer identification number
26-2525968

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

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

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

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

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 26-2525968

Name: ADVOCATE CONDELL MEDICAL CENTER

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

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2019

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

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

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

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

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

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

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

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

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

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		42,130
j	Total. Add lines 1c through 1i			42,130
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ADVOCATE CONDELL MEDICAL CENTER

Employer identification number
26-2525968

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

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

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

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

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

Part II Conservation Easements.

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

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

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

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

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

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Temporarily restricted endowment ▶ .....

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		55,412,252		55,412,252
b Buildings		274,675,319	106,374,232	168,301,087
c Leasehold improvements		810,050	308,672	501,378
d Equipment		85,997,939	55,401,705	30,596,234
e Other		5,958,864		5,958,864
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				260,769,815

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	34,957,189

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ADVOCATE CONDELL MEDICAL CENTER

Employer identification number
26-2525968

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☐ 200% ☑ Other 25000.0000000000 %	3a	Yes	
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: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 60000.0000000000 %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			10,363,620	0	10,363,620	2.490 %
b Medicaid (from Worksheet 3, column a)			40,785,770	48,965,703		0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			51,149,390	48,965,703	10,363,620	2.490 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			966,907	0	966,907	0.230 %
f Health professions education (from Worksheet 5)			2,436,682	0	2,436,682	0.580 %
g Subsidized health services (from Worksheet 6)			12,209,263	10,536,571	1,672,692	0.400 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			69,509	0	69,509	0.020 %
j **Total.** Other Benefits			15,682,361	10,536,571	5,145,790	1.230 %
k **Total.** Add lines 7d and 7j			66,831,751	59,502,274	15,509,410	3.720 %

Part II Community Building Activities

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1		No
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	15,224,071		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	293,982		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	136,672,105		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	142,333,551		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-5,661,446		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group ADVOCATE CONDELL MEDICAL CENTER

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 19			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	**6b**		No
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a ☑ Hospital facility's website (list url): HTTP://WWW.ADVOCATEHEALTH.COM/CHNAREPORTS			
b ☐ Other website (list url):			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☑ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 17			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url): HTTP://WWW.ADVOCATEHEALTH.COM/CHNAREPORTS **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

ADVOCATE CONDELL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 600.000000000000 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): HTTP://WWW.ADVOCATEHEALTH.COM/FINANCIALASSISTANCE			
b	☑ The FAP application form was widely available on a website (list url): HTTP://WWW.ADVOCATEHEALTH.COM/FINANCIALASSISTANCE			
c	☑ A plain language summary of the FAP was widely available on a website (list url): HTTP://WWW.ADVOCATEHEALTH.COM/FINANCIALASSISTANCE			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

ADVOCATE CONDELL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

ADVOCATE CONDELL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

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

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

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

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

Part VI Supplemental Information

Provide the following information.

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 6A:	A SYSTEM-WIDE COMMUNITY BENEFIT REPORT IS FILED BY:ADVOCATE HEALTH CARE NETWORK 3075 HIGHLAND PARKWAY, DOWNERS GROVE, IL 60515. EIN 36-2167779

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	A COST-TO-CHARGE RATIO, DERIVED FROM SCHEDULE H INSTRUCTIONS WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES, WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE FOR PART I, LINE 7A. SCHEDULE H INSTRUCTIONS WORKSHEET 3, UNREIMBURSED MEDICAID AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS, WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE FOR PART I, LINE 7B. A COST ACCOUNTING SYSTEM WAS USED TO DETERMINE THE AMOUNTS REPORTED IN THE TABLE FOR PART I, LINES 7E, 7F, 7G, AND 7I.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G:	ACMC PROVIDES COMMUNITY HEALTH IMPROVEMENT SERVICES TO THE COMMUNITIES IN WHICH IT SERVES. ACMC PROVIDES LANGUAGE SERVICES TO ALL THOSE IN NEED IN ORDER TO PROVIDE BETTER ACCESS TO CARE FOR ALL COMMUNITY MEMBERS. IN ADDITION, OTHER PROGRAMS ARE CARRIED OUT WITH THE EXPRESS PURPOSE OF IMPROVING COMMUNITY HEALTH, ACCESS TO HEALTH SERVICES AND GENERAL HEALTH KNOWLEDGE. THESE SERVICES DO NOT GENERATE PATIENT BILLS, HOWEVER, CERTAIN PROGRAMS OR SERVICES MAY HAVE NOMINAL FEES. THESE SERVICES AND PROGRAMS INCLUDE CANCER SUPPORT GROUPS. THESE GROUPS FOCUS ON EDUCATING THE NEWLY DIAGNOSED AND PROVIDING INFORMATION ON BETTER LIVING FOR SURVIVORS. COLORECTAL CANCER SCREENING ARE ALSO PROVIDED; VARIOUS PROGRAMS REGARDING JOINT PAIN AND REPLACEMENT INCLUDING TREATMENT OPTIONS AND INFORMATION ON PAIN RELIEF; VARIOUS WOMEN AND BABY, BREASTFEEDING, MULTIPLES, CHILDBIRTH AND PARENTING AND SIBLING CLASSES; VARIOUS EDUCATIONAL PROGRAMS AND SUPPORT GROUPS TO RAISE AWARENESS OF HEART DISEASE. DIABETES AND STROKE RISK FACTORS AND TREATMENT OPTIONS AND EDUCATION FOR LIVING WITH THE DISEASE; THERE ARE VARIOUS PROGRAMS REGARDING HEALTH EATING; CPR TRAINING IS OFFERED TO THE COMMUNITY AS WELL AS VARIOUS OTHER WELLNESS AND SCREENING PROGRAMS AND HEALTH FAIRS ARE OFFERED THROUGHOUT THE YEAR. ADULT DAY CARE IS PROVIDED TO THE COMMUNITY AS WELL.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F):	$18,724,071 OF BAD DEBT EXPENSE WAS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT WAS REMOVED FROM THE DENOMINATOR FOR PURPOSES OF SCHEDULE H, PART I, LINE 7, COLUMN (F).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7E:	ACMC PROVIDES COMMUNITY HEALTH IMPROVEMENT SERVICES TO THE COMMUNITIES IN WHICH IT SERVES. ACMC PROVIDES LANGUAGE SERVICES TO ALL THOSE IN NEED IN ORDER TO PROVIDE BETTER ACCESS TO CARE FOR ALL COMMUNITY MEMBERS. IN ADDITION, OTHER PROGRAMS ARE CARRIED OUT WITH THE EXPRESS PURPOSE OF IMPROVING COMMUNITY HEALTH, ACCESS TO HEALTH SERVICES AND GENERAL HEALTH KNOWLEDGE. THESE SERVICES DO NOT GENERATE PATIENT BILLS, HOWEVER, CERTAIN PROGRAMS OR SERVICES MAY HAVE NOMINAL FEES. THESE SERVICES AND PROGRAMS INCLUDE CANCER SUPPORT GROUPS. THESE GROUPS FOCUS ON EDUCATING THE NEWLY DIAGNOSED AND PROVIDING INFORMATION ON BETTER LIVING FOR SURVIVORS. COLORECTAL CANCER SCREENING ARE ALSO PROVIDED; VARIOUS PROGRAMS REGARDING JOINT PAIN AND REPLACEMENT INCLUDING TREATMENT OPTIONS AND INFORMATION ON PAIN RELIEF; VARIOUS WOMEN AND BABY, BREASTFEEDING, MULTIPLES, CHILDBIRTH AND PARENTING AND SIBLING CLASSES; VARIOUS EDUCATIONAL PROGRAMS AND SUPPORT GROUPS TO RAISE AWARENESS OF HEART DISEASE. DIABETES AND STROKE RISK FACTORS AND TREATMENT OPTIONS AND EDUCATION FOR LIVING WITH THE DISEASE; THERE ARE VARIOUS PROGRAMS REGARDING HEALTH EATING; CPR TRAINING IS OFFERED TO THE COMMUNITY AS WELL AS VARIOUS OTHER WELLNESS AND SCREENING PROGRAMS AND HEALTH FAIRS ARE OFFERED THROUGHOUT THE YEAR. ADULT DAY CARE IS PROVIDED TO THE COMMUNITY AS WELL.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7H:	ACMC CONDUCTS NUMEROUS RESEARCH ACTIVITIES FOR THE ADVANCEMENT OF MEDICAL AND HEALTH CARE SERVICES. HOWEVER, THE UNREIMBURSED COST OF SUCH RESEARCH ACTIVITIES IS NOT READILY DETERMINABLE AND NO AMOUNT IS BEING REPORTED FOR PURPOSES OF THE 2019 FORM 990, SCHEDULE H.

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Form and Line Reference	Explanation
PART III, LINE 4:	FOR 2019, FOR ADVOCATE CONDELL, THE ALLOWANCE FOR DOUBTFUL ACCOUNTS COVERED 26.64% OF NET PATIENT ACCOUNTS RECEIVABLE. PATIENT ACCOUNTS RECEIVABLE ARE STATED AT NET REALIZABLE VALUE. ACMC EVALUATES THE COLLECTABILITY OF ITS ACCOUNTS RECEIVABLE BASED ON THE LENGTH OF TIME THE RECEIVABLE IS OUTSTANDING, PAYER CLASS, HISTORICAL COLLECTION EXPERIENCE, AND TRENDS IN HEALTH CARE INSURANCE PROGRAMS. ACCOUNTS RECEIVABLE ARE CHARGED TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS WHEN THEY ARE DEEMED UNCOLLECTIBLE.THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3 IS BASED ON THE RATIO OF PATIENT CARE COST TO CHARGES. THE UNREIMBURSED COST OF BAD DEBT WAS CALCULATED BY APPLYING THE ORGANIZATION'S COST TO CHARGE RATIO FROM THE MEDICARE COST REPORTS (CMS 2252-96 WORKSHEET C, PART 1, PPS INPATIENT RATIOS) TO THE ORGANIZATION'S BAD DEBT PROVISION PER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, LESS ANY PATIENT OR THIRD PARTY PAYOR PAYMENTS RECEIVED.ADVOCATE MAKES EVERY EFFORT TO IDENTIFY THOSE PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE BY STRICTLY ADHERING TO ITS FINANCIAL ASSISTANCE POLICY. WE BELIEVE THAT ADVOCATE HAS A POPULATION OF PATIENTS WHO ARE UNINSURED OR UNDERINSURED BUT WHO DO NOT COMPLETE THE FINANCIAL ASSISTANCE APPLICATION. THE ESTIMATED AMOUNT OF BAD DEBT EXPENSE (AT COST) WHICH COULD BE REASONABLY ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, IF SUFFICIENT INFORMATION HAD BEEN AVAILABLE TO MAKE A DETERMINATION OF THEIR ELIGIBILITY, WAS BASED UPON SELF PAY PATIENT ACCOUNTS WHICH HAD AMOUNTS WRITTEN OFF TO BAD DEBTS. OUR METHOD WAS TO BEGIN WITH THE SELF-PAY PORTION OF BAD DEBT EXPENSE PROVISION. THE SELF-PAY PORTION EXCLUDES THOSE PATIENTS WHO HAD FINANCIAL ASSISTANCE APPLICATIONS PENDING AT THE TIME OF SERVICE. THIS COST WAS THEN REDUCED BY CHARGES IDENTIFIED AS TRUE BAD DEBT EXPENSE, INCLUDING COPAYS FOR PATIENTS WHO QUALIFIED FOR LESS THAN 100% FINANCIAL ASSISTANCE, AND CHARGES FOR PATIENTS WHO APPLIED FOR FINANCIAL ASSISTANCE AND WERE DENIED. THE COST TO CHARGE RATIO WAS THEN APPLIED TO THE REMAINING CHARGES, TO DETERMINE THE VALUE (AT COST) OF PATIENT ACCOUNTS THAT DID NOT COMPLETE FINANCIAL COUNSELING AND WERE ASSIGNED TO BAD DEBT. WE BELIEVE THIS PROCESS IS A REASONABLE BASIS FOR OUR ESTIMATE. AS WE ARE ONLY CONSIDERING SELF-PAY ACCOUNTS WRITTEN OFF TO BAD DEBT FOR THIS ESTIMATE, THIS ESTIMATE DOES NOT INCLUDE THE IMMEDIATE 25% DISCOUNT TO CHARGES WHICH IS APPLIED TO ALL SELF-PAY PATIENTS. IT ALSO DOES NOT INCLUDE ACCOUNT BALANCES OR CO-PAYS OF NON-SELF PAY ACCOUNTS WHICH ARE WRITTEN OFF TO BAD DEBT WHEN THE PATIENT HAS NO OTHER FINANCIAL RESOURCES TO PAY THESE AMOUNTS AND THE PATIENT DOES NOT APPLY FOR FINANCIAL ASSISTANCE.BAD DEBT AMOUNTS HAVE BEEN EXCLUDED FROM OTHER COMMUNITY BENEFIT AMOUNTS REPORTED THROUGHOUT SCHEDULE H.

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Form and Line Reference	Explanation
PART III, LINE 8:	THE SHORTFALL OF $5,661,446 ON PART III, LINE 7 IS THE UNREIMBURSED COST OF PROVIDING SERVICES FOR MEDICARE PATIENTS AND SHOULD BE TREATED AS COMMUNITY BENEFIT BECAUSE PROVIDING THESE SERVICES WITHOUT REIMBURSEMENT LESSENS THE BURDENS OF GOVERNMENT OR OTHER CHARITIES THAT WOULD OTHERWISE BE NEEDED TO SERVE THE COMMUNITY.FOR ADVOCATE CONDELL'S OPERATIONS, THE UNREIMBURSED COST OF MEDICARE WAS CALCULATED BY APPLYING THE ORGANIZATION'S COST TO CHARGE RATIO FROM THE MEDICARE COST REPORTS (CMS 2252-96 WORKSHEET C, PART 1, PPS INPATIENT RATIOS) AND FOR NON-HOSPITAL OPERATIONS THE COST TO CHARGE RATIO CALCULATED ON WORKSHEET 2 RATIO OF PATIENT CARE COST TO CHARGES TO THE ORGANIZATION'S MEDICARE, LESS ANY PATIENT OR THIRD PARTY PAYOR PAYMENTS AND/OR CONTRIBUTIONS RECEIVED THAT WERE DESIGNATED FOR THE PAYMENT OF MEDICARE PATIENT BILLS.

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

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

Form and Line Reference	Explanation
PART VI, LINE 4:	DESCRIPTION OF THE COMMUNITY/POPULATION. FOR THE 2017-2019 CHNA CYCLE, ADVOCATE CONDELL DE FINED THE COMMUNITY AS LAKE COUNTY, ENCOMPASSING ALL 27 ZIP CODES. THE COMBINED POPULATION OF THE ADVOCATE CONDELL PRIMARY SERVICE AREA (PSA) AND SECONDARY SERVICE AREA (SSA) EQUAL S 79.6 PERCENT OF THE TOTAL POPULATION OF LAKE COUNTY. GENERALLY, ABOUT 75 PERCENT OF THE ADVOCATE CONDELL INPATIENT ADMISSIONS LIVE IN PSA COMMUNITIES AND 25 PERCENT LIVE IN SSA C OMMUNITIES. BECAUSE ADVOCATE CONDELL HAS ADMISSIONS FROM APPROXIMATELY 80 PERCENT OF THE C OMMUNITIES WITHIN LAKE COUNTY, DATA WAS UTILIZED FOR THE ENTIRE COUNTY FOR PURPOSES OF THE 2017-2019 CHNA. AS OF 2019, THE TOTAL POPULATION IN LAKE COUNTY IS 703,068 PERSONS. FROM 2010 THROUGH 2019, LAKE COUNTY HAS HAD A 0.06 PERCENT DECREASE IN POPULATION, SLOWER THAN THE 0.46 PERCENT DECREASE IN THE STATE OF ILLINOISSOCIAL DETERMINANTS OF HEALTH (SDOH). SO CIAL DETERMINANTS OF HEALTH ARE CONDITIONS IN THE PLACES WHERE PEOPLE LIVE, LEARN, WORK AN D PLAY. THESE CONDITIONS AFFECT A WIDE RANGE OF HEALTH RISKS AND OUTCOMES (CENTERS FOR DIS EASE CONTROL AND PREVENTION, 2018). THE SOCIONEEDS INDEX IS A CONDUENT HEALTHY COMMUNITIES INSTITUTE (CONDUENT HCI) INDICATOR THAT IS A MEASURE OF SOCIOECONOMIC NEED, CORRELATED WI TH POOR HEALTH OUTCOMES. THE INDEX IS CALCULATED FROM SIX INDICATORS, ONE EACH FROM THE FO LLOWING TOPICS: POVERTY, INCOME, UNEMPLOYMENT, OCCUPATION, EDUCATION AND LANGUAGEALL SOCIA L DETERMINANTS OF HEALTH. TO HELP IDENTIFY THE AREAS OF HIGHEST NEED WITHIN A DEFINED GEOG RAPHIC AREA, THE SELECTED ZIP CODES ARE RANKED FROM 1 (LOW NEED) TO 5 (HIGH NEED) BASED ON THEIR INDEX RATE. THESE RATES ARE SORTED FROM LOW TO HIGH AND DIVIDED INTO FIVE RANKS USI NG NATURAL BREAKS. THESE RANKS ARE THEN USED TO COLOR THE ZIP CODES WITH THE HIGHEST SOCIO NEEDS INDICES WITH THE DARKER COLORS. THE HOSPITAL HAS SEVERAL COMMUNITIES WITHIN THE PSA THAT HAVE GREATER SOCIOECONOMIC NEEDS COMPARED TO OTHER COMMUNITIES IN THE PRIMARY SERVICE AREA. THE COMMUNITIES OF NORTH CHICAGO (ZIP CODE 60064), WAUKEGAN (ZIP CODE 60085), ZION (ZIP CODE 60099) AND WAUKEGAN (ZIP CODE 60087) ARE THE HIGHEST NEED COMMUNITIES IN LAKE CO UNTY. THIS MEANS GENERALLY THAT THE RESIDENTS OF THESE COMMUNITIES HAVE HIGHER RATES OF PO VERTY AND UNEMPLOYMENT, LOWER EDUCATION LEVELS AND A HIGHER PERCENTAGE WHO SPEAK A LANGUAG E OTHER THAN ENGLISH AT HOME.MEDICALLY UNDERSERVED AREAS AND MEDICALLY UNDERSERVED POPULAT IONS. IN LAKE COUNTY, THERE ARE FOUR DESIGNATED MEDICALLY UNDERSERVED AREAS (MUAS)ONE FOR THE NORTH CHICAGO SERVICE AREA, ONE FOR THE WAUKEGAN SERVICE AREA, ONE FOR THE ZION SERVIC E AREA AND ONE FOR THE HIGHLAND PARK/HIGHWOOD SERVICE AREA. THERE ARE NO DESIGNATED MEDICA LLY UNDERSERVED POPULATIONS (MUPS). DEMOGRAPHICSAGE/GENDER. THE MEDIAN AGE IN LAKE COUNTY IS 38.5 YEARS OF AGE. WHEN COMPARED TO THE MEDIAN AGE OF WOMEN (40.1 YEARS), THE MEDIAN AG E FOR LAKE COUNTY MEN (36.9 YEARS) IS LOWER. APPROXIMATELY 24 PERCENT OF THE LAKE COUNTY P OPULATION IS UNDER 18 YEARS OF AGE AND 16 PERCENT OF THE POPULATION IS 65 YEARS AND OLDER. BY GENDER, WOMEN ACCOUNT FOR 50.1 PERCENT OF THE LAKE COUNTY POPULATION AND MEN ACCOUNT F OR 49.9 PERCENT OF THE POPULATION. RACE/ETHNICITY. BY RACE, THE LARGEST GROUP IN LAKE COUN TY IS THE WHITE POPULATION (71.9 PERCENT). THE SECOND LARGEST GROUP ARE THOSE THAT IDENTIF Y AS SOME OTHER RACE (9.5 PERCENT). HOWEVER, LAKE COUNTY IS ALSO COMPRISED OF 7.9 PERCENT ASIAN; 7.1 PERCENT BLACK/AFRICAN AMERICAN; 0.5 PERCENT AMERICAN INDIAN/ALASKAN NATIVE; 3.0 PERCENT TWO RACES OR MORE RACES AND 0.1 PERCENT NATIVE HAWAIIAN/PACIFIC ISLANDER. BY ETHN ICITY, 22.2 PERCENT OF THE LAKE COUNTY POPULATION IS HISPANIC/LATINO AND 77.8 PERCENT IS N ON-HISPANIC/LATINO.LANGUAGE. ENGLISH IS THE PREDOMINANT LANGUAGE SPOKEN BY INDIVIDUALS IN LAKE COUNTY, AGES 5 AND OLDER (72.1 PERCENT), FOLLOWED BY SPANISH (16.7 PERCENT), INDO-EUR OPEAN LANGUAGES (6.3 PERCENT), ASIAN/PACIFIC ISLANDER LANGUAGES (4.3 PERCENT) AND OTHER LA NGUAGES (0.55 PERCENT) (CONDUENT HEALTHY COMMUNITIES INSTITUTE, CLARITAS, 2019).ECONOMICS AND EMPLOYMENT. IN LAKE COUNTY, THE MEDIAN HOUSEHOLD INCOME IS $90,795. THE LAKE COUNTY ME DIAN HOUSEHOLD INCOME VARIES GREATLY BY RACE AND ETHNICITY. THE MEDIAN HOUSEHOLD INCOME IS HIGHEST AMONG THE ASIAN ($122,261), WHITE ($96,688) AND NATIVE HAWAIIAN/PACIFIC ISLANDER ($92,006). THE RACIAL AND ETHNIC GROUPS WITH THE LOWEST MEDIAN HOUSEHOLD INCOME ARE HISPAN ICS ($58,505), AMERICAN INDIANS/ALASKAN NATIVES ($53,894) AND BLACK/AFRICAN AMERICANS ($47 ,145) (CONDUENT HEALTHY COMMUNITIES INSTITUTE, CLARITAS, 2019).THE PERCENT OF THE TOTAL LA BOR FORCE THAT IS UNEMPLOYED IN LAKE COUNTY IS 5.6 PERCENT, LOWER THAN THE UNEMPLOYMENT RA TE FOR ILLINOIS OF 6.7 PERCENT. FOR LAKE COUNTY, THE COMMUNITIES WITH THE HIGHEST UNEMPLOY MENT RATES ARE NORTH CHICAGO (30.3 PERCENT), ZION (8.9 PERCENT) AND FOX LAKE (8.7 PERCENT) . THE UNEMPLOYMENT RATE DOES NOT VARY GREATLY BY GENDER; 5.8 PERCENT OF MEN ARE UNEMPLOYED AND 5.3 PERCENT OF WOMEN ARE UNEMPLOYED IN LAKE C

Form and Line Reference	Explanation
PART VI, LINE 4:	OUNTY (CONDUENT HEALTHY COMMUNITIES INSTITUTE, CLARITAS, 2019). THE TOP THREE INDUSTRIES F OR EMPLOYMENT IN LAKE COUNTY ARE TOTAL MANUFACTURING (16 PERCENT), RETAIL TRADE (11.9 PERC ENT) AND HEALTH CARE OR SOCIAL ASSISTANCE (10.8 PERCENT). POVERTY. ACCORDING TO THE 2013-2 017 AMERICAN COMMUNITY SURVEY, 8.5 PERCENT OF PEOPLE IN LAKE COUNTY ARE LIVING BELOW THE F EDERAL POVERTY LEVEL; THE PRIOR RATE WAS 8.9 PERCENT. WHEN COMPARED TO THE ILLINOIS RATE (13.5 PERCENT) AND THE U.S. RATE (14.6 PERCENT), LAKE COUNTY IS IN THE BEST 0-50TH PERCENTI LE. THE 2018 FEDERAL POVERTY LEVEL (FPL) GUIDELINE IS $25,400 FOR A FAMILY OF FOUR. THE FE MALE POVERTY RATE (9.2 PERCENT) IS HIGHER THAN THE MALE POVERTY RATE (7.8 PERCENT). IN LAK E COUNTY, 23.6 PERCENT OF THE BLACK OR AFRICAN AMERICAN POPULATION IS LIVING BELOW POVERTY , THE HIGHEST IN THE COUNTY, FOLLOWED BY 15.2 PERCENT OF HISPANIC OR LATINO POPULATION. TH E HIGHEST PERCENTAGE RATES FOR PEOPLE LIVING IN POVERTY ARE IN NORTH CHICAGO (27 PERCENT), WAUKEGAN (60085) AT 20.4 PERCENT AND ZION AT 17.9 PERCENT (CONDUENT HEALTHY COMMUNITIES I NSTITUTE, AMERICAN COMMUNITY SURVEY, 2013-2017). ADDITIONALLY, THE PERCENTAGE OF INDIVIDUA LS AGES 20 TO 64 YEARS WITH ANY DISABILITY LIVING IN POVERTY IS 13.8 PERCENT AND 11.5 PERC ENT OF CHILDREN ARE LIVING BELOW THE POVERTY LEVEL IN LAKE COUNTY (CONDUENT HEALTHY COMMUN ITIES INSTITUTE, AMERICAN COMMUNITY SURVEY, 2017). UNINSURED AND MEDICAID. IN LAKE COUNTY, IT IS ESTIMATED THAT 91.7 PERCENT OF ADULTS, AGES 19 TO 64, HAVE HEALTH INSURANCE COVERAG E (8.3 PERCENT UNINSURED). IN COMPARISON TO OTHER RACES AND ETHNICITIES, HISPANIC/LATINO A DULTS (76.6 PERCENT) AND ADULTS CLASSIFIED AS "OTHER" RACE (69.2 PERCENT) HAVE RATES OF HE ALTH INSURANCE THAT ARE LOWER THAN THE COUNTY RATE AND ARE LOWEST AMONG ALL RACES. ACCORDI NG TO THE ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES, AS OF JUNE 30, 2018, THER E WERE 123,469 TOTAL MEDICAID ENROLLEES IN LAKE COUNTY. IN 2019, IN BOTH INPATIENT AND OUT PATIENT SETTINGS, ADVOCATE CONDELL PROVIDED CARE TO 35,635 MEDICAID/MANAGED CARE PATIENTS AND 9,365 SELF-PAY AND CHARITY PATIENTS. EDUCATION. FORTY-FOUR PERCENT OF PEOPLE AGES 25 A ND OLDER IN LAKE COUNTY HAVE A BACHELOR'S DEGREE OR HIGHER. ON THE OTHER END OF THE SPECTR UM, NINE PERCENT OF THE COUNTY'S POPULATION HAS LESS THAN A HIGH SCHOOL DIPLOMA. THE COMMU NITIES WITH THE LOWEST PERCENTAGE OF RESIDENTS, AGES 25 AND OLDER, WITH A BACHELOR'S DEGRE E OR HIGHER ARE NORTH CHICAGO AT 11.4 PERCENT, WAUKEGAN (60085) AT 14.4 PERCENT, AND ZION AT 17.3 PERCENT. IN LAKE COUNTY, 89.7 PERCENT OF STUDENTS GRADUATE HIGH SCHOOL WITHIN FOUR YEARS OF THEIR FIRST ENROLLMENT IN 9TH GRADE. THE LAKE COUNTY HIGH SCHOOL GRADUATION RATE IS IN THE BEST 050TH PERCENTILE COMPARED TO ILLINOIS COUNTIES. THE LAKE COUNTY GRADUATION RATE IS HIGHER THAN THE STATE (85.6 PERCENT) AND U.S. RATES (83.2 PERCENT) (CONDUENT HEAL THY COMMUNITIES, COUNTY HEALTH RANKINGS, 2014-2015).OTHER HEALTH CARE RESOURCES. THERE ARE A TOTAL OF FOUR HOSPITALS SERVING ALL OR SPECIFIC PARTS OF LAKE COUNTY, INCLUDING NORTHWE STERN LAKE FOREST HOSPITAL, VISTA HEALTH SYSTEM, NORTHSHORE UNIVERSITY HEALTH SYSTEM HIGHL AND PARK HOSPITAL AND ADVOCATE GOOD SHEPHERD HOSPITAL.

Form and Line Reference	Explanation
PART VI, LINE 5:	THE GOVERNING COUNCIL AT ADVOCATE CONDELL IS COMPRISED OF LOCAL COMMUNITY LEADERS AND PHYS ICIANS. GOVERNING COUNCIL MEMBERS SUPPORT HOSPITAL LEADERSHIP IN THEIR PURSUIT OF THE HOSP ITAL'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY. ENTER NUMBER PERCENT OF THE CURRENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY. IN ADDITION, THE ORGANIZATION EXTENDS MEDICA L STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEP ARTMENTS AND SPECIALTIES.THE ADVOCATE CONDELL GOVERNING COUNCIL IS COMPRISED OF 15 MEMBERS , REPRESENTING A BROAD ARRAY OF COMMUNITY SECTORS. MEMBERS COME FROM THE FIELDS OF EDUCATI ON, MANUFACTURING, PHILANTHROPY, FAITH COMMUNITIES, MARKETING, FINANCIAL INDUSTRY, PRIMARY CARE AND SUBSPECIALTY HEALTH CARE. ONE MEMBER OF THE GOVERNING COUNCIL SERVES AS CO-CHAIR OF THE CHC TO ENSURE COORDINATION OF INFORMATION. GOVERNING COUNCIL MEMBERS SUPPORT THE M EDICAL CENTER LEADERSHIP IN THEIR PURSUIT OF THE ESTABLISHED GOALS, REPRESENT THE COMMUNIT Y'S INTEREST, AND SERVE AS AMBASSADORS IN THE COMMUNITY. SEVENTY-ONE PERCENT OF THE CURREN T GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY. IN ADD ITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN IT S COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES.THE MEDICAL CENTER ALSO DON ATES STAFF TIME AND EXPERTISE TO SEVERAL LOCAL COUNCILS, BOARDS, COALITIONS AND COMMITTEES . THE ADVOCATE CONDELL DIRECTOR OF COMMUNITY HEALTH SERVES ON THE BOARD OF THE LAKE COUNTY COMMUNITY FOUNDATION. THE DIRECTOR OF COMMUNITY HEALTH AND AN EMERGENCY DEPARTMENT SOCIAL WORKER REPRESENT ADVOCATE CONDELL ON THE LAKE COUNTY OPIOID INITIATIVE TASK FORCE, WHICH FOCUSES ON ISSUES OF SUBSTANCE ABUSE PREVENTION AND TREATMENT IN THE SERVICE AREA. THE COM MUNITY HEALTH DIRECTOR ALSO SERVES ON THE LIVE WELL LAKE COUNTY STEERING COMMITTEE, WHICH PROVIDES OVERSIGHT TO THE IMPLEMENTATION OF THE LAKE COUNTY HEALTH DEPARTMENT STRATEGIC PL AN. BOTH THE COMMUNITY HEALTH DIRECTOR AND COMMUNITY HEALTH COORDINATOR SERVE ON THREE LIV E WELL LAKE COUNTY ACTION TEAMS, FOCUSING ON DIABETES, NUTRITION AND FOOD INSECURITY, AND BEHAVIORAL HEALTH. IN ADDITION, ADVOCATE CONDELL ROUTINELY MAKES CASH AND IN-KIND DONATION S TO PARTNERS, SUCH AS THE LAKE COUNTY YWCA, MANO A MANO RESOURCE CENTER AND THE PARTNERSH IP FOR A SAFER LAKE COUNTY TO FURTHER THE HEALTH OF THE COMMUNITY, INCLUDING THE DONATION OF MEDICAL SUPPLIES. IN JANUARY 2019, ADVOCATE CONDELL LAUNCHED A NEW ACCESS TO CARE PROGR AM TO LINK PATIENTS TO A PRIMARY CARE PROVIDER. A FULL-TIME COMMUNITY HEALTH WORKER (CHW) WAS HIRED WHO WORKS IN THE EMERGENCY DEPARTMENT TO MEET WITH PATIENTS COMING IN FOR LOW-AC UITY REASONS AND WORKS IN THE COMMUNITY TO LINK PATIENTS TO SOCIAL SUPPORT SERVICES. THE C HW EDUCATES PATIENTS AND THEIR FAMILIES ON OTHER OPTIONS FOR CARE, SUCH AS THE ADVOCATE IM MEDIATE CARE CENTERS, WALGREENS CLINICS AND OTHER RETAIL-BASED CLINICS. THE CHW EDUCATES P ATIENTS ON THEIR INSURANCE AND IF THEY DO NOT HAVE A MEDICAL HOME, LINKS THEM TO A PRIMARY CARE PHYSICIAN (PCP) OR FEDERALLY QUALIFIED HEALTH CENTER (FQHC) FOR ONGOING CARE. ADDITI ONALLY, THE CHW COMPLETES AN ASSESSMENT OF SOCIAL NEEDS THAT THE PATIENT MAY HAVE, USING A SOCIAL DETERMINANTS OF HEALTH SCREENING TOOL. IN 2019, THE CHW MET WITH 403 PATIENTS, PRO VIDING 1,229 REFERRALS TO A PHYSICIAN, BEHAVIORAL HEALTH CARE, HOUSING, FOOD RESOURCES OR OTHER SUPPORT SERVICES. TWENTY-SIX PERCENT OF THE PATIENTS SEEN BY THE CHW SCREENED POSITI VE FOR FOOD INSECURITYMUCH HIGHER THAN THE GENERAL POPULATION LEVEL OF SIX PERCENT. TWENTY -ONE PERCENT OF THE TOTAL REFERRALS WERE FOR A PHYSICIAN; 11 PERCENT OF THE DIRECT REFERRA LS WERE FOR FOOD RESOURCES AND 27 PERCENT OF THE REFERRALS WERE FOR HEALTH INSURANCE SUPPO RT. ENVIRONMENTAL IMPROVEMENTSADVOCATE HEALTH CARE IS COMMITTED TO GREENING HEALTH CARE BE CAUSE IT IS DEEPLY CONNECTED TO THE PURPOSE OF OUR ORGANIZATION HEALTH AND HEALING. WE UND ERSTAND THAT THE HEALTH OF THE ENVIRONMENT AND THE HEALTH OF THE PATIENTS AND COMMUNITIES WE SERVE IS INEXTRICABLY LINKED AND THAT A HEALTHY PLANET SUPPORTS HEALTHY PEOPLE. REDUCIN G WASTE, CONSERVING ENERGY AND WATER, MINIMIZING USE OF TOXIC CHEMICALS, AND CONSTRUCTING ECO-FRIENDLY BUILDINGS FOR TODAY AND TOMORROW ALL OF THESE EFFORTS HAVE A DIRECT BENEFIT O N THE HEALTH OF LOCAL COMMUNITIES VIA CLEANER COMMUNITIES, HEALTHIER AIR QUALITY, REDUCED GREENHOUSE GASES, AND PRESERVATION OF NATURAL RESOURCES. AS WE WORK TO REDUCE THE ENVIRONM ENTAL AND HEALTH IMPACT OF HEALTH CARE, OUR ENVIRONMENTAL STEWARDSHIP PRACTICES HELP EASE THE BURDEN OF HEALTH CARE COSTS BOTH DIRECTLY (LOWER ENERGY COSTS) AND INDIRECTLY (LOWER E NVIRONMENTALLY RELATED DISEASE BURDEN). 1. MENTORING AND EDUCATIONAS WE WORK TO SERVE THE HEALTH NEEDS OF TODAY'S PATIENTS AND FAMILIES WITHOUT COMPROMISING THE NEEDS OF FUTURE GEN ERATIONS, ADVOCATE HAS COMMITTED RESOURCES TO SHAR

Form and Line Reference	Explanation
PART VI, LINE 5:	ING LESSONS LEARNED AND BEST PRACTICES WITH OTHER HOSPITALS AND HEALTH SYSTEMS, BOTH LOCAL LY AND NATIONALLY, AND WE DO SO IN A VARIETY OF WAYS. ADVOCATE HEALTH CARE WAS ONE OF 12 F OUNDING AND SPONSORING HEALTH SYSTEMS OF THE NATIONAL HEALTHIER HOSPITALS INITIATIVE, WHIC H HAS NOW BECOME A PERMANENT PROGRAM OF PRACTICE GREENHEALTH. THE HEALTHIER HOSPITALS PROG RAM ENGAGES OVER 1,300 HOSPITALS IN SIX KEY CATEGORIES OF HEALTH CARE SUSTAINABILITY: ENGA GED LEADERSHIP, HEALTHIER FOODS, LESS WASTE, LEANER ENERGY, SAFER CHEMICALS, AND SMARTER P URCHASING. ENROLLED HOSPITALS HAVE ACCOMPLISHED REDUCTIONS IN MEAT PURCHASING, INCREASED P URCHASING OF LOCAL AND SUSTAINABLE FOOD, REDUCED EXPOSURE TO TOXIC CHEMICALS THROUGH GREEN CLEANING PROGRAMS AND CONVERSION OF MEDICAL PRODUCTS FREE FROM PVC AND DEHP AND DECREASED ENERGY AND WASTE. ADVOCATE IS PROUD TO JOURNEY WITH THIS GROWING MASS OF HOSPITALS THROUG H ITS OWN INVOLVEMENT AND LEADERSHIP IN THE HEALTHIER HOSPITALS CHALLENGES. ADVOCATE CONTI NUES ITS LEADERSHIP, ADVOCACY AND MENTORING ROLE NATIONALLY THROUGH PARTICIPATION IN SEVER AL HEALTHCARE SUSTAINABILITY LEADERSHIP GROUPS AND ADVISORY BOARDS, ADDRESSING ANTIBIOTIC OVERUSE IN AGRICULTURE, SAFER CHEMICALS IN FURNISHING AND MEDICAL PRODUCTS, CLIMATE CHANGE , PLASTICS RECYCLING, AND ENVIRONMENTALLY PREFERABLE PURCHASING:- PRACTICE GREENHEALTH MAR KET TRANSFORMATION GROUP LESS MEAT, BETTER MEAT- PRACTICE GREENHEALTH MARKET TRANSFORMATIO N GROUP SAFER CHEMICALS- HEALTH CARE CLIMATE COUNCIL - HEALTHCARE PLASTICS RECYCLING COALI TION HEALTHCARE FACILITY ADVISORY BOARD- PREMIER ENVIRONMENTAL ADVISORY COUNCIL - SIGNATOR Y OF THE CHEMICAL FOOTPRINT PROJECTADVOCATE ALSO COMMONLY PROVIDES MENTORING TO HEALTH CAR E COMMUNITY ON SUSTAINABILITY BEST PRACTICES THROUGH PRESENTATIONS AND WEBINARS, AS WELL A S TO INDIVIDUAL HEALTH CARE INSTITUTIONS ON A CASE-BY-CASE BASIS.2. ADVOCATE HEALTH CARE S YSTEM 2019 ENVIRONMENTAL INITIATIVES:- REDUCED CUMULATIVE HOSPITAL ENERGY CONSUMPTION BY 1 .7 PERCENT IN TWELVE MONTHS ENDING 11/30/19. OUR 2019 ENERGY REDUCTIONS SAVED ADVOCATE $1 MILLION IN ENERGY COSTS, AND AVOIDED THE RELEASE OF 5,647 MTCO2E OF GREENHOUSE GAS EMISSIO NS. - PLEDGED TO POWER ITS FACILITIES WITH 100% RENEWABLE ELECTRICITY BY 2030.- AVOIDED 1, 124 MTCO2E OF GREENHOUSE GASES (EQUIVALENT TO 2.7 MILLION MILES OF DRIVING) THROUGH ECO-FR IENDLY MANAGEMENT OF ANESTHETIC GASES.- RECYCLED 3,437 TONS OF WASTE FROM HOSPITAL OPERATI ONS.- RECYCLED 86 PERCENT, OR 3,166 TONS, OF CONSTRUCTION AND DEMOLITION DEBRIS.- SAVED 49 TONS OF WASTE FROM LANDFILL AND SAVED OVER $1.1 MILLION VIA OUR SURGICAL AND MEDICAL DEVI CE REPROCESSING PROGRAMS.- CONTINUED OUR DONATION PROGRAM WITH PROJECT C.U.R.E., A NON-PRO FIT ORGANIZATION THAT WILL RESPONSIBLY REDISTRIBUTE DONATED MEDICAL SUPPLIES AND EQUIPMENT TO UNDER-RESOURCED AREAS AROUND THE GLOBE, FOR ALL ADVOCATE HEALTH CARE FACILITIES. ADVOC ATE DONATED A TOTAL OF 154 PALLETS OF MISCELLANEOUS MEDICAL SUPPLIES AND 65 PIECES OF MEDI CAL EQUIPMENT TO PROJECT CURE IN 2019, ALL OF WHICH MAY HAVE OTHERWISE BEEN LANDFILLED.- P URCHASED OVER 25,000 FEWER REAMS OF PAPER IN 2019 VERSUS 2018 EVEN THOUGH PATIENT VOLUMES ROSE - TRANSLATING INTO AN OVER 5% YEAR-OVER-YEAR REDUCTION IN PAPER USAGE.- SPENT 77% OF ADVOCATE'S EXPENSES IN SELECT CLEANING PRODUCT CATEGORIES (WINDOW, FLOOR, CARPET, BATHROOM , AND GENERAL-PURPOSE CLEANERS) ON THIRD-PARTY CERTIFIED "GREEN" CLEANERS.- INCREASED THE PURCHASE OF HEALTHIER HOSPITALS-APPROVED FURNITURE, MADE WITHOUT SELECT CHEMICALS OF CONCE RN, INCLUDING PERFLUORINATED COMPOUNDS, PVC (VINYL), FORMALDEHYDE, FLAME RETARDANTS (WHERE CODE PERMISSIBLE) AND ANTIMICROBIALS, TO 89% OF TOTAL PURCHASES.

Form and Line Reference	Explanation
PART VI, LINE 6:	ADVOCATE HEALTH CARE (ILLINOIS) AND AURORA HEALTH CARE (WISCONSIN) MERGED IN 2018 TO BECOM E ADVOCATE AURORA HEALTH. SOON THEREAFTER WORK BEGAN TO ALIGN THE COMMUNITY STRATEGIES OF BOTH PREDECESSOR ORGANIZATIONS. IN OCTOBER 2019, THE ADVOCATE AURORA BOARD APPROVED A COMM UNITY STRATEGY THAT WOULD SUPPORT ORGANIZATIONAL VALUES AND CONTINUE TO SUPPORT SYSTEM-WID E PROGRAMS THAT ADDRESS THE HEALTH NEEDS OF PATIENTS, FAMILIES AND THE COMMUNITIES SERVED BY ADVOCATE AURORA. GIVEN THAT ADVOCATE AND AURORA HAVE SEPARATE FEIN'S, THE NARRATIVE THA T FOLLOWS PRIMARILY DESCRIBES PROGRAMS AND ACTIVITIES PERTAINING TO ADVOCATE (AAH ILLINOIS). AS BACKGROUND, ADVOCATE AURORA HEALTH'S ILLINOIS HOSPITALS (ADVOCATE) ARE NOT-FOR-PROFI T AND ARE RELATED TO BOTH THE EVANGELICAL LUTHERAN CHURCH IN AMERICA AND THE UNITED CHURCH OF CHRIST. ADVOCATE'S BOARD, LEADERSHIP AND TEAM MEMBERS (STAFF/EMPLOYEES) ARE COMMITTED TO POSITIVELY AFFECTING THE HEALTH STATUS AND QUALITY OF LIFE OF INDIVIDUALS AND POPULATIO NS IN COMMUNITIES SERVED BY THE ORGANIZATION THROUGH PROGRAMS AND PRACTICES THAT SUPPORT T HE ADVOCATE AURORA VISION OF "WE HELP PEOPLE LIVE WELL." ADVOCATE AURORA'S SYSTEM LEADERSH IP HAS HISTORICALLY AND CURRENTLY DIRECTS AND SUPPORTS THE HOSPITALS IN THEIR EFFORTS TO A DDRESS IDENTIFIED COMMUNITY HEALTH NEEDS. IN 2016, A COMMUNITY HEALTH DEPARTMENT WAS DEVEL OPED BY ADVOCATE, LED BY A SYSTEM EXECUTIVE AND STAFFED WITH PUBLIC/COMMUNITY HEALTH SPECI ALISTS, TO EXECUTE COMMUNITY NEEDS ASSESSMENTS, EVIDENCE-BASED PROGRAM DEVELOPMENT AND COL LABORATIVE PARTNERSHIPS WITHIN THE COMMUNITIES SERVED BY ADVOCATE. PRIOR TO THIS TIME, THE COMMUNITY FACING FUNCTION WAS LED BY A TEAM OF ADVOCATE SYSTEM-LEVEL INDIVIDUALS WHOSE JO B RESPONSIBILITIES INCLUDED VARIOUS COMMUNITY ROLES MORE CLOSELY ALIGNED WITH COMMUNITY RE LATIONS. DURING THE INITIAL 2011-2013 CHNA CYCLE, ADVOCATE'S SYSTEM LEADERS PROVIDED OVERS IGHT AND SUPPORT TO THE HOSPITALS FOR DEVELOPING THEIR CHNAS AND SUBSEQUENT PROGRAMMING. I N 2016, ADVOCATE'S NEW COMMUNITY HEALTH TEAM CONDUCTED THEIR HOSPITAL COMPREHENSIVE CHNAS (2014-2016) AND POSTED GOVERNANCE-APPROVED CHNA REPORTS AND CHNA IMPLEMENTATION PLANS ON A DVOCATE'S WEBPAGE IN COMPLIANCE WITH THE AFFORDABLE CARE ACT. FOLLOWING THE MERGER OF ADVO CATE HEALTH CARE AND AURORA HEALTH CARE IN 2018 AND BOARD APPROVAL OF THE NEW COMMUNITY ST RATEGY IN 2019, ALL ADVOCATE HOSPITALS' COMMUNITY HEALTH IMPLEMENTATION PLANS ARE GUIDED B Y THE AAH COMMUNITY STRATEGY. THROUGH THIS STRATEGY, WE WILL BUILD HEALTH EQUITY, ENSURE A CCESS AND IMPROVE HEALTH OUTCOMES IN OUR COMMUNITIES THROUGH EVIDENCE-INFORMED SERVICES AN D INNOVATIVE PARTNERSHIPS BY ADDRESSING MEDICAL NEEDS AND SOCIAL DETERMINANTS. BASED ON NE ED AND EFFECT ON HEALTH EQUITY, AS IDENTIFIED IN ADVOCATE AURORA'S 27 HOSPITAL CHNA REPORT S AND IN INDUSTRY LITERATURE, ADVOCATE PRIORITIZED THE FOLLOWING SIX FOCUS AREAS ON WHICH THE INDIVIDUAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLANS ARE BUILT AND SUPPORT, INCLU DING: 1) ACCESS/PRIMARY MEDICAL HOMES; 2) ACCESS/ BEHAVIORAL HEALTH SERVICES; 3) COMMUNITY SAFETY; 4) WORKFORCE DEVELOPMENT; 5) AFFORDABLE HOUSING; AND 6) FOOD SECURITY.ADVOCATE'S BOARD, SYSTEM LEADERSHIP AND TEAM MEMBERS ARE FULLY ENGAGED IN PROGRAMS AND ACTIVITIES THA T SUPPORT SYSTEM AND SITE EFFORTS IN ACHIEVING MILESTONES IN EACH OF THESE COMMUNITY STRAT EGY FOCUS AREAS. EXAMPLES OF AFFILIATED SYSTEM PROGRAMS/SERVICES THAT ALIGN WITH THE ORGAN IZATION'S COMMUNITY STRATEGY AND SUPPORT EFFORTS TO ADDRESS THESE KEY FOCUS AREAS ARE PROV IDED IN THE FOLLOWING NARRATIVE.1. ACCESS/PRIMARY MEDICAL HOMES. THE FIRST OF SIX KEY AREA S TARGETED BY ADVOCATE'S COMMUNITY STRATEGY IS IMPROVING ACCESS/CONNECTING PATIENTS TO PRI MARY MEDICAL HOMES. ADVOCATE IS COMMITTED TO UNDERTAKING AND SUPPORTING INITIATIVES THAT E NHANCE ACCESS TO HEALTH CARE, INCLUDING FINANCIAL ASSISTANCE, CARE COORDINATION, LANGUAGE ASSISTANCE, CULTURALLY SENSITIVE PROVISION OF CARE, AND PREVENTION EDUCATION AND WELLNESS SERVICES ACROSS THE LIFESPAN AND WITHIN THE DIVERSE COMMUNITIES ADVOCATE SERVES. FINANCIAL ASSISTANCE. ADVOCATE OFFERS A VERY GENEROUS FINANCIAL ASSISTANCE PROGRAM, REQUIRING NO PA YMENTS FROM THE PATIENTS MOST IN NEED, AND PROVIDING DISCOUNTS TO UNINSURED AND INSURED PA TIENTS. FROM JANUARY 2019 TO MAY 2019, UNINSURED PATIENTS EARNING UP TO SIX TIMES THE FEDE RAL POVERTY LEVEL (FPL), AND INSURED PATIENTS EARNING UP TO FOUR TIMES THE FPL WERE ELIGIB LE TO BE CONSIDERED FOR A FULL OR PARTIAL FINANCIAL ASSISTANCE DISCOUNT. AS OF JUNE 2019, PATIENTS EARNING UP TO SIX TIMES THE FPL, AND INSURED PATIENTS EARNING UP TO TWO AND HALF TIMES THE FPL MAY QUALIFY FOR A FULL OR PARTIAL FINANCIAL ASSISTANCE DISCOUNT. ADDITIONALL Y, A CATASTROPHIC ASSISTANCE DISCOUNT WAS ADDED FOR UNINSURED AND INSURED PATIENTS WHOSE I NCOMES EXCEED THE TRADITIONAL FINANCIAL ASSISTANCE INCOME GUIDELINES AND HAVE OUTSTANDING PATIENT BALANCES OF $25,000 OR MORE FOR A SINGLE DATE OF SERVICE OR SUM OF SEVERAL DATES O F SERVICE. THESE PATIENTS MAY QUALIFY TO RECEIVE A

Form and Line Reference	Explanation
PART VI, LINE 6:	FINANCIAL ASSISTANCE DISCOUNT THAT REDUCES THEIR OUTSTANDING BALANCE TO 25% OF THEIR NET INCOME. FOR UNINSURED PATIENTS, ADVOCATE WILL PRESUMPTIVELY PROVIDE FINANCIAL ASSISTANCE I F THE FINANCIAL STATUS HAS BEEN VERIFIED BY A THIRD PARTY. IN THESE CASES, THE PATIENT IS NOT REQUIRED TO SUBMIT A SEPARATE CHARITY APPLICATION. IF PRESUMPTIVE CRITERIA ARE NOT AVA ILABLE FOR UNINSURED PATIENTS, FINANCIAL ASSISTANCE ELIGIBILITY IS AVAILABLE USING AN INCO ME-BASED SCREENING. ADVOCATE EXTENDS ITS INCOME-BASED FINANCIAL ASSISTANCE POLICY TO ITS I NSURED PATIENTS AS WELL. BOTH UNINSURED AND INSURED REQUESTS ARE GIVEN CONSIDERATION BASED ON THE INDIVIDUAL'S EXTENUATING CIRCUMSTANCES. ADVOCATE CONTINUES TO REVIEW AND REFINE IT S POLICY IN AN ONGOING EFFORT TO ENSURE THAT FINANCIAL ASSISTANCE IS AVAILABLE TO THOSE WH O NEED HELP.FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS). ALL ADVOCATE'S HOSPITALS HAVE RELA TIONSHIPS WITH FEDERALLY QUALIFIED HEALTH CENTERS OR OTHER COMMUNITY CLINICS WITHIN THEIR SERVICE AREAS FOR PROVIDING CARE FOR MEDICAID AND UNINSURED PATIENTS. ADVOCATE SHERMAN WOR KS CLOSELY WITH THE GREATER ELGIN FAMILY CARE CENTER (FQHC), THE VISITING NURSES ASSOCIATI ON AND AUNT MARTHA'S (FQHC) TO COORDINATE CARE FOR LOW-INCOME PATIENTS IN THE ELGIN AREA. ADVOCATE BROMENN MAINTAINS A COMMUNITY HEALTH CLINIC, IN COLLABORATION WITH OSF ST. JOSEPH 'S HOSPITAL, WHEREBY BOTH HOSPITALS ARE RESPONSIBLE FOR DESIGNATED CLINIC PATIENTS' HOSPIT AL CARE THROUGHOUT THE YEAR. ADVOCATE BROMENN ALSO PROVIDES SPACE AND INFORMATION TECHNOLO GY SUPPORT TO THE CLINIC. IN ADDITION, ADVOCATE BROMENN, THROUGH AN INFORMAL REFERRAL AGRE EMENT DATING BACK TO 2010, COLLABORATES WITH CHESTNUT HEALTH SYSTEMS. CHESTNUT HEALTH SYST EMS OWNS AND OPERATES A FQHC IN BLOOMINGTON AND PATIENTS ARE SOMETIMES REFERRED TO ADVOCAT E BROMENN FOR SERVICES. IN A PARTNERSHIP WITH THE ACCESS TO CARE ORGANIZATION, ADVOCATE CH RIST PROVIDES MAMMOGRAMS TO AREA UNINSURED AND LOW-INCOME INDIVIDUALS THAT ARE REFERRED BY THE CLINIC TO THE HOSPITAL WHEN THIS SERVICE IS REQUIRED.TO MAINTAIN QUALITY CARE EXCELLE NCE AND IMPROVE QUALITY OF LIFE FOR PEOPLE SEEKING CARE FROM ADVOCATE, WORKING TO FIND MED ICAL HOMES AND TO REDUCE EMERGENCY ROOM VISITS AND HOSPITAL ADMISSIONS IS ESSENTIAL. ADVOC ATE HAS NUMEROUS PROGRAMS FOCUSED ON MANAGING THE PATIENT EXPERIENCE THROUGH THE CONTINUUM OF CAREIN INPATIENT AND OUTPATIENT SETTINGS, AND IN THE HOME. MEDICAID AND MEDICARE. ADVO CATE ACTIVELY WORKS TO IMPROVE THE PROVISION OF SERVICES TO INDIVIDUALS AND FAMILIES WHO A RE COVERED BY MEDICARE AND MEDICAID AND THAT SEEK SERVICES AT ANY OF ADVOCATE'S 400 SITES OF CARE. ADVOCATE COLLABORATES WITH VARIOUS COMMUNITY-BASED ORGANIZATIONS (CBOS) AND FEDER ALLY QUALIFIED HEALTH CENTERS (FQHCS) IN INNOVATIVE WAYS TO ESTABLISH PRIMARY CARE RELATIO NSHIPS FOR MEDICAID AND UNINSURED PATIENTS. ADVOCATE CARE ORGANIZATION (ACO). ADVOCATE COL LABORATES WITH MERIDIAN FAMILY HEALTH PLAN (FHP) OF ILLINOIS AS PART OF AN INTEGRATED CARE MODEL FOR PEOPLE ON MEDICAID. ADVOCATE HAS A STRONG HISTORY OF PROVIDING HIGH QUALITY CAR E TO THE MEDICAID POPULATION WITHIN ITS NETWORK WITH KEY FOCUS AREAS, INCLUDING IMPROVED C ARE COORDINATION, ACCESS AND QUALITY PERFORMANCE. THE RESULT HAS BEEN A REDUCTION IN ED UT ILIZATION DUE TO SUCCESSFULLY CONNECTING INDIVIDUALS IN THE PLAN TO A MEDICAL HOME.PRIMARY CARE CONNECTION-COMMUNITY HEALTH WORKERS (CHWS) IS A QUALITY IMPROVEMENT PROJECT TO ENGAG E AND EDUCATE MEDICAID BENEFICIARIES SEEN IN THE ED ON APPROPRIATE LEVEL OF CARE OPTIONS A VAILABLE TO THEM USING COMMUNITY HEALTH WORKERS. THE MAIN OBJECTIVES OF THE PRIMARY CARE C ONNECTIONS INTERVENTION ARE TO: EDUCATE AND SCHEDULE LOW ACUITY PATIENTS WHO VISIT THE ED REGARDING ALTERNATIVE CARE OPTIONS AVAILABLE TO THEM; HELP THEM ESTABLISH A PRIMARY CARE M EDICAL HOME; IMPROVE CARE COORDINATION TO PREVENT INAPPROPRIATE ED UTILIZATION; AND HELP T HEM NAVIGATE SPECIFIC SOCIAL DETERMINANTS OF HEALTH TO IMPROVE HEALTH OUTCOMES. THE

990 Schedule H, Supplemental Information

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

Additional Data

Software ID:

Software Version:

EIN: 26-2525968

Name: ADVOCATE CONDELL MEDICAL CENTER

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

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

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	PART V, SECTION B, LINE 5: COMMUNITY HEALTH COUNCIL. ADVOCATE CONDELL MEDICAL CENTER (ADVO CATE CONDELL) CONVENED A COMMUNITY HEALTH COUNCIL (CHC) IN JANUARY 2019. THE CHC'S RESPONS IBILITIES ARE TO OVERSEE COMMUNITY HEALTH STRATEGY FOR THE HOSPITAL, REVIEW DATA AND PRIOR ITIZE HEALTH NEEDS IDENTIFIED FOR THE 2017-2019 CHNA, AND TO OVERSEE THE DEVELOPMENT AND I MPLEMENTATION OF THE HOSPITAL'S COMMUNITY HEALTH STRATEGIES. CO-CHAIRED BY TWO COMMUNITY R EPRESENTATIVES, ONE OF WHICH SERVES AS A MEMBER OF ADVOCATE CONDELL'S GOVERNING COUNCIL, T HE CHC IS MANAGED BY THE REGIONAL DIRECTOR OF COMMUNITY HEALTH. THE CHC FUNCTIONS AS A SUB SET OF THE HOSPITAL'S GOVERNING COUNCIL AND ALL ACTIVITIES AND DECISIONS MADE BY THE CHC R EGARDING THE CHNA ARE SUBMITTED FOR APPROVAL BY THE FULL GOVERNING COUNCIL. THE CHC IS COM PRISED OF FOURTEEN COMMUNITY MEMBERS, REPRESENTING 74 PERCENT OF THE TOTAL MEMBERSHIP. NON -ADVOCATE-AFFILIATED MEMBERS REPRESENT THE LAKE COUNTY HEALTH DEPARTMENT, A FEDERALLY QUAL IFIED HEALTH CENTER, A FAITH-BASED ORGANIZATION, AREA SCHOOL DISTRICTS, THE AMERICAN CANCE R SOCIETY, SOCIAL SERVICE AGENCIES, THE LAKE COUNTY DRUG AND ALCOHOL PREVENTION TASK FORCE AND LAW ENFORCEMENT. ADVOCATE CONDELL STAFF SERVING ON THE CHC REPRESENT THE EXECUTIVE TE AM, DIABETES, CARDIAC CENTER AND BUSINESS DEVELOPMENT AND STRATEGY. THE AFFILIATIONS AND T ITLES OF THE HOSPITAL'S COMMUNITY HEALTH COUNCIL MEMBERS ARE PROVIDED BELOW. CHC MEMBERS W ITH AN ASTERISK (*) SERVE MEDICALLY UNDERSERVED, LOW-INCOME AND/OR MINORITY POPULATIONS.ME MBERS FROM THE COMMUNITY- LIBERTYVILLE SCHOOL DISTRICT, RETIRED SCHOOL PRINCIPAL, AND ADVO CATE CONDELL GOVERNING COUNCIL MEMBER (CO-CHAIR)- AMERICAN CANCER SOCIETY, SENIOR MARKET M ANAGER, COMMUNITY ENGAGEMENT- MUNDELEIN IVANHOE CONGREGATIONAL CHURCH, LEAD PASTOR, (CO-CH AIR)- LIBERTYVILLE SCHOOL DISTRICT 70, SUPERINTENDENT- VILLAGE OF LIBERTYVILLE, ECONOMIC D EVELOPMENT COORDINATOR- VILLAGE OF MUNDELEIN, CHIEF OF POLICE- MUNDELEIN PARK DISTRICT, SU PERINTENDENT OF RECREATION- COMMUNITY RESIDENT OF LAKE COUNTY- MANO A MANO FAMILY RESOURCE CENTER, PROJECT COORDINATOR*- WAUKEGAN PUBLIC LIBRARY, FUNCTIONAL HEALTH LITERACY PROGRAM COORDINATOR*- LAKE COUNTY HOUSING AUTHORITY, EXECUTIVE DIRECTOR*- YOUTH FAMILY COUNSELING , EXECUTIVE DIRECTOR*- LAKE COUNTY HEALTH DEPARTMENT, DIRECTOR OF PREVENTION* - ERIE FAMIL Y HEALTH CENTER, DIRECTOR HCO WAUKEGAN* ADVOCATE CONDELL/ADVOCATE AURORA STAFF MEMBERS - A DVOCATE AURORA, DIRECTOR OF COMMUNITY HEALTH, NORTH REGION- ADVOCATE CONDELL, VICE PRESIDE NT FOR CLINICAL EXCELLENCE- ADVOCATE CONDELL, COMMUNITY HEALTH COORDINATOR- ADVOCATE CONDE LL, VICE PRESIDENT CLINICAL SERVICE LINES AND SUPPORT SERVICES- ADVOCATE CONDELL, CARDIOVA SCULAR SERVICES, DIRECTOR- ADVOCATE CONDELL, DIRECTOR OF NURSING AND CLINICAL OPERATIONS- ADVOCATE CONDELL, DIETITIAN FOR DIABETES CARE CENTERADVOCATE CONDELL CONSULTED WITH A NUMB ER OF ADDITIONAL PARTNER ORGANIZATIONS ON THE HOSPITAL'S CHNA. THESE INCLUDED PARTNERS FRO M FEDERALLY QUALIFIED HEALTH C

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	ENTERS (LAKE COUNTY HEALTH DEPARTMENT AND ERIE HEALTHREACH WAUKEGAN), THE LAKE COUNTY OPIO ID TASK FORCE AND THE HEALTHCARE FOUNDATION OF NORTHERN LAKE COUNTY. EACH OF THE ORGANIZAT IONS HAVE A FOCUS ON MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS.GOVERNING COUNCIL. AS INDICATED EARLIER, ALL ACTIVITIES AND DECISIONS MADE BY THE CHC REGARDING THE CHNA ARE SUBMITTED FOR APPROVAL BY ADVOCATE CONDELL'S FULL GOVERNING COUNCIL AND ONE MEMBE R OF THE GOVERNING COUNCIL SERVES AS CO-CHAIR OF THE CHC TO ENSURE COORDINATION OF INFORMA TION. THE GOVERNING COUNCIL IS COMPRISED OF 15 MEMBERS, REPRESENTING A BROAD ARRAY OF COMM UNITY SECTORS. MEMBERS COME FROM THE FIELDS OF EDUCATION, MANUFACTURING, PHILANTHROPY, FAI TH COMMUNITIES, MARKETING, FINANCIAL INDUSTRY, PRIMARY CARE AND SUBSPECIALTY HEALTH CARE. THE GOVERNING COUNCIL REVIEWED AND APPROVED THE CHC'S RECOMMENDED HEALTH NEED PRIORITIES O N JUNE 26, 2019, AND LATER APPROVED THE 2019 CHNA REPORT ON OCTOBER 23, 2019. THE ADVOCATE HEALTH CARE NETWORK BOARD OF DIRECTORS APPROVED ADVOCATE CONDELL'S 2019 CHNA REPORT AT TH E SYSTEM LEVEL ON DECEMBER 16, 2019.ADVOCATE CONDELL'S 2017-2019 CHNA REPORT WAS POSTED ON THE ADVOCATE HEALTH CARE WEBPAGE IN DECEMBER 2019, AND INCLUDED A LINK TO A FORM AND AN E MAIL FOR THE COMMUNITY TO USE FOR INQUIRIES AND IN PROVIDING FEEDBACK. AS OF DECEMBER 31, 2019, NO QUESTIONS OR FEEDBACK WERE RECEIVED FROM THE COMMUNITY REGARDING THE 2017-2019 CH NA REPORT, OR THE PREVIOUS 2014-2016 CHNA REPORT AND/OR ITS ACCOMPANYING 2017-2019 IMPLEME NTATION PLAN.

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

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

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

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

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	PART V, SECTION B, LINE 6B: AS INDICATED IN 6A, THE CHNA WAS NOT CONDUCTED WITH OTHER ORGANIZATIONS, HOWEVER, ADVOCATE CONDELL DID PARTICIPATE IN THE LAKE COUNTY HEALTH DEPARTMENT'S MAPP PROCESS FOR THE DEVELOPMENT OF THE HEALTH DEPARTMENT'S STRATEGIC PLANSO ADVOCATE CONDELL WORKED WITH THE LAKE COUNTY HEALTH DEPARTMENT AND SERVED ON THE LIVE WELL LAKE COUNTY STEERING COMMITTEE.

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

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	PART V, SECTION B, LINE 7D: ADVOCATE CONDELL SENIOR LEADERSHIP SENT AN ANNOUNCEMENT AND BRIEF DESCRIPTION OF THE CHNA RESULTS TO ALL EMPLOYEES, WHICH INCLUDED A LINK TO THE FULL REPORT. PRESENTATIONS TO ADVOCATE CONDELL LEADERS AND EXTERNAL COMMUNITY ORGANIZATIONS IS BEING SCHEDULED FOR 2020.

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	PART V, SECTION B, LINE 11: 2014-2016 CHNA(NOTE: THE FOLLOWING NARRATIVE REVIEWS THE PREVI OUS 2014-2016 CHNA'S SELECTED PRIORITIES AND THE 2017-2019 IMPLEMENTED STRATEGIES AND OUTC OMES GIVEN 2019 WAS THE THIRD AND FINAL YEAR OF THE 2017-2019 IMPLEMENTATION PLAN.) AFTER CONSIDERING PRIMARY AND SECONDARY DATA AND FINDINGS FROM OTHER LOCAL HEALTH NEEDS ASSESSME NT PROCESSES FOR THE 2014-2016 CHNA REPORT, THE ADVOCATE CONDELL COMMUNITY HEALTH COUNCIL (CHC) RECOMMENDED, AND THE GOVERNING COUNCIL APPROVED, THE FOLLOWING TWO HEALTH AREAS FOR PRIORITY ACTION: 1) MENTAL HEALTH; AND 2) OBESITY.HEALTH NEEDS SELECTED MENTAL HEALTH. MEN TAL HEALTH WAS SELECTED AS ONE OF THE TOP HEALTH PRIORITIES BY THE COMMUNITY HEALTH COUNCI L (CHC). MENTAL HEALTH WAS RANKED THE HIGHEST OF THE FORCES IDENTIFIED IN THE LAKE COUNTY FORCES OF CHANGE ASSESSMENT (FOCA), CONDUCTED AS PART OF THE MAPP PROCESS. THE 2014 NORTHE RN LAKE COUNTY BEHAVIORAL HEALTH NEEDS ASSESSMENT IDENTIFIED THAT THERE IS LIMITED CAPACIT Y FOR BEHAVIORAL HEALTH SERVICES IN LAKE COUNTY. THE TOP LAKE COUNTY ZIP CODES WITH THE HI GHEST EMERGENCY ROOM RATES DUE TO PEDIATRIC MENTAL HEALTH ARE FOX LAKE AND WAUKEGAN. FINAL LY, MENTAL HEALTH IS A CURRENT PRIORITY OF THE LAKE COUNTY HEALTH DEPARTMENT AND ONE OF TH E HEALTH PRIORITIES FOR THE COUNTY'S COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP). ACCOMPLISHM ENTS IN 2019 FOR MENTAL HEALTH INCLUDE ONE ADULT MENTAL HEALTH FIRST AID TRAINING (MHFA) A ND ONE YOUTH MENTAL HEALTH FIRST AID TRAINING. THE YOUTH MHFA TRAINING WAS PROVIDED TO GRA YSLAKE MIDDLE SCHOOL STAFF WITH 21 PARTICIPANTS. AS MEASURED THROUGH THE PRE- AND POST-TES TS, 42 PERCENT OF PARTICIPANTS DEMONSTRATED AN INCREASE IN THEIR ABILITY TO RECOGNIZE AND CORRECT MISCONCEPTIONS ABOUT MENTAL HEALTH ILLNESS IN YOUTH. FIFTY-ONE PERCENT SHOWED AN I NCREASE IN THEIR ABILITY TO RECOGNIZE SOMEONE AT RISK FOR SUICIDE; 33 PERCENT HAD AN INCRE ASE IN THEIR ABILITY TO INTERVENE WITH THOSE AT RISK FOR SUICIDE; 26 PERCENT SHOWED AN INC REASE IN THEIR ABILITY TO REFER INDIVIDUALS; AND PARTICIPANTS SHOWED A 35 PERCENT INCREASE IN CONFIDENCE TO DE-ESCALATE A SITUATION INVOLVING SOMEONE HAVING A MENTAL HEALTH CRISIS. ADDITIONALLY, 12 STAFF MEMBERS FROM SCHOOL DISTRICT 214 HIGH SCHOOL WERE TRAINED; A 46 PE RCENT INCREASE IN KNOWLEDGE WAS REPORTED IN THE PRE- AND POST-EVALUATIONS. ADVOCATE CONDEL L ALSO SPONSORED TWO SPANISH-SPEAKING INDIVIDUALS WHO WERE ADULT MENTAL HEALTH FIRST AID T RAINERS TO COMPLETE ADDITIONAL TRAINING TO BECOME CERTIFIED YOUTH MHFA TRAINERS IN LAKE CO UNTY. IN 2019, THE DIRECTOR OF COMMUNITY HEALTH CONTINUED TO SERVE ON THE LAKE COUNTY HEAL TH DEPARTMENT (LCHD) COUNTY-WIDE MHFA TASK FORCE, ASSISTING TO DEVELOP AND IMPLEMENT THE S TRATEGY FOR TRAINING 90 INDIVIDUALS TO BECOME MHFA INSTRUCTORS. THE INSTRUCTOR TRAINING WA S FUNDED BY A THREE-YEAR GRANT TO THE LAKE COUNTY HEALTH DEPARTMENT FROM THE SUBSTANCE ABU SE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA). ALL CLASS PARTICIPANTS IN MHFA CLAS SES SPONSORED BY ADVOCATE COND

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	ELL ARE REPORTED TO THE MHFA TASK FORCE, SO THAT THE TOTAL IMPACT OF MHFA CAN BE TRACKED A ND REPORTED COLLECTIVELY. OBESITY. OBESITY WAS SELECTED AS THE OTHER TOP PRIORITY HEALTH I SSUE. AS OF 2014, PREVALENCE RATES FOR OBESITY IN ILLINOIS REMAIN BETWEEN TWENTY-FIVE PERC ENT AND THIRTY PERCENT. THE RATES ARE EVEN HIGHER FOR ILLINOIS HISPANIC ADULTS AND NON-HIS PANIC AFRICAN AMERICAN ADULTS. MORE THAN ELEVEN PERCENT OF ILLINOIS ADOLESCENTS ARE OBESE AND FOURTEEN PERCENT ARE OVERWEIGHT. SIXTEEN PERCENT OF ILLINOIS WIC PRESCHOOLERS, AGE TWO TO FOUR, ARE OVERWEIGHT AND SIXTEEN PERCENT ARE OBESE. IN LAKE COUNTY, TWENTY-NINE PERCEN T OF ADULTS ARE OBESE AND THIRTY-SIX PERCENT ARE OVERWEIGHT. EIGHTEEN PERCENT OF LAKE COUN TY PRESCHOOL CHILDREN ARE OBESE. THE LAKE COUNTY HEALTH DEPARTMENT HAS IDENTIFIED OBESITY AS ONE OF THE PRIORITIES IN THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP). ACCOMPLISHMENTS IN 2019 FOR OBESITY INCLUDE ASSISTING TWO CHILDCARE PROVIDERS IN LAKE COUNTY TO COMPLETE T HE GO NAP SACC ASSESSMENT AND PROVIDING TRAININGS FOR CHILDCARE PROVIDERS IN LAKE COUNTY O N IMPLEMENTING STRATEGIES TO REDUCE CHILD RISK FOR OBESITY. A TOTAL OF 14 CHILDCARE PROVID ERS WERE TRAINED IN SPANISH AND SIX WERE TRAINED IN ENGLISH. SECONDLY, ADVOCATE CONDELL CO NTINUED ITS PARTNERSHIP WITH THE LAKE COUNTY HEALTH DEPARTMENT, THE MUNDELEIN PARK DISTRIC T AND THE ROUND LAKE PARK DISTRICT FOR THE GO LAKE COUNTY WALKING INITIATIVE. AS A RESULT, 19 GO LAKE COUNTY WALKS WERE ORGANIZED, 13 WALKS OCCURRED IN MUNDELEIN AND SIX IN THE ROU ND LAKE AREA. A TOTAL OF 150 PARTICIPANTS WERE REPORTED FOR GO MUNDELEIN, 98 PERCENT OF SU RVEY PARTICIPANTS SAID GO MUNDELEIN WALKING EVENTS INCREASED THEIR OPPORTUNITIES FOR PHYSI CAL ACTIVITY. IN ROUND LAKE, 46 PARTICIPANTS WERE REPORTED, 69 PERCENT OF SURVEY PARTICIPA NTS SAID THE WALKING EVENTS INCREASED THEIR OPPORTUNITIES FOR PHYSICAL ACTIVITY. LASTLY, A DVOCATE CONDELL PARTNERED WITH THE YWCA OF LAKE COUNTY, THE ROUND LAKE AREA LIBRARY, AVON CARES FOOD PANTRY, MANO A MANO FAMILY RESOURCE CENTER AND THE NORTHERN ILLINOIS FOOD BANK TO ADDRESS OBESITY THROUGH FOOD INSECURITY (FI) IN THE ROUND LAKE AREA. IN 2019, 1,127 IND IVIDUALS AND 5,009 HOUSEHOLD MEMBERS RECEIVED FRESH PRODUCE, DAIRY AND MEAT THROUGH THE RX MOBILE PANTRY PROGRAM. SIXTY-SEVEN PERCENT OF THESE COMMUNITY MEMBERS WERE SCREENED FOR F OOD INSECURITY BY A PARTNER AGENCY AND REFERRED TO THE PROGRAM; 33 PERCENT OF PARTICIPANTS WERE SCREENED ONSITE DURING RX MOBILE PANTRY REGISTRATION. DETAILED IMPLEMENTATION PLANS FOR OBESITY AND MENTAL HEALTH FOR THE 2014-2016 CHNA REPORT CAN BE FOUND AT HTTPS://WWW.AD VOCATEHEALTH.COM/2016CHNA&IMPLEMENTATIONPLANSHEALTH NEEDS NOT SELECTED DIABETES. DIABETES WAS IDENTIFIED AS ONE OF THE KEY HEALTH NEEDS FOR LAKE COUNTY. DIABETES PREVALENCE IS INCR EASING OVER TIME BOTH LOCALLY AND NATIONALLY. EMERGENCY ROOM VISIT RATES FOR DIABETES HAVE ALSO CONTINUED TO INCREASE OVER TIME. IN THE PREVIOUS 2014-2016 IMPLEMENTATION PLAN PERIO D, ADVOCATE CONDELL SELECTED D

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	IABETES AS A HEALTH PRIORITY. PREVENTION EDUCATION AND DIABETES SCREENING ACTIVITIES WERE COMPLETED IN ANTIOCH. THOUGH A SIGNIFICANT NEED, THE CHC MADE THE DECISION TO FOCUS ON OBE SITY AS A PRIORITY GIVEN ITS IMPACT ON THE RISK FOR PREDIABETES AND DIABETES. THE ADVOCATE CONDELL COMMUNITY HEALTH COORDINATOR CONTINUES TO SERVE AS CO-CHAIR OF THE LAKE COUNTY DI ABETES ACTION TEAM, ENSURING COLLECTIVE WORK IN THE COMMUNITY ON THIS HEALTH CONCERN. CARD IOVASCULAR DISEASE. CARDIOVASCULAR DISEASE WAS CONSIDERED, BUT NOT SELECTED AS A HEALTH PR IORITY IN THE 2014-2016 CHNA. ALTHOUGH HEART DISEASE WAS THE SECOND HIGHEST CAUSE OF DEATH IN LAKE COUNTY FROM 2010-2014, THE PREVALENCE RATE OF HEART DISEASE WITHIN LAKE COUNTY WA S LOWER THAN THE RATES FOR ILLINOIS AND THE U.S. FURTHERMORE, THE AGE-ADJUSTED DEATH RATE FOR LAKE COUNTY DUE TO CORONARY HEART DISEASE HAS DECLINED SINCE THE 2010-2012 PERIOD. IN ADDITION, THE MEDICAL CENTER'S HEART INSTITUTE INITIATES A VARIETY OF ANNUAL HEART DISEASE PREVENTION AND TREATMENT PROGRAMS TO DECREASE CARDIOVASCULAR DISEASE. THE CHC DETERMINED IT WAS MORE BENEFICIAL TO PRIORITIZE OBESITY BECAUSE OF ITS UNDERLYING RELATIONSHIP TO HEA RT DISEASE.SUBSTANCE ABUSE. SUBSTANCE ABUSE WAS IDENTIFIED AS A HEALTH NEED WITHIN LAKE CO UNTY, BUT NOT SELECTED AS A PRIORITY BY ADVOCATE CONDELL'S CHC. HEALTH BEHAVIORS IDENTIFIE D INCLUDED EXCESSIVE ALCOHOL USE IN ADULTS AND THE HIGH PERCENTAGE OF TEENS USING MARIJUAN A. THOSE WHO ARE MENTALLY ILL ARE MORE LIKELY TO ABUSE DRUGS OR ALCOHOL. ACCORDING TO THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA), TWENTY-SEVEN PERCENT O F PEOPLE WITH MENTAL HEALTH ISSUES ABUSED ILLICIT DRUGS IN 2012. BECAUSE OF THE UNDERLYING MENTAL HEALTH ISSUES AFFECTING THE USE OF SUBSTANCES, THE CHC DECIDED TO SELECT MENTAL HE ALTH AS THE PRIORITY. IN 2019, ADVOCATE CONDELL CONTINUED ITS COLLABORATION WITH GATEWAY F OUNDATION FOR THE IMPLEMENTATION OF THE WARM HANDOFF PROGRAM IN THE EMERGENCY DEPARTMENT (ED). A GATEWAY FOUNDATION PATIENT ENGAGEMENT SPECIALIST MEETS WITH PATIENTS IN THE ADVOCAT E CONDELL ED WHO HAVE SUBSTANCE USE DISORDER OR OPIOID USE DISORDER AND ASSISTS THEM IN NA VIGATING TO SUBSTANCE USE TREATMENT. IN 2019, THE PROGRAM SERVED 160 INDIVIDUALS; 94 PERCE NT OF THE INDIVIDUALS ASSESSED IN THE ED BY THE GATEWAY ENGAGEMENT SPECIALIST WERE REFERRE D FOR TREATMENT. SEVENTY PERCENT OF THOSE REFERRED FOR TREATMENT KEPT THEIR APPOINTMENT AN D 30 PERCENT DID NOT. THE DIRECTOR OF COMMUNITY HEALTH SITS ON THE LAKE COUNTY OPIOID INIT IATIVE TASK FORCE, A COALITION OF AGENCIES WHICH FOCUSES ON PREVENTION OF SUBSTANCE USE AN D PROVIDING ACCESS TO SUBSTANCE USE TREATMENT. CANCER. CANCER WAS IDENTIFIED AS A HEALTH N EED IN LAKE COUNTY, AND CANCER INCIDENCE, PREVALENCE AND MORTALITY DATA WAS PROVIDED TO TH E CHC. THE CANCER MORTALITY RATE IS HIGHEST IN LAKE COUNTY FOR LUNG CANCER, FOLLOWED BY BR EAST CANCER, PROSTATE CANCER AND THEN COLORECTAL CANCER. APPROXIMATELY NINE PERCENT OF THE

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

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

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

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

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

Form and Line Reference	Explanation
ADVOCATE CONDELL MEDICAL CENTER	PART V, SECTION B, LINE 16J: ADVOCATE CONDELL COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE IN THE APPLICABLE LANGUAGES OF THE HOSPITAL COMMUNITY. MEANS OF COMMUNICATION INCLUDE:1. THE HEALTH CARE CONSENT THAT IS SIGNED UPON REGISTRATION FOR HOSPITAL SERVICES INCLUDES A STATEMENT THAT FINANCIAL COUNSELING, INCLUDING FINANCIAL ASSISTANCE CONSIDERATION, IS AVAILABLE UPON REQUEST.2. SIGNAGE IS CLEARLY AND CONSPICUOUSLY POSTED IN LOCATIONS THAT ARE VISIBLE TO THE PUBLIC, INCLUDING, BUT NOT LIMITED TO HOSPITAL RESGISTRATION AREAS (I.E., PATIENT ACCESS, EMERGENCY DEPARTMENT).3. BROCHURES ARE PLACED IN HOSPITAL RESGISTRATION AREAS (I.E., PATIENT ACCESS, EMERGENCY DEPARTMENT) AND INCLUDE GUIDANCE ON HOW A PATIENTS MAY APPLY FOR MEDICARE, MEDICAID, ALL KIDS, FAMILY CARE ETC., AND THE HOSPTIAL'S FINANCIAL ASSISTANCE PROGRAM. A HOSPITAL CONTACT AND TELEPHONE NUMBER FOR FINANCIAL ASSISTANCE IS INCLUDED. 4. A HANDOUT SUMMARIZING ADVOCATE'S FINANCIAL ASSISTANCE POLICY AND FINANCIAL ASSISTANCE APPLICATION ARE GIVEN TO ALL UNINSURED PATIENTS WHO RECEIVE MEDICALLY NECESSARY HOSPITAL SERVICES AT THE EARLIEST PRACTICAL TIME OF SERVICE.5. ADVOCATE'S WEBSITE PROMINENTLY NOTES THAT FINANCIAL ASSISTANCE IS AVAILABLE, WITH AN EXPLANATION OF THE APPLICATION PROCESS, A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY, AND THE FINANCIAL ASSISTANCE APPLICATION.

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

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

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

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

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

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

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

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

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

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

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ADVOCATE CONDELL MEDICAL CENTER

Employer identification number
26-2525968

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CRISTO REY ST MARTIN COLLEGE PREP 3106 BELVIDERE ROAD WAUKEGAN, IL 60085	56-2372659	N/A	36,301				COMMUNITY SUPPORT
(2) LIBERTYVILLE HIGH SCHOOL 708 W PARK AVE LIBERTYVILLE, IL 60048	36-2527753	N/A	6,000				SPONSOR EVENTS

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

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

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

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

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

Return Reference	Explanation
FORM 990, SCHEDULE I, PART I, LINE 2;	FORM 990, SCHEDULE I GRANTS AND OTHER ASSISTANCE TO DOMESTIC ORGANIZATIONS AND DOMESTIC GOVERNMENTS FOR AMOUNTS REPORTED ON SCHEDULE I, ADVOCATE CONDELL MEDICAL CENTER REPORTS ONLY NON PROFIT ORGANIZATIONS THAT ARE TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OR THAT ARE CONSISTENT WITH AND COMPLIMENTARY TO THE MISSION AND CHARITABLE, TAX-EXEMPT PURPOSES OF ADVOCATE CONDELL MEDICAL CENTER. THE PURPOSES OF THESE GRANTS IS TO SUPPORT COMMUNITY PROGRAMS. CASH CONTRIBUTIONS ARE NOT MADE TO INDIVIDUALS, FOR PROFIT BUSINESSES, OR PRIVATE PROVIDERS.

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Schedule J (Form 990)

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ADVOCATE CONDELL MEDICAL CENTER

Employer identification number
26-2525968

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		No
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	KATHIE S. BENDER SCHWICH RECEIVED A HOUSING ALLOWANCE IN THE AMOUNT OF $55,000.
SCHEDULE J, PART I, LINE 4A	EARL J. BARNES II, FORMER SENIOR VICE PRESIDENT, GENERAL COUNSEL, AND SECRETARY, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $275,000. SUSAN CAMPBELL, FORMER SENIOR VICE PRESIDENT OF PATIENT CARE AND CHIEF NURSING OFFICER, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $275,000. MARY HILLARD, FORMER VICE PRESIDENT OF PATIENT CARE AND CLINICAL OPERATIONS, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $145,286. LEE B. SACKS, M.D., FORMER EXECUTIVE VICE PRESIDENT AND CHEIF MEDICAL OFFICER, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $275,002. THESE PAYMENTS HAVE ALL BEEN REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III).
SCHEDULE J, PART I, LINE 4B	ADVOCATE PROVIDES A TARGET REPLACEMENT SENIOR EXECUTIVE RETIREMENT PLAN. THE CONTRIBUTIONS TO THIS PLAN ARE VESTED AND TAXABLE AFTER FIVE YEARS OF SERVICE. THE FOLLOWING EMPLOYEES ARE VESTED IN THE PLAN AND THEREFORE THE CONTRIBUTIONS ARE REPORTED AS COMPENSATION ON THE W-2: KATHIE S. BENDER SCHWICH $35,933, KEVIN R. BRADY $73,558, VINCENT J. BUFALINO $76,789, KELLY JO GOLSON $48,406, KAREN A. LAMBERT $62,745, DOMINIC NAKIS $107,256, SCOTT A. POWDER $56,585, WILLIAM P. SANTULLI $160,864, JAMES H. SKOGSBERGH $338,248, AND MICHAEL A. PLOSZEK $6,386. THE FOLLOWING EMPLOYEES HAVE NOT YET VESTED AND THEREFORE THE CONTRIBUTIONS ARE REPORTED AS DEFERRED COMPENSATION: BARBARA P. BYRNE $47,794, AND GARY D. STUCK $12,388.
SCHEDULE J, PART I, LINE 7	INCENTIVE PAYMENTS ARE BASED UPON A FORMULA. THE AMOUNTS ARE CALCULATED AFTER CERTAIN PERFORMANCE AND OPERATING GOALS ARE ACHIEVED. THE COMPENSATION COMMITTEE CAN EXERCISE DISCRETION OVER WHETHER INCENTIVE COMPENSATION IS PAID OUT ANNUALLY.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JAMES SKOGSBERGH EXECUTIVE VICE PRESIDENT & COO, DIRE	(i)	0	0	0	0	0	0	0
	(ii)	1,871,319	3,142,919	903,267	25,591	20,986	5,964,082	0
1GARY STUCK DO CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	507,693	136,954	51,828	26,929	18,602	742,006	0
2BARBARA BYRNE MD CHIEF INFORMATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	568,075	823,416	34,865	70,585	15,667	1,512,608	0
3DOMINIC J NAKIS CFO, & TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	835,262	1,353,554	353,882	25,591	27,539	2,595,828	0
4JAMES DOHENY ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	400,433	128,131	46,953	25,591	28,986	630,094	0
5JAMES SLINKMAN ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	310,935	95,713	27,707	25,591	35,025	494,971	0
6KELLY JO GOLSON CHIEF MARKETING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	470,708	669,503	175,822	25,591	2,912	1,344,536	0
7KEVIN BRADY CHIEF HUMAN RESOURCES OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	580,174	843,930	220,909	25,591	38,613	1,709,217	0
8LESLIE LENZO ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	579,092	206,746	89,962	22,791	22,410	921,001	0
9MICHAEL GREBE CHIEF LEGAL OFFICER, ASSISTANT SECRE	(i)	0	0	0	0	0	0	0
	(ii)	562,400	403,812	392,281	201,665	0	1,560,158	70,195
10MICHAEL KERNS ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	347,199	104,437	38,646	25,591	34,693	550,566	0
11MIKE LAPPIN SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	746,368	569,981	647,908	311,307	20,504	2,296,068	104,917
12NAN NELSON ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	481,008	227,115	364,225	166,423	987	1,239,758	63,304
13SHELLY HART ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	498,921	177,092	26,824	112,282	20,504	835,623	0
14 REV KATHIE BENDER SCHWICH CHIEF SPIRITUAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	279,247	467,856	125,184	25,591	80,255	978,133	0
15SCOTT POWDER CHIEF STRATEGY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	533,517	762,625	192,233	25,591	25,125	1,539,091	0
16STEVE HUSER ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	308,464	105,266	23,375	71,558	13,904	522,567	0
17VINCENT BUFALINO MD CHIEF ADVOCATE MEDICAL GROUP OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	589,736	861,159	238,808	25,591	27,721	1,743,015	0
18WILLIAM P SANTULLI PRESIDENT OF THE CORPORATION	(i)	0	0	0	0	0	0	0
	(ii)	1,144,124	1,762,601	482,371	25,591	24,303	3,438,990	0
19MATTHEW PRIMACK HOSPITAL PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	382,427	101,756	41,827	25,591	21,180	572,781	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21MICHAEL PLOSZEK PRESIDENT OF CONDELL MEDICAL CENTER	(i)	332,049	79,489	48,211	25,591	9,537	494,877	0
	(ii)	0	0	0	0	0	0	0
1DEBRA SUSIE-LATTNER VP, CHIEF MEDICAL OFFICER CONDELL	(i)	396,786	74,792	26,036	25,591	12,638	535,843	0
	(ii)	0	0	0	0	0	0	0
2KAREN HANSON VP, CHIEF NURSING OFFICER CONDELL	(i)	229,301	17,105	-2,585	22,008	25,754	291,583	0
	(ii)	0	0	0	0	0	0	0
3LANIS KUYZIN DIRECTOR MEDICAL CARE MANAGEMENT	(i)	312,102	0	6,126	22,791	2,688	343,707	0
	(ii)	0	0	0	0	0	0	0
4CHRISTIAN WALLIS VP CLIN SERV LINES & SUPP SRVS	(i)	199,214	28,729	865	17,774	2,264	248,846	0
	(ii)	0	0	0	0	0	0	0
5EARL J BARNES II FORMER OFFICER, KEY EMPLOYEE-SR VICE	(i)	0	0	0	0	0	0	0
	(ii)	0	181,123	264,496	0	30,660	476,279	0
6LEE B SACKS MD FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	351,160	274,473	0	972	626,605	0
7SUSAN CAMPBELL FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	135,087	272,621	0	7,069	414,777	0
8KAREN LAMBERT FORMER KEY EMPLOYEE-PRESIDENT-GOOD S	(i)	0	0	0	0	0	0	0
	(ii)	624,814	310,092	197,402	25,591	38,811	1,196,710	0
9DOMINICA TALLARICO FORMER KEY EMPLOYEE-PRESIDENT-CONDEL	(i)	0	0	0	0	0	0	0
	(ii)	683,406	264,421	138,383	25,591	25,327	1,137,128	0
10DAVID CARTWRIGHT FORMER HCE-VP, FINANCE & SUPPORT SE	(i)	0	0	0	0	0	0	0
	(ii)	286,215	44,335	3,934	25,591	21,871	381,946	0
11MARY HILLARD FORMER HCE-VP, PATIENT CARE/CLINICAL	(i)	29,445	33,833	144,261	12,099	4,749	224,387	0
	(ii)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ADVOCATE CONDELL MEDICAL CENTER

Employer identification number
26-2525968

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4C	COMMUNITY HEALTH WORKER. IN JANUARY 2019, ADVOCATE CONDELL LAUNCHED A NEW ACCESS TO CARE P ROGRAM TO LINK PATIENTS TO A PRIMARY CARE PROVIDER. A FULL-TIME COMMUNITY HEALTH WORKER (C HW) WAS HIRED WHO WORKS IN THE EMERGENCY DEPARTMENT TO MEET WITH PATIENTS COMING IN FOR LO W-ACUITY REASONS AND WORKS IN THE COMMUNITY TO LINK PATIENTS TO SOCIAL SUPPORT SERVICES. T HE CHW EDUCATES PATIENTS AND THEIR FAMILIES ON OTHER OPTIONS FOR CARE, SUCH AS THE ADVOCAT E IMMEDIATE CARE CENTERS, WALGREENS CLINICS AND OTHER RETAIL-BASED CLINICS. THE CHW EDUCAT ES PATIENTS ON THEIR INSURANCE AND IF THEY DO NOT HAVE A MEDICAL HOME, LINKS THEM TO A PRI MARY CARE PHYSICIAN (PCP) OR FEDERALLY QUALIFIED HEALTH CENTER (FQHC) FOR ONGOING CARE. AD DITIONALLY, THE CHW COMPLETES AN ASSESSMENT OF SOCIAL NEEDS THAT THE PATIENT MAY HAVE, USI NG A SOCIAL DETERMINANTS OF HEALTH SCREENING TOOL. IN 2019, THE COMMUNITY HEALTH WORKER ME T WITH 403 PATIENTS, PROVIDING 1,229 REFERRALS TO A PHYSICIAN, BEHAVIORAL HEALTH CARE, HOU SING, FOOD RESOURCES OR OTHER SUPPORT SERVICES. TWENTY-SIX PERCENT OF THE PATIENTS SEEN BY THE CHW SCREENED POSITIVE FOR FOOD INSECURITYMUCH HIGHER THAN THE GENERAL POPULATION LEVE L OF SIX PERCENT. TWENTY-ONE PERCENT OF THE TOTAL REFERRALS WERE FOR A PHYSICIAN; 11 PERCE NT OF THE DIRECT REFERRALS WERE FOR FOOD RESOURCES AND 27 PERCENT OF THE REFERRALS WERE FO R HEALTH INSURANCE SUPPORT. FINANCIAL AND LEADERSHIP SUPPORT OF LAKE COUNTY HEALTH DEPARTM ENT. THE MEDICAL CENTER ACTIVELY WORKS TO IMPROVE COMMUNITY HEALTH WITH ITS FINANCIAL AND LEADERSHIP SUPPORT OF THE LAKE COUNTY HEALTH DEPARTMENT'S STRATEGIC PLANNING PROCESS. THE ADVOCATE REGIONAL DIRECTOR OF COMMUNITY HEALTH SERVES ON THE HEALTH DEPARTMENT'S STRATEGIC PLAN STEERING COMMITTEE. THE MEDICAL CENTER ALSO WORKS WITH THE LAKE COUNTY HEALTH DEPART MENT TOBACCO FREE LAKE COUNTY PROGRAM, THE WOMEN'S HEALTH PROGRAM AND WIC PROGRAM. MEDICAL CENTER REPRESENTATIVES ALSO SERVE ON THE LAKE COUNTY OPIOID INITIATIVE TASK FORCE, THE LA KE COUNTY COMMUNITY FOUNDATION BOARD, THE ERIE FAMILY HEALTH CENTER ADVISORY COMMITTEE AND WORKS CLOSELY WITH THE ANTIOCH AREA HEALTHCARE ACCESSIBILITY ALLIANCE. THE COMMUNITY HEAL TH COORDINATOR SERVES AS CO-CHAIR FOR THE LIVE WELL LAKE COUNTY DIABETES ACTION TEAM, LEVE RAGING RESOURCES AND DEPLOYING DIABETES PROGRAMS IN COMMUNITIES OF HIGH RISK. WOMEN, INFAN T AND CHILDRENS' (WIC) SUPPORT/PROMOTION. ADVOCATE CONDELL IS CONTINUING TO WORK WITH THE LAKE COUNTY SUPPLEMENTAL NUTRITION EDUCATION FOR WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM THROUGH THE LOOK WHAT WE CAN DO GROUP. WIC ATTENDS THE GROUP'S SESSIONS AT ADVOCATE CONDE LL AND EDUCATES THE PARTICIPANTS ABOUT WIC SERVICES TO INCREASE WIC ENROLLMENT FOR CLIENTS WHO QUALIFY. 2. ACCESS/BEHAVIORAL HEALTH SERVICES. ADVOCATE ILLINOIS MASONIC HAS ALSO IMP LEMENTED SEVERAL PROGRAMS FOCUSED ON IMPROVING THE CONTINUUM OF CARE FOR THE BENEFIT OF ME NTAL HEALTH AND BEHAVIORAL HEALTH PATIENTS. WARM HANDOFF PROGRAM. IN 2019, ADVOCATE CONDEL L CONTINUED ITS COLLABORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4C	WITH GATEWAY FOUNDATION FOR THE IMPLEMENTATION OF THE WARM HANDOFF PROGRAM IN THE EMERGENC Y DEPARTMENT (ED). A GATEWAY FOUNDATION PATIENT ENGAGEMENT SPECIALIST MEETS WITH PATIENTS IN THE ADVOCATE CONDELL ED WHO HAVE SUBSTANCE USE DISORDER OR OPIOID USE DISORDER AND ASSI STS THEM IN NAVIGATING TO SUBSTANCE USE TREATMENT. IN 2019, THE PROGRAM SERVED 160 INDIVID UALS; 94 PERCENT OF THE INDIVIDUALS ASSESSED IN THE ED BY THE GATEWAY ENGAGEMENT SPECIALIS T WERE REFERRED FOR TREATMENT. SEVENTY PERCENT OF THOSE REFERRED FOR TREATMENT KEPT THEIR APPOINTMENT AND 30 PERCENT DID NOT. THE DIRECTOR OF COMMUNITY HEALTH SITS ON THE LAKE COUN TY OPIOID INITIATIVE TASK FORCE, A COALITION OF AGENCIES WHICH FOCUSES ON PREVENTION OF SU BSTANCE USE AND PROVIDING ACCESS TO SUBSTANCE USE TREATMENT. MENTAL HEALTH FIRST AID (MHFA) TRAINING. THE MEDICAL CENTER CONTINUED TO OFFER MHFA TRAINING IN 2019. MHFA IS AN EVIDEN CE-BASED PROGRAM DESIGNED TO INCREASE PARTICIPANTS' KNOWLEDGE OF SIGNS, SYMPTOMS AND RISK FACTORS OF MENTAL ILLNESSES AND ADDICTIONS, AND INCREASE THEIR CONFIDENCE IN AND LIKELIHOO D TO HELP AN INDIVIDUAL IN DISTRESS. THE YOUTH MHFA TRAINING WAS PROVIDED TO GRAYSLAKE MID DLE SCHOOL STAFF WITH 21 PARTICIPANTS. AS MEASURED THROUGH THE PRE- AND POST-TESTS, 42 PER CENT OF PARTICIPANTS DEMONSTRATED AN INCREASE IN THEIR ABILITY TO RECOGNIZE AND CORRECT MI SCONCEPTIONS ABOUT MENTAL HEALTH ILLNESS IN YOUTH. FIFTY-ONE PERCENT SHOWED AN INCREASE IN THEIR ABILITY TO RECOGNIZE SOMEONE AT RISK FOR SUICIDE; 33 PERCENT HAD AN INCREASE IN THE IR ABILITY TO INTERVENE WITH THOSE AT RISK FOR SUICIDE; 26 PERCENT SHOWED AN INCREASE IN T HEIR ABILITY TO REFER INDIVIDUALS; AND PARTICIPANTS SHOWED A 35 PERCENT INCREASE IN CONFID ENCE TO DE-ESCALATE A SITUATION INVOLVING SOMEONE HAVING A MENTAL HEALTH CRISIS. ADDITIONA LLY, 12 STAFF MEMBERS FROM SCHOOL DISTRICT 214 HIGH SCHOOL WERE TRAINED; A 46 PERCENT INCR EASE IN KNOWLEDGE WAS REPORTED IN THE PRE- AND POST-EVALUATIONS. ADVOCATE CONDELL MEDICAL CENTER ALSO SPONSORED TWO SPANISH-SPEAKING INDIVIDUALS WHO WERE ADULT MENTAL HEALTH FIRST AID TRAINERS TO COMPLETE ADDITIONAL TRAINING TO BECOME CERTIFIED YOUTH MHFA TRAINERS IN LA KE COUNTY. IN 2019, THE DIRECTOR OF COMMUNITY HEALTH CONTINUED TO SERVE ON THE LAKE COUNTY HEALTH DEPARTMENT (LCHD) COUNTY-WIDE MHFA TASK FORCE, ASSISTING TO DEVELOP AND IMPLEMENT THE STRATEGY FOR TRAINING 90 INDIVIDUALS TO BECOME MHFA INSTRUCTORS. THE INSTRUCTOR TRAINI NG WAS FUNDED BY A THREE-YEAR GRANT TO THE LAKE COUNTY HEALTH DEPARTMENT FROM THE SUBSTANC E ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA). ALL CLASS PARTICIPANTS IN MHFA CLASSES SPONSORED BY ADVOCATE CONDELL ARE REPORTED TO THE MHFA TASK FORCE, SO THAT THE TO TAL IMPACT OF MHFA CAN BE TRACKED AND REPORTED COLLECTIVELY. DEPRESSION SCREENING IN THE E D. ADDITIONAL INITIATIVES ARE BEING IMPLEMENTED TO ADDRESS MENTAL HEALTH. THE MEDICAL CENT ER HAS INITIATED DEPRESSION SCREENING IN THE EMERGENCY ROOM USING THE PHQ9 DEPRESSION SCRE ENING TOOL. COMMUNITY HEALTH S

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4C	TAFF ARE ALSO WORKING TO STREAMLINE THE PROCESS OF REFERRALS FROM THE MEDICAL CENTER TO CO MMUNITY-BASED MENTAL HEALTH PROVIDERS. 3. WORKFORCE DEVELOPMENT. BELIEVING THAT MANY COMMU NITY HEALTH ISSUES ARE DRIVEN BY SOCIAL DETERMINANTS OF HEALTH, THE MEDICAL CENTER HAS FOR MED NON-TRADITIONAL PARTNERSHIPS WITH KEY STAKEHOLDERS, SUCH AS EMPLOYMENT AGENCIES, TO PR OVIDE MEDICAL EDUCATION EMPLOYMENT OPPORTUNITIES TO LOW-INCOME AND/OR MINORITY INDIVIDUALS . ALSO, IN ADDITION TO THE GRADUATE MEDICAL EDUCATION DESCRIBED IN 4.C, THE MEDICAL CENTER ALSO PROMOTES THE TRAINING OF FUTURE HEALTH CARE PROFESSIONALS WORKING TOWARDS DEGREES IN MANY OTHER DISCIPLINES. SEVERAL EXAMPLES OF THESE EDUCATION PROGRAMS ARE PROVIDED BELOW. TRAINING OF NURSES AND OTHER HEALTH PROFESSIONALS. ADVOCATE CONDELL DEVOTES RESOURCES TO T RAINING STUDENT NURSES FROM CHAMBERLAIN, DEPAUL, GEORGETOWN, INDIANA STATE, NORTHERN MICHI GAN, OLIVET NAZARENE, LOYOLA AND RUSH UNIVERSITIES, AS WELL AS OAKTON COMMUNITY COLLEGE AN D THE COLLEGE OF LAKE COUNTY. IN 2019, THE MEDICAL CENTER PROVIDED TRAINING IN A CLINICAL ENVIRONMENT TO 293 NURSING STUDENTS AT A COST OF OVER $1.7M IN STAFF TIME DEVOTED TO THIS ENDEAVOR. THE MEDICAL CENTER ALSO TRAINS STUDENTS IN PHYSICAL, OCCUPATIONAL AND SPEECH THE RAPY. EMERGENCY MEDICAL SERVICES EDUCATION. AS MORE EXTENSIVELY DESCRIBED UNDER 4. COMMUNI TY SAFETY, ADVOCATE CONDELL IS A RESOURCE HOSPITAL FOR THE ILLINOIS EMERGENCY MANAGEMENT S ERVICES REGION 10. AS PART OF ADVOCATE CONDELL'S COMMITMENT TO SERVING IN THIS CAPACITY, T HE MEDICAL CENTER OFFERS EDUCATIONAL TRAINING COURSES TO PREPARE INDIVIDUALS TO EARN EMERG ENCY MEDICAL TECHNICIAN (EMT) AND EMERGENCY COMMUNICATIONS REGISTERED NURSE (ECRN) CERTIFI CATION. IN 2019, THE MEDICAL CENTER PROVIDED TRAINING TO 510 INDIVIDUALS. CLINICAL PASTORA L EDUCATION (CPE). AS AN AAH HOSPITAL, ADVOCATE CONDELL SPIRITUAL LEADERS OVERSEE A NATION ALLY ACCREDITED CPE PROGRAM THAT WHEN COMBINED WITH THE THAT OF THE OTHER AAH HOSPITALS, I S THE LARGEST IN THE COUNTRY. THE MEDICAL CENTER PROVIDES OPPORTUNITIES FOR SEMINARY STUDE NTS, CHAPLAINS AND LOCAL FAITH LEADERS TO GROW AND DEVELOP SELF-AWARENESS AND SPIRITUAL CA RE MINISTRY SKILLS. IN 2019, MEDICAL CENTER SPIRITUAL LEADERS TAUGHT 4 CPE STUDENTS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4C	4. COMMUNITY SAFETY. THE MEDICAL CENTER ALSO WORKS WITH COMMUNITY PARTNERS TO ADDRESS COMM UNITY SAFETY-A SOCIAL DETERMINANT OF HEALTH. SOME EXAMPLES ARE PROVIDED BELOW. REGION 10 E MERGENCY MEDICAL SERVICES. THE MEDICAL CENTER IS A RESOURCE HOSPITAL FOR ILLINOIS EMERGENC Y MANAGEMENT SERVICES (EMS) REGION 10, WHICH REQUIRES ADVOCATE CONDELL TO COORDINATE THE R EGION'S ONGOING TRAINING IN EMERGENCY RESPONSE TO A MASS CASUALTY SITUATION OR OTHER DISAS TER. THESE EDUCATION PROGRAMS AND TRAINING EXERCISES INVOLVE EVERY EMERGENCY PROVIDER IN T HE REGION AS WELL AS THE LAKE COUNTY HEALTH DEPARTMENT AND OTHER REGIONAL ORGANIZATIONS AS APPROPRIATE. ADVOCATE CONDELL COLLABORATES WITH EMERGENCY MEDICAL SERVICE PROVIDERS TO SH ARE BEST-PRACTICE INFORMATION THROUGHOUT ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH) DESIG NATED REGION 10. IN ADDITION, AS MENTIONED UNDER STRATEGY 3, THE MEDICAL CENTER OFFERS EDU CATIONAL TRAINING COURSES TO PREPARE INDIVIDUALS TO EARN EMERGENCY MEDICAL TECHNICIAN (EMT) AND EMERGENCY COMMUNICATIONS REGISTERED NURSE (ECRN) CERTIFICATION. SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM. ADVOCATE CONDELL'S SANE PROGRAM OPENED IN 2011 AND REMAINS THE O NLY LAKE COUNTY PROGRAM WITH CERTIFIED SEXUAL ASSAULT NURSE EXAMINERS AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK. THESE HIGHLY TRAINED PRACTITIONERS NOT ONLY PROVIDE COMPASSIONATE CAR E TO VICTIMS, BUT ARE ALSO ABLE TO COLLECT FORENSIC EVIDENCE, COUNSEL THE VICTIM AND TESTI FY IN COURT-ASSISTING THE VICTIM THROUGH THE ENTIRE PROCESS. IN ADDITION, THE SANE PROGRAM COORDINATOR WORKS CLOSELY WITH LOCAL ADVOCATES, LAW ENFORCEMENT AND PROSECUTORS TO ASSURE VICTIMS OF SEXUAL ASSAULT IN LAKE COUNTY RECEIVE THE BEST CARE POSSIBLE. IN 2019, THE MED ICAL CENTER'S SANE TEAM TRAINED OVER 200 PROFESSIONALS ON SEXUAL ASSAULT, THE IMPORTANCE O F A SANE NURSE, HOW TO USE MEDICAL EVIDENCE TO PROSECUTE A CASE AND HOW TO TALK TO VICTIMS . IN 2019, THE ADVOCATE CONDELL HIGHLY SKILLED SANE TEAM TREATED 95 VICTIMS OF SEXUAL VIOL ENCE, 24 OF THOSE VICTIMS WERE PEDIATRIC SEXUAL ASSULT PATIENTS (<13 YEARS). ADDITIONALLY, SANE STAFF DEVOTED 384 HOURS WORKING WITH PROSECUTION ATTORNEYS AND ATTENDING HEARINGS TO TESTIFY ON BEHALF OF VICTIMS OF SEXUAL ASSAULT IN 2019. FRIENDS AND FAMILY CARDIOPULMONAR Y RESUSCITATION (CPR) CLASSES. ADVOCATE CONDELL STAFF ALSO TEACH COMMUNITY MEMBERS HOW TO RESPOND TO A LIFE TREATENING EMERGENCY THROUGH ITS FRIENDS AND FAMILY CPR CLASSES. FRIENDS AND FAMILY CPR ALLOWS INDIVIDUALS THAT WILL BE CARING FOR A NEWBORN OR CHILD TO LEARN INI TIAL STEPS TO A LIFE SAVING EMERGENCY. AS AN EMERGENCY LIFESAVING PROCEDURE PERFORMED WHEN THE HEART STOPS BEATING, IMMEDIATE PERFORMANCE OF CPR CAN DOUBLE OR TRIPLE CHANCES OF SUR VIVAL AFTER CARDIAC ARREST. ACCORDING TO 2014 DATA, NEARLY 45 PERCENT OF OUT-OF-HOSPITAL C ARDIAC ARREST VICTIMS SURVIVED WHEN BYSTANDER CPR WAS ADMINISTERED. IN 2019, ADVOCATE COND ELL OFFERED THIS EDUCATION TO 97 INDIVIDUALS IN THE 10 CLASSES HELD DURING THE YEAR. 5. HO USING. DATA INDICATES THAT POO

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III, LINE 4C	R QUALITY HOUSING IS ASSOCIATED WITH VARIOUS NEGATIVE HEALTH COUTCOMES, INCLUDING CHRONIC DISEASE AND INJURY, AND POOR MENTAL HEALTH. ADVOCATE ILLINOIS MASONIC IS WORKING WITH COMM UNITY PARTNERS TO ADDRESS HOUSING WITH THE GOAL OF PROVIDING A SAFE AND HEALTHY PLACE TO L IVE AND TO CONVALESCE. THIS SUPPORTS THE AAH SYSTEMWIDE GOAL TO DECREASE THE NUMBER OF ED PATIENTS WHO ARE SCREENED POSITIVE FOR HOMELESSNESS BY 5% BY 2025. THE FOLLOWING IS AN EXA MPLE OF THE MEDICAL CENTER'S EFFORTS TO ADDRESS THIS SDOH. MERCY HOUSING PARTNERSHIP BOARD . THE DIRECTOR OF COMMUNITY HEALTH SERVES ON THE LAKE COUNTY PARTNERSHIP BOARD FOR MERCY H OUSING LAKEFRONT, WHICH IS A GROUP OF COMMUNITY STAKEHOLDERS WHO ADVISE MERCY HOUSING ON S TRATEGY TO DEVELOP AFFORDABLE HOUSING IN LAKE COUNTY. AT THIS TIME, NO NEW MERCY HOUSING A FFORDABLE HOUSING DEVELOPMENTS ARE IN PROCESS. 6. FOOD SECURITY. ACCESS TO FRESH, AFFORDAB LE FOOD IS A KEY INGREDIENT IN THE RECIPE TO ADDRESS SOCIAL DETERMINANTS OF HEALTHAND IN K EEPING THE COMMUNITY HEALTHY. ADVOCATE CONDELL IS INVOLVED WITH MULTIPLE LOCAL COMMUNITY P ARTNERS TO DEVELOP SUSTAINABLE FOOD INITIATIVES TO ADDRESS FOOD INSECURITY. EXAMPLES OF TH ESE INITIATIVES ARE PROVIDED BELOW. RX MOBILE PANTRY. ADVOCATE CONDELL LAUNCHED A RX MOBIL E PANTRY TO SERVE FOOD INSECURE (FI) RESIDENTS OF THE ROUND LAKE AREA. THE PROGRAM GREW FR OM THE MEDICAL CENTER'S COMMUNITY HEALTH EFFORTS IN SCREENING AND REFERRAL FOR FOOD INSECU RITY. IN 2018, A TOTAL OF 733 INDIVIDUALS WERE SCREENED FOR FOOD INSECURITY BY COMMUNITY A GENCIES AND ADVOCATE CONDELL. BASED ON THE SCREENING RESULTS OF THIS ONE YEAR, FOOD INSECU RITY RATES RANGED FROM MORE THAN FIVE TO NINE TIMES THE RATE FOR THE GENERAL LAKE COUNTY P OPULATION. AFTER SEVERAL MONTHS OF PLANNING ADVOCATE CONDELL LAUNCHED THE RX MOBILE FOOD P ANTRY IN JULY 2019 WITH FOUR COLLABORATING AGENCIES SERVING THE ROUND LAKE AREA AND THE NO RTHERN ILLINOIS FOOD BANK. THE RX MOBILE PANTRY IS BASED AT THE ROUND LAKE PUBLIC LIBRARY TWO TIMES PER MONTH. THE SCREENING AGENCIES ALSO RECEIVE ASSIGNED VOUCHERS FROM THE ADVOCA TE CONDELL COMMUNITY HEALTH COORDINATOR, WHO SERVES AS THE PROJECT MANAGER. THE VOUCHERS A RE PROVIDED TO CLIENTS VISITING THE PARTNER AGENCIES WHO SCREEN POSITIVE FOR FOOD INSECURI TY. FROM JULY THROUGH DECEMBER 2019, THE RX MOBILE PANTRY SERVED 1,626 INDIVIDUALS AND 5,0 09 HOUSEHOLD MEMBERS. SCREENING FOR FOOD INSECURITY. FOR OBESITY PREVENTION, THE MEDICAL C ENTER'S COMMUNITY HEALTH STAFF ARE IMPLEMENTING TWO EVIDENCE-BASED INITIATIVES IN THE COMM UNITY NUTRITION AND PHYSICAL ACTIVITIY SELF-ASSESSMENT FOR CHILD CARE (NAP SACC) AND FOOD INSECURITY SCREENING USING THE HUNGER VITAL SIGN SCREENING TOOL. ADDITIONALLY, THE MEDICAL CENTER IS WORKING WITH AREA PARTNERS TO INITIATE WALKING INITIATIVES IN TARGETED COMMUNIT IES IDENTIFIED WITH HIGHER RATES OF OBESITY, DIABETES AND CARDIOVASCULAR DISEASE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	BOARD DELEGATING POWERS TO EXECUTIVE COMMITTEE THE ORGANIZATION'S BYLAWS PROVIDE THAT THE EXECUTIVE COMMITTEE HAS AUTHORITY TO ACT ON BEHALF OF THE BOARD. THE EXECUTIVE COMMITTEE HAS THE SAME COMPOSITION AND MEMBERS AS THE EXECUTIVE COMMITTEE OF THE CORPORATE MEMBER. THE CORPORATE MEMBER'S EXECUTIVE COMMITTEE HAS NINE MEMBERS, CONSISTING OF THE CHAIRPERSON, THE VICE CHAIRPERSON, THE PRESIDENT, THE CHAIRPERSONS OF THE FINANCE, PLANNING, HEALTH OUTCOMES AND MISSION AND SPIRITUAL CARE COMMITTEES, AND TWO OTHER DIRECTORS. THE PAST CHAIRPERSON OF THE BOARD OF DIRECTORS MAY SERVE AS AN EX-OFFICIO MEMBER OF THE COMMITTEE, WITH VOTE. EACH OF THE EXECUTIVE COMMITTEE'S MEMBERS IS ON THE BOARD. THE SCOPE OF THE EXECUTIVE COMMITTEE'S AUTHORITY INCLUDES: BE RESPONSIBLE FOR PLANNING EDUCATIONAL PROGRAMS FOR THE BOARD OF DIRECTORS; CONDUCT AN EVALUATION OF THE MEMBERS OF THE BOARD OF DIRECTORS; HAVE SUCH AUTHORITY AS SHALL BE DELEGATED BY THE BOARD OF DIRECTORS; AND ACT ON BEHALF OF THE BOARD OF DIRECTORS BETWEEN MEETINGS. THE EXECUTIVE COMMITTEE IS ACCOUNTABLE AS A BODY TO THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	OFFICER BUSINESS RELATIONSHIP AS DR. JAMES DAN, DR. VINCENT BUFALINO, GAIL HASBROUCK, EARL BARNES II, JAMES DOHENY, AND DOMINIC NAKIS ARE EITHER DIRECTORS OR OFFICERS OF WHOLLY OWNED ADVOCATE ENTITIES, THEY ARE DEEMED TO HAVE A BUSINESS RELATIONSHIP PURSUANT TO THE INSTRUCTIONS FOR FORM 990. AS DR. JAMES DAN, DR. VINCENT BUFALINO, GAIL HASBROUCK, EARL BARNES II, JAMES DOHENY, AND SCOTT POWDER ARE EITHER DIRECTORS OR OFFICERS OF WHOLLY OWNED ADVOCATE ENTITIES, THEY ARE DEEMED TO HAVE A BUSINESS RELATIONSHIP PURSUANT TO THE INSTRUCTIONS FOR FORM 990. AS DR. JAMES DAN, DR. VINCENT BUFALINO, GAIL HASBROUCK, EARL BARNES II, JAMES DOHENY, SCOTT POWDER, AND WILLIAM SANTULLI ARE EITHER DIRECTORS OR OFFICERS OF WHOLLY OWNED ADVOCATE ENTITIES, THEY ARE DEEMED TO HAVE A BUSINESS RELATIONSHIP PURSUANT TO THE INSTRUCTIONS FOR FORM 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS BY-LAWS PROVIDE FOR CORPORATE MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS THE NOT FOR PROFIT CORPORATIONS OF ADVOCATE HEALTH CARE, WITH THE EXCEPTION OF ADVOCATE HEALTH CARE NETWORK, HAVE CORPORATE MEMBERS WHO ELECT DIRECTORS. ADVOCATE HEALTH CARE NETWORK DOES NOT HAVE ANY MEMBERS, THEREFORE, THE AHCN BOARD ELECTS ITS DIRECTORS. THE FOR-PROFIT ORGANIZATIONS HAVE A SOLE SHAREHOLDER WHO ELECTS DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS THE FOLLOWING RESERVE POWERS IDENTIFIED IN THE BYLAWS REQUIRE THE APPROVAL OF THE CORPORATE MEMBER, ADVOCATE HEALTH CARE NETWORK: APPOINT OUTSIDE AUDITORS AND ESTABLISH AND REVISE ALL FINANCIAL CONTROL POLICIES, AND ANY CHANGES TO SUCH POLICIES, BEFORE SUCH POLICIES OR CHANGES BECOME EFFECTIVE; CAUSE THE CORPORATION TO PAY, LOAN OR OTHERWISE TRANSFER PROPERTY AND FUNDS TO OTHER ENTITIES AFFILIATED WITH THE CORPORATE MEMBER; AMEND THE BYLAWS WITHOUT ACTION OR APPROVAL BY THE BOARD OF DIRECTORS (AFTER TEN DAYS NOTICE) TO THE CORPORATION'S BOARD OF DIRECTORS OF THE PROPOSED AMENDMENT(S) WITH AN OPPORTUNITY FOR BOARD MEMBERS TO CONSULT WITH THE CORPORATE MEMBER REGARDING THE PROPOSED AMENDMENT; APPROVAL OF THE OVERALL MISSION, PHILOSOPHY AND VALUES STATEMENTS AND ANY AMENDMENTS OR SUPPLEMENTS TO SUCH STATEMENTS; APPROVAL OF THE OVERALL STRATEGIC PLANS; APPROVAL OF ALL OVERALL OPERATING AND CAPITAL BUDGETS BEFORE ANY EXPENDITURE, PURSUANT TO SUCH BUDGETS ARE MADE OR COMMITTED, AND APPROVAL OF ALL EXPENDITURES ABOVE ANY LIMIT THAT MAY BE ESTABLISHED BY THE BOARD OF THE CORPORATE MEMBER; APPROVAL OF THE INCURRENCE OR GUARANTEE OF ANY INDEBTEDNESS FOR BORROWED MONEY WHICH HAS NOT ALREADY BEEN APPROVED AS A PART OF THE BUDGET APPROVAL PROCESS OR WHICH IS ABOVE ANY LIMIT THAT MAY BE ESTABLISHED BY THE BOARD OF THE CORPORATE MEMBER; APPROVAL OF ALL TRANSFERS OF OWNERSHIP OR DONATIONS OF ASSETS ABOVE ANY LIMIT THAT MAY BE ESTABLISHED BY THE BOARD OF THE CORPORATE MEMBER; APPROVAL OF ALL AMENDMENTS TO THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CORPORATION BEFORE THEY BECOME EFFECTIVE; APPROVAL OF ANY MERGER, CONSOLIDATION, OR DISSOLUTION; AND APPROVAL OF THE CREATION OF OR AFFILIATION WITH ANY SUBSIDIARY OR AFFILIATE, BEFORE SUCH ENTITY I CREATED OR THE ENTRANCE INTO ANY JOINT VENTURE IF THE CONTEMPLATED ACTIVITY WILL INVOLVE THE EXPENDITURE OF FUNDS OR THE ASSUMPTION OF OBLIGATIONS WHICH HAVE NOT ALREADY BEEN APPROVED AS A PART OF THE BUDGET APPROVAL PROCESS OR REQUIRE MEMBER APPROVAL UNDER THE FINANCIAL CONTROL POLICIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 ADVOCATE'S TAX PREPARATION PROCESS INCLUDES ONGOING CONSULTATION WITH ITS OUTSIDE TAX CONSULTING FIRM AND TAX LEGAL COUNSEL, BOTH OF WHICH POSSESS EXPERTISE IN HEALTH CARE AND TAX-EXEMPT RETURN PREPARATION, TO ADVISE AND ASSIST WITH PREPARATION OF THE FORM 990. THESE ADVISORS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE, TAX, AND LEGAL ASSOCIATES AND OTHER MEMBERS OF THE ORGANIZATION'S TEAM ASSEMBLED TO PARTICIPATE IN THE PREPARATION OF THE FORM 990. THE FORM 990 IS REVIEWED BY FINANCE MANAGEMENT, THE TAX MANAGER, THE VP OF FINANCE/CORPORATE CONTROLLER, THE CHIEF FINANCIAL OFFICER, AND ADVOCATE'S OUTSIDE TAX CONSULTING FIRM AND TAX LEGAL COUNSEL. PRIOR TO PRESENTING THE FORM 990 TO THE BOARD OF DIRECTOR'S AUDIT COMMITTEE IN NOVEMBER, THE ORGANIZATION'S TEAM, INCLUDING ITS ADVISORS, MET FREQUENTLY TO DISCUSS AND REVIEW DRAFTS OF THE FORM 990. AT THE NOVEMBER AUDIT COMMITTEE MEETING, THE VP OF FINANCE/CORPORATE CONTROLLER AND CHIEF FINANCIAL OFFICER COORDINATED A REVIEW OF THE FORM 990 WITH COMMITTEE MEMBERS, AS THE AUDIT COMMITTEE IS THE COMMITTEE OF THE BOARD OF DIRECTORS CHARGED WITH OVERSIGHT OF AUDIT AND TAX MATTERS. THE VP OF FINANCE/CORPORATE CONTROLLER AND CHIEF FINANCIAL OFFICER RESPONDED TO THE AUDIT COMMITTEE MEMBERS' QUESTIONS AND PROVIDED THE OPPORTUNITY FOR DETAILED DISCUSSION OF THE FORM 990. THE CHANGES IDENTIFIED WERE INCORPORATED, AND THEN A COMPLETE COPY OF THE FINAL FORM 990 WAS PROVIDED TO EACH MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS BEFORE THE FORM 990 WAS FILED.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE FOLLOWING SITES: DACBOND.COM (DIGITAL ASSURANCE CERTIFICATION LLC) AND EMMA.MSRB.ORG (ELECTRONIC MUNICIPAL MARKET ACCESS). THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENT OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	FASB 158 ADJUSTMENT -2,584,021. CONTR TO ADVOCATE HEALTH & HOSPITALS CORPORATION

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
ADVOCATE CONDELL MEDICAL CENTER

Employer identification number
26-2525968

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

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

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

See Additional Data Table

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

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

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

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

See Additional Data Table

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

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

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

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

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

See Additional Data Table

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ADVOCATE HEALTH & HOSPITALS CORP	A	64,424	COST
ADVOCATE CHARITABLE FOUNDATION	C	534,639	COST
ADVOCATE HEALTH & HOSPITALS CORP	K	246,932	COST
ADVOCATE HEALTH & HOSPITALS CORP	L	54,367,622	COST
ADVOCATE HEALTH & HOSPITALS CORP	M	1,251,210	COST
ADVOCATE HEALTH & HOSPITALS CORP	P	26,643,502	COST
ADVOCATE HEALTH & HOSPITALS CORP	Q	70,584,890	COST
ADVOCATE HEALTH & HOSPITALS CORP	R	110,180	COST
ADVOCATE HEALTH & HOSPITALS CORP	S	26,836,542	COST