	Form	990-T	E	Exempt Orga				ax Return	i T	OMB No 1545-0687
-				· · · · · · · · · · · · · · · · · · ·	nd proxy tax und	der se	ction 6033(e))			2018
5107			For cal	lendar year 2018 or other tax ye			and ending			2010
7 c		tment of the Treasury al Revenue Service	▶	Do not enter SSN number	ers on this form as it ma	y be ma			5	Open to Public Inspection for 01(c)(3) Organizations Only
Ť >	ΑL	Check box if address changed		Name of organization (Check box if name i	changed	and see instructions.)			yer identification number byees trust, see ctions)
2	B E:	xempt under section	Print	ADVOCATE HEALTH	AND HOSPITALS CO	RP			36	-2169147
_	Х] 501(c <u>) 3</u>)	10	Number, street, and roor	n or suite no If a P O bo	ox, see in	structions		E Unrelati (See in:	ted business activity code structions)
]408(e) []220(e)	Туре	3075 HIGHLAND PA	RKWAY, SUITE 600					
		408A , 530(a)		City or town, state or pro	vince, country, and ZIP of	or foreigi	n postal code			
		529(a)		DOWNERS GROVE, I					52599	0
	C Boo	ok value of all assets end of year		F Group exemption num		<u> </u>				
				G Check organization typ				401(a)		Other trust
			-	ition's unrelated trades or		9		the only (or first) un		
		•		ERNATIVE INVESTMEN				complete Parts I-V.		
				ice at the end of the previo	us sentence, complete P	arts I an	d II, complete a Schedule	e M for each addition	ial trade	or
		siness, then complete			offiliated arous or a soci	at oubo	diany as stralled around	cmwm 2 🛌	x Yes	s No
				ooration a subsidiary in an tifying number of the parei		mi-subsi	ulary controlled group?	SIMI 2	A res	5 NO
				ADVOCATE AURORA HE			Telenh	one number 🕨 6	30-929	9-6057
			-	de or Business Inc			(A) Income	(B) Expenses		(C) Net
	<u> </u>	Gross receipts or sale				\top	, ,	, , , ,		
<u>0</u> 107		Less returns and allow			c Balance	10		-	- 1	
7		Cost of goods sold (S		A, line 7)	,	2			- : 1	· · · · · · · · · · · · · · · · · · ·
1 7		Gross profit Subtract				3		-		1
	4 a	Capital gain net incom	ne (attac	h Schedule D)		4a		,		
<u>ک</u>	b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Forn	1 4797)	4b				
	C	Capital loss deduction	for trus	sts ,	,	4c				
5	5	Income (loss) from a	partners	ship or an S corporation (a	ttach statement)	5	-27,245,621.			-27,245,621.
uanão a		Rent income (Schedu				6		,		*************
2	_	Unrelated debt-finance				7				
İ				and rents from a controlled	~					
		Exploited exempt active		on 501(c)(7), (9), or (17) o	rganization (Schedule 6,	9 10	***************************************			**************************************
•		Advertising income (S	-	, ,		11				
		Other income (See ins		•		12				
		Total. Combine lines				13	-27,245,621.			-27,245,621.
	Pai	rt II Deductio	ns No	ot Taken Elsewhe	re (See instructions f					
2				utions, deductions mus				s income)		
3	14	Compensation of offi	icers, dir	rectors, and trustees (Sch	edule K)				14	
0	15	Salaries and wages			DECEN	/FD			15	
٦,	16	Repairs and mainten	ance	٠	RECEIV	ヒリ			16	
) 	17	Bad debts			83		ଅଧା		17	
)	18	Interest (attach sche	dule) (se	ee instructions)	ଞ୍ଚି NOV 21	2019	S-0SC		18	
1	19	Taxes and licenses			_ [- ·	ا خم ا		19	
ļ	20			e instructions for limitation	OGDEN,	LIT	1		20	0.
	21 22	Depreciation (attach		n Schedule A and elsewher		01	21 22a	1,582,697.	22b	0.
ζ	23	Depletion	iiiieu ui	, schedule A and elsewher	e on return		[224]	1,302,037.	23	2,422,814.
	24	Contributions to defe	rred cor	mnensation nlans					24	2,422,014.
-	25	Employee benefit pro		porroudytt piutto					25	
	26	Excess exempt exper	•	chedule I)					26	
	27	Excess readership co		•					27	
	28	Other deductions (att		•					28	
	29	Total deductions Ad		•					29	2,422,814.
	30			ncome before net operating	g loss deduction. Subtrac	ct line 29	from line 13		30	-29,668,435.
	31	Deduction for net ope	erating l	oss arising in tax years be	ginning on or after Janua	ary 1, 20	18 (see instructions)		31	,
	32	Unrelated business to	axable in	ncome Subtract line 31 fro	om line 30				32	-29,668,435.
	82370	1 01-09-19 LHA FO	r Paper	work Reduction Act Notice	e, see instructions					Form 990-T (2018)

52 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ∟

53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed

Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid

55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 2,929,807. Refunded > 55		
Part	VI Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	Yes	No
	over a financial account (bank, securitles, or other) in a foreign country? If "Yes," the organization may have to file		П
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	1.	I
	here CAYMAN ISLANDS	x	
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		х
	If "Yes," see instructions for other forms the organization may have to file.		Г
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	J	1
	Under penaltial of parking I declare that I have a symined this return including appropriate and electromate and to the heat of miles and the symined this return including appropriate and electromate and to the heat of miles and the symined this return including appropriate and electromate and to the heat of miles and the symined this return including appropriate and electromate and to the heat of miles and the symined this return including appropriate and electromate and the symined this return including appropriate and electromate and the symined this return including a symined thin return including a symined thin return including a symined thin return includi		

her than taxpayer) is based on all information of which preparer has any knowledge Sign Here VP TAX & ACCTG SVCS the preparer shown below (see Date Title instructions)? Yes X Print/Type preparer's fiame Preparer's signature Date Check if self-employed Paid 41/14/19 Mean LICIA JANISCH P00741382 Preparer Firm's name DBLOITTE TAX LLP Firm's EIN 86-1065772 Use Only 200 RENAISSANCE CENTER SUITE 3900 Firm's address DETROIT, MI 48243 Phone no. 313-396-3000

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Schedule A - Cost of Good	ls Sold. Enter	method of inver	ntory v	valuation N/A		· · · · · · · · · · · · · · · · · · ·			
1 Inventory at beginning of year	1		6	Inventory at end of year	ìr		6	I	
2 Purchases	2		7	Cost of goods sold St	ubtract I	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4 a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	l for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?					Х
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty) 	
1 Description of property									
(1)					•				
(2)		- ·							
(3)								· · · · · · · · · · · · · · · · · · ·	
(4)									
	2 Rent receiv	ed or accrued				2/0) Dod at a trace discoult			
rent for personal property is more than of rent for p 10% but not more than 50%) the ren			personal	sonal property (if the percent) property exceeds 50% or if sed on profit or income)	age	3(a) Deductions directly columns 2(a) ai	r conne nd 2(b)	cted with the income (attach schedule)	ın
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>			0.	Enter here and on page 1, Part I line 6, column (B)	>		0.
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	ictions)					
			2	Gross income from or allocable to debt-		3 Deductions directly con to debt-finance		perty	
1 Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)			+				+		
(2)							1		
(3)			†	 			1		
(4)							1		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis flocable to niced property is schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deduc (colunin 6 x total of c 3(a) and 3(b))	olumns
(1)				%			┰		
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pa Part I line 7 column	
Totals				•		C			0.
Total dividends-received deductions in	icluded in column	8		-		•	\top		0.

36 2169147	7
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Schedule A - Cost of Good			tory valuation N/A		36 216914	'		
1 Inventory at beginning of year	1	metriod of invert	6 Inventory at end of year)r		6		
2 Purchases	2		7 Cost of goods sold Su		no 6	-,		
3 Cost of labor	3		from line 5 Enter here			-		
4 a Additional section 263A costs			line 2	anu mi	arti,	7		
	40		8 Do the rules of section	2624 (4	with received to		Yes No	
(attach schedule)	4a		property produced or a		•		100 110	
b Other costs (attach schedule)	4b			scyuneu	ioi resale) apply to		x	
5 Total Add lines 1 through 4b Schedule C - Rent Income	/From Book	Proporty and	the organization?	Loge	d With Boal Pro	nerty)		
(see instructions)	(FIOIII Neai	riopeity and	rersonal Froperty	Least	ed With Heal Flo	perty)		
(000 #10440410.10)								
1 Description of property								
(1)								
(2)								
(3)								
(4)								
	2 Rent receive	d or accrued			0/212			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	nd personal property (if the percent ersonal property exceeds 50% or if t is based on profit or income)	age	3(a) Deductions directly columns 2(a) an	d 2(b) (attach sche				
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income Add totals of columns there and on page 1, Part I, line 6, column	, , , , ,	er •		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>	0.	
Schedule E - Unrelated Deb	ot-Financed	Income (see	instructions)					
			2 Gross income from		3 Deductions directly cont to debt-finance		cable	
1 Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)								
(2)								
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or al debt-finar	adjusted basis locable to icad property schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(column 6 x	ole deductions total of columns and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
				1	nter here and on page 1, art I line 7, column (A)	1	nd on page 1, 7, column (B)	
Totals			•		0		0.	
Total dividends-received deductions in	cluded in column	8	•		>		0.	
						For	m 990-T (2018)	

ADVOCATE HEALT	TROH DUA H	TTALS CORP			36-2169141	7		raye 3
Schedule A - Cost of Goods			tory valuation N/A					
Inventory at beginning of year Purchases Cost of labor Additional section 263A costs (attach schedule)	1 2 3		6 Inventory at end of yea 7 Cost of goods sold Solf from line 5 Enter here line 2 8 Do the rules of section	Part I, with respect to	7	Yes	No	
b Other costs (attach schedule)5 Total Add lines 1 through 4b	4b 5		property produced or a the organization?	acquirec	i iui resale) apply tu	x		
Schedule C - Rent Income (see instructions) 1 Description of property	(From Real	Property and	Personal Property	Leas	ed With Real Pro	perty)		
(1)								
(2)								
(3)								
(4)								
rent for personal property is more than of rent for			nd personal property (if the percent ersonal property exceeds 50% or if t is based on profit or income)	age	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)								
(2)								
(3)								
(4)		<u> </u>						
Total (c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column		Total nter		0.	(b) Total deductions Enter here and on page 1 Part I line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Finance	Income (see i	nstructions)					
			2 Gross income from		3 Deductions directly conto debt-finance		allocable	
Description of debt-financed property			or allocable to debt- financed property	or allocable to debt- financed property (attach			ther deduction ach schedule)	
(1)								
(2)								
(3)								
(4)								

		2 Gross income from	to debt-financed property			
1 Description of debt-fin	nanced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)						
(2)						
(3)						
(4)						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)		%				
(2)		%		,		
(3)		%				
(4)		%				
			Enter here and on page 1, Part I line 7 column (A)	Enter here and on page 1, Part I line 7, column (B)		
Totals		>	0.	0.		
Total dividends-received deductions in	cluded in column 8	•	>	0.		
				F 000 T (0040)		

Form 990-T (2018)

ADVOCATE HEALTH AND HOSPITALS CORP

Sc	Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A								
1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2	25,394.	7	Cost of goods sold. Subtract line 6				
3	Cost of labor	3			from line 5 Enter here and in Part I,				
			T			1 .			

36-2169147

2 Purchases	2	25,394.	7	Cost of goods sold. Subtract I	ne 6		I	
3 Cost of labor	3			from line 5. Enter here and in f	Part I,		Į	
4 a Additional section 263A costs			line 2			7	2	5,394.
(attach schedule)	4a		8	Do the rules of section 263A (v	vith respect to		Yes	s No
b Other costs (attach schedule)	4b			property produced or acquired	for resale) apply to			T
5 Total Add lines 1 through 4b	5	25,394.		the organization?				х
Schedule C - Rent Income (Figure (see instructions)	rom Real	Property and	Pe	rsonal Property Leas	ed With Real Pr	operty	y) 	
1 Description of property								
(1)								
(2)								
(3)								
(4)								
2	Rent receiv	red or accrued			3/a \ Daductions direc	tly connec	ted with the incom-	a in
 (a) From personal property (if the percent for personal property is more than 10% but not more than 50%) 	tage of an	of rent for pe	rsona	onal property (if the percentage property exceeds 50% or if ed on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income Add totals of columns 2(a here and on page 1, Part I, line 6, column (A		nter		0.	(b) Total deductions Enter here and on page 1 Part I line 6, column (B)	>		0.
Schodule E. Uprolated Dobt	Einango	Incomo (see		straga)				

		2 Gross income from	3 Deductions directly conne to debt-financed	
1 Description of debt-fin	nanced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
-			Enter here and on page 1, Part I line 7, column (A)	Enter here and on page 1, Part I: line 7, column (B)
Totals		▶	0.	0
Total dividends-received deductions inc	cluded in column 8	· <u>-</u>	>	0

Form 990-T (2018)

ADVOCATE HEAL	36-2169147								
Schedule A - Cost of Good	s Sold . Enter	method of inver	ntory va	luation N/A					,
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2		7	Cost of goods sold St	ubtract I	ine 6			
3 Cost of labor	3			from line 5 Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquired	l for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?					Х
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Per	sonal Property	Lease	ed With Real Prop	perty)		
1 Description of property									
(1)									
(2)									
(3)									
(4)									
	2 Rent receiv	ed or accrued	,			0/-15			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	personal p	nal property (if the percenta property exceeds 50% or if d on profit or income)	tage (a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				ın		
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions Enter here and on page 1 Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del	ot-Financed	l Income (see	ınstruc	tions)					
			T			3 Deductions directly conn to debt-finance		able	
1 Description of debt-fit	anced aroparty			Gross income from or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions		
· Description of dest-in	izited property		!	financed property		(attach schedule)	(attach s	chedule)	
/4\			-						
(1)									
(2)			-						—
(3)			 						
	E 0.1010	advated beau	-	O-to-a didundad		7 Gross income	9 4//		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule)			0.	Column 4 divided by column 5		reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, art I, line 7, column (A)	Enter here ar Part 1 line 7		
Totals				▶		0.			0.

٥.

Total dividends-received deductions included in column 8

Page 3

	, u
36-2160147	

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6		
2 Purchases	2		7 Cost of goods sold Sເ	ıbtract lı	ne 6			
3 Cost of labor	3		from line 5 Enter here	and in P	art i,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	263A (v	vith respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	cquired	for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?					X
Schedule C - Rent Income	(From Real	Property and	d Personal Property	Lease	ed With Real Pro	pert	y)	
(see instructions)								
1 Description of property								
(1)				•				
(2)								
(3)								
(4)								
	2 Rent receiv	ed or accrued			0(0)0		-11	_
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly columns 2(a) ar		cted with the income attach schedule)	ın	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.	· ··		• •	
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter >		0.	(b) Total deductions Enter here and on page 1 Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Finance	Income (see	instructions)					
			2 Gross income from		3 Deductions directly con to debt-finance			
1 Description of debt-fir	nanced property		or allocable to debt- financed property (a)		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)								
(2)								
(3)						_[
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property a schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)			%	i			····	
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, lart I, line 7, column (A)		Enter here and on pag Part I line 7, column	
Totals			•		O			0.
Total dividends-received deductions in	cluded in columi	ı 8				.		0.

ADVOCATE HEALTH AN	D HOSPITALS	COR
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3	6	_	2	1	6	9	1	4	7
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ADVOCATE HEALT	TH AND HOSP	ITALS CORP				36-216914	7			
Schedule A - Cost of Goods	s Sold. Ente	r method of invent	ory v	aluation > N/A						
1 Inventory at beginning of year	1		6	Inventory at end of year			6			
2 Purchases	2	285,058.	7	Cost of goods sold Su	btract I	ine 6				
3 Cost of labor	3		ı	from line 5 Enter here a	and in f	Part I,				
4 a Additional section 263A costs				line 2			7		285,	058.
(attach schedule)	4a		8	Do the rules of section :	263A (1	with respect to			Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquirec	for resale) apply to				
5 Total Add lines 1 through 4b	5	285,058.		the organization?						Х
Schedule C - Rent Income	(From Real	Property and	Pei	sonal Property I	_eas	ed With Real Pro	perl	ty)		
(see instructions)										
1 Description of property										
(1)	· · · · · · · · · · · · · · · · · · ·					,				
(2)		,								
(3)										
(4)							•			
	2 Rent recer	ved or accrued								
rent for personal property is more than of rent for			rsonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ai				n
(1)		<u> </u>								
(2)										
(3)										
(4)			-							
Total	0.	Total			0.					
(c) Total income Add totals of columns :	2(a) and 2(b) E	nter				(b) Total deductions				
here and on page 1, Part I, line 6, column	(A)	•			٥.	Enter here and on page 1 Part I line 6, column (B)	>			0.
Schedule E - Unrelated Deb	t-Finance	d Income (see i	nstru	ctions)						
			_			3 Deductions directly con to debt-finance			ole	
4				Gross income from or allocable to debt-	(a) Straight line depreciation		.ea pro	(b) Other deductions		<u> </u>
1 Description of debt-fir	nanced property			financed property	,	(attach schedule)		(attach sch	nedule)	
(1)	<u></u>									
(2)										
(3)							ᆜ_			
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to anced property th schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable (column 6 x tot 3(a) and	al of col	
(1)				%			+			
(2)				%			\top			
(3)				%			1			
(4)				%			\top			
A CONTRACTOR OF THE CONTRACTOR						nter here and on page 1, Part I, line 7, column (A)		Enter here and Part I line 7, c		
Totals						0	,			0.
Totals Total dividends-received deductions in	cludad ia colum	n Q					+			.

Form 990-T (2018)								Pa	age 3
ADVOCATE HEAL						36-216914	7		
Schedule A - Cost of Good	Is Sold. Enter	r method of invent	ory v	valuation ► N/A					
1 Inventory at beginning of year	1			Inventory at end of year	ır		6		
2 Purchases	2	-10.	7	Cost of goods sold Su	ubtract I	ine 6			
3 Cost of labor	3			from line 5 Enter here		i			
4 a Additional section 263A costs				line 2		,	7		-10.
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	•	•			<u>1</u>
5 Total Add lines 1 through 4b	5	-10.		the organization?		,,		-	X
Schedule C - Rent Income	(From Real	Property and	Pe		Leas	ed With Real Pro	per	tv)	
(see instructions)				,				-2,	
<u></u>									
1 Description of property									
(1)		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·					
(2)									
(3)									
(4)									
	2 Rent receiv	ed or accrued				T			
(a) From personal property (if the pe	rcentage of	d pers	sonal property (if the percenta	tage 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)					
rent for personal property is mor 10% but not more than 50%				property exceeds 50% or if sed on profit or income)					
(1)									
(2)									
(3)					-				
(4)		-							
Total	0.	Total			0.				
(c) Total income Add totals of columns	2(a) and 2(b) Er	nter				(b) Total deductions			
here and on page 1, Part I, line 6, column	n (A)	•			0.	Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated De	bt-Finance	Income (see it	nstru	ctions)					
			,			3 Deductions directly con to debt-finance			
•			•	Gross income from or allocable to debt-	(a)	Straight line depreciation	7	(b) Other deductions	—
1 Description of debt-fi	nanced property			financed property	\-7	(attach schedule)	1	(attach schedule)	
(1)							1.		
(2)									
(3)							\bot		
(4)	·								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to inced property h schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deduction (column 6 x total of colur 3(a) and 3(b))	
(1)				%			1		
(2)				%			1		
(3)				%			1		
(4)				%					
		<u></u>				nter here and on page 1, Part I, line 7 column (A)		Enter here and on page 1 Part I line 7, column (B)	

Form 990-T (2018)

0.

0.

0.

Totals

Total dividends-received deductions included in column 8

ADVOCATE	HEALTH	AND	HOSPITALS	COR

ADVOCATE HEALT	H AND HOSPIT	ALS CORP	36-2169147							
Schedule A - Cost of Goods	s Sold. Enter n	nethod of invento	ory v	aluation N/A						
1 Inventory at beginning of year	1		6	Inventory at end of year	6					
2 Purchases	2	4,765.	7	Cost of goods sold Subtract line 6						
3 Cost of labor	3			from line 5 Enter here and in Part I,						
4 a Additional section 263A costs				line 2	7	4	,765			
(attach schedule)	4a		8	Do the rules of section 263A (with respect to		Yes	No			
b Other costs (attach schedule)	4b			property produced or acquired for resale) apply to						
5 'Total Add lines 1 through 4b	5	4,765.		the organization?			X			
Schedule C - Rent Income (see instructions)	(From Real F	Property and	Pe	rsonal Property Leased With Real Pr	operty	/)				

					· '	~~~		
4 a Additional section 263A costs			line 2			7		765.
(attach schedule)	4a		8 Do the rules of section	•	•		Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to			
5 ·Total Add lines 1 through 4b	5	4,765.	the organization?					Х
Schedule C - Rent Income	(From Real	Property and	Personal Property	Lease	ed With Real Pro	perty)		
(see instructions)								
1 Description of property								
(1)								
(2)								
(3)								
(4)						•		
	2 Rent receiv	ed or accrued	•		2/2/2			
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for pe	d personal property (if the percent rsonal property exceeds 50% or if is based on profit or income)	age	3(a) Deductions directly columns 2(a) ar	d 2(b) (attach sched	ule)	3
(1)								
(2)				•				
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, colum		eter -		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated De	bt-Financed	I Income (see ir	nstructions)					
			2 Gross income from		3 Deductions directly con to debt-finance	ed property		•
1 Description of debt-f	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)								
(2)								
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to inced property h schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocable (column 6 x to 3(a) an		
(1)			%					
(2)			%		•			
(3)			%		-			
(4)			%					
			-		nter here and on page 1, Part I, line 7 column (A)	Enter here and Part I, line 7,		

Form 990-T (2018)

0.

Totals

Total dividends-received deductions included in column 8

				Exempt	Controlled O	ganizatio	ons				s)
1 Name of controlled organ	zation	Identifi	2 Employer identification number 3 Net un (loss) (see		related income e instructions)			al of specified hents made specified included in the coronganization is gross		ling	6 Deductions directly connected with income in column 5
(1)										_	
(2)		· · · · · ·		1		***************************************					
(3)											
(4)											· · · · · · · · · · · · · · · · · · ·
Nonexempt Controlled Orga	inizations										
7. Taxable Income	8 Net u	nrelated inconsee instructions		9 Total	of specified payr made	nents	10 Part of column the controlling	nn 9 that is in ng organizatio income	cluded in's		iuctions directly connected income in column 10
(1)											
(2)											· · · · · · · · · · · · · · · · · · ·
(3)				1							
(4)										-	
Totals	-					•	Enter here and	ns 5 and 10 on page 1, Pa olumn (A)	ort I	Enter h	d columns 6 and 11 are and on page 1, Part I, ine 8, column (B)
Schedule G - Investm	nent Incor	ne of a	Section	n 501(c)((7), (9), or	17) Or	ganization	-	-1		
	escription of inco	me			2 Amount of	ncome	3 Deduction directly connect (attach schedu	led	4 Set-asi		5 Total deductions and set-asides (col 3 plus col 4)
(1)								 			
(2)											
(3)									****		
(4)											
Totals				>	Enter here and of Part I, have 9, col	umn (A)		, a	· +		Enter here and on page Part I line 9 column (R)
Schedule I - Exploited (see inst	d Exempt tructions)	Activity	Incom	ne, Othe	r Than Ad	vertisii 	ng Income	_			
1 Description of exploited activity	2 G unrelated income trade or b	business from	directly with pr of un	penses connected oduction related ss income	4 Net incom from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5 Gross incor from activity the is not unrelate business incor	at ed	6 Expen attributable column	e to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
											L
(3)	•	l									
(4)	Enter here page 1 line 10,	Part I col (A)	page	ere and on 1, Part I, , col (B)			,				Enter here and on page 1, Part II line 26
otals	page 1 line 10,	Part I col (A)	page line 10	1, Part I, , col (B) 0 .	·		,			`	on page 1,
otals Schedule J - Advertis	page 1 line 10,	Part I col (A) 0.	page line 10	1, Part I, , col (B) 0 .	solidated	Basis	,				on page 1, Part II line 26
otals Schedule J - Advertis	page 1 line 10,	Part I col (A) 0.	page line 10	1, Part I, , col (B) 0 .	solidated	Basis	,				on page 1, Part II line 26
otals Schedule J - Advertis	page 1 line 10,	Part I col (A) 0.	page line 10 Instruction	1, Part I, , col (B) 0 .	Solidated 4 Adverti or (loss) (co col 3) If a ga cols 5 th	sing gain 1 2 minus in, compute	5 Circulatii	on 6	Readersi costs	qır	on page 1, Part II line 26
otals Schedule J - Advertis Part I Income From 1 Name of periodical	page 1 line 10,	Part I col (A) 0. ne (see II als Report	page line 10 Instruction	1, Part I, , col (B) 0. ns) n a Con 3 Direct	4 Adverti or (loss) (co col 3) If a ga	sing gain 1 2 minus in, compute	5 Circulatii	on 6		qır	on page 1, Part II line 26 7 Excess readership costs (column 6 minus column 5, but not more
fotals Schedule J - Advertis Part I Income From 1 Name of periodical	page 1 line 10,	Part I col (A) 0. ne (see II als Report	page line 10 Instruction	1, Part I, , col (B) 0. ns) n a Con 3 Direct	4 Adverti or (loss) (co col 3) If a ga	sing gain 1 2 minus in, compute	5 Circulatii	on €		nip	on page 1, Part II line 26 7 Excess readership costs (column 6 minus column 5, but not more
Totals Schedule J - Advertis Part Income From 1 Name of periodical (1) (2)	page 1 line 10,	Part I col (A) 0. ne (see II als Report	page line 10 Instruction	1, Part I, , col (B) 0. ns) n a Con 3 Direct	4 Adverti or (loss) (co col 3) If a ga	sing gain 1 2 minus in, compute	5 Circulatii	on 6		nip	on page 1, Part II line 26 7 Excess readership costs (column 6 minus column 5, but not more
otals Schedule J - Advertis Part I Income From	page 1 line 10,	Part I col (A) 0. ne (see II als Report	page line 10 Instruction	1, Part I, , col (B) 0. ns) n a Con 3 Direct	4 Adverti or (loss) (co col 3) If a ga	sing gain 1 2 minus in, compute	5 Circulatii	on 6		que	on page 1, Part II line 26 7 Excess readership costs (column 6 minus column 5, but not more
Totals Schedule J - Advertis Part I Income From 1 Name of periodical (1) (2) (3)	page 1 line 10,	Part I col (A) 0. ne (see II als Report	page line 10 Instruction	1, Part I, , col (B) 0. ns) n a Con 3 Direct	4 Adverti or (loss) (co col 3) If a ga	sing gain 1 2 minus in, compute	5 Circulatii	on 6		que	on page 1, Part II line 26 7 Excess readership costs (column 6 minus column 6 minus column 6 minus column 6 minus column 5, but not more

%

%

•

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain compute cols. 5 through 7 7 Excess readership 2 Gross advertising income 5. Circulation income 3. Direct 6 Readership costs (column 6 minus column 5, but not more than column 4) 1 Name of periodical costs advertising costs (1) (2) (3) (4) Totals from Part I 0. 0. ▶ 0. Enter here and on page 1, Part I, line 11 col (B) Enter here and on page 1, Part I, line 11 col (A) Enter here and on page 1, Part II, line 27 Totals, Part II (lines 1-5) 0 0. Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of Compensation attributable to unrelated business time devoted to business 2 Title 1 Name (1) (2) %

Form 990-T (2018)

0.

(3)

(4)

Total Enter here and on page 1, Part II, line 14

36-2169147

Page 5

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) WILLIAM SANTULLI	EXECUTIVE VP, COO	.67%	27,027.
(2) LEE B. SACKS, MD	EXECUTIVE VP, CMO	1.68%	59,402.
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		>	86,429.

Form **990-T** (2018)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No	1545-0687

ENTITY

2018

Department of the Treasury Internal Revenue Service (99)

For calendar year 2018 or other tax year beginning

, and ending

► Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for 501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of the organization Employer identification number 36-2169147 ADVOCATE HEALTH AND HOSPITALS CORP Unrelated business activity code (see instructions) CONTRACTUAL SERVICES Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1,558,973 1a Gross receipts or sales b Less returns and allowances 1,558,973 c Balance 1c 2 Cost of goods sold (Schedule A, line 7) 2 1,558,973 1,558,973. Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a 4b b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 11 12 12 Other income (See instructions, attach schedule) 1,558,973 1,558,973. Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) 14 14 1,221,223. 15 15 Salaries and wages 16 16 Repairs and maintenance 17 Bad debts 17 Interest (attach schedule) (see instructions) 18 18 19 19 Taxes and licenses 20 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 53. 22 Less depreciation claimed on Schedule A and elsewhere on return 22h 23 23 Depletion Contributions to deferred compensation plans 24 24 280,881. 25 25 Employee benefit programs 26 26 Excess exempt expenses (Schedule I) 27 27 Excess readership costs (Schedule J) 28 28 Other deductions (attach schedule) 1,502,157. 29 29 Total deductions. Add lines 14 through 28 56,816. 30 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2018

56 816.

instructions)

31

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No	1545-0687

ENTITY

Department of the Treasury

, and ending

► Go to www.irs.gov/Form990T for instructions and the latest information.

literit	Do not enter SSN numbers on this form	as it may b	e made publi	c if your organ	ization is a 501(c)	(3).	501(c)(3) Organizations Only
Name	of the organization ADVOCATE HEALTH AND HOSPITALS CO	ORP			Employer ide 36-2169		ion number
ι	Unrelated business activity code (see instructions) > 5610	00					
	Describe the unrelated trade or business ADMINISTRA	TIVE SER	VICES		·		
Pa	rt I Unrelated Trade or Business Income		(A) Ind	come	(B) Expense	s	(C) Net
1a	Gross receipts or sales 481,072.						
b	Less returns and allowances c Balance	• ▶ 1c		481,072.			
2	Cost of goods sold (Schedule A, line 7)	2					
3	Gross profit Subtract line 2 from line 1c	3		481,072.			481,072.
4 a	Capital gain net income (attach Schedule D)	4a					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach				•		
	statement)	5					
6	Rent income (Schedule C)	6					
7	Unrelated debt financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled			1			
	organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17)			1			
	organization (Schedule G)	9	· · · · · · · · · · · · · · · · · · ·				
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11					
12	Other income (See instructions, attach schedule)	12		401 070	 		401 000
13	Total. Combine lines 3 through 12	13	`	481,072.			481,072.
Pai	Deductions Not Taken Elsewhere (See Instruction deductions must be directly connected with the Compensation of officers, directors, and trustees (Schedule K)	ne unrela				cept t	or contributions,
15	Salaries and wages					15	
16	Repairs and maintenance					16	110,350.
17	Bad debts					17	,
18	Interest (attach schedule) (see instructions)					18	······································
19	Taxes and licenses					19	•
20	Charitable contributions (See instructions for limitation rules)			-		20	
21	Depreciation (attach Form 4562))	21	3.		
22	Less depreciation claimed on Schedule A and elsewhere on re	turn		22a		22b	3.
23	Depletion		_		,	23	
24	Contributions to deferred compensation plans					24	
25	Employee benefit programs					25	25,380.
26	Excess exempt expenses (Schedule I)					26	
27	Excess readership costs (Schedule J)					27	
28	Other deductions (attach schedule)		SEE	STATEMENT	5	28	-7,694.
29	Total deductions. Add lines 14 through 28					29	128,039.
30	Unrelated business taxable income before net operating loss of	leduction :	Subtract line	29 from line	13	30	353,033.
31	Deduction for net operating loss arising in tax years beginning	on or after	January 1, 2	2018 (see			
	instructions)					31	
32	Unrelated business taxable income. Subtract line 31 from line 3	30			·	32	353,033.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Department of the Treasury Internal Revenue Carvice (00)

Unrelated Business Taxable Income for Unrelated Trade or Business

, and ending

For calendar year 2018 or other tax year beginning

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No 1545-0687

ENTITY

501(c)(3) Organizations Only

Employer identification number Name of the organization ADVOCATE HEALTH AND HOSPITALS CORP 36-2169147 Unrelated business activity code (see instructions) ► INTERCOMPANY Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 14,768,193. 1a Gross receipts or sales 14,768,193 **b** Less returns and allowances c Balance 25,394. Cost of goods sold (Schedule A, line 7) 14,742,799. 14,742,799. Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 12 14,742,799. 14,742,799. Total. Combine lines 3 through 12

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)				14	86,429.
15	Salaries and wages				15	9,864,554.
16	Repairs and maintenance				16	380,793.
17	Bad debts '				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)				20	
21	Depreciation (attach Form 4562)	21	1	137,657.		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a			22b	137,657.
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	2,268,847.
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)	EE STA	TEMENT 6		28	5,331,016.
29	Total deductions. Add lines 14 through 28				29	18,069,296.
30	Unrelated business taxable income before net operating loss deduction. Subtract	ine 29 f	rom line 13		30	-3,326,497.
31	Deduction for net operating loss arising in tax years beginning on or after January	1, 2018	(see			
	instructions)				31	
32	Unrelated business taxable income Subtract line 31 from line 30				32	-3,326,497.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Unrelated Business Taxable Income for Unrelated Trade or Business

EMITII	4
OMB No	1545-0687

2018

Department of the Treasury Internal Revenue Service (99)

Name of the organization

For calendar year 2018 or other tax year beginning ______, and ending

ADVOCATE HEALTH AND HOSPITALS CORP

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 50 I(c)(3) Organizations Only

Employer identification number

36-2169147

	Describe the unrelated trade or business ROYALTY INCOME	Ξ				
Pa			(A) Income	(B) Expense	s	(C) Net
1 a	Gross receipts or sales 200,919.	<u> </u>				
b	Less returns and allowances c Balance	1c	200,919.		1	
2	Cost of goods sold (Schedule A, line 7)	2				•
3	Gross profit Subtract line 2 from line 1c	3	200,919.			200,919.
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled				ł	
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)				İ	
	organization (Schedule G)	9				· · · · · · · · · · · · · · · · · · ·
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total Combine lines 3 through 12	13	200,919.			200,919.
14	deductions must be directly connected with the u				14	
15	Salaries and wages				15	72,543.
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	•
20	Charitable contributions (See instructions for limitation rules)				20	
21	Depreciation (attach Form 4562)		21	47.		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	47.
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	16,685.
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)		SEE STATEMENT	7	28	360.
29	Total deductions. Add lines 14 through 28				29	89,635.
30	Unrelated business taxable income before net operating loss dedu	ction	Subtract line 29 from line	: 13	30	111,284.
31	Deduction for net operating loss arising in tax years beginning on o	or afte	r January 1, 2018 (see			
	instructions)				31	
32	Unrelated business taxable income Subtract line 31 from line 30				32	111,284.
LHA	For Paperwork Reduction Act Notice, see instructions.			So	chedule	M (Form 990-T) 2018

Unrelated Business Taxable Income for Unrelated Trade or Business

	ENTITY	5
	OMB No	1545-0687
г		

2018

Department of the Treasury Internal Revenue Service (99)

Name of the organization

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

and ending

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number

Advertising income (Schedule J) Other income (See instructions, attach schedule) Total. Combine lines 3 through 12 Total. Combine lines 4 through 12 Total. Combine lines 4 through 12 Total. Combine lines 3 through 12 Total. Combine lines 4 through 12 Total. Combine lines 4 through 12 Total. Combine lines 4 through 12 Total. Combine lines 4 through 12 Total. Combine lines 4 through 12 Total. Combines 12 Total. Combines 12 Total. Combines 12 Total. Combines 13 Total. Combines 14 Total. Combines 14 Total. Combines 15 Total. C		ADVOCATE HEALTH AND HOSPITALS CORP			36-2169147	
Part I Unrelated Trade or Business income (A) Income (B) Expenses (C) Net 1a Gross recepts or sales b Less returns and allowances c Cost of goods sold (Schedule A, line 7) Gross profit Subtract line 2 from line 1c 4 a Gross profit Subtract line 2 from line 1c 5 a Gross profit Subtract line 2 from line 1c 5 a Gross profit Subtract line 2 from line 1c 5 a Gross profit Subtract line 2 from line 1c 5 a Gross profit Subtract line 2 from line 1c 5 a Gross profit Subtract line 2 from line 1c 5 a Gross profit Subtract line 2 from line 1c 5 a Gross profit Subtract line 2 from line 1c 5 a Gross profit Subtract line 2 fr	Į	Inrelated business activity code (see instructions) > 900099				
1a Gross recepts or sales b. Less returns and allowances composition of the property of the p	[Describe the unrelated trade or business MISCELLANEOUS				
Less returns and allowances	Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
b Less returns and allowances	1 a	Gross receipts or sales 6,050.	[
3			1c	6,050.		
3	2	Cost of goods sold (Schedule A, line 7)	2			
Net garn (loss) (Form 4797, Part II), line 17) (attach Form 4797) 4b 4c 4c 4c 4c 4c 4c 4c	3		3	6,050.		6,050.
C Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 5	4 a	Capital gain net income (attach Schedule D)	4a			
5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt financed income (Schedule E) 7 Unrelated debt financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 5 Salanes and wayes 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salanes and wayes 16 Repairs and maintenance 16 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Charitable contributions (See instructions) for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation (attach Form 4562) 23 Less depreciation (attach Form 4562) 24 Co	b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
statement) 6 Rent income (Schedule C) 7 Urrelated debt financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers directors, and trustees (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Taxes and licenses 19 Depletion (attach Form 4562) 20 Less depreciation (attach Form 4562) 21 Less depreciation (attach Form 4562) 22 Less depreciation (attach Form 4562) 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule I) 28 Excess readership costs (Schedule J) 29 Total deductions, Add lines 14 through 28 10 Urrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 5,561. 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31	С	Capital loss deduction for trusts	4c			
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9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total, Combine lines 3 through 12 14 Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Depletion 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Charitable costs (Schedule J) 27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 Total deductions (attach schedule) 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 5,561. 31 Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018 (see instructions) 31 Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018 (see instructions)	8	Interest, annuities, royalties, and rents from a controlled				
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Exploited exempt activity income (Schedule I) 10	9	Investment income of a section 501(c)(7), (9), or (17)				
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Salaries and wayses Repairs and maintenance Repairs and wayses Repairs		•			<u> </u>	284
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27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 29 489. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 5,561. 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 31 35.					 	
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Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 5,561.	29	•		•		489.
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	~	ction	Subtract line 29 from line		5,561.
instructions)	31	, -				
, , , , , , , , , , , , , , , , , , ,					31	
	32	•			32	5,561.

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning and ending ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 50 I(c)(3).

Open to Public Inspection for 601(a)(3) Organizations Only

Name of the organization ADVOCATE HEALTH AND HOSPITALS CORP					Employer identification number 36-2169147		
	Unrelated business activity code (see instructions) > 900099			<u> </u>			
	Describe the unrelated trade or business NON-PATIENT SE	ERVIC	ES				
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net	
1 a	Gross receipts or sales 70,485,511.			,]	
b	Less returns and allowancesc Balance >	10	70,485,511.	143771	1	ופני כ במה נייו	
2	Cost of goods sold (Schedule A, line 7)	2	285,058.			}	
3	Gross profit Subtract line 2 from line 1c	3	70,200,453.			70,200,453.	
4 a	Capital gain net income (attach Schedule D)	4a					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b					
С	Capital loss deduction for trusts	4c		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
- ₋ 5	Income (loss) from a partnership or an S corporation (attach		, ""	•	·		
	statement)	5					
6	Rent income (Schedule C)	6					
7	Unrelated debt financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11			,		
12	Other income (See instructions, attach schedule)	12		· · · · · · · · · · · · · · · · · · ·			
13	Total. Combine lines 3 through 12	13	70,200,453.			70,200,453.	
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)							
14	Compensation of officers, directors, and trustees (Schedule K)				14	20 400 175	
15	Salaries and wages				15	28,489,176.	
16	Repairs and maintenance				16	248,716.	
17	Bad debts				17		
18	Interest (attach schedule) (see instructions)				18		
19	Taxes and licenses				19	371,700.	
20	Charitable contributions (See instructions for limitation rules)) 1		20		

20	Charitable contributions (See instructions for limitation rules)	,		20	
21	Depreciation (attach Form 4562)	21	1,444,909.		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	1,444,909.
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	6,552,511.
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)	E STA	гемент 9	28	32,117,576.
29	Total deductions. Add lines 14 through 28			29	69,224,588.
30	Unrelated business taxable income before net operating loss deduction. Subtract liii	ne 29 fi	rom line 13	30	975,865.
31	Deduction for net operating loss arising in tax years beginning on or after January 1	, 2018	(see		
	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line 30			32	975,865.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY	7
OMB No	1545-0687

2018

Department of the Treasury Intuition Florence Cervice (00) For calendar year 2018 or other tax year beginning and ending

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Unrelated business activity code (see instructions) \$129.00 Describe the unrelated trade or business MBLUNESS CENTER Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross recepts or sales 593, 224. 1c 593, 224. 1c 593, 224. 2 1-10. 3 Gross profit Subtract line 2 from line 1c 4a	Name	of the organization ADVOCATE HEALTH AND HOSPITALS CORP			Employer idei	ntificati	on number
Part II Unrelated Trade or Business Income		Unrelated business activity code (see instructions) 812900					•
La Gross receipts or sales 593,224	(Describe the unrelated trade or business WELLNESS CENTI	ER				
b Less returns and allowances	Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
b Less returns and allowances	1 a	Gross receipts or sales 593,224.	Γ				.
Social Subtract line 2 from line 1c 3 593,234 593,234 593,234			1c	593,224.			
3 Gross profit Subtract line 2 from line 1 c 4 a Capital gain net income (attach Schedule D) b Net gain (loss) (From 4797). Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annutites, royalties, and rents from a controlled organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salanes and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and linenses 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less deprecation calmed on Schedule A and elsewhere on return 22 Taxes (Schedule I) 23 Taxes (Schedule I) 24 Taxes (Schedule I) 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Taxes (Schedule I) 28 Taxes (Schedule I) 29 Taxes (Sche	2	Cost of goods sold (Schedule A, line 7)	2	-10.		-	
b Net gain (loss) (Form 4797, Parl II, line 17) (attach Form 4797) c Capital loss deduction for trusts b Income (Gosh drule C) c Rent income (Schedule C) c Hent income (Schedule C) c Unrelated debt-financed income (Schedule E) c Interest, annuities, royalties, and rents from a controlled organization (Schedule F) c Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) c Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) c Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) c Investment income of a section 501(c)(7), (9), or (17) c Investment income of a section 501(c)(7), or (17) c Investment income of a section 501(c)(7), or (17) c Investment income of a section 501(c)(7), or (17) c Investment income of a section 501(c)(7), or (17) c Investment income of a section 501(c)(7), or (17) c Investment income of a section 501(c)(7), or (17) c Investment income of a secti	3	Gross profit Subtract line 2 from line 1c	3	593,234.			593,234.
C Capital loss deduction for trusts 4c	4 a	Capital gain net income (attach Schedule D)	4a			-	
Size Income (loss) from a partnership or an S corporation (attach statement) Size Siz	b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
Statement	С	Capital loss deduction for trusts	4c			-	
6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (Schedule J) 13 Total. Combine lines 3 through 12 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salanes and wages 16 Sepairs and maintenance 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation (attach Form 4562) 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 28 Other deductions, Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	5	Income (loss) from a partnership or an S corporation (attach			-		
Total. Combine lines 3 through 12 to 3 salares and wages Compensation of officers, directors, and trustees (Schedule K) Begin and wages Compensation of officers, directors, and trustees (Schedule K) Compensation of officers of instructions for limitation rules (Compensation of instructions for limitation rules) Compensation of officers of instructions for limitation rules (C		statement)	5				
Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Investment income of section 501(c)(7), (9), or (17) organization (Schedule G) Investment income (Schedule G) Investment income (Schedule G) Investment income (Schedule G) Investment income (Schedule G) Investment income (Schedule G) Investment income (Schedule G) Interest (Schedule J) Interest (Sched	6	Rent income (Schedule C)	6				
organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 Ocompensation of officers, directors, and trustees (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salanes and wages 16 Repairs and maintenance 16 I6 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Charitable contributions (See instructions) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22	7	Unrelated debt-financed income (Schedule E)	7				
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Fepairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Contributions (See instructions) 10 Depreciation (attach Form 4562) 11 Depreciation (attach Form 4562) 12 Less deprecation claimed on Schedule A and elsewhere on return 18 Excess exempt expenses (Schedule I) 28 Excess readership costs (Schedule I) 29 Total deductions, Add lines 14 through 28 10 Urrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 10 Exploited exempt activity income (Schedule I) 19 Total deductions, Add lines 14 through 28 10 Urrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	8	Interest, annuities, royalties, and rents from a controlled					
organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 10 Chartable contributions (See instructions) 10 Except for contributions, deductions must be directly connected with the unrelated business income 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Chartable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		organization (Schedule F)	8				
Exploited exempt activity income (Schedule I) Advertising income (Schedule J) Other income (See instructions, attach schedule) Total, Combine lines 3 through 12 Total, Combine lines 14 through 28 Total, Combine lines 15 through 28 Total, Combine lines 15 through 28 Total, Combine lines 15 through 28 Total, Combine lines 15 through 28 Total, Combine lines 15 through 28 Total, Combine lines 15 through 28 Total, Combine lines 15 through 28 Total, Combine lines 15 through 28 Total, Combine lines 15 through 28 Total, Combine lines 15 through 28 Total, Combine lines 15 through 28 Total, Combine lines 15 through 28 Total, Combine lines 15 through 28 Total, Combine lines 15 through 28 Total, Combine lines 15 through 28 Total, Combine lines 15 through 28 Total, Combine lines 15 through 2	9	Investment income of a section 501(c)(7), (9), or (17)					
11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 13 593,234. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 28 Other deductions. Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13		organization (Schedule G)	9				
12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 16 16 17 Bad debts 17 If Interest (attach schedule) (see instructions) 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10		10				
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Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 16 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion 24 Contributions to deferred compensation plans 25 Interest (Schedule I) 26 Excess readership costs (Schedule J) 27 Cexes readership costs (Schedule J) 28 167,970. 29 Total deductions. Add lines 14 through 28 29 791,282. 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	12	Other income (See instructions, attach schedule)			<u> </u>		
deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 16 Bad debts 17 Interest (attach schedule) (see instructions) 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Depletion 23 Depletion 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	13	Total. Combine lines 3 through 12	13	593,234.			593,234.
15 Salaries and wages 15 506,735. 16 16 16 17 18 17 18 17 18 19 12 19 20 21 28. 21 28. 22 22 Less depreciation (attach Form 4562) 21 28. 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 28. 23 Depletion 23 24 Contributions to deferred compensation plans 24 24 25 Employee benefit programs 25 116,549. 26 Excess exempt expenses (Schedule I) 26 27 27 28 167,970. 29 791,282. 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 -198,048.	Pa	deductions must be directly connected with the t					or contributions,
Repairs and maintenance Repairs and repairs a		•				·	506 725
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Interest (attach schedule) (see instructions) 18		•				\vdash	
Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 19 20 21 28 29 21 28 28 29 791,282 30 167,970 30 -198,048							
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Less depreciation (attach form 4502) Less depreciation claimed on Schedule A and elsewhere on return 22				24	28	-20	
Depletion 23 Depletion 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 116,549. 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 27 28 Other deductions (attach schedule) SEE STATEMENT 10 28 167,970. 29 Total deductions. Add lines 14 through 28 29 791,282. 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 -198,048.						22h	28.
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Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 27 28 167,970. 29 791,282. 30 -198,048.							
Other deductions (attach schedule) SEE STATEMENT 10 28 167,970. 29 Total deductions. Add lines 14 through 28 29 791,282. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 -198,048.							
Total deductions. Add lines 14 through 28 29 Total deductions. Add lines 14 through 28 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 -198,048.				SEE STATEMENT	10		167 970.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 -198,048.		·					
So Christiated business taxable moonie butter het operating less deduction addition in 25 hours and		· · · · · · · · · · · · · · · · · · ·	iction	Subtract line 29 from line	13		
	31				- -		· · · · · · · · · · · · · · · · · · ·

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Schedule M (Form 990-T) 2018

-198 048.

31

Department of the Treasury

Internal Revenue Service (99)

Unrelated Business Taxable Income for Unrelated Trade or Business

· =

and ending

Do not enter SSN numbers on this form as

For calendar year 2018 or other tax year beginning

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No 1545-0687

ENTITY

Open to Public Inspection for 501(c)(3) Organizations Only

Name of t	ADVOCATE HEALTH AND HOSPITALS CORP			36-2169147	ii iidiiibei
	elated business activity code (see instructions) 900099 cribe the unrelated trade or business OTHER ACTIVITI	ES			
Part I	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gr	oss receipts or sales 1,378,972.				,
b Les	ss returns and allowancesc Balance ▶	1c	1,378,972.		, , ,
2 Cc	ost of goods sold (Schedule A, line 7)	2	4,765.	,	
3 Gr	oss profit Subtract line 2 from line 1c	3	1,374,207.	,	1,374,207.
4a Ca	ipital gain net income (attach Schedule D)	4a			
b Ne	et gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Ca	ipital loss deduction for trusts	4c	`	-	
5 Ind	come (loss) from a partnership or an S corporation (attach				
sta	atement)	5			
6 Re	ent income (Schedule C)	6			
7 Un	related debt financed income (Schedule E)	7			
8 Int	erest, annuities, royalties, and rents from a controlled				
org	ganization (Schedule F)	8			
9 Inv	vestment income of a section 501(c)(7), (9), or (17)				
org	ganization (Schedule G)	9			`
10 Ex	ploited exempt activity income (Schedule I)	10			
11 Ad	vertising income (Schedule J)	11			
12 Ot	her income (See instructions, attach schedule)	12			
13 To	tal. Combine lines 3 through 12	13	1,374,207.		1,374,207.
Dort II	Deductions Not Taken Elsewhere (See Instruction	one fo	r limitations on dedi	ictions \ (Except fo	er contributions

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	707,523.
16	Repairs and maintenance	16	19,266.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	162,730.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 11	28	488,224.
29	Total deductions. Add lines 14 through 28	29	1,377,743.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-3,536.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31 .	· ·
32	Unrelated business taxable income Subtract line 31 from line 30	32	-3,536.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

FORM 990-T (M) OTHER DEDUC	TIONS STATEMENT	5
DESCRIPTION	, AMOUNT	
MINOR EQUIPMENT		1.
DEPARTMENT SUPPLIES		19.
CONTRACTED SERVICES	74,	955.
SUBSCRIPTIONS & EMPLOYEE ED		79.
MEALS & ENTERTAINMENT		31.
POSTAGE & FREIGHT		1.
MISCELLANEOUS	-83,	337.
REIMBURSABLE EMPLOYEE EXPENSES		557.
TOTAL TO SCHEDULE M, PART II, LINE 28	-7,	694.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
MINOR EQUIPMENT		44,219.
MEDICAL SUPPLIES		138,542.
DEPARTMENT SUPPLIES		71,764.
EQUIPMENT RENTAL	ı	578,964.
VEHICLE EXPENSE		21,334.
UTILITIES		23,825.
CONTRACTED SERVICES		2,830,025.
SUBSCRIPTIONS & EMPLOYEE ED		48,711.
MEALS & ENTERTAINMENT		3,746.
POSTAGE & FREIGHT		52,433.
CONSULTING FEES		248,298.
MISCELLANEOUS		558,101.
BUILDING RENTAL		. 690,378.
REIMBURSABLE EMPLOYEE EXPENSES		20,676.
TOTAL TO SCHEDULE M, PART II, LIN	NE 28	5,331,016.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT	7
DESCRIPTION		AMOUNT	
DEPARTMENT SUPPLIES REIMBURSABLE EMPLOYEE EXPEN	SES		85. 275.
TOTAL TO SCHEDULE M, PART I	I, LINE 28		360.

FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT	8
DESCRIPTION			AMOUNT	
MINOR EQUIPMENT				2.
MEDICAL SUPPLIES				18.
DEPARTMENT SUPPLIES				3.
EQUIPMENT RENTAL				3.
CONTRACTED SERVICES				99.
CONSULTING FEES				10.
MISCELLANEOUS				5.
TOTAL TO SCHEDULE M, PART	II, LINE 28			140.

FORM 990-T (M) OTHER DEDUCTIONS	STATEMENT 9
DESCRIPTION	AMOUNT
MINOR EQUIPMENT	765,314.
MEDICAL SUPPLIES	12,769,592.
DEPARTMENT SUPPLIES	598,197.
EQUIPMENT RENTAL	36,325.
VEHICLE EXPENSE	92,015.
UTILITIES	351,475.
CONTRACTED SERVICES	8,841,622.
SUBSCRIPTIONS & EMPLOYEE ED	41,664.
MEALS & ENTERTAINMENT	10,925.
POSTAGE & FREIGHT	245,749.
CONSULTING FEES	1,764,334.
MISCELLANEOUS	4,073,942.
BUILDING RENTAL	2,432,728.
REIMBURSABLE EMPLOYEE EXPENSES	93,694.
TOTAL TO SCHEDULE M, PART II, LINE 28	32,117,576.

FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT	10
DESCRIPTION			AMOUNT	
MINOR EQUIPMENT			3	,089.
MEDICAL SUPPLIES			64	,839.
DEPARTMENT SUPPLIES			2	,722.
UTILITIES				90.
CONTRACTED SERVICES			3	,955.
SUBSCRIPTIONS & EMPLOYEE ED				512.
MEALS & ENTERTAINMENT				829.
POSTAGE & FREIGHT				1.
MISCELLANEOUS			91	,808.
REIMBURSABLE EMPLOYEE EXPENSES				125.
TOTAL TO SCHEDULE M, PART II, LIN	NE 28		167	,970.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 11
DESCRIPTION		AMOUNT
MINOR EQUIPMENT		6,530.
MEDICAL SUPPLIES		33,855.
DEPARTMENT SUPPLIES		69,077.
EQUIPMENT RENTAL		21,704.
VEHICLE EXPENSE		341.
UTILITIES		15,318.
CONTRACTED SERVICES		36,962.
SUBSCRIPTIONS & EMPLOYEE ED		699.
MEALS & ENTERTAINMENT		-3,535.
POSTAGE & FREIGHT		317.
CONSULTING FEES	-	685.
MISCELLANEOUS		278,026.
BUILDING RENTAL		27,932.
REIMBURSABLE EMPLOYEE EXPENSES		313.
TOTAL TO SCHEDULE M, PART II, LI	NE 28	488,224.

4562

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

ldentifying number

OMB No 1545-0172

Attachment Sequence No. 179

ADVOCATE HEALTH AND HOSPITALS COI				-T PAC		art V b	efore v	36 - 2169147
	ty Under Occion 1	70 Hote II you have al	y listed	property	, complete i	ait v c	1	1,000,000.
1 Maximum amount (see instructions)							2	1,000,000.
2 Total cost of section 179 property place							3	2,500,000,
3 Threshold cost of section 179 property	4	2,300,000.						
4 Reduction in limitation Subtract line 3 f	5							
5 Dollar limitation for tax year Subtract line 4 from line					(.) 51		<u> </u>	
6 (a) Description of pro	perty	(b) Cost (i	usiness us	se only)	(C) Elec	ted cost		, (
								
A				1				
7 Listed property Enter the amount from				7			1	
8 Total elected cost of section 179 prope		s in column (c), lines 6	and 7				8	
9 Tentative deduction Enter the smaller	of line 5 or line 8						9	
10 Carryover of disallowed deduction from	-						10	
11 Business income limitation. Enter the sr	maller of business	s income (not less than	zero) o	line 5			11	
12 Section 179 expense deduction Add lir	nes 9 and 10, but	don't enter more than	line 11				12	
13 Carryover of disallowed deduction to 20	019 Add Imes 9 a	and 10, less line 12)	13				
Note. Don't use Part II or Part III below for I	isted property In	stead, use Part V						<u> </u>
Part II Special Depreciation Allowa	nce and Other D	epreciation (Don't inc	lude list	ed prop	erty)			
14 Special depreciation allowance for qual	ified property (oth	ner than listed propert	/) placed	l ın servi	ice during			
the tax year							14	
15 Property subject to section 168(f)(1) ele	ction						15	
16 Other depreciation (including ACRS)							16	1,430,798.
Part III MACRS Depreciation (Don't	ınclude listed pro	perty See instruction:	;)					
		Section A						
17 MACRS deductions for assets placed in	n service in tax ye	ears beginning before	2018				17	
18 If you are electing to group any assets placed in serv				check her	e >			
		e During 2018 Tax Ye				ciatio	n Syst	em
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment us only - see instructions)		d) Recover period	y (e) Conveni	tion (f) f	N ethod	(g) Depreciation deduction
19a 3-year property								
b 5-year property	1	1,131,4	63. 5	YRS	FM	SL		75,881.
c 7-year property		1,127,0	95. 7	YRS	FM	SL		53,672.
d 10 year property		375,1		YRS	FM	SL		14,811.
e 15 year property	1	252,4	92, 15	YRS	FM	SL		5,611.
f 20-year property	1	115,4		YRS	FM	SL		1,924.
g 25-year property	1	<u>'</u>		25 yrs		\top	S/L.	<u> </u>
g 23-year property	,			27 5 yrs	MM	_	S/L	
h Residential rental property	'			27 5 yrs	MM		S/L	·
	 				MM		S/L	
 Nonresidential real property 	/			39 yrs	MM	_	S/L	
Section C - Assets P	laced in Service	During 2018 Tax Yea	r Usına	the Alte				lstem
20a Class life				······	T T	$\overline{}$	S/L	
	-			12 yrs		$\overline{}$	S/L	
b 12-year	 			30 yrs	MM	$\overline{}$	S/L	
c 30-year d 40 year	 		_	40 yrs	MM		S/L	
d 40 year Part IV Summary (See instructions)	/	<u> </u>		.5 ,13	1 (4(14)		J, L	<u> </u>
	20						21	
21 Listed property Enter amount from line		10 00!	n (n) n-	d line Of	1		 	
22 Total. Add amounts from line 12, lines a Enter here and on the appropriate lines							22	1,582,697.
23 For assets shown above and placed in:				. 500 "1				,,
24 For assets shown above and diagen in		e current vear emer o						

For	rm 4562 (2018)	ADVO	CATE HEALT	H AND H	HOSPITA	ALS COF	RP					36 2:	169147		Page 2
	art V Listed Proper	ty (Include a	utomobiles, c	ertain ot	her vehic	cles, cer	tain airc	raft, ar	nd propert	y used f	or				· ugo z
نا	entertainment,	recreation,	or amusemen	t)									b. 04m		
	Note: For any 24b, columns	venicie for w (a) through (d	nich you are i	using the A. all of S	e standai Section E	ra mileag 3. and Se	ge rate c ection C	or dedu If appl	icting leas licable	se exper	ise, con	ibiete on	ıy 24a,		
			on and Other							mits for	passeng	er autor	nobiles)		
242	Do you have evidence to s	support the bu	isiness/investm	ent use cl	laimed?		es 🗔	No	24b If "Y	es," is tl	ne evide	nce writt	ten?	Yes	No
	(a)	(b)	(c)		(d)		(e)		(f)	T	(g)	F	h)		(i)
	Type of property	Date placed in	Business, investmen	r I	Cost or	Libu	sis for depri		Recovery	Me	thod/	Depre	ciation		cted in 179
	(list vehicles first)	service	use percenta		ther basis	; [use only		period	Conv	ention	aeai	uction		ost
25	Special depreciation alle	owance for c	ualified listed	propert	v placed	ın servi	ce durine	a the t	ax vear ar	id		†			
	used more than 50% in			• •	, .		•	•	•		25	1			
26	Property used more that			ess use								· ···········			
==	· · · · · · · · · · · · · · · · · · ·			%											
_				%											
	· · · · · · · · · · · · · · · · · · ·			%								 			
27	Property used 50% or le	ess in a qual	L			L				·					
	/			%		· I				S/L·					
				%						S/L·					
_				%						S/L ·	•				
28	Add amounts in column	(h), lines 25	L		e and or	n line 21	page 1		L		28	l			
	Add amounts in column											1	29		
	, too amounts in column	. (//,			B - Infor		on Use	of Ver	nicles						
Cor	mplete this section for ve	hicles used								or relate	d persor	n If vou	provided	l vehicle:	S
	our employees, first ans														
٠.,	,				, .				•	J					
				Τ (a)	(b)		(c)	(d)	(0	e)	(1)
30	Total business/investment	miles driven d	luring the	1	hicle	1 '	nicle	V	'ehicle	1	nicle	Ver	ncle	Veh	
	year (don't include commu		Ü												
31	Total commuting miles	• ,	the vear			<u> </u>									
	Total other personal (no	_													
	driven		,,												
33	Total miles driven during	the vear													
	Add lines 30 through 32					ĺ									
34	Was the vehicle availab		nal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
-	during off-duty hours?							T							
35	Was the vehicle used p	rimarily by a	more		1		1								
	than 5% owner or relate					ŀ		ł							
36	Is another vehicle availa	•	onal			<u> </u>									
	use?					ŀ								1	
		Section C	- Questions	for Emp	loyers V	Vho Pro	vide Vel	hicles	for Use b	y Their I	Employ	ees			
Ans	swer these questions to	determine if	you meet an e	exception	n to com	pleting	Section	B for v	ehicles us	ed by e	mployee	s who a	ren't		
	re than 5% owners or rel		•							•	•				
	Do you maintain a writte			rohibits a	all perso	nal use o	of vehicl	es, inc	luding cor	nmuting	, by you	r		Yes	No
	employees?		·						_	_					
38	Do you maintain a writte	en policy stat	tement that p	rohibits i	personal	use of v	ehicles,	excep	t commut	ing, by	our/				
	employees? See the ins		•					-							
39	Do you treat all use of v				_	•									
	Do you provide more th					ınformat	tion from	ı your (employee	s about					
	the use of the vehicles,		•					-	. •						
	Do you meet the require					monstra	ation use	?							
	Note: If your answer to								overed ve	hicles					
P	art VI Amortization	- 1 1 1										"			
	(a)			(b)	<u> </u>	(c)			(d)		(e)			(f)	
	Description of	f costs	Date	amortization begins		Amortizat amount	ole !		Code section		Amortiza penod or per		Ar fo	nortization r this year	
42	Amortization of costs th	at begins du	ırıng your 201		ar					<u>I</u>		I			
					1										

43

44

43 Amortization of costs that began before your 2018 tax year

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FORM 990-T	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT	2
CORPORATION'S NAME IDEN'								NO
ADVOCATE HEALTH CARE NETWORK							36-2167779	

FORM 990-T	CONTR	IBUTIONS SUMMARY		STATEMENT	3
QUALIFIED	CONTRIBUTIONS SUBJECT	TO 100% LIMIT			
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017	CONTRIBUTIONS 3,319,195 3,852,104 3,388,285 6,506,849 3,177,108	N.		
. TOTAL CARF	- RYOVER RENT YEAR 10% CONTRIBU'	TIONS	20,243,541		
	RIBUTIONS AVAILABLE	JUSTED _	20,243,541	~ •	
EXCESS 100	CONTRIBUTIONS CONTRIBUTIONS CSCONTRIBUTIONS		20,243,541 0 20,243,541		
ALLOWABLE	CONTRIBUTIONS DEDUCTION				0
TOTAL CONT	RIBUTION DEDUCTION				0

FORM 990-T	NET	STATEMENT 4			
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/14	5,115,654.	3,136,161.	1,979,493.	1,979,493.	
12/31/15	11,934,273.	0.	11,934,273.	11,934,273.	
12/31/16	15,529,102.	0.	15,529,102.	15,529,102.	
12/31/16	224,487.	0.	224,487.	224,487.	
12/31/17	24,024,880.	0.	24,024,880.	24,024,880.	
12/31/17	111,834.	0.	111,834.	111,834.	
NOL CARRYO	VER AVAILABLE THIS	YEAR	53,804,069.	53,804,069.	

Form **8949**

Department of the Treasury Internal Revenue Service Sales and Other Dispositions of Capital Assets

| 2

2018

Attachment Sequence No 12A

Name(s) shown on return

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
 ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

Social security number or taxpayer identification no.

36-2169147 ADVOCATE HEALTH AND HOSPITALS CORP Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (a) (b) (c) (d) (e) (h) loss If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) disposed of (Mo, day, yr) from column (d) & Note below and (Mo, day, yr) (g) Amount of combine the result see Column (e) ın Code(s) with column (g) the instructions adjustment -52,498. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

Name(s) shown on return Name and ADVOCATE HEALTH AND H			no not required if	shown on page 1		I	rity number or ntification no.
Before you check Box D, E, or F beto statement will have the same information of the same information	ow, see whether ation as Form 10	you received an	y Form(s) 1099-B show whether you	or substitute stater ur basis (usually you	ment(s) from y ur cost) was r	our broker As	ubstitute
Part II Long-Term. Transaction see page 1	ons involving capit						
Note: You may aggregate a codes are required Enter th	e totals directly on	Schedule D, line 8	Ba, you aren't require	ed to report these tran	nsactions on Fo	orm 8 <u>949</u> (see ins	tructions)
fou must check Box D, E, or F below of you have more long-term transactions than will x (D) Long-term transactions rep (E) Long-term transactions rep (F) Long-term transactions no	Il fit on this page for or ported on Form(s ported on Form(s	ne or more of the boxe s) 1099-B showir s) 1099-B showir	es, complete as many long ng basis was repo ng basis wasn't re	rms with the same box c rted to the IRS (see	hecked as you ne	ed	r each applicable box
(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	Adjustment, if any, to gain loss If you enter an amou in column (g), enter a code column (f) See instruction		Gain or (loss). Subtract column (e)
					(f) Code(s)	(g) Amount of adjustment	from column (d) & combine the result with column (g)
							-1,673,061.
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	-					·· -	
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<u> </u>		-					
2 Totals. Add the amounts in colur negative amounts) Enter each to	tal here and incl	ude on your					

above is checked), or line 10 (if Box F above is checked) Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment