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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

Do not enter social security numbers on this form as it may be made public

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

Department of the Treasury  
Internal Revenue Service

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

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

ADVOCATE HEALTH AND HOSPITALS CORP

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

3075 HIGHLAND PARKWAY SUITE 600

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

DOWNS GROVE, IL 60515

D Employer identification number

36-2169147

E Telephone number

(630) 572-9393

G Gross receipts \$ 7,316,434,464

F Name and address of principal officer

JAMES SKOGSBERGH

3075 HIGHLAND PARKWAY SUITE 600

DOWNS GROVE, IL 60515

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

WWW.ADVOCATEHEALTH.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1906

M State of legal domicile IL

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

SERVE HEALTH NEEDS OF COMMUNITIES THROUGH WHOLISTIC PHILOSOPHY ROOTED IN FUNDAMENTAL UNDERSTANDING OF HUMANS AS CREATED IN THE IMAGE OF GOD

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

3 Number of voting members of the governing body (Part VI, line 1a)

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

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

6 Total number of volunteers (estimate if necessary)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 Revenue less expenses Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Revenue

Prior Year

Current Year

29,433,256

19,509,158

5,059,452,926

5,263,509,696

210,205,569

249,690,605

11,302,981

11,035,721

5,310,394,732

5,543,745,180

Expenses

4,367,511

6,241,300

0

0

2,414,123,879

2,470,970,651

0

0

2,648,770,097

2,829,347,560

5,067,261,487

5,306,559,511

243,133,245

237,185,669

Net Assets or Fund Balances

Beginning of Current Year

End of Year

8,519,791,827

12,356,458,273

3,505,024,878

7,461,070,736

5,014,766,949

4,895,387,537

Part II

Signature Block

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

\*\*\*\*\*

Signature of officer

2019-11-15

Date

RACHEL HALVERSON VP TAX & ACCTG SVCS

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

**Part III****Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

THE MISSION OF ADVOCATE HEALTH AND HOSPITALS CORPORATION IS TO SERVETHE HEALTH NEEDS OF INDIVIDUALS, FAMILIES AND COMMUNITIES THOUGH AWHOLISTIC PHILOSOPY ROOTED IN OUR FUNDAMENTAL UNDERSTANDING OF HUMANBEINGS AS CREATED IN THE IMAGE OF GOD

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

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

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$	2,574,864,407	including grants of \$	6,241,300 )	(Revenue \$	3,289,890,567 )
	See Additional Data						

<b>4b</b>	(Code )	(Expenses \$	1,170,551,212	including grants of \$	)	(Revenue \$	1,087,034,323 )
	See Additional Data						

<b>4c</b>	(Code )	(Expenses \$	80,229,513	including grants of \$	)	(Revenue \$	24,438,416 )
	See Additional Data						

See Additional Data Table

<b>4d</b>	Other program services (Describe in Schedule O )						
	(Expenses \$	768,804,805	including grants of \$	)	(Revenue \$	862,146,390 )	

<b>4e</b>	<b>Total program service expenses ▶</b>	4,594,449,937					
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b>	No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b> Yes	
<b>c</b> Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b> Yes	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b> Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	No

**Part IV Checklist of Required Schedules (continued)**

		Yes	No	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

		Yes	No	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	5,849	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c		



<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	34,942	<b>2b</b>	Yes	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .				<b>4a</b>	Yes	
<b>b</b> If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>	Yes	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

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

### Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 11		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 8		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	Yes	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>		No

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

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

### Section C. Disclosure

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

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

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

[illegible]

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

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	24,085,266	36,023,248	2,399,850

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 24

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

## Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CLIFFORD LAW OFFICES PC 120 N LASALLE ST 31ST FLOOR CHICAGO, IL 60602	LEGAL SERVICES	76,249,054
WINTERS SALZETTA O'BRIEN & RICHARDSON LL 111 W WASHINGTON ST 1200 CHICAGO, IL 60602	LEGAL SERVICES	66,000,000
MCNABOLA & ASSOCIATES LLC 161 N CLARK ST 2550-B CHICAGO, IL 60601	LEGAL SERVICES	42,000,000
UNIVERSITY OF CHICAGO 5801 S ELLIS AVE CHICAGO, IL 60637	UNIVERSITY	40,668,215
UNIVERSITY OF IL AT CHICAGO 1200 W HARRISON ST CHICAGO, IL 60607	UNIVERSITY	27,377,950

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 448

Part VIII

Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<div>Contributions, Gifts, Grants and Other Similar Amounts</div> <div><div>1a</div>Federated campaigns<div>1a</div></div> <div><div>b</div>Membership dues<div>1b</div></div> <div><div>c</div>Fundraising events<div>1c</div></div> <div><div>d</div>Related organizations<div>1d</div>11,592,126</div> <div><div>e</div>Government grants (contributions)<div>1e</div>3,109,884</div> <div><div>f</div>All other contributions, gifts, grants, and similar amounts not included above<div>1f</div>4,807,148</div> <div><div>g</div>Noncash contributions included in lines 1a - 1f \$</div> <div><div>h</div>Total. Add lines 1a-1f19,509,158</div>				

Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	183,565,425			183,565,425	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties	200,919			200,919	
	6a	Gross rents	(i) Real	(ii) Personal			
			7,729,850				
		b	Less rental expenses	7,760,593			
		c	Rental income or (loss)	-30,743			
	d	Net rental income or (loss)	-30,743			-30,743	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			1,824,548,810	6,505,061			
		b	Less cost or other basis and sales expenses	1,757,264,710	7,663,981		
		c	Gain or (loss)	67,284,100	-1,158,920		
	d	Net gain or (loss)	66,125,180			66,125,180	
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)					
		See Part IV, line 18	a	675			
b		Less direct expenses	b	0			
c	Net income or (loss) from fundraising events	675			675		
9a	Gross income from gaming activities						
	See Part IV, line 19	a					
	b	Less direct expenses	b				
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
		a					
	b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a	CAFETERIA REVENUE	722514	9,370,714			9,370,714	
b	GIFT SHOP	812930	751,903			751,903	
c	MISCELLANEOUS	621999	729,042			729,042	
d	All other revenue		13,211			13,211	
e	Total. Add lines 11a-11d		10,864,870				
12	Total revenue. See Instructions		5,543,745,180	5,263,509,696	0	260,726,326	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	6,241,300	6,241,300		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	14,940,600	14,940,600		
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	1,445,704	1,445,704		
<b>7</b> Other salaries and wages.	2,023,140,835	1,867,758,606	155,382,229	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	64,450,162	55,985,468	8,464,694	
<b>9</b> Other employee benefits.	234,096,937	220,530,170	13,566,767	
<b>10</b> Payroll taxes.	132,896,413	122,315,871	10,580,542	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	28,562,386		28,562,386	
<b>b</b> Legal.	6,135,975		6,135,975	
<b>c</b> Accounting.	149,412		149,412	
<b>d</b> Lobbying.	1,172,497		1,172,497	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	7,109,498		7,109,498	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	400,305,942		400,305,942	
<b>12</b> Advertising and promotion.	14,899,711	1,333,683	13,566,028	
<b>13</b> Office expenses.	39,597,717	36,464,866	3,132,851	
<b>14</b> Information technology.	114,219,780	108,140,165	6,079,615	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	89,939,771	83,942,513	5,997,258	
<b>17</b> Travel.	8,298,313	5,882,613	2,415,700	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	8,843,967	7,182,401	1,661,566	
<b>20</b> Interest.	72,084,746	72,084,663	83	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	235,603,101	200,526,100	35,077,001	
<b>23</b> Insurance.	61,112,571	60,586,496	526,075	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> MEDICAL SUPPLIES	664,339,141	666,780,310	-2,441,169	
<b>b</b> OTHER INTERCOMPANY	591,704,087	586,279,997	5,424,090	
<b>c</b> BAD DEBT	171,998,153	171,998,153		
<b>d</b> INCOME TAXES	848,327	848,327		
<b>e</b> All other expenses	312,422,465	303,181,931	9,240,534	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	5,306,559,511	4,594,449,937	712,109,574	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		229,765,090	<b>1</b>	73,587,897
	<b>2</b>	Savings and temporary cash investments . . . . .		164,106	<b>2</b>	134,180
	<b>3</b>	Pledges and grants receivable, net . . . . .		2,756,131	<b>3</b>	2,351,374
	<b>4</b>	Accounts receivable, net . . . . .		599,997,888	<b>4</b>	648,853,725
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .		168,687,589	<b>7</b>	1,393,083,953
	<b>8</b>	Inventories for sale or use . . . . .		59,834,765	<b>8</b>	63,443,578
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		92,523,973	<b>9</b>	50,806,199
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	4,920,850,454		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	2,699,202,148		
				2,146,411,873	<b>10c</b>	2,221,648,306
	<b>11</b>	Investments—publicly traded securities . . . . .		1,337,403,342	<b>11</b>	4,062,323,134
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		3,542,859,311	<b>12</b>	3,385,868,614
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		38,293,498	<b>13</b>	96,883,078
	<b>14</b>	Intangible assets . . . . .		39,952,082	<b>14</b>	41,651,441
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		261,142,179	<b>15</b>	315,822,794	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		8,519,791,827	<b>16</b>	12,356,458,273	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		745,286,217	<b>17</b>	838,505,971
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		832,965	<b>19</b>	8,917,433
	<b>20</b>	Tax-exempt bond liabilities . . . . .		1,480,667,737	<b>20</b>	1,942,947,870
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		16,040,619	<b>23</b>	30,060,974
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		1,262,197,340	<b>25</b>	4,640,638,488
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		3,505,024,878	<b>26</b>	7,461,070,736
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets		4,984,078,293	<b>27</b>	4,864,793,545
	<b>28</b>	Temporarily restricted net assets . . . . .		30,688,656	<b>28</b>	30,593,992
	<b>29</b>	Permanently restricted net assets			<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		5,014,766,949	<b>33</b>	4,895,387,537	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		8,519,791,827	<b>34</b>	12,356,458,273	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	5,543,745,180
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,306,559,511
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	237,185,669
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	5,014,766,949
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-386,063,569
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	29,498,488
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	4,895,387,537

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	



# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 36-2169147  
**Name:** ADVOCATE HEALTH AND HOSPITALS CORP

Form 990 (2018)

**Form 990, Part III, Line 4a:**

PROVIDING INPATIENT AND OUTPATIENT HEALTHCARE SERVICES TO THE COMMUNITY REGARDLESS OF THE PATIENTS' ABILITY TO PAY INCLUDED IN THESE HEALTH CARE SERVICES ARE THE PROVISION OF CHARITY CARE AND TRAUMA CARE AS PART OF ITS COMMUNITY BENEFITS STRATEGY AND ITS VISION AND VALUES, ADVOCATE IS COMMITTED TO PROMOTING INITIATIVES THAT ENHANCE ACCESS TO HEALTH CARE FOR PEOPLE WHO ARE UNINSURED, UNDERINSURED AND LOW INCOME AN EXAMPLE OF THIS IS ADVOCATE'S PROVISION OF CHARITY CARE ADVOCATE OFFERS A VERY GENEROUS CHARITY CARE PROGRAM-REQUIRING NO PAYMENTS FROM THE PATIENTS MOST IN NEED AND PROVIDING DISCOUNTS TO UNINSURED PATIENTS EARNING UP TO SIX TIMES THE FEDERAL POVERTY LEVEL, AND TO INSURED PATIENTS EARNING UP TO FOUR TIMES THE FEDERAL POVERTY LEVEL ADVOCATE ALSO CONSIDERS AN INDIVIDUAL'S EXTENUATING CIRCUMSTANCES TO QUALIFY PATIENTS FOR CHARITY CARE FOR UNINSURED PATIENTS, ADVOCATE WILL PRESUMPTIVELY PROVIDE CHARITY CARE IF THE FINANCIAL STATUS HAS BEEN VERIFIED BY A THIRD PARTY AND, IN THESE CASES, THE PATIENT IS NOT REQUIRED TO SUBMIT A SEPARATE CHARITY CARE APPLICATION IF PRESUMPTIVE CRITERIA IS NOT AVAILABLE FOR UNINSURED PATIENTS, THEN FINANCIAL ASSISTANCE ELIGIBILITY IS AVAILABLE USING AN INCOME-BASED SCREENING ADVOCATE EXTENDS ITS INCOME-BASED FINANCIAL ASSISTANCE POLICY TO ITS INSURED PATIENTS AS WELL, ALSO TAKING INTO CONSIDERATION THE INSURED INDIVIDUAL'S EXTENUATING CIRCUMSTANCES ALTHOUGH ADVOCATE'S CHARITY CARE POLICY IS VERY GENEROUS, ADVOCATE CONTINUES TO REVIEW AND REFINE ITS POLICY IN AN ONGOING EFFORT TO ENSURE THAT FINANCIAL ASSISTANCE IS AVAILABLE TO THOSE WHO NEED HELP IN A TIMELY MANNER ADVOCATE HOSPITALS MAINTAIN HIGHLY VISIBLE SIGNAGE AND BROCHURES IN MULTIPLE LANGUAGES TO INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL HELP AND FINANCIAL COUNSELORS INFORMATION ABOUT ADVOCATE'S CHARITY CARE PROGRAM AND CHARITY APPLICATIONS IS PROVIDED TO ALL UNINSURED PATIENTS DURING REGISTRATION AND IS MAILED TO THEM IN ADVANCE OF THE FIRST PATIENT BILLING AFTER THAT, EACH UNINSURED PATIENT BILL INCLUDES SUMMARY INFORMATION REGARDING THE CHARITY CARE PROGRAM ADVOCATE IS ALSO ONE OF THE LARGEST PROVIDERS OF HEALTH CARE SERVICES TO MEDICAID AND MEDICARE PATIENTS IN CHICAGO AND THE SURROUNDING SUBURBS ADVOCATE HEALTH CARE IS DEDICATED TO PROVIDING EXPERT EMERGENCY CARE-TODAY AND INTO THE FUTURE IN THE AREA OF TRAUMA CARE, LEVEL 1 DESIGNATION IS THE HIGHEST LEVEL FOR TRAUMA CENTERS AS LEVEL 1 TRAUMA CENTERS, FIVE ADVOCATE HOSPITALS-ADVOCATE CHRIST, ADVOCATE CONDELL, ADVOCATE GOOD SAMARITAN, ADVOCATE ILLINOIS MASONIC AND ADVOCATE LUTHERAN GENERAL-CARE FOR THE MOST SERIOUSLY INJURED PEOPLE IN CHICAGOLAND AS IS THE CASE WITH ALL ILLINOIS LEVEL I TRAUMA CENTERS, ADVOCATE'S TRAUMA CENTERS ARE STAFFED BY ON-SITE, 24-HOUR-A-DAY TRAUMA SURGEONS, FEATURE 24-HOUR SURGICAL AND NONSURGICAL SERVICES, SUCH AS RADIOLOGY AND ANESTHESIA, AND CAN ACCOMMODATE HELICOPTER TRANSPORTS ADVOCATE OPERATES NEARLY ONE-QUARTER OF ALL LEVEL I TRAUMA CENTERS IN ILLINOIS AND IS THE LARGEST TRAUMA SYSTEM IN THE STATE TWENTY PERCENT OF TRAUMA PATIENTS IN METROPOLITAN CHICAGO ARE TREATED ANNUALLY IN AN ADVOCATE TRAUMA CENTER IN 2018, ADVOCATE'S LEVEL I TRAUMA HOSPITALS TREATED 10,371 TRAUMA PATIENTS AN ADDITIONAL 2,044 TRAUMA PATIENTS WERE TREATED AT ADVOCATE'S LEVEL II DESIGNATED TRAUMA HOSPITALS-ADVOCATE BROMENN, ADVOCATE GOOD SHEPHERD AND ADVOCATE SHERMAN-IN ADDITION TO A TOTAL OF 529,133 NON-TRAUMA EMERGENCY ROOM VISITS FOR ALL ADVOCATE'S HOSPITALS

**Form 990, Part III, Line 4b:**

HEALTH CARE SERVICES PROVIDED BY PHYSICIANS EMPLOYED BY THE ORGANIZATION AS PART OF ADVOCATE'S BROAD ARRAY OF SERVICES AND PROGRAMS DESIGNED TO MEET COMMUNITY HEALTH NEEDS, ADVOCATE PHYSICIANS TARGET UNIQUE HEALTH ACCESS NEEDS OF THE UNINSURED, UNDERINSURED, UNDERSERVED, LOW INCOME AND SPECIAL NEEDS INDIVIDUALS LIVING IN CHICAGOLAND AND CENTRAL ILLINOIS COMMUNITIES. EXAMPLES OF THESE PROGRAMS INCLUDE ADVOCATE ADULT DOWN SYNDROME CENTER ESTABLISHED IN 1992 THROUGH A PARTNERSHIP BETWEEN ADVOCATE LUTHERAN GENERAL AND THE NATIONAL ASSOCIATION FOR DOWN SYNDROME (NADS), THE ADVOCATE MEDICAL GROUP ADULT DOWN SYNDROME CENTER PROVIDES CRUCIAL PSYCHOSOCIAL AND MEDICAL SERVICES TO ADOLESCENTS AND ADULTS WITH DOWN SYNDROME LIVING IN ALL AREAS OF ILLINOIS. EACH YEAR APPROXIMATELY 3,000 INDIVIDUALS ARE SERVED THROUGH OVER 7,000 VISITS, INCLUDING CARE IN THE OFFICE, THE PATIENT'S HOME, AT RESIDENTIAL FACILITIES, NURSING HOMES AND IN THE HOSPITAL. THE CENTER'S MULTIDISCIPLINARY APPROACH TO COMPREHENSIVE MEDICAL CARE, WITH A STRONG EMPHASIS ON PREVENTIVE MEDICINE, PROVIDES PRACTICAL APPROACHES TO HEALTH EDUCATION AND HEALTH RISK REDUCTION, INCLUDING SUPPORTING PEOPLE WITH DOWN SYNDROME IN THEIR OWN HEALTH PROMOTION EFFORTS. REIMBURSEMENT IS REDUCED GIVEN MORE TIME IS PROVIDED TO EACH PATIENT VISIT TO ALLOW INDIVIDUALS WITH DOWN SYNDROME TO PARTICIPATE IN THEIR OWN HEALTH CARE. FURTHER, ONLY ONE-THIRD OF THE COST OF THE CLINIC IS REIMBURSED THROUGH BILLING INSURANCE DUE TO THE PAYOR MIX. ADVOCATE, THEREFORE, GENEROUSLY PROVIDES SOME SERVICES AT THE CENTER THAT ARE KEY TO HEALTH PROMOTION BUT THAT ARE NOT REIMBURSABLE OR BILLABLE. THE CENTER CONTINUES TO FOCUS ON EXPANDING ITS RESEARCH AND PATIENT EDUCATION IN COMING YEARS.

MAINE TOWNSHIP DISTRICT 207 SCHOOL-BASED HEALTH CENTERS (SBHC). MAINE TOWNSHIP DISTRICT 207 WAS FACED WITH APPROXIMATELY 30 PERCENT OF ITS STUDENTS NOT BEING ABLE TO MEET, OR EXPERIENCING SIGNIFICANT DIFFICULTY MEETING, THE STATE-MANDATED PHYSICAL AND IMMUNIZATION REQUIREMENTS DUE TO BEING UNINSURED OR UNDERINSURED. FOLLOWING SEVERAL YEARS OF PLANNING AND IN COLLABORATION WITH ADVOCATE MEDICAL GROUP AND ADVOCATE LUTHERAN GENERAL HOSPITAL, THE DISTRICT OPENED A SCHOOL-BASED HEALTH CENTER (D207 SBHC) IN MAINE EAST HIGH SCHOOL IN MARCH 2003 TO PROVIDE THESE STUDENTS WITH ACCESS TO VITAL HEALTH CARE SERVICES. ADVOCATE EMPLOYEES SERVE AS MEDICAL DIRECTOR, PEDIATRICIAN, NURSE PRACTITIONER AND MENTAL HEALTH WORKER FOR THE GRANT-FUNDED CLINIC. THE CLINIC HAS A SMALL PHARMACY THAT PROVIDES LIMITED MEDICATIONS FOR STUDENTS IN NEED AND ADVOCATE KEEPS THE CLINIC EQUIPPED WITH OFFICE SUPPLIES AND OTHER EQUIPMENT. THE CENTER ALSO SERVES AS A TRAINING SITE FOR PEDIATRIC AND FAMILY MEDICINE RESIDENTS. OPEN TO ALL HIGH SCHOOL STUDENTS IN MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207, THE D207 SBHC HAS HELPED TO PROVIDE MANY STUDENTS WITH PHYSICALS AND IMMUNIZATIONS WHICH HAS ALLOWED THE DISTRICT TO MAINTAIN ITS 99% IL STATE COMPLIANCE RATE FOR THE 2018-19 SCHOOL YEAR. THE D207 SBHC CONTINUES TO PROVIDE FREE OR LOW-COST SERVICES INCLUDING PHYSICALS, IMMUNIZATIONS, EMERGENT CARE, BEHAVIORAL HEALTH TREATMENT, NUTRITIONAL COUNSELING AND EDUCATIONAL PROGRAMS. THE CENTER'S MEDICAL DIRECTOR AND STAFF HAVE HAD 1,676 CONTACTS DURING THE 2018/2019 SCHOOL YEAR AND MORE THAN 29,000 STUDENT CONTACTS SINCE THE FACILITY'S INCEPTION.

MEDFEST. IN 2018, ADVOCATE MEDICAL GROUP SPONSORED MEDFEST, A COLLABORATIVE WITH SPECIAL OLYMPICS OF ILLINOIS, FOR THE 20TH YEAR IN A ROW. MEDFEST IS ANNUALLY HELD AT VARIOUS LOCATIONS IN THE STATE. THE EVENT PROVIDES PEOPLE WITH INTELLECTUAL DISABILITIES OPPORTUNITIES TO PARTICIPATE IN SPORTS TRAINING AND COMPETITIONS, CREATING AVENUES FOR INCLUSION AND ACCEPTANCE FOR THIS UNDERSERVED POPULATION THROUGHOUT ILLINOIS. THE FREE CLINICAL SERVICES RESULT IN PARTICIPANTS' ENHANCED PHYSICAL FITNESS AND COMFORT WITH THE MEDICAL COMMUNITY. AMG PROVIDED 1,557 FREE ATHLETIC PHYSICALS TO SPECIAL OLYMPIANS AT CHICAGO'S UNITED CENTER IN 2018, ALLOWING THEM OPPORTUNITIES TO PARTICIPATE IN COMPETITIONS THROUGHOUT THE YEAR. ADVOCATE MEDICAL GROUP HAS ALSO PROVIDED FREE PHYSICALS TO SPECIAL OLYMPIANS IN BLOOMINGTON FOR THE PAST 6 YEARS AND IN ORLAND PARK FOR OVER TEN YEARS, PROVIDING 35 AND 204 PHYSICAL EXAMS, RESPECTIVELY, IN 2018.

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**Form 990, Part III, Line 4c:**

GRADUATE MEDICAL EDUCATION (GME) AND POST-GRADUATE (CME)/MEDICAL STUDENTS/OTHER HEALTH PROFESSIONALS' EDUCATION ADVOCATE IS COMMITTED TO TRAINING HEALTH CARE PROVIDERS IN A BROAD RANGE OF MEDICAL SPECIALTIES AS ONE OF THE LARGEST PROVIDERS OF TRAINING IN PRIMARY CARE MEDICINE IN ILLINOIS, THERE WERE 2,270 MEDICAL STUDENT ROTATIONS COMPLETED AND 580 RESIDENTS AND FELLOWS WHO RECEIVED HANDS-ON TRAINING IN 2018 AT ADVOCATE'S FOUR ACADEMIC MEDICAL CENTERS - ADVOCATE BROMENN, ADVOCATE CHRIST, ADVOCATE ILLINOIS MASONIC AND ADVOCATE LUTHERAN GENERAL ADVOCATE IS ALSO ACCREDITED BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME) TO PROVIDE CONTINUING MEDICAL EDUCATION (CME) FOR PHYSICIANS ADVOCATE'S CME PROGRAM PROVIDES PROFESSIONAL DEVELOPMENT THROUGH YEAR-ROUND SCHEDULING AND PLANNING OF ACCREDITED COURSES, SEMINARS AND MEETINGS FOR NON-ADVOCATE PHYSICIANS AND HEALTH CARE PROFESSIONALS IN THE REGION, AS WELL AS FOR ADVOCATE'S OWN PHYSICIANS ADVOCATE'S MEDICAL STAFF SHARE THEIR EXPERTISE THROUGH GROUND ROUNDS, MORTALITY AND MORBIDITY CONFERENCES, AND JOURNAL CLUBS-AS WELL AS SINGLE ACTIVITIES ADDRESSING A VARIETY OF CLINICAL AND RESEARCH TOPICS IN 2018, ADVOCATE HOSTED 2,879 CME EVENTS AT 13 ADVOCATE SITES FOR A TOTAL OF 3,942 CME CREDIT HOURS OF THE 54,277 EVENT PARTICIPANTS, 41,642 WERE PHYSICIANS IN ADDITION TO TEACHING GME AND CME STUDENTS, ADVOCATE MEDICAL GROUP (AMG) PHYSICIANS ALSO DEVOTE ONE-ON-ONE TIME TO TEACHING PHYSICIAN ASSISTANTS (PA) AND NURSE PRACTITIONER (NP) STUDENTS FROM MULTIPLE AREA UNIVERSITIES IN 2018, AMG PHYSICIANS ALONE DEVOTED 9,090 HOURS TO TEACHING NP STUDENTS AND 4,576 HOURS TO TEACHING PA STUDENTS THE VALUE OF THEIR TIME TEACHING THESE STUDENTS IN A CLINICAL SETTING TOTALED NEARLY \$2M DEPENDENT ON EACH HOSPITAL'S OR ADVOCATE'S SYSTEM-LEVEL ACADEMIC AFFILIATIONS, THE TRAINING OF UNDERGRADUATE AND GRADUATE STUDENT NURSES, AND STUDENTS IN OTHER ALLIED HEALTH PROFESSIONS, SUCH AS RESPIRATORY CARE, RADIOLOGIC TECHNOLOGY, PHYSICAL AND SPEECH THERAPY, PHARMACEUTICAL SERVICES, ETC , ALSO OCCURS THROUGHOUT ADVOCATE'S MULTIPLE SITES ADVOCATE'S SPIRITUAL LEADERS OVERSEE A NATIONALLY ACCREDITED CLINICAL PASTORAL EDUCATION PROGRAM SUPERVISING OVER 200 STUDENT UNITS EACH YEAR, THIS PROGRAM IS THE LARGEST IN THE COUNTRY, PROVIDING OPPORTUNITIES FOR SEMINARY STUDENTS AND LOCAL FAITH LEADERS TO GROW AND DEVELOP SPIRITUAL CARE MINISTRY SKILLS NOT INCLUDED IN THE EXPENSE AND REVENUE AMOUNTS BUT IMPORTANT TO THE ORGANIZATION'S ROLE IN TRAINING HEALTH CARE PROFESSIONALS, ARE THE NURSING RESIDENCY PROGRAMS AT TWO OF ITS HOSPITALS-ADVOCATE GOOD SAMARITAN AND ADVOCATE ILLINOIS MASONIC RESIDENCY PROGRAMS OCCUR IN OTHER DISCIPLINES AS WELL, SUCH AS THE PHARMACY RESIDENCY PROGRAM FOR EXAMPLE, AT MULTIPLE ADVOCATE SITES

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Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code )	(Expenses \$ 768,804,805	including grants of \$	(Revenue \$ 862,146,390 )
DESCRIPTION OF ADVOCATE AURORA HEALTH IN APRIL 2018, ADVOCATE HEALTH CARE OF ILLINOIS AND AURORA HEALTH CARE OF WISCONSIN MERGED. ADVOCATE AURORA HEALTH IS AMONG THE 10 LARGEST NOT-FOR-PROFIT, INTEGRATED HEALTH SYSTEMS IN THE UNITED STATES AND A LEADING EMPLOYER IN THE MIDWEST WITH MORE THAN 70,000 TEAM MEMBERS, INCLUDING MORE THAN 22,000 NURSES, AND HAS ONE OF THE LARGEST EMPLOYED MEDICAL STAFF IN THE REGION AND A HOME HEALTH ORGANIZATION. A NATIONAL LEADER IN CLINICAL INNOVATION, HEALTH OUTCOMES, CONSUMER EXPERIENCE AND VALUE-BASED CARE, THE SYSTEM SERVES NEARLY 3 MILLION PATIENTS ANNUALLY IN ILLINOIS AND WISCONSIN ACROSS MORE THAN 500 SITES OF CARE. ADVOCATE AURORA IS ENGAGED IN HUNDREDS OF CLINICAL TRIALS AND RESEARCH STUDIES, AND IS NATIONALLY RECOGNIZED FOR ITS EXPERTISE IN CARDIOLOGY, NEUROSCIENCES, ONCOLOGY AND PEDIATRICS. AS A MERGED ENTITY, ADVOCATE AURORA HEALTH (ILLINOIS AND WISCONSIN) CONTRIBUTED NEARLY \$2.1 BILLION IN CHARITABLE CARE AND COMMUNITY HEALTH SERVICES TO ITS COMMUNITIES IN 2018. DESCRIPTION OF ADVOCATE HEALTH CARE (ILLINOIS) WHILE ADVOCATE IS ONE OF TWO ORGANIZATIONS THAT MERGED TO BECOME ADVOCATE AURORA HEALTH IN APRIL 2018, ADVOCATE IN ILLINOIS MAINTAINS A SEPARATE FEIN# AND THEREFORE THE NARRATIVE THAT FOLLOWS PERTAINS TO ADVOCATE HEALTH CARE (ILLINOIS) ONLY. ADVOCATE IS ONE OF THE LARGEST FULLY INTEGRATED HEALTH CARE SYSTEMS IN ILLINOIS AND ONE OF THE LARGEST HEALTH CARE PROVIDERS IN THE MIDWEST. IN 2018, AS PART OF A NETWORK OF NEARLY 400 SITES OF CARE IN ILLINOIS, ADVOCATE'S MORE THAN 37,500 ASSOCIATES PROVIDED CARE AT TWELVE HOSPITALS, INCLUDING A CHILDREN'S HOSPITAL LOCATED ON TWO CAMPUSES (OAK LAWN AND PARK RIDGE, ILLINOIS), TOTALING MORE THAN 3,500 BEDS. ADVOCATE HAD A COMBINED TOTAL OF 170,442 INPATIENT ADMISSIONS, 1,990,363 OUTPATIENT VISITS AND 541,548 EMERGENCY DEPARTMENT VISITS IN 2018. TEN ADVOCATE HOSPITALS HAVE BEEN RECOGNIZED FOR DELIVERING EXCEPTIONAL PATIENT CARE FOR 2018-19 BY U.S. NEWS & WORLD REPORT, INCLUDING ADVOCATE'S BROMENN, CHRIST, GOOD SAMARITAN, CONDELL, GOOD SHEPHERD, ILLINOIS MASONIC, LUTHERAN, SHERMAN, TRINITY AND CHILDREN'S HOSPITAL ON BOTH CAMPUSES. THREE ADVOCATE HOSPITALS-ADVOCATE CONDELL, ILLINOIS MASONIC AND SHERMAN-HAVE ALSO EARNED 100 TOP HOSPITALS RECOGNITION IN 2018 FROM IBM WATSON (FORMERLY TRUVEN HEALTH ANALYTICS) FOR PERFORMANCE ON PATIENT SAFETY, QUALITY OF CARE, FINANCIAL STABILITY AND OTHER METRICS. IN ADDITION, EIGHT ADVOCATE HOSPITALS-ADVOCATE'S BROMENN, CHRIST, CONDELL, GOOD SAMARITAN, GOOD SHEPHERD, ILLINOIS MASONIC, LUTHERAN GENERAL AND SHERMAN-HAVE BEEN AWARDED THE AMERICAN NURSES CREDENTIALING CENTER'S MAGNET DESIGNATION-THE HIGHEST HONOR FOR NURSING EXCELLENCE. IN 2018, THE CHICAGO TRIBUNE RANKED ADVOCATE AS ONE OF THE BEST PLACES TO WORK FOR THE SEVENTH TIME. ADVOCATE HAS ALSO BEEN RECOGNIZED BY DIVERSITY MBA AS A BEST COMPANY FOR WOMEN AND DIVERSE MANAGERS TO WORK. THIS AWARD RECOGNIZES ADVOCATE'S ONGOING STRATEGIC EFFORT TO IMPLEMENT INTENTIONAL STRATEGIES FOR WOMEN AND MANAGERS OF DIVERSE BACKGROUNDS TO ADVANCE TO LEADERSHIP ROLES IN THE ORGANIZATION. DIVERSITY MBA EMPHASIZES HOW COMPANIES ARE CHAMPIONING RECRUITMENT EFFORTS THAT RESULT IN A DIVERSE AND TARGETED TALENT SELECTION PROCESS. ADVOCATE PROVIDES EXPERT EMERGENCY CARE TO THE CHICAGO AREA'S SERIOUSLY INJURED PEOPLE THROUGH ITS FIVE LEVEL I TRAUMA CENTERS (THE STATE'S HIGHEST DESIGNATION IN TRAUMA CARE). THE LEVEL 1 TRAUMA CENTERS-LOCATED AT ADVOCATE CHRIST, ADVOCATE CONDELL, ADVOCATE GOOD SAMARITAN, ADVOCATE ILLINOIS MASONIC AND ADVOCATE LUTHERAN-COMPRISE THE LARGEST EMERGENCY AND LEVEL 1 TRAUMA NETWORK IN ILLINOIS. IN 2018, ADVOCATE'S LEVEL I TRAUMA CENTERS HANDLED 10,371 TRAUMA VISITS AND ITS LEVEL II TRAUMA CENTERS-LOCATED AT ADVOCATE BROMENN, ADVOCATE GOOD SHEPHERD AND ADVOCATE SHERMAN-HANDLED 2,044 TRAUMA VISITS. THERE WAS A TOTAL OF 529,133 NON-TRAUMA VISITS AT ADVOCATE'S THREE NON-TRAUMA HOSPITALS FOR A COMBINED TOTAL TRAUMA AND EMERGENCY ROOM VISITS FOR ALL ADVOCATE HOSPITALS OF 541,548. (NOTE: THE CHILDREN'S HOSPITAL EMERGENCY VISITS FOR BOTH CAMPUSES-OAK LAWN AND PARK RIDGE-ARE INCLUDED IN THE MAIN HOSPITALS' TOTALS.) TWO ADVOCATE HOSPITALS ALSO SERVE AS POINT OF DISPENSING HOSPITALS FOR COORDINATION OF DISASTER COMMUNICATION-ADVOCATE ILLINOIS MASONIC FOR THE CITY OF CHICAGO AND ADVOCATE CHRIST FOR A 5-COUNTY GEOGRAPHIC AREA. LEADERSHIP OF THE METROPOLITAN CHICAGO AND COLLAR COUNTY DISASTER AND COMMUNICATION COORDINATION EFFORTS REQUIRE SIGNIFICANT INVOLVEMENT IN BOTH NATIONAL AND LOCAL BIOTERRORISM AND DISASTER PREPAREDNESS ACTIVITIES. ADVOCATE TREATS MORE PEDIATRIC PATIENTS THAN ANY OTHER HOSPITAL OR SYSTEM IN THE STATE. NAMED AS ONE OF THE NATION'S BEST CHILDREN'S HOSPITALS FOR CARDIOLOGY AND HEART SURGERY AS WELL AS NEONATOLOGY BY U.S. NEWS & WORLD REPORT, ADVOCATE CHILDREN'S WAS THE FIRST CHILDREN'S HOSPITAL IN THE COUNTRY TO RECEIVE CONGENITAL HEART DISEASE ACCREDITATION FROM ACE (ACCREDITATION FOR CARDIOVASCULAR EXCELLENCE) FOR SETTING THE HIGHEST STANDARDS OF QUALITY CARE FOR CHILDREN. THE HOSPITAL IS DESCRIBED AS ONE OF 12 "WORLD CLASS" NEWBORN INTENSIVE CARE UNITS BY THE NATIONAL VERMONT OXFORD "YOUR IDEAL NICU" PROJECT. IN ADDITION, ADVOCATE CHILDREN'S PROVIDES SERVICES FOR COMPLEX SURGERIES DURING PREGNANCY AND NEONATAL PERIODS. THE ADVOCATE CHILDREN'S CENTER FOR FETAL CARE IS ONE OF THE FIRST IN CHICAGOLAND, AND ONE OF ONLY 34 SUCH MEDICAL CENTERS IN NORTH AMERICA. IN FACT, ADVOCATE CHILDREN'S IS ONE OF LESS THAN 30 HOSPITALS NATIONWIDE THAT PERFORM ADVANCED IN-UTERO FETAL THERAPY PROCEDURES. FOUR OF ADVOCATE'S HOSPITALS ARE DESIGNATED LEVEL III (THE STATE'S HIGHEST LEVEL) NEONATAL INTENSIVE CARE UNITS (NICUS). THESE HOSPITALS-ADVOCATE CHRIST, ADVOCATE GOOD SAMARITAN, ADVOCATE ILLINOIS MASONIC AND ADVOCATE LUTHERAN GENERAL-HANDLE THE MOST ILL BABIES FROM OTHER ADVOCATE HOSPITALS AND THROUGH TRANSFERS FROM NON-ADVOCATE HOSPITALS IN THE CHICAGOLAND AREA. IN 2018, THERE WERE 2,609 NICU ADMISSIONS TO ADVOCATE'S NICU-DESIGNATED HOSPITALS. MORE PEOPLE TRUST THEIR HEARTS (CARDIAC CARE) TO ADVOCATE THAN ANY OTHER HEALTH SYSTEM OR HOSPITAL IN THE STATE OF ILLINOIS. ADVOCATE'S 350 HEART SPECIALISTS PERFORM MORE THAN 20,000 HEART PROCEDURES EACH YEAR-MORE THAN THE FIVE CHICAGO ACADEMIC HOSPITALS COMBINED. ADVOCATE ALSO DIAGNOSES AND TREATS MORE CANCER THAN ANY HEALTH SYSTEM IN ILLINOIS. THIS IS IMPORTANT BECAUSE HEALTH RESEARCH SHOWS THERE IS A POSITIVE RELATIONSHIP BETWEEN THE NUMBER OF PROCEDURES PERFORMED AND QUALITY OUTCOMES. THROUGH LEADING-EDGE RESEARCH AND A STRONG TEAM OF SPECIALISTS THAT PROVIDE COMPASSIONATE AND PERSONALIZED CARE, ADVOCATE HELPS MORE CANCER PATIENTS IN ILLINOIS BECOME CANCER SURVIVORS. IN ADDITION, THE ORGANIZATION IS RECOGNIZED AS HAVING ONE OF THE LARGEST HOME HEALTH CARE COMPANIES IN THE STATE. ADVOCATE HAS ONE OF THE LARGEST PHYSICIAN NETWORKS OF PRIMARY CARE PHYSICIANS, SPECIALISTS AND SUB-SPECIALISTS IN ILLINOIS. OF THE 6,300 PHYSICIANS AFFILIATED WITH ADVOCATE, 5,000 OF THEM ARE MEMBERS OF ADVOCATE PHYSICIAN PARTNERS, THE SYSTEM'S CARE MANAGEMENT ORGANIZATION, WITH 1,500 EMPLOYED THROUGH ADVOCATE MEDICAL GROUP. ADVOCATE HAS ACADEMIC AND TEACHING AFFILIATIONS WITH MOST MAJOR UNIVERSITIES IN THE CHICAGO METROPOLITAN AREA. AT ITS FOUR TEACHING HOSPITALS, ADVOCATE TRAINS MORE PRIMARY CARE PHYSICIANS AND RESIDENTS THAN ANY OTHER HEALTH CARE SYSTEM IN THE STATE. AS ONE OF THE NATION'S LARGEST ACCOUNTABLE CARE ORGANIZATIONS (ACOS), ADVOCATE IS NATIONALLY RECOGNIZED FOR IT'S ABILITY TO POSITIVELY AFFECT RISING HEALTHCARE COSTS. WHILE MEDICARE HEALTH CARE COSTS ROSE NATIONALLY BY 3.6% IN 2015 AND 1.24% IN 2016, FOR EXAMPLE, ADVOCATE DECREASED MEDICARE COSTS IN ITS MEDICARE SHARED SAVINGS PROGRAM BY 0.81% AND 2.08%, RESPECTIVELY. ADVOCATE CONTINUES TO BE THE MARKET LEADER IN WORKING WITH PAYERS TO OFFER NEW SOLUTIONS THAT ALIGN INCENTIVES AND LEAD TO IMPROVED QUALITY WITH REDUCED COSTS TO PAYERS, EMPLOYERS AND PATIENTS. IN ADDITION, ADVOCATE COLLABORATES WITH MERIDIAN FAMILY HEALTH PLAN (FHP) OF ILLINOIS AS PART OF AN INTEGRATED CARE MODEL FOR PEOPLE ON MEDICAID. ADVOCATE HAS A STRONG HISTORY OF PROVIDING HIGH QUALITY CARE TO THE MEDICAID POPULATION WITHIN ITS NETWORK, FOCUSING ON THE KEY AREAS OF IMPROVED CARE COORDINATION, ACCESS AND QUALITY PERFORMANCE. THE RESULT HAS BEEN A REDUCTION IN EMERGENCY DEPARTMENT UTILIZATION DUE TO SUCCESSFULLY CONNECTING INDIVIDUALS IN THE PLAN TO A MEDICAL HOME.			
(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
ADVOCATE RECEIVED THE PRACTICE GREENHEALTH SYSTEM FOR CHANGE AWARD FOR THE 10TH TIME IN 2018. AS THE LONGEST RUNNING RECIPIENT OF THIS AWARD IN THE COUNTRY, THE SYSTEM FOR CHANGE AWARD IS GIVEN TO HEALTH SYSTEMS THAT WORK COHESIVELY AND ACROSS HOSPITALS AND FACILITIES TO SET AND MEET GOALS RELATED TO SUSTAINABILITY-FROM REDUCING ENERGY USE, TO INCREASING RECYCLING, TO ESTABLISHING GREEN BUILDING SPACES, ETC. IN RECOGNITION OF SUPERIOR ENERGY PERFORMANCE, THREE ADVOCATE HOSPITALS-BROMENN, EUREKA AND ILLINOIS MASONIC-EARNED THE U.S. ENVIRONMENTAL PROTECTION AGENCY'S (EPA) ENERGY STAR CERTIFICATION IN 2018. THIS WAS THE 9TH YEAR THAT ADVOCATE ILLINOIS MASONIC AND THE 2ND YEAR THAT ADVOCATE BROMENN AND EUREKA HAVE BEEN RECOGNIZED FOR THEIR LEGACIES OF CONTINUED ENERGY SAVINGS. ADVOCATE CONTRIBUTED \$714.8 MILLION IN CHARITABLE CARE AND SERVICES TO COMMUNITIES ACROSS CHICAGOLAND AND CENTRAL ILLINOIS IN 2018. MISSION/ADVOCATE IS A FAITH-BASED, NOT-FOR-PROFIT HEALTH SYSTEM RELATED TO BOTH THE EVANGELICAL LUTHERAN CHURCH IN AMERICA AND THE UNITED CHURCH OF CHRIST. ADVOCATE'S MISSION IS TO SERVE THE HEALTH NEEDS OF INDIVIDUALS, FAMILIES AND COMMUNITIES THROUGH A WHOLISTIC PHILOSOPHY ROOTED IN THE FUNDAMENTAL UNDERSTANDING OF HUMAN BEINGS AS CREATED IN THE IMAGE OF GOD. THIS WHOLISTIC APPROACH PROVIDES QUALITY CARE AND SERVICE, AND TREATS EACH PATIENT WITH DIGNITY, RESPECT AND INTEGRITY. TO GUIDE ITS RELATIONSHIPS AND ACTIONS, ADVOCATE EMBRACES THE FIVE VALUES OF COMPASSION, EQUALITY, EXCELLENCE, PARTNERSHIP AND STEWARDSHIP. THE MISSION, VALUES AND WHOLISTIC PHILOSOPHY (MVP) PERMEATE ALL AREAS OF ADVOCATE'S HEALING MINISTRY AND ARE INTEGRATED INTO EVERY ASPECT OF THE ORGANIZATION, BUILDING A CULTURAL FOUNDATION. THE MVP CALLS ADVOCATE TO EXTEND ITS SERVICES INTO THE COMMUNITY TO ADDRESS ACCESS TO CARE ISSUES AND TO IMPROVE THE HEALTH AND WELL-BEING OF THE PEOPLE IN THE COMMUNITIES ADVOCATE SERVES. POPULATION SERVED: ADVOCATE HEALTH CARE PROVIDES QUALITY HEALTH CARE TO VARIOUS COMMUNITIES IN THE CHICAGOLAND AREA AND CENTRAL ILLINOIS REGARDLESS OF RACE, CREED, NATIONAL ORIGIN, AGE OR ABILITY TO PAY. IN 2018, ADVOCATE EXPERIENCED 170,442 TOTAL INPATIENT ADMISSIONS, 1,990,363 OUTPATIENT VISITS (INCLUDING ADVOCATE MEDICAL GROUP OUTPATIENT VISITS OF 608,280), 541,548 EMERGENCY DEPARTMENT VISITS AND 19,417 DELIVERIES. IN ADDITION, ADVOCATE HOME HEALTH SERVICES HAD A TOTAL OF 28,685 ADMISSIONS IN 2018, A SUBSTANTIAL INCREASE FROM THE 26,987 ADMISSIONS REPORTED THE PREVIOUS YEAR, AND ADVOCATE HOSPICE REPORTED A TOTAL OF 147,557 ADULT PATIENT DAYS IN 2018, WHICH ALSO SUBSTANTIALLY INCREASED FROM THE 134,914 ADULT PATIENT DAYS REPORTED IN 2017.			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES SKOGSBERGH ..... PRESIDENT & CEO, DIRECTOR	1 00 ..... 55 00	X		X				0	8,463,174	48,481
MICHELE BAKER RICHARDSON ..... CHAIRPERSON, DIRECTOR	1 00 .....	X		X				0	90,966	0
JOHN TIMMER ..... DIRECTOR	1 00 ..... 1 00	X						0	74,966	0
GAIL D HASBROUCK ..... DIRECTOR	1 00 ..... 1 00	X						420,963	10,000	46
DAVID ANDERSON ..... DIRECTOR	1 00 ..... 1 00	X						0	84,966	0
REV DR NATHANIEL EDMOND ..... DIRECTOR	1 00 ..... 1 00	X						0	4,000	0
RON GREENE ..... DIRECTOR	1 00 ..... 1 00	X						0	11,500	0
MARK HARRIS JD ..... DIRECTOR	1 00 ..... 1 00	X						0	42,700	0
LYNN CRUMP-CAINE ..... DIRECTOR	1 00 ..... 1 00	X						0	62,300	0
CLARENCE NIXON JR PHD ..... DIRECTOR	1 00 ..... 1 00	X						0	10,000	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
K RICHARD JAKLE ..... VICE CHAIRPERSON, DIRECTOR	1 00 ..... 1 00	X		X				0	78,966	0
GARY STUCK DO ..... EVP, CHIEF MEDICAL OFFICER, DIRECTOR	55 00 ..... 1 00	X		X				218,973	0	21,996
WILLIAM P SANTULLI ..... EVP, CHIEF OPERATING OFFICER	1 00 ..... 55 00			X				0	3,965,389	50,170
LEE B SACKS MD ..... EVP, CHIEF MEDICAL OFFICER	1 00 ..... 55 00			X				0	3,488,609	50,288
JAMES DOHENY ..... VP, CONTROLLER & ASST TREASURER	55 00 ..... 1 00			X				518,656	0	53,917
REV KATHIE BENDER SCHWICH ..... SVP, MISSION & SPIRITUAL CARE	1 00 ..... 55 00			X				0	824,646	101,437
KEVIN BRADY ..... SVP, CHIEF HUMAN RESOURCES OFFICER	1 00 ..... 55 00			X				0	1,795,883	63,605
VINCENT BUFALINO MD ..... PRESIDENT OF PHYS & AMB SVCS/ AMG	1 00 ..... 55 00			X				0	1,886,580	52,227
SUSAN CAMPBELL ..... SVP OF PATIENT CARE, CHIEF NURSING OFFICER	55 00 ..... 1 00			X				2,064,210	0	83,508
KELLY JO GOLSON ..... SVP, CHIEF MARKETING OFFICER	1 00 ..... 55 00			X				0	1,186,912	28,087

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOMINIC J NAKIS ..... SVP, CFO & TREASURER	1 00 ..... 55 00			X				0	2,635,976	53,865
SCOTT POWDER ..... SVP, CHIEF STRATEGY OFFICER	1 00 ..... 55 00			X				0	1,379,724	50,432
EARL J BARNES II ..... SVP, GENERAL COUNSEL & SECRETART	1 00 ..... 25 00			X				0	1,960,426	152,541
BARBARA BYRNE MD ..... SVP, CHIEF INFORMATION OFFICER	1 00 ..... 55 00			X				0	971,920	120,421
JAMES SLINKMAN ..... ASSISTANT SECRETARY	1 00 ..... 55 00			X				0	393,448	59,213
LESLIE LENZO ..... ASSISTANT TREASURER	55 00 ..... 1 00			X				646,273	0	41,758
MICHAEL GREBE ..... ASSISTANT SECRETARY	1 00 ..... 55 00			X				0	995,402	90,670
MICHAEL KERNS ..... ASSISTANT SECRETARY	1 00 ..... 55 00			X				0	420,969	60,895
MICHAEL LAPPIN ..... SECRETARY	1 00 ..... 55 00			X				0	1,927,178	143,340
NAN NELSON ..... ASSISTANT TREASURER	1 00 ..... 55 00			X				0	920,042	84,115

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RACHELLE HART ..... ASSISTANT SECRETARY	1 00 ..... 55 00			X				0	626,395	40,485
STEVE HUSER ..... ASSISTANT TREASURER	1 00 ..... 55 00			X				0	337,534	44,422
MICHAEL FARRELL ..... PRESIDENT OF ADVOCATE CHILDREN'S HOSPITAL	55 00 ..... 0 00				X			2,250,426	0	48,543
DAVID FOX JR ..... PRESIDENT OF GOOD SAMARITAN	25 00 ..... 0 00				X			1,146,967	0	55,330
DOMINICA TALLARICO ..... PRESIDENT OF LUTHERAN GENERAL (UNTIL MAY 2018)	55 00 ..... 1 00				X			1,481,074	0	49,939
TERIKA R MBANU ..... PRESIDENT OF LUTHERAN GENERAL, TRINITY & SS	55 00 ..... 0 00				X			797,504	0	134,774
RICHARD HEIM ..... PSA OF S CHICAGO & SS, PRESIDENT OF CHRIST	55 00 ..... 0 00				X			1,281,165	0	48,029
COLLEEN KANNADAY ..... PRESIDENT OF BROMENN	55 00 ..... 1 00				X			1,234,891	0	49,474
KAREN LAMBERT ..... PRESIDENT OF GOOD SHEPHERD & CONDELL	55 00 ..... 1 00				X			1,432,738	0	64,475
MATTHEW PRIMACK ..... PRESIDENT OF CHRIST MEDICAL CENTER	55 00 ..... 0 00				X			473,774	0	44,505



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY M TINSLEY ..... PRESIDENT OF GOOD SAMARITAN	55 00 ..... 0 00				X			194,569	0	16,235
HAMAD FARHAT MD ..... NEUROSURGEON	55 00 ..... 0 00					X		1,740,761	0	55,208
MICHEL ILBAWI MD ..... PEDIATRIC CV SURGERY	55 00 ..... 0 00					X		1,237,080	0	48,058
DEAN KARAHALIOS MD ..... NEUROSURGEON	55 00 ..... 0 00					X		1,186,278	0	56,787
EGON DOPPENBERG MD ..... NEUROSURGEON	55 00 ..... 0 00					X		1,188,843	0	55,041
ERIC TOWER ..... VP, ASSOCIATE GENERAL COUNSEL	0 00 ..... 25 00					X		0	1,372,677	49,961
BRUCE D SMITH ..... SVP, FORMER CHIEF INFORMATION OFFICER	0 00 ..... 1 00						X	508,520	0	46
JAMES DAN MD ..... FORMER PRES PHYS & AMB SVCS/ AMG	0 00 ..... 0 00						X	246,725	0	654
KENNETH LUKHARD ..... FORMER PRESIDENT OF CHRIST MEDICAL CENTER	0 00 ..... 0 00						X	1,887,701	0	67,482
RICK FLOYD ..... FORMER PRESIDENT OF LUTHERAN GENERAL	0 00 ..... 0 00						X	881,840	0	24,270

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RYAN TROMBLY MD ..... FORMER NEUROSURGEON	0 00 ..... 0 00						X	1,045,335	0	35,120

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number

36-2169147

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>► <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>► <input type="checkbox"/></span>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	<b>3b</b>	

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			



Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

Additional Data

Software ID:  
Software Version:  
EIN: 36-2169147  
Name: ADVOCATE HEALTH AND HOSPITALS CORP

Part VI

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

Facts And Circumstances Test

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization ADVOCATE HEALTH AND HOSPITALS CORP	Employer identification number 36-2169147
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

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

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?	Yes		
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?	Yes		5,812
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		331,198
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		835,487
<b>j</b>	Total. Add lines 1c through 1i			1,172,497
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV** Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE C, PART II-B, LINES 1A, B, D, G	SUPPLEMENTAL LOBBYING INFORMATION ADVOCATE HEALTH AND HOSPITALS CORPORATION SPONSORS A NURSE ADVOCACY COUNCIL, COMPRISED OF NURSES EMPLOYED BY THE SYSTEM. THIS GROUP PROVIDES LEGISLATIVE FORUMS AND EDUCATION SUMMITS TO APPRISE AND EDUCATE LEGISLATORS OF THE ISSUES FACING THE NURSING PROFESSION AND HOW CHANGES IN LEGISLATION AFFECT PATIENT CARE.
FORM 990, SCHEDULE C, PART II-B, LINE 1I	ADVOCATE HEALTH AND HOSPITALS CORPORATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION AND THE ILLINOIS HEALTH AND HOSPITAL ASSOCIATION. THESE ORGANIZATIONS, AS PART OF THEIR MISSIONS, ADVOCATE IN THE GENERAL ASSEMBLY AND CONGRESS ON LEGAL AND POLICY ISSUES THAT AFFECT HEALTHCARE INCLUDING QUALITY, AFFORDABILITY, PATIENT ACCESS AND ACCREDITATION. A PORTION OF THE ANNUAL MEMBERSHIP DUES PAID TO THESE ORGANIZATIONS IS ATTRIBUTABLE TO THESE LOBBYING ACTIVITIES. ADVOCATE ALSO ENGAGES CERTAIN FIRMS TO LOBBY ON ITS BEHALF REGARDING ISSUES AND POLICIES THAT AFFECT HEALTHCARE SUCH AS QUALITY, AFFORDABILITY AND PATIENT ACCESS. ADVOCATE ALSO REIMBURSES VARIOUS ASSOCIATES FOR DUES PAID TO VARIOUS PROFESSIONAL ORGANIZATIONS AND ALSO FOR EDUCATIONAL EXPENSES PROVIDED BY PROFESSIONAL AND MEMBERSHIP ORGANIZATIONS. ADVOCATE ENDEAVORS TO IDENTIFY THE PORTION OF DUES OR FEES PAID TO THESE ORGANIZATIONS WHICH ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number  
36-2169147

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	12,815,456	166,690,337		179,505,793
b Buildings . . . . .		2,865,803,135	1,411,223,546	1,454,579,589
c Leasehold improvements		164,418,063	72,258,486	92,159,577
d Equipment . . . . .		1,570,800,303	1,215,721,169	355,079,134
e Other . . . . .		140,323,160	-1,053	140,324,213
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,221,648,306

Part VII

Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .	3,385,868,614	F
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	▶ 3,385,868,614	

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	▶ 4,640,638,488

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

☐



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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation	
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<b>Part XIII</b>	<b>Supplemental Information <i>(continued)</i></b>
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Return Reference	Explanation
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**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 36-2169147

**Name:** ADVOCATE HEALTH AND HOSPITALS CORP

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

1	(a) Description of Liability	(b) Book Value
	SELF INSURANCE LIABILITY	627,149,095
	3RD PARTY SETTLEMENTS	175,979,329
	EXECUTIVE PENSION LIABILITY & DEF C	167,060,873
	TAXABLE TERM LOAN	824,232,508
	INTEREST RATE SWAP MTM SERIES	65,376,337
	UNFUNDED HRA/DRA	29,543,791
	OBLIGATION TO RETURN COLLATERAL	18,869,016
	LONG TERM DISABILITY	20,044,300
	REMEDIATION COST ACCRUAL	16,812,202
	DEFERRED CONTRACTS	2,882,512

Form 990, Schedule D, Part X, - Other Liabilities	
1 (a) Description of Liability	(b) Book Value
DEACONESS RESIDENCE LIABILITY	306,000
OTHER NONCURRENT LIABILITIES	36,417,580
DUE TO INVESTMENT POOL	2,655,964,945

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

ADVOCATE HEALTH AND HOSPITALS CORP

**Employer identification number**

36-2169147

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☐ No

- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total	1	1			3,378,123,790
<b>b</b> Total from continuation sheets to Part I					70,655,700
<b>c Totals</b> (add lines 3a and 3b)	1	1			3,448,779,490

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>( 1 )</b>									
<b>( 2 )</b>									
<b>( 3 )</b>									
<b>( 4 )</b>									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ► \_\_\_\_\_
- 3 Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 )							
( 2 )							
( 3 )							
( 4 )							
( 5 )							
( 6 )							
( 7 )							
( 8 )							
( 9 )							
( 10 )							
( 11 )							
( 12 )							
( 13 )							
( 14 )							
( 15 )							
( 16 )							
( 17 )							
( 18 )							

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
FORM 990, SCHEDULE F, PART I, LINE 3	TOTAL EXPENDITURES THE EXPENDITURES REPORTED IN PART I, LINE 3 ARE BASED ON THE CASH PAID FOR THESE ACTIVITIES

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-2169147

**Name:** ADVOCATE HEALTH AND HOSPITALS CORP

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	1	1	INVESTMENTS		2,059,082,138
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	SELF-INSURANCE	15,104,393

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC			INVESTMENTS		359,513,441
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	CONFERENCE	18,042

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		938,901,764
EUROPE (INCLUDING ICELAND & GREENLAND)			PROGRAM SERVICES	CONFERENCE	2,235

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		5,489,572
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	CONFERENCE	12,205

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			INVESTMENTS		61,650,252
NORTH AMERICA			PROGRAM SERVICES	CONFERENCE	801

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA			INVESTMENTS		2,460,977
SOUTH ASIA			INVESTMENTS		6,543,670

SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number  
36-2169147

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			55,694,294	246,551	55,447,743	1 080 %
b Medicaid (from Worksheet 3, column a)			727,670,255	557,900,125	169,770,130	3 310 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			783,364,549	558,146,676	225,217,873	4 390 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			8,947,025		8,947,025	0 170 %
f Health professions education (from Worksheet 5)			113,229,279	24,438,416	88,790,863	1 730 %
g Subsidized health services (from Worksheet 6)			52,223,716	39,265,604	12,958,112	0 250 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			5,160,413		5,160,413	0 100 %
j Total. Other Benefits			179,560,433	63,704,020	115,856,413	2 250 %
k Total. Add lines 7d and 7j			962,924,982	621,850,696	341,074,286	6 640 %



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

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

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>		No
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>		
	171,998,153		
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>		
	18,778,225		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	1,209,382,255
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	1,370,619,997
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-161,237,742
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

**Part V Facility Information****Section A. Hospital Facilities**

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

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

**8**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
ADVOCATE BROMENN MEDICAL CENTER**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

6

**Community Health Needs Assessment**

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

ADVOCATE BROMENN MEDICAL CENTER			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 600 000000000000 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

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

ADVOCATE BROMENN MEDICAL CENTER

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

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

**Policy Relating to Emergency Medical Care**

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

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

ADVOCATE BROMENN MEDICAL CENTER

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
CHRIST HOSP INCL HOPE CHILDREN'S HOSP**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

CHRIST HOSP INCL HOPE CHILDREN'S HOSP			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 600 000000000000 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		



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

CHRIST HOSP INCL HOPE CHILDREN'S HOSP

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

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

**Policy Relating to Emergency Medical Care**

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

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

CHRIST HOSP INCL HOPE CHILDREN'S HOSP

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
ADVOCATE EUREKA HOSPITAL**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

8

**Community Health Needs Assessment**

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

ADVOCATE EUREKA HOSPITAL			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 600 000000000000 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

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

ADVOCATE EUREKA HOSPITAL

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

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

**Policy Relating to Emergency Medical Care**

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

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

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

ADVOCATE EUREKA HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
ADVOCATE GOOD SHEPHERD HOSPITAL**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

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**Community Health Needs Assessment**

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

ADVOCATE GOOD SHEPHERD HOSPITAL				
Name of hospital facility or letter of facility reporting group			Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 600 000000000000 %			
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)			
c	<input type="checkbox"/> Asset level			
d	<input checked="" type="checkbox"/> Medical indigency			
e	<input checked="" type="checkbox"/> Insurance status			
f	<input checked="" type="checkbox"/> Underinsurance discount			
g	<input checked="" type="checkbox"/> Residency			
h	<input checked="" type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	<input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE			
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE			
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE			
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	<input checked="" type="checkbox"/> Other (describe in Section C)			



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

ADVOCATE GOOD SHEPHERD HOSPITAL

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

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

**Policy Relating to Emergency Medical Care**

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

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

ADVOCATE GOOD SHEPHERD HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
ADVOCATE GOOD SAMARITAN HOSPITAL**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_**3****Community Health Needs Assessment**

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

ADVOCATE GOOD SAMARITAN HOSPITAL				
Name of hospital facility or letter of facility reporting group			Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 600 000000000000 %			
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)			
c	<input type="checkbox"/> Asset level			
d	<input checked="" type="checkbox"/> Medical indigency			
e	<input checked="" type="checkbox"/> Insurance status			
f	<input checked="" type="checkbox"/> Underinsurance discount			
g	<input checked="" type="checkbox"/> Residency			
h	<input checked="" type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	<input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE			
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE			
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE			
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	<input checked="" type="checkbox"/> Other (describe in Section C)			

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

ADVOCATE GOOD SAMARITAN HOSPITAL

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

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

**Policy Relating to Emergency Medical Care**

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

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

ADVOCATE GOOD SAMARITAN HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
LUTHERAN GEN HOSP INCL LUTH GEN CHILD**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

2

**Community Health Needs Assessment**

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

LUTHERAN GEN HOSP INCL LUTH GEN CHILD

Name of hospital facility or letter of facility reporting group		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 600 000000000000 %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			



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

LUTHERAN GEN HOSP INCL LUTH GEN CHILD

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

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

**Policy Relating to Emergency Medical Care**

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

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

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

LUTHERAN GEN HOSP INCL LUTH GEN CHILD

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
ADVOCATE SOUTH SUBURBAN HOSPITAL**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

5

**Community Health Needs Assessment**

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

ADVOCATE SOUTH SUBURBAN HOSPITAL				
Name of hospital facility or letter of facility reporting group			Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 600 000000000000 %			
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)			
c	<input type="checkbox"/> Asset level			
d	<input checked="" type="checkbox"/> Medical indigency			
e	<input checked="" type="checkbox"/> Insurance status			
f	<input checked="" type="checkbox"/> Underinsurance discount			
g	<input checked="" type="checkbox"/> Residency			
h	<input checked="" type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	<input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE			
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE			
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE			
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	<input checked="" type="checkbox"/> Other (describe in Section C)			

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

ADVOCATE SOUTH SUBURBAN HOSPITAL

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

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

**Policy Relating to Emergency Medical Care**

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

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

ADVOCATE SOUTH SUBURBAN HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
ADVOCATE TRINITY HOSPITAL**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

7

**Community Health Needs Assessment**

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

ADVOCATE TRINITY HOSPITAL				
Name of hospital facility or letter of facility reporting group			Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 600 000000000000 %			
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)			
c	<input type="checkbox"/> Asset level			
d	<input checked="" type="checkbox"/> Medical indigency			
e	<input checked="" type="checkbox"/> Insurance status			
f	<input checked="" type="checkbox"/> Underinsurance discount			
g	<input checked="" type="checkbox"/> Residency			
h	<input checked="" type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	<input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE			
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE			
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW ADVOCATEHEALTH COM/FINANCIALASSISTANCE			
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	<input checked="" type="checkbox"/> Other (describe in Section C)			



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

ADVOCATE TRINITY HOSPITAL

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

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

**Policy Relating to Emergency Medical Care**

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

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

ADVOCATE TRINITY HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

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

[illegible]

**Part V** **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 399

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

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7	PART VI, LINE 1 - DESCRIPTION FOR PART I, LINE 7A COST-TO-CHARGE RATIO, DERIVED FROM SCHEDULE H INSTRUCTIONS WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES, WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE FOR PART I, LINE 7A SCHEDULE H INSTRUCTIONS WORKSHEET 3, UNREIMBURSED MEDICAID AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS, WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE FOR PART I, LINE 7B A COST ACCOUNTING SYSTEM WAS USED TO DETERMINE THE AMOUNTS REPORTED IN THE TABLE FOR PART I, LINES 7E, 7F, 7G, AND 7I

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7G	PART VI, LINE 1 - DESCRIPTION FOR PART I, LINE 7GADVOCATE HEALTH & HOSPITALS CORPORATION PROVIDES SUBSIDIZED HEALTH SERVICES TO THE COMMUNITY THESE SERVICES ARE PROVIDED DESPITE CREATING A FINANCIAL LOSS FOR AHHC THESE SERVICES ARE PROVIDED BECAUSE THEY MEET AN IDENTIFIED COMMUNITY NEED IF AHHC DID NOT PROVIDE THE CLINICAL SERVICE, IT IS REASONABLE TO CONCLUDE THAT THESE SERVICES WOULD NOT BE AVAILABLE TO THE COMMUNITY THE SERVICES INCLUDED ARE BOTH INPATIENT AND OUTPATIENT PROGRAMS FOR, MENTAL, BEHAVIORAL AND CHEMICAL DEPENDENCY HEALTH SERVICES, REHABILITATION SERVICES, CARDIAC SURGERY, ORTHOPEDIC AND HOSPICE SERVICES

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	PART VI, LINE 1 - DESCRIPTION FOR PART I, LINE 7, COLUMN (F)\$171,998,153 OF BAD DEBT EXPENSE WAS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT WAS REMOVED FROM THE DENOMINATOR FOR PURPOSES OF SCHEDULE H, PART I, LINE 7, COLUMN (F)

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>COMMUNITY BUILDING ACTIVITIES REPORT - ENVIRONMENTAL IMPROVEMENTS</p> <p>ADVOCATE HEALTH CARE IS COMMITTED TO GREENING HEALTH CARE BECAUSE IT IS DEEPLY CONNECTED TO OUR CORE MISSION - HEALTH AND HEALING. WE UNDERSTAND THAT THE HEALTH OF THE ENVIRONMENT AND THE HEALTH OF THE PATIENTS AND COMMUNITIES WE SERVE IS INEXTRICABLY LINKED - AND THAT A HEALTHY PLANET SUPPORTS HEALTHY PEOPLE. REDUCING WASTE, CONSERVING ENERGY AND WATER, MINIMIZING USE OF TOXIC CHEMICALS, AND CONSTRUCTING ECO-FRIENDLY BUILDINGS FOR TODAY AND TOMORROW - ALL OF THESE EFFORTS HAVE A DIRECT BENEFIT ON THE HEALTH OF LOCAL COMMUNITIES VIA CLEANER COMMUNITIES, HEALTHIER AIR QUALITY, REDUCED GREENHOUSE GASES, AND PRESERVATION OF NATURAL RESOURCES. AS WE WORK TO REDUCE THE ENVIRONMENTAL AND HEALTH IMPACT OF HEALTH CARE, OUR ENVIRONMENTAL STEWARDSHIP PRACTICES HELP EASE THE BURDEN OF HEALTH CARE COSTS BOTH DIRECTLY (LOWER ENERGY COSTS) AND INDIRECTLY (LOWER ENVIRONMENTALLY-RELATED DISEASE BURDEN).</p> <p>1. MENTORING AND EDUCATION: WE WORK TO SERVE THE HEALTH NEEDS OF TODAY'S PATIENTS AND FAMILIES WITHOUT COMPROMISING THE NEEDS OF FUTURE GENERATIONS. ADVOCATE HAS COMMITTED RESOURCES TO SHARING LESSONS LEARNED AND BEST PRACTICES WITH OTHER HOSPITALS AND HEALTH SYSTEMS, BOTH LOCALLY AND NATIONALLY, AND WE DO SO IN A VARIETY OF WAYS. ADVOCATE HEALTH CARE WAS ONE OF 12 FOUNDING AND SPONSORING HEALTH SYSTEMS OF THE NATIONAL HEALTHIER HOSPITALS INITIATIVE, WHICH HAS NOW BECOME A PERMANENT PROGRAM OF PRACTICE GREENHEALTH. THE HEALTHIER HOSPITALS PROGRAM ENGAGES OVER 1,300 HOSPITALS IN SIX KEY CATEGORIES OF HEALTH CARE SUSTAINABILITY: ENGAGED LEADERSHIP, HEALTHIER FOODS, LESS WASTE, LEANER ENERGY, SAFER CHEMICALS, AND SMARTER PURCHASING. ENROLLED HOSPITALS HAVE ACCOMPLISHED REDUCTIONS IN MEAT PURCHASING, INCREASED PURCHASING OF LOCAL AND SUSTAINABLE FOOD, REDUCED EXPOSURE TO TOXIC CHEMICALS THROUGH GREEN CLEANING PROGRAMS AND CONVERSION OF MEDICAL PRODUCTS FREE FROM PVC AND DEHP AND DECREASED ENERGY AND WASTE. ADVOCATE IS PROUD TO JOURNEY WITH THIS GROWING MASS OF HOSPITALS THROUGH ITS OWN INVOLVEMENT AND LEADERSHIP IN THE HEALTHIER HOSPITALS CHALLENGES. ADVOCATE CONTINUES ITS LEADERSHIP, ADVOCACY AND MENTORING ROLE NATIONALLY THROUGH PARTICIPATION IN SEVERAL HEALTHCARE SUSTAINABILITY LEADERSHIP GROUPS AND ADVISORY BOARDS, ADDRESSING ANTIBIOTIC OVERUSE IN AGRICULTURE, SAFER CHEMICALS IN FURNISHING AND MEDICAL PRODUCTS, CLIMATE CHANGE, PLASTICS RECYCLING, AND ENVIRONMENTALLY-PREFERABLE PURCHASING.</p> <p>"PRACTICE GREENHEALTH MARKET TRANSFORMATION GROUP - LESS MEAT, BETTER MEAT" PRACTICE GREENHEALTH MARKET TRANSFORMATION GROUP - SAFER CHEMICALS" HEALTH CARE CLIMATE COUNCIL " HEALTHCARE PLASTICS RECYCLING COALITION - HEALTHCARE FACILITY ADVISORY BOARD" VIZIENT ENVIRONMENTAL ADVISORY COUNCIL " SIGNATORY OF THE CHEMICAL FOOTPRINT PROJECT</p> <p>ADVOCATE ALSO COMMONLY PROVIDES MENTORING TO HEALTH CARE COMMUNITY ON SUSTAINABILITY BEST PRACTICES THROUGH PRESENTATIONS AND WEBINARS, AS WELL AS TO INDIVIDUAL HEALTH CARE INSTITUTIONS ON A CASE-BY-CASE BASIS.</p> <p>2. ADVOCATE HEALTH CARE SYSTEM - 2018 ENVIRONMENTAL INITIATIVES " REDUCED CUMULATIVE (ELEVEN HOSPITALS) HOSPITAL ENERGY CONSUMPTION BY 0.5 PERCENT IN TWELVE MONTHS ENDING 11/30/18. OUR 2018 ENERGY REDUCTIONS SAVED ADVOCATE \$490,000 IN ENERGY COSTS" AVOIDED 2,811 MT CO<sub>2</sub>E OF GREENHOUSE GASES (EQUIVALENT TO 6.8 MILLION MILES OF DRIVING) THROUGH ECO-FRIENDLY MANAGEMENT OF ANESTHETIC GASES " RECYCLED 2,760 TONS OF WASTE FROM HOSPITAL OPERATIONS " RECYCLED 74 PERCENT, OR 1,370 TONS, OF CONSTRUCTION AND DEMOLITION DEBRIS " SAVED 56 TONS OF WASTE FROM LANDFILL AND SAVED OVER \$2 MILLION VIA OUR SURGICAL AND MEDICAL DEVICE REPROCESSING PROGRAMS " CONTINUED OUR DONATION PROGRAM WITH PROJECT CURE, A NON-PROFIT ORGANIZATION THAT WILL RESPONSIBLY REDISTRIBUTE DONATED MEDICAL SUPPLIES AND EQUIPMENT TO UNDER-RESOURCED AREAS AROUND THE GLOBE, FOR ALL ADVOCATE HEALTH CARE FACILITIES. ADVOCATE DONATED A TOTAL OF 91 PALLETS OF MISCELLANEOUS MEDICAL SUPPLIES AND 13 PIECES OF MEDICAL EQUIPMENT TO PROJECT CURE IN 2018, ALL OF WHICH MAY HAVE OTHERWISE BEEN LANDFILLED " PURCHASED 7,134 FEWER REAMS OF PAPER IN 2018 VERSUS 2017 EVEN THOUGH PATIENT VOLUMES ROSE - TRANSLATING INTO AN OVER 3% YEAR-OVER-YEAR REDUCTION IN PAPER USAGE " SPENT 78% OF ADVOCATE'S EXPENSES IN SELECT CLEANING PRODUCT CATEGORIES (WINDOW, FLOOR, CARPET, BATHROOM, AND GENERAL-PURPOSE CLEANERS) ON THIRD-PARTY CERTIFIED "GREEN" CLEANERS " INCREASED THE PURCHASE OF HEALTHIER HOSPITALS-APPROVED FURNITURE, MADE WITHOUT SELECT CHEMICALS OF CONCERN, INCLUDING PERFLUORINATED COMPOUNDS, PVC (VINYL), FORMALDEHYDE, FLAME RETARDANTS (WHERE CODE PERMISSIBLE) AND ANTIMICROBIALS, TO 78% OF TOTAL PURCHASES " PURCHASED 24% OF TOTAL MEAT PRODUCTS FROM LIVESTOCK AND POULTRY RAISED WITHOUT THE ROUTINE USE OF ANTIBIOTICS, SUPPORTING THE JUDICIOUS AND RESPONSIBLE USE OF ANTIBIOTICS IN AGRICULTURE WHICH CAN HELP SLOW THE EMERGENCE OF ANTIBIOTIC-RESISTANT BACTERIA " PLEASE SEE ADVOCATE HEALTH CARE'S PUBLICLY-FACING S</p>



Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>           USTAINABILITY &amp; WELLNESS WEBSITE FOR MORE INFORMATION 3 HOSPITAL-BASED ENVIRONMENTAL IMPROVEMENTS IN 2018 ADVOCATE BROMENN MEDICAL CENTER" DIVERTED OVER 310,000 POUNDS OF WASTE FROM THE LANDFILL THROUGH ITS VARIOUS RECYCLING PROGRAMS " AVOIDED 7,800 POUNDS OF MEDICAL AND SOLID WASTE THROUGH ITS DEVICE REPROCESSING PROGRAMS " PARTNERED WITH ILLINOIS STATE UNIVERSITY TO COMPOST OVER 32,000 POUNDS OF FOOD WASTE, REDUCING ITS VOLUME OF WASTE TO LOCAL LANDFILLS " REUSED AND DONATED CLEAN, USED LINENS TO LOCAL ORGANIZATIONS INCLUDING ANIMAL AND HOMELESS SHELTERS, AMBULANCE SERVICE COMPANY OR REUSED AS CLEANING CLOTHS WITHIN THE HOSPITAL " PURCHASED 100% THIRD-PARTY CERTIFIED GREEN CLEANERS FOR SELECT CLEANING PRODUCT CATEGORIES (WINDOW, FLOOR, CARPET, BATHROOM, AND GENERAL PURPOSE CLEANERS) " 83% OF FURNITURE PURCHASES WERE FREE OF FIVE KEY CHEMICALS OF CONCERN " DONATED 4 PALLETS OF VARIOUS MEDICAL SUPPLIES AND 9 PIECES OF MEDICAL EQUIPMENT TO PROJECT CURE FOR USE IN RESOURCE-LIMITED AREAS AROUND THE WORLD IN 2018 " IN PARTNERSHIP WITH THE COMMUNITY, HOSTED A VEGETABLE GARDEN ON CAMPUS, PROVIDING GARDENING EDUCATION AND HEALTHY PRODUCE TO PATIENTS AND COMMUNITY MEMBERS ADVOCATE CHRIST MEDICAL CENTER" DIVERTED OVER 778,000 POUNDS OF WASTE FROM THE LANDFILL THROUGH ITS VARIOUS RECYCLING PROGRAMS " AVOIDED 18,100 POUNDS OF MEDICAL AND SOLID WASTE THROUGH ITS MEDICAL AND SURGICAL DEVICE REPROCESSING PROGRAMS" PURCHASED 4,670 FEWER REAMS OF PAPER IN 2018 VERSUS 2017, TRANSLATING INTO AN 8.4% YEAR OVER YEAR REDUCTION IN PAPER USAGE " 86% OF CLEANING PRODUCTS PURCHASED FOR FIVE KEY CATEGORIES (WINDOW, FLOOR, CARPET, BATHROOM, AND GENERAL PURPOSE CLEANERS) WERE THIRD-PARTY GREEN CERTIFIED " DONATED 13 PALLETS OF VARIOUS MEDICAL SUPPLIES TO PROJECT CURE FOR USE IN RESOURCE-LIMITED AREAS AROUND THE WORLD IN 2018 ADVOCATE EUREKA HOSPITAL" RECEIVED THE U.S. ENVIRONMENTAL PROTECTION AGENCY'S ENERGY STAR CERTIFICATION IN 2018 - ONE OF ONLY THREE HOSPITALS IN ILLINOIS TO DO SO " USED 3% LESS ENERGY PER SQUARE FOOT IN 2018 THAN IN 2017 (WEATHER NORMALIZED) " DIVERTED OVER 22,300 POUNDS OF OPERATING WASTE FROM THE LANDFILL THROUGH ITS VARIOUS RECYCLING PROGRAMS " HAS THE LOWEST WASTE PRODUCTION RATE IN THE ADVOCATE SYSTEM, CREATING LESS THAN 5.5 POUNDS OF SOLID AND MEDICAL WASTE PER ADJUSTED PATIENT DAY " PURCHASED 130 FEWER REAMS OF PAPER IN 2018 VERSUS 2017, TRANSLATING INTO A 17% YEAR OVER YEAR REDUCTION IN PAPER USAGE ADVOCATE GOOD SAMARITAN HOSPITAL" DIVERTED OVER 744,000 POUNDS OF OPERATING WASTE FROM THE LANDFILL THROUGH ITS VARIOUS RECYCLING PROGRAMS " AVOIDED 14,900 POUNDS OF MEDICAL AND SOLID WASTE IN 2018 THROUGH ITS MEDICAL AND SURGICAL DEVICE REPROCESSING PROGRAMS" PURCHASED 100% THIRD-PARTY CERTIFIED GREEN CLEANERS FOR SELECT CLEANING PRODUCT CATEGORIES (WINDOW, FLOOR, CARPET, BATHROOM, AND GENERAL PURPOSE CLEANERS) " IN 2017, GOOD SAMARITAN DONATED 12 PALLETS OF VARIOUS MEDICAL SUPPLIES AND TO PROJECT CURE FOR USE IN RESOURCE-LIMITED AREAS AROUND THE WORLD ADVOCATE GOOD SHEPHERD HOSPITAL" DONATED LAND TO AND PARTNERED WITH A LOCAL NON-PROFIT ORGANIZATION, SMART FARM, TO GROW VEGETABLES AND TEACH THE COMMUNITY HOW TO GROW ORGANIC FOOD AND EAT HEALTHY THE SMART FARM DONATED OVER 14,000 POUNDS OF FRESH PRODUCE TO LOCAL FOOD PANTRIES IN 2018 " DIVERTED OVER 405,000 POUNDS OF OPERATING WASTE FROM THE LANDFILL THROUGH ITS VARIOUS RECYCLING PROGRAMS " AVOIDED ALMOST 10,000 POUNDS OF MEDICAL AND SOLID WASTE THROUGH ITS DEVICE REPROCESSING PROGRAMS" 78% OF FURNITURE PURCHASES WERE FREE OF FIVE KEY CHEMICALS OF CONCERN " PURCHASED 100% THIRD-PARTY CERTIFIED GREEN CLEANERS FOR SELECT CLEANING PRODUCT CATEGORIES (WINDOW, FLOOR, CARPET, BATHROOM, AND GENERAL-PURPOSE CLEANERS) " PURCHASED 1,072 FEWER REAMS OF PAPER IN 2018 VERSUS 2017, TRANSLATING INTO A 7.1% YEAR OVER YEAR REDUCTION IN PAPER USAGE         </p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>COMMUNITY BUILDING ACTIVITIES REPORT - ENVIRONMENTAL IMPROVEMENTS- CONTINUED" IN 2018, GOOD SHEPHERD DONATED 37 PALLETS OF VARIOUS MEDICAL SUPPLIES TO PROJECT CURE FOR USE IN RESOURCE-LIMITED AREAS AROUND THE WORLD ADVOCATE LUTHERAN GENERAL HOSPITAL" LUTHERAN GENERAL HOSPITAL DIVERTED OVER ONE MILLION POUNDS OF OPERATING WASTE FROM THE LANDFILL THROUGH ITS VARIOUS RECYCLING PROGRAMS " AVOIDED 18,000 POUNDS OF MEDICAL AND SOLID WASTE THROUGH ITS MEDICAL AND SURGICAL DEVICE REPROCESSING PROGRAMS" 72% OF FURNITURE PURCHASES WERE FREE OF FIVE KEY CHEMICALS OF CONCERN " PURCHASED 33% OF TOTAL MEAT PRODUCTS FROM LIVESTOCK AND POULTRY RAISED WITHOUT THE ROUTINE USE OF ANTIBIOTICS, SUPPORTING THE JUDICIOUS AND RESPONSIBLE USE OF ANTIBIOTICS IN AGRICULTURE WHICH CAN HELP SLOW THE EMERGENCE OF ANTIBIOTIC-RESISTANT BACTERIA " IN 2018, LUTHERAN GENERAL DONATED 6 PALLETS OF VARIOUS MEDICAL SUPPLIES TO PROJECT CURE FOR USE IN RESOURCE-LIMITED AREAS AROUND THE WORLD ADVOCATE SOUTH SUBURBAN HOSPITAL" DIVERTED OVER 405,000 POUNDS OF OPERATING WASTE FROM THE LANDFILL THROUGH ITS VARIOUS RECYCLING PROGRAMS " USED 5 5% LESS ENERGY PER SQUARE FOOT IN 2017 THAN IN 2016 (WEATHER NORMALIZED) " AVOIDED 6,600 POUNDS OF MEDICAL AND SOLID WASTE THROUGH ITS MEDICAL AND SURGICAL DEVICE REPROCESSING PROGRAMS " 81% OF FURNITURE PURCHASES WERE FREE OF FIVE KEY CHEMICALS OF CONCERN " THROUGH A PARTNERSHIP WITH ITS PRODUCE VENDOR, SOUTH SUBURBAN HOSTED A FARMERS MARKETS ON CAMPUS IN 2018, LEFTOVER PRODUCE WAS DONATED TO LOCAL FOOD PANTRIES FOR REDISTRIBUTION TO THE COMMUNITY ADVOCATE TRINITY HOSPITAL" DIVERTED OVER 222,000 POUNDS OF OPERATING WASTE FROM THE LANDFILL THROUGH ITS VARIOUS RECYCLING PROGRAMS " AVOIDED 3,700 POUNDS OF MEDICAL AND SOLID WASTE THROUGH ITS MEDICAL AND SURGICAL DEVICE REPROCESSING PROGRAMS " 96% OF TRINITY'S FURNITURE PURCHASES WERE FREE OF FIVE KEY CHEMICALS OF CONCERN " PURCHASED 94% THIRD-PARTY CERTIFIED GREEN CLEANERS FOR SELECT CLEANING PRODUCT CATEGORIES (WINDOW, FLOOR, CARPET, BATHROOM, AND GENERAL-PURPOSE CLEANERS) " THROUGH A PARTNERSHIP WITH ITS PRODUCE VENDOR, TRINITY HOSTED TWO FARMERS MARKETS ON CAMPUS IN 2018, LEFTOVER PRODUCE WAS DONATED TO LOCAL FOOD PANTRIES FOR REDISTRIBUTION TO THE COMMUNITY ADVOCATE SUPPORT CENTERS" HELD A SHREDDING EVENT FOR ASSOCIATES" HELD A SHOE DONATION RECYCLING EVENT, COLLECTING OVER 180 PAIRS FOR REUSE OR RECYCLING" UTILIZED A 'PULL PRINT' PROCESS FOR PRINTING AND REDUCED PAPER USAGE 17 4% FROM 2017 TO 2018</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 4	<p>PART VI, LINE 1 - DESCRIPTION FOR PART III, LINES 2, 3, AND 4 THE FOOTNOTES TO ADVOCATE HEALTH CARE NETWORK AND SUBSIDIARIES' AUDITED FINANCIAL STATEMENTS DO NOT SPECIFICALLY ADDRESS BAD DEBT EXPENSE, RATHER, THE FOOTNOTE DESCRIBES ADVOCATE'S PATIENT ACCOUNTS RECEIVABLE POLICY AND THE PERCENTAGE OF ACCOUNTS RECEIVABLE THAT THE ALLOWANCE FOR DOUBTFUL ACCOUNTS COVERS (SEE PAGE 10-11 OF THE AUDITED FINANCIAL STATEMENTS) FOR 2018, FOR AHHC, THE ALLOWANCE FOR DOUBTFUL ACCOUNTS COVERED 19 98% OF NET PATIENT ACCOUNTS RECEIVABLE PATIENT ACCOUNTS RECEIVABLE ARE STATED AT NET REALIZABLE VALUE AHHC EVALUATES THE COLLECTABILITY OF ITS ACCOUNTS RECEIVABLE BASED ON THE LENGTH OF TIME THE RECEIVABLE IS OUTSTANDING, PAYER CLASS, HISTORICAL COLLECTION EXPERIENCE, AND TRENDS IN HEALTH CARE INSURANCE PROGRAMS ACCOUNTS RECEIVABLE ARE CHARGED TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS WHEN THEY ARE DEEMED UNCOLLECTIBLE THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3 IS BASED ON THE RATIO OF PATIENT CARE COST TO CHARGES THE UNREIMBURSED COST OF BAD DEBT WAS CALCULATED BY APPLYING THE ORGANIZATION'S COST TO CHARGE RATIO FROM THE MEDICARE COST REPORTS (CMS 2252-96 WORKSHEET C, PART 1, PPS INPATIENT RATIOS) TO THE ORGANIZATION'S BAD DEBT PROVISION PER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, LESS ANY PATIENT OR THIRD PARTY PAYOR PAYMENTS RECEIVED ADVOCATE MAKES EVERY EFFORT TO IDENTIFY THOSE PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE BY STRICTLY ADHERING TO ITS FINANCIAL ASSISTANCE POLICY WE BELIEVE THAT ADVOCATE HAS A POPULATION OF PATIENTS WHO ARE UNINSURED OR UNDERINSURED BUT WHO DO NOT COMPLETE THE FINANCIAL ASSISTANCE APPLICATION THE ESTIMATED AMOUNT OF BAD DEBT EXPENSE (AT COST) WHICH COULD BE REASONABLY ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, IF SUFFICIENT INFORMATION HAD BEEN AVAILABLE TO MAKE A DETERMINATION OF THEIR ELIGIBILITY, WAS BASED UPON SELF PAY PATIENT ACCOUNTS WHICH HAD AMOUNTS WRITTEN OFF TO BAD DEBTS OUR METHOD WAS TO BEGIN WITH THE SELF-PAY PORTION OF BAD DEBT EXPENSE PROVISION THE SELF-PAY PORTION EXCLUDES THOSE PATIENTS WHO HAD FINANCIAL ASSISTANCE APPLICATIONS PENDING AT THE TIME OF SERVICE THIS COST WAS THEN REDUCED BY CHARGES IDENTIFIED AS TRUE BAD DEBT EXPENSE, INCLUDING COPAYS FOR PATIENTS WHO QUALIFIED FOR LESS THAN 100% FINANCIAL ASSISTANCE THE COST TO CHARGE RATIO WAS THEN APPLIED TO THE REMAINING CHARGES, TO DETERMINE THE VALUE (AT COST) OF PATIENT ACCOUNTS THAT DID NOT COMPLETE FINANCIAL COUNSELING AND WERE ASSIGNED TO BAD DEBT WE BELIEVE THIS PROCESS IS A REASONABLE BASIS FOR OUR ESTIMATE AS WE ARE ONLY CONSIDERING SELF-PAY ACCOUNTS WRITTEN OFF TO BAD DEBT FOR THIS ESTIMATE, THIS ESTIMATE DOES NOT INCLUDE THE IMMEDIATE 20% DISCOUNT TO CHARGES WHICH IS APPLIED TO ALL SELF-PAY PATIENTS IT ALSO DOES NOT INCLUDE ACCOUNT BALANCES OR CO-PAYS OF NON-SELF PAY ACCOUNTS WHICH ARE WRITTEN OFF TO BAD DEBT WHEN THE PATIENT HAS NO OTHER FINANCIAL RESOURCES TO PAY THESE AMOUNTS AND THE PATIENT DOES NOT APPLY FOR FINANCIAL ASSISTANCE BAD DEBT AMOUNTS HAVE BEEN EXCLUDED FROM OTHER COMMUNITY BENEFIT AMOUNTS REPORTED THROUGHOUT SCHEDULE H</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 8	PART VI, LINE 1 - DESCRIPTION FOR PART III, LINE 8 THE SHORTFALL OF \$161,237,742 ON PART III, LINE 7 IS THE UNREIMBURSED COST OF PROVIDING SERVICES FOR MEDICARE PATIENTS AND SHOULD BE TREATED AS COMMUNITY BENEFIT BECAUSE PROVIDING THESE SERVICES WITHOUT REIMBURSEMENT LESSENS THE BURDENS OF GOVERNMENT OR OTHER CHARITIES THAT WOULD OTHERWISE BE NEEDED TO SERVE THE COMMUNITY FOR ADVOCATE HEALTH AND HOSPITALS CORPORATION'S OPERATIONS, THE UNREIMBURSED COST OF MEDICARE WAS CALCULATED BY APPLYING THE ORGANIZATION'S COST TO CHARGE RATIO FROM THE MEDICARE COST REPORTS (CMS 2252-96 WORKSHEET C, PART 1, PPS INPATIENT RATIOS) AND FOR NON-HOSPITAL OPERATIONS THE COST TO CHARGE RATIO CALCULATED ON WORKSHEET 2 RATIO OF PATIENT CARE COST TO CHARGES TO THE ORGANIZATION'S MEDICARE, LESS ANY PATIENT OR THIRD PARTY PAYOR PAYMENTS AND/OR CONTRIBUTIONS RECEIVED THAT WERE DESIGNATED FOR THE PAYMENT OF MEDICARE PATIENT BILLS

# 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

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

Form and Line Reference	Explanation
PART VI, LINE 4	<p>THE MCLEAN COUNTY COMMUNITY HEALTH COUNCIL DEFINED THE COMMUNITY AS MCLEAN COUNTY, THE PRIMARY SERVICE AREA FOR ADVOCATE BROMENN, THE MCLEAN COUNTY HEALTH DEPARTMENT, ST JOSEPH MEDICAL CENTER AND UNITED WAY OF MCLEAN COUNTY. THIS AREA INCLUDES THE FOLLOWING CITIES AND TOWNS: ANCHOR, ARROWSMITH, BELLFLOWER, BLOOMINGTON, CARLOCK, CHENOA, COLFAX, COOKSVILLE, DANVERS, DOWNS, ELLSWORTH, GRIDLEY, HEYWORTH, HUDSON, LE ROY, LEXINGTON, MCLEAN, MERRILL, NORFOLK, SAYBROOK, STANFORD AND TOWANDA. ADVOCATE BROMENN AND OSF HEALTHCARE ST JOSEPH MEDICAL CENTER ARE THE ONLY TWO HOSPITALS LOCATED IN MCLEAN COUNTY, ILLINOIS, AND THERE IS ONE FEDERALLY-DESIGNATED UNDERSERVED AREA IN MCLEAN COUNTY. POPULATION: MCLEAN COUNTY CONSISTS OF A TOTAL POPULATION OF 174,879 (HEALTHY COMMUNITIES INSTITUTE, CLARITAS, 2016). ACCORDING TO THE 2014 UNITED STATES CENSUS BUREAU, BLOOMINGTON HAS THE LARGEST POPULATION IN THE COUNTY WITH 78,730 AND NORMAL HAS THE SECOND LARGEST POPULATION WITH 54,594. THE POPULATION IN MCLEAN COUNTY INCREASED BY 3.1 PERCENT FROM 2010 TO 2016 (HEALTHY COMMUNITIES INSTITUTE, CLARITAS, 2016). AGE AND GENDER: THE MEDIAN AGE IN MCLEAN COUNTY IS 33.2 YEARS OF AGE, WHICH IS YOUNGER THAN THE NATIONAL MEDIAN AGE OF 37.2. TWENTY-TWO PERCENT OF PERSONS IN MCLEAN COUNTY ARE LESS THAN 18 YEARS OF AGE AND 23.6 PERCENT ARE 45 TO 64 YEARS OF AGE. TWELVE PERCENT OF PERSONS ARE OVER THE AGE OF 65. FORTY-NINE PERCENT OF THE POPULATION IN MCLEAN COUNTY IS MALE AND 51 PERCENT IS FEMALE. RACE AND ETHNICITY: THE POPULATION OF MCLEAN COUNTY IS 82 PERCENT WHITE, 7.7 PERCENT BLACK OR AFRICAN AMERICAN, 5.7 PERCENT ASIAN, FIVE PERCENT HISPANIC OR LATINO, 0.26 PERCENT AMERICAN INDIAN AND ALASKA NATIVE, AND 0.4 PERCENT NATIVE HAWAIIAN OR PACIFIC ISLANDER (HEALTHY COMMUNITIES INSTITUTE, CLARITAS, 2016). ECONOMICS: INCOME: THE MEDIAN HOUSEHOLD INCOME IN MCLEAN COUNTY IS \$66,355. THE PERCENT OF PEOPLE LIVING BELOW THE POVERTY LEVEL IN MCLEAN COUNTY IS 14.7 PERCENT. HEALTH CARE COVERAGE: THE TOTAL NUMBER OF MEDICAID BENEFICIARIES IN MCLEAN COUNTY HAS INCREASED BY 50.2 PERCENT FROM 2007 TO 2014. THERE WERE 4,499 INDIVIDUALS WHO GAINED MEDICAID COVERAGE IN 2014 DUE TO THE AFFORDABLE CARE ACT (ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES, 2014). ADDITIONALLY, 12.7 PERCENT OF MCLEAN COUNTY RESIDENTS ARE ENROLLED IN MEDICARE (CENTERS FOR MEDICARE AND MEDICAID, 2014). IN 2017, 18 PERCENT OF PATIENTS SEEN AT ADVOCATE BROMENN WERE UNINSURED PATIENTS OR WERE MEDICAID RECIPIENTS. NINETY-ONE PERCENT OF RESPONDENTS OF THE 2015 MCLEAN COUNTY COMMUNITY HEALTH SURVEY REPORTED HAVING EITHER PRIVATE INSURANCE, MEDICAID OR MEDICARE, WHILE EIGHT PERCENT REPORTED HAVING NO INSURANCE. NO INSURANCE WAS SELECTED AS A RESPONSE TO TYPE OF INSURANCE MORE FREQUENTLY BY PEOPLE WITH THE FOLLOWING CHARACTERISTICS: YOUNGER AGE, HISPANIC OR LATINO, AND HOMELESSNESS. EMPLOYMENT: THE PERCENT OF THE CIVILIAN LABOR FORCE THAT IS UNEMPLOYED IN MCLEAN COUNTY IS 5.5 PERCENT, LOWER THAN ILLINOIS AT 9.9 PERCENT. THE THREE COMMON INDUSTRIES OF EMPLOYMENT ARE THE FINANCIAL OR INSURANCE INDUSTRY AT 21.6 PERCENT, EDUCATIONAL SERVICES AT 13.2 PERCENT AND HEALTH CARE AT 10.8 PERCENT (HEALTHY COMMUNITIES INSTITUTE, CLARITAS, 2016). EDUCATION: EDUCATIONAL LEVEL: NINETY-FIVE PERCENT OF THE POPULATION OVER THE AGE OF 25 IN MCLEAN COUNTY POSSESSES A HIGH SCHOOL DIPLOMA OR HIGHER, AND 43.4 PERCENT HAVE A BACHELOR'S DEGREE OR HIGHER (HEALTHY COMMUNITIES INSTITUTE, AMERICAN COMMUNITY SURVEY, 2010-2014). THE STATE AVERAGE FOR A BACHELOR'S DEGREE OR HIGHER IS 32 PERCENT (TOWN CHARTS, 2016). ILLINOIS STATE UNIVERSITY, ILLINOIS WESLEYAN UNIVERSITY, HEARTLAND COMMUNITY COLLEGE AND LINCOLN COLLEGE ARE ALL LOCATED IN MCLEAN COUNTY. HIGH SCHOOL GRADUATION RATE: THE 2015 FOUR-YEAR HIGH SCHOOL GRADUATION RATE FOR MCLEAN COUNTY IS 88 PERCENT (ILLINOIS STATE BOARD OF EDUCATION, 2015). THIS IS HIGHER THAN THE GRADUATION RATE FOR ILLINOIS OF 86 PERCENT. THE GRADUATION RATE FOR LOW-INCOME STUDENTS AT VARIOUS HIGH SCHOOLS IN MCLEAN COUNTY, HOWEVER, IS LOWER THAN THE COUNTY GRADUATION RATE WITH PERCENT AGES RANGING FROM A LOW OF 61 PERCENT TO A HIGH OF 83 PERCENT. TRUANCY RATE: THE 2015 TRUANCY RATE FOR MCLEAN COUNTY IS 2.5 PERCENT COMPARED TO THE TRUANCY RATE IN ILLINOIS OF 8.7 PERCENT (ILLINOIS STATE BOARD OF EDUCATION, 2015). STUDENT-TO-TEACHER RATIO: THIS INDICATOR SHOWS THE AVERAGE NUMBER OF PUBLIC-SCHOOL STUDENTS PER TEACHER IN THE REGION. IT DOES NOT MEASURE CLASS SIZE. ACCORDING TO THE NATIONAL CENTER FOR EDUCATION STATISTICS, LARGER SCHOOLS TEND TO HAVE HIGHER STUDENT-TEACHER RATIOS. THERE ARE 16.7 STUDENTS PER TEACHER IN MCLEAN COUNTY (HEALTHY COMMUNITIES INSTITUTE, NATIONAL CENTER FOR EDUCATION STATISTICS, 2013-2014). THIS HAS INCREASED SLIGHTLY FROM 15.4 STUDENTS PER TEACHER SINCE 2011-2012. HEALTH CARE RESOURCES IN THE DEFINED COMMUNITY: THERE ARE NUMEROUS HEALTH CARE RESOURCES IN MCLEAN COUNTY. THERE ARE TWO HOSPITALS, ADVOCATE BROMENN LOCATED IN NORMAL AND OSF HEALTHCARE ST JOSEPH MEDICAL CENTER LOCATED IN BLOOMINGTON. THERE</p>

Form and Line Reference	Explanation
PART VI, LINE 4	IS ALSO A FEDERALLY QUALIFIED HEALTH CENTER (FQHC), THE CHESTNUT FAMILY HEALTH CENTER, LOCATED IN BLOOMINGTON. IN ADDITION, THERE ARE FIVE COMMUNITY CLINICS. THE COMMUNITY HEALTH CARE CLINIC AND THE COMMUNITY CANCER CENTER ARE BOTH LOCATED IN NORMAL. THE JOHN M. SCOTT HEALTH RESOURCES CENTER, IMMANUEL HEALTH CENTER AND MCLEAN COUNTY CENTER FOR HUMAN SERVICES ARE ALL LOCATED IN BLOOMINGTON. TWO ADDITIONAL HEALTH CARE RESOURCES IN MCLEAN COUNTY ARE THE CLINIC WITHIN THE MCLEAN COUNTY HEALTH DEPARTMENT AND A CRISIS STABILIZATION UNIT WHICH IS A PART OF CHESTNUT HEALTH SYSTEMS.



Form and Line Reference	Explanation
PART VI, LINE 5	<p>ADVOCATE BROMENN'S DEDICATION TO PROMOTING THE HEALTH OF THE COMMUNITY IS EXEMPLIFIED IN NUMEROUS WAYS. THE GOVERNING COUNCIL AT ADVOCATE BROMENN IS COMPRISED OF LOCAL COMMUNITY LEADERS AND PHYSICIANS. GOVERNING COUNCIL MEMBERS SUPPORT HOSPITAL LEADERSHIP IN THEIR PURSUIT OF THE HOSPITAL'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY. SEVENTY-EIGHT PERCENT OF THE CURRENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY. IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES. A VAST MAJORITY OF THE HOSPITAL'S EXECUTIVE OR LEADERSHIP TEAM ALSO SERVE ON MULTIPLE COMMUNITY BOARDS THAT HELP EITHER DIRECTLY OR INDIRECTLY IMPROVE THE HEALTH OF THE COMMUNITY, INCLUDING, BUT NOT LIMITED TO - UNITED WAY, MCLEAN COUNTY GOVERNMENT BEHAVIORAL HEALTH COORDINATING COUNCIL, HABITAT FOR HUMANITY, FAITH IN ACTION, KIWANIS, COMMUNITY HEALTH CARE CLINIC, JOHN M. SCOTT HEALTH COMMISSION, AMERICAN RED CROSS, BOYS AND GIRLS CLUB, MCLEAN COUNTY CHAMBER OF COMMERCE, MCLEAN COUNTY BOARD OF HEALTH, RECOVERY COURT, PROMISE COUNCIL OF MCLEAN COUNTY, HEARTLAND COMMUNITY COLLEGE FOUNDATION, MCLEAN COUNTY'S TRANSPORTATION ADVISORY COUNCIL, MCLEAN COUNTY SENIOR SERVICES COALITION AND THE ECONOMIC DEVELOPMENT COUNCIL. THE PRESIDENT OF ADVOCATE BROMENN IS ALSO INVOLVED IN MANY BOARDS THAT IMPACT THE COMMUNITY IN A POSITIVE MANNER, SUCH AS THE BENEFIT ADVANTAGE LEADERSHIP COUNCIL, CENTRAL ILLINOIS REGIONAL AIRPORT AUTHORITY, ILLINOIS STATE UNIVERSITY FOUNDATION BOARD OF DIRECTORS, THE COMMUNITY CANCER CENTER, COMMERCE BANK ADVISORY BOARD AND ILLINOIS WESLEYAN UNIVERSITY BOARD. THE PRESIDENT AND OTHER MEMBERS OF THE EXECUTIVE TEAM PROVIDE LEADERSHIP TRAINING IN THE COMMUNITY TO GROUPS SUCH AS THE MULTICULTURAL LEADERSHIP PROGRAM AND LEADERSHIP MCLEAN COUNTY. IN ADDITION, A MEMBER OF ADVOCATE BROMENN'S LEADERSHIP TEAM TRAINS STUDENTS FROM THE BLOOMINGTON AREA CAREER CENTER AND ILLINOIS WESLEYAN UNIVERSITY ON THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT TO HELP PREPARE THE STUDENTS TO TAKE THE CERTIFIED NURSING ASSISTANT EXAM. ANOTHER KEY AREA IN WHICH THE HOSPITAL CONTRIBUTES SIGNIFICANTLY TO THE HEALTH OF THE COMMUNITY AND FURTHERS ITS EXEMPT STATUS IS THE COMMUNITY HEALTH CARE CLINIC. IN 1993, ADVOCATE BROMENN PARTNERED WITH OSF HEALTHCARE ST. JOSEPH MEDICAL CENTER, ALSO LOCATED IN MCLEAN COUNTY, TO OPEN THE COMMUNITY HEALTH CARE CLINIC. THE COMMUNITY HEALTH CARE CLINIC PROVIDES SERVICES TO THE MEDICALLY UNDERSERVED POPULATION OF MCLEAN COUNTY TO ENSURE THAT ALL POPULATIONS IN THE COMMUNITY HAVE ACCESS TO HEALTHCARE. TO BE ELIGIBLE FOR CARE AT THE CLINIC, AN INDIVIDUAL MUST HAVE A TOTAL HOUSEHOLD INCOME LESS THAN 185 PERCENT OF FEDERAL POVERTY GUIDELINES, HAVE NO ACCESS TO THIRD PARTY INSURANCE (MEDICAID, MEDICARE, ALL KIDS, VETERAN'S BENEFITS, DISABILITY OR EMPLOYER-SPONSORED INSURANCE) AND RESIDE IN MCLEAN COUNTY. ALL EMERGENCY ROOM VISITS, DIAGNOSTIC TESTING AND HOSPITAL SERVICES ARE PROVIDED FREE OF CHARGE BY ADVOCATE BROMENN AND OSF HEALTHCARE ST. JOSEPH MEDICAL CENTER. THE COMMUNITY HEALTH CARE CLINIC SAW 1,110 PATIENTS IN 2018, PROVIDED 3,279 PATIENT VISITS AND PRESCRIBED OVER 24,065 PRESCRIPTION MEDICATIONS AT NO CHARGE TO UNINSURED INDIVIDUALS. THE CLINIC IS IN A BUILDING OWNED BY ADVOCATE BROMENN, FOR WHICH THE HOSPITAL PAID \$82,638 FOR THE MAINTENANCE AND UPKEEP OF THE FACILITY IN 2018. IN ADDITION TO THE ABOVE, ADVOCATE BROMENN SERVES AS AN EMERGENCY MEDICAL SERVICES (EMS) RESOURCE FOR EDUCATION AND TRAINING FOR MCLEAN COUNTY, PROVIDING A \$226,026 BENEFIT TO THE COMMUNITY IN 2018. THE HOSPITAL ALSO CONTRIBUTES TO THE HEALTH OF THE COMMUNITY BY MAINTAINING AND OFFERING COMMUNITY MEMBERS, NURSING STUDENTS, RESIDENTS, PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS' ACCESS TO THE A.E. LIVINGSTON HEALTH SERVICES LIBRARY. THIS ACCESS IS PROVIDED FREE OF CHARGE TO THESE INDIVIDUALS. THE COST OF \$72,909 FOR THIS SERVICE, IN 2018, WAS ABSORBED BY THE HOSPITAL. ADVOCATE BROMENN IS ALSO AN AMERICAN HEART ASSOCIATION TRAINING CENTER FOR THE COMMUNITY. THE COST OF PROVIDING THIS SERVICE IS \$73,796. THE NUMEROUS OTHER WAYS ADVOCATE BROMENN PROMOTES THE HEALTH OF THE COMMUNITY RANGE FROM PROVIDING PET THERAPY AND CLINICAL PASTORAL EDUCATION PROGRAMS TO OFFERING MEETING SPACE TO COMMUNITY NOT-FOR-PROFIT GROUPS AND BEING A TEACHING HOSPITAL FOR BOTH FAMILY PRACTICE, NEUROLOGY AND NEUROSURGERY RESIDENTS. ADVOCATE BROMENN HAD A FEW SIGNIFICANT CAPITAL PROJECTS THAT BEGAN OR WERE COMPLETED IN 2018 THAT IMPROVED PATIENT CARE OR CONTRIBUTED TO A HEALTHIER COMMUNITY ENVIRONMENT. IN 2018, THE BIOFIRE ANALYZER, THAT IS NOW IN PLACE IN ADVOCATE BROMENN'S MICROBIOLOGY DEPARTMENT, ENABLES THE LAB TO DECREASE TURNAROUND TIMES FOR THE IDENTIFICATION OF PATHOGENS CAUSING BLOOD STREAM INFECTIONS. THIS ANALYZER CAN PROVIDE A DEFINITIVE IDENTIFICATION OF THE ORGANISM(S) CAUSING SUCH INFECTIONS IN ONE HOUR.</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>R FROM THE START OF THE TEST WITH CONVENTIONAL TESTING, PLATING A POSITIVE BLOOD CULTURE SPECIMEN TO SPECIFIC AGAR PLATES, WOULD TAKE FROM 15 TO 36 HOURS TO GET THE SAME RESULT WITH THIS NEW TECHNOLOGY, THE FASTER IDENTIFICATION OF THE ORGANISM ALLOWS FOR COST SAVINGS TO THE PATIENT AND ADVOCATE AURORA HEALTH BY STREAMLINING ANTIMICROBIAL THERAPY FASTER THIS HAS ALSO SHOWN TO INCREASE POSITIVE PATIENT OUTCOMES, DECREASE DAYS OF ANTIMICROBIAL THERAPY, ALL OF WHICH CAN ULTIMATELY LEAD TO DECREASED LENGTH OF STAY ADDITIONALLY, IF THE ORGANISM IDENTIFIED IS ONE THAT CONTAINS AN ANTIMICROBIAL RESISTANT GENE, THIS WILL BE IDENTIFIED AS WELL, AGAIN LEADING TO FASTER AND MORE APPROPRIATE THERAPY IN 2018, THE LAB ALSO ADDED CEREBRAL SPINAL FLUID (CSF) PATHOGEN TESTING BEING ABLE TO QUICKLY IDENTIFY A POSSIBLE PATHOGEN QUICKLY IN CSF SPECIMENS ALSO ENHANCES TREATMENT TO IMPROVE PATIENT OUTCOMES ANOTHER CAPITAL PROJECT COMPLETED IN 2018 THAT IMPROVES PATIENT CARE IS MERCI (MEDICAL EMERGENCY RADIO COMMUNICATIONS FOR ILLINOIS) MERCI IS A VITAL TWO-WAY COMMUNICATION TOOL USED BY EMERGENCY MEDICAL SERVICE (EMS) AGENCIES AND HOSPITALS INCOMING EMS AGENCIES TRANSMIT PATIENT INFORMATION TO THE HOSPITAL PRIOR TO THEIR ARRIVAL INCLUDING PATIENT CONDITION, CURRENT VITAL SIGNS AND CHIEF COMPLAINT THE EMERGENCY DEPARTMENT'S RADIO REGISTERED NURSE THEN HAS AN OPPORTUNITY TO ASK CLARIFYING QUESTIONS AND/OR TO GIVE MEDICAL DIRECTION /ORDERS FOR ADDITIONAL TREATMENT OR INTERVENTIONS BEFORE THE PATIENT ARRIVES EARLY NOTIFICATION FOR PATIENTS THAT HAVE TIME-SENSITIVE CONDITIONS (STROKE, HEART ATTACK) ALLOWS THE EMERGENCY DEPARTMENT TO HAVE VITAL SERVICES AVAILABLE TO MEET THE PATIENT UPON ARRIVAL WHICH LEADS TO BETTER PATIENT OUTCOMES A THIRD CAPITAL PROJECT COMPLETED IN 2018 THAT IMPROVES PATIENT CARE IS THE RENOVATION OF THE ACUTE REHABILITATION UNITY THERAPY GYM AT ADVOCATE BROMENN THE GYM HAS BEEN REBUILT INTO A SIMULATED LIVING ENVIRONMENT IN A \$450,000 PROJECT THE SIMULATED LIVING OR HOME ENVIRONMENT HELPS PATIENTS AND PATIENT OUTCOMES BECAUSE IT IS DESIGNED TO BETTER PREPARE REHABILITATION PATIENTS FOR THEIR TRANSITION TO HOME THE RENOVATION ALSO ALLOWS FOR PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY TO BE WORKED ON TOGETHER RATHER THAN IN SEGMENTED SESSIONS THE SIMULATED ENVIRONMENT INCLUDES A FUNCTIONING KITCHEN WITH A TABLE AND ADAPTIVE UTENSILS, A LOWER COUNTER, A LIVING ROOM, A LAUNDRY ROOM, STAIRS, A FRONT PORCH AND A BEDROOM ADVOCATE BROMENN ALSO PROMOTES THE ENVIRONMENTAL HEALTH OF THE COMMUNITY IN 2018, THE MEDICAL CENTER EARNED THE GREENHEALTH EMERALD AWARD THE AWARD IS EARNED BY HOSPITALS THAT HAVE DEMONSTRATED A STRONG COMMITMENT TO SUSTAINABILITY AND SHOWN LEADERSHIP IN THE LOCAL COMMUNITY AND IN THE HEALTH CARE SECTOR AWARD WINNERS ARE SETTING THE STANDARD IN ELIMINATING MERCURY, REDUCING AND RECYCLING WASTE, SUSTAINABLE SOURCING AND OTHER AREAS IN 2018, ADVOCATE BROMENN ALSO RECEIVED A CIRCLE OF EXCELLENCE AWARD FOR CHEMICALS THIS AWARD RECOGNIZES THE HOSPITAL AS ONE OF THE TOP TEN PERFORMERS OF THE HIGHEST PERFORMING HOSPITALS NATIONWIDE IN THIS AREA OF SUSTAINABILITY EXPERTISE LASTLY, ADVOCATE BROMENN IS INVOLVED IN COMMUNITY BUILDING ACTIVITIES NOT IN OUR TOWN AND UNITED WAY OF MCLEAN COUNTY, WITH SUPPORT FROM THE CITY OF BLOOMINGTON, TOWN OF NORMAL AND ADVOCATE BROMENN, HOSTED A COMMUNITY EVENT, "BUILDING OPPORTUNITIES FOR OUR COMMUNITY'S YOUNG PEOPLE" IN RESPONSE TO THE RISE IN YOUTH VIOLENCE IN BLOOMINGTON AND NORMAL TWO MEMBERS OF ADVOCATE BROMENN'S EXECUTIVE LEADERSHIP TEAM ALSO PRESENTED AT UNITED WAY'S "BREAKFAST CLUB" TO AT-RISK YOUTH ABOUT EMPLOYMENT OPPORTUNITIES IN HEALTHCARE IN PARTNERSHIP WITH AN AT-RISK YOUTH EMPLOYMENT PROGRAM WITH PROJECT OZ, ADVOCATE BROMENN HAS SCREENED SEVERAL CANDIDATES FOR EMPLOYMENT AND HAS HIRED A NURSING TECH</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>6 AFFILIATED HEALTH CARE SYSTEM ALTHOUGH ADVOCATE HEALTH CARE (ILLINOIS) AND AURORA HEALTH CARE (WISCONSIN) MERGED IN 2018 TO BECOME ADVOCATE AURORA HEALTH AND WORK CONTINUES TO ALIGN THE COMMUNITY STRATEGY OF BOTH PREDECESSOR ORGANIZATIONS, ADVOCATE HEALTH CARE (ADVOCATE), IN SERVICE OF ITS MISSION, CONTINUES TO SUPPORT SYSTEM-WIDE PROGRAMS THAT ADDRESS THE HEALTH NEEDS OF PATIENTS, FAMILIES AND THE COMMUNITIES IT SERVES. ADVOCATE'S BOARD, LEADERSHIP AND TEAM MEMBERS (STAFF/EMPLOYEES) ARE COMMITTED TO POSITIVELY AFFECTING THE HEALTH STATUS AND QUALITY OF LIFE OF INDIVIDUALS AND POPULATIONS IN COMMUNITIES SERVED BY ADVOCATE THROUGH PROGRAMS AND PRACTICES THAT REFLECT THIS MISSION. THE ORGANIZATION CONTINUES TO DEVELOP AND SUPPORT INITIATIVES THAT ENHANCE ACCESS TO HEALTH AND WELLNESS SERVICES. AS SUCH, SYSTEM LEADERSHIP DIRECTS AND SUPPORTS THE HOSPITALS IN THEIR EFFORTS TO ADDRESS IDENTIFIED COMMUNITY HEALTH NEEDS. IN 2016, ADVOCATE CREATED A COMMUNITY HEALTH DEPARTMENT THAT IS LED BY A SYSTEM EXECUTIVE AND STAFFED WITH PUBLIC/COMMUNITY HEALTH SPECIALISTS TO EXECUTE COMMUNITY NEEDS ASSESSMENTS, EVIDENCE-BASED PROGRAM DEVELOPMENT AND COLLABORATIVE PARTNERSHIPS WITHIN THE COMMUNITIES SERVED BY ADVOCATE. PRIOR TO THIS TIME, THE COMMUNITY FUNCTION WAS LED BY A TEAM OF SYSTEM-LEVEL INDIVIDUALS WHOSE JOB RESPONSIBILITIES INCLUDED VARIOUS COMMUNITY ROLES MORE CLOSELY ALIGNED WITH COMMUNITY RELATIONS. DURING THE INITIAL 2011-2013 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CYCLE, THE SYSTEM LEADERS PROVIDED OVERSIGHT AND SUPPORT TO THE HOSPITALS FOR DEVELOPING THEIR CHNAs AND SUBSEQUENT PROGRAMMING. IN 2016, ADVOCATE'S NEW COMMUNITY HEALTH TEAM CONDUCTED THEIR HOSPITAL'S COMPREHENSIVE CHNAs (2014-2016) AND POSTED GOVERNANCE-APPROVED CHNA REPORTS AND CHNA IMPLEMENTATION PLANS ON ADVOCATE'S WEBSITE IN COMPLIANCE WITH THE AFFORDABLE CARE ACT AT THE DIRECTION OF THE SYSTEM LEVEL, COMMUNITY HEALTH DEPARTMENT LEADERSHIP ALSO MET MONTHLY IN LATE 2016 THROUGH FIRST QUARTER 2017 TO SIGNIFICANTLY REVISE ADVOCATE HEALTH CARE'S COMMUNITY BENEFITS PLAN. THE PLAN'S GOALS AND OBJECTIVES WERE CRAFTED AND EXPANDED TO BUILD ON RECENT LEARNINGS AND INCREASED FOCUS ON COMMUNITY HEALTH. THE PLAN'S BROAD GOALS AND OBJECTIVES WERE DESIGNED TO STRUCTURE SYSTEM-WIDE COMMUNITY BENEFITS ACTIVITIES WITHIN A STRATEGIC FRAMEWORK. INCLUDED IN THE COMMUNITY BENEFITS PLAN ARE GOALS FOCUSED ON SYSTEM-WIDE EFFORTS TO ADDRESS THE BROADER ISSUES OF DISPARITY AND ACCESS, AND TO ALIGN HOSPITAL COMMUNITY HEALTH PLANS WITH SYSTEM STRATEGY AS COMMUNITY HEALTH PLANS AND IMPLEMENTATION STRATEGIES EVOLVE. ADVOCATE'S COMMUNITY BENEFITS PLAN ALSO SETS THE COURSE FOR STRENGTHENING EXISTING PARTNERSHIPS AND BUILDING NEW ONES TO LEVERAGE AND MAXIMIZE THE IMPACT OF ADVOCATE'S PROGRAMS IN ITS SERVICE AREAS. ADVOCATE'S COMMUNITY BENEFITS PLAN GOALS AND SPECIFIC EXAMPLES OF PROGRAMS AND SERVICES THAT ARE DIRECTED AND MANAGED AT THE SYSTEM LEVEL ARE PROVIDED BELOW. GOAL A OPTIMIZE ADVOCATE'S CAPACITY TO MANAGE AN EFFECTIVE COMMUNITY HEALTH STRATEGY BY IMPLEMENTING REGULAR COMMUNITY HEALTH ASSESSMENTS (CHNAs) AND USING DATA FROM THESE ASSESSMENTS TO GUIDE PROGRAM DEVELOPMENT. DURING 2016, ALL ELEVEN ADVOCATE HEALTH CARE HOSPITALS COMPLETED COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENTS IN COLLABORATION WITH HEALTH DEPARTMENTS, OTHER HOSPITALS, AND COMMUNITY ORGANIZATIONS. ADVOCATE CHILDREN'S HOSPITAL, WITH INTEGRATED SITES AT BOTH ADVOCATE LUTHERAN GENERAL HOSPITAL (ADVOCATE LUTHERAN GENERAL) AND ADVOCATE CHRIST MEDICAL CENTER (ADVOCATE CHRIST), CONTRIBUTED TO ASSESSMENTS AT THOSE TWO HOSPITALS. ALL THE ADVOCATE HOSPITAL ASSESSMENTS ARE AVAILABLE THROUGH THE ADVOCATE WEBSITE AT <a href="http://www.advocatehealth.com/chna/reports">HTTP://WWW.ADVOCATEHEALTH.COM/CHNA/REPORTS</a> AS A FIRST STEP TOWARD DEVELOPING A 2017-2019 IMPLEMENTATION PLAN, THE SYSTEM DIRECTED THE HOSPITAL COMMUNITY HEALTH LEADERS AND STAFF TO IDENTIFY THE STRENGTHS AND OPPORTUNITIES FOR IMPROVEMENT WITHIN THE JUST COMPLETED CYCLE (2014-2016), AS WELL AS IDEAS FOR NEW DATA SOURCES, AND NEEDS FOR PROFESSIONAL DEVELOPMENT RELATED TO THE OVERALL CHNA PROCESS. A NUMBER OF STRENGTHS WERE IDENTIFIED INCLUDING DEVELOPMENT OF LOCAL COMMUNITY HEALTH COUNCILS (CHC), INVOLVEMENT OF HOSPITAL GOVERNING COUNCIL MEMBERS IN THE CHCS, PARTNERSHIPS WITH HEALTH DEPARTMENTS, DATA FROM CONDUENT-HEALTHY COMMUNITIES INSTITUTE, ESPECIALLY THE ZIP CODE LEVEL HOSPITALIZATION AND EMERGENCY ROOM UTILIZATION DATA, AND THE SHARING OF TEMPLATES AND APPROACHES ACROSS HOSPITAL SITES. ADDITIONAL PROFESSIONAL DEVELOPMENT REGARDING DATA RETRIEVAL, ANALYSIS AND SUMMARIZATION, AS WELL AS PROGRAM DEVELOPMENT, WERE IDENTIFIED. A PROFESSIONAL DEVELOPMENT PLAN WAS IMPLEMENTED FOR ALL INTERNAL COMMUNITY HEALTH STAFF IN 2017. CHNA DATA TRAINING WAS CONDUCTED USING THE HEALTHY COMMUNITIES INSTITUTE (HCI) PLATFORM WITH THE TEAM RECEIVING TRAINING REGARDING RUNNING VARIOUS TYPES OF REPORTS AND CROSS-COMPARE DATA IN HCI. UPDATE PRESENTATIONS WERE HELD AT SELECTED MONTHLY STAFF MEETINGS REGARDING NE</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>W CAPACITIES OF THE HCI PLATFORM FOR REPORTS AND DATA PRESENTATION. ADDITIONALLY, ALL STAFF PROVIDED INPUT REGARDING TRAINING NEEDS RESULTING IN THE ESTABLISHMENT OF A SET OF MINIMUM STANDARD DATA REQUIREMENTS. ADVOCATE IS NOW USING FOR THE NEXT CHNA CYCLE COMMUNITY HEALTH STAFF PULLED DATA AS PART OF LEARNING EXERCISES AND SHARED FINDINGS FROM THEIR UNIQUE SERVICE AREAS WITH PEERS IN A PEER REVIEW MODEL. IN 2018, TRAINING FOCUSED ON DATA ANALYSIS, DATA INTERPRETATION AND PROGRAM DEVELOPMENT AND EVALUATION. GOAL B: UNDERTAKE OR SUPPORT INITIATIVES THAT ENHANCE ACCESS TO HEALTH CARE, PREVENTION AND WELLNESS SERVICES ACROSS THE LIFESPAN AND WITHIN THE DIVERSE COMMUNITIES. ADVOCATE SERVES CHARITY CARE AS A NON-PROFIT HEALTH CARE SYSTEM, ADVOCATE PROVIDES CHARITY AND FINANCIAL ASSISTANCE TO PATIENTS IN NEED. ALTHOUGH ADVOCATE'S SYSTEM-WIDE CHARITY CARE POLICY IS VERY GENEROUS, ADVOCATE CONTINUES TO REVIEW AND REFINE ITS POLICY IN AN ONGOING EFFORT TO ENSURE THAT FINANCIAL ASSISTANCE IS AVAILABLE TO THOSE IN NEED IN A TIMELY MANNER. WHILE EACH HOSPITAL HAS A CHARITY CARE COUNCIL TO REVIEW APPLICATIONS AND DETERMINE ELIGIBILITY, SYSTEM FINANCE LEADERS ARE RESPONSIBLE FOR ONGOING POLICY REVIEW AND REFINEMENTS TO ASSURE THAT ADVOCATE CONTINUES TO PROVIDE FINANCIAL ASSISTANCE TO INDIVIDUALS WHO NEED HELP, WHEN THEY NEED IT. FEDERALLY QUALIFIED HEALTH CENTERS (FQHC). IN ADDITION, ADVOCATE'S SYSTEM LEADERS ENCOURAGE AND SUPPORT ITS HOSPITALS' INITIATIVES TO PARTNER WITH FQHC'S, PUBLIC HEALTH DEPARTMENTS AND COMMUNITY CLINICS IN ORDER TO ASSIST THE UNINSURED IN FINDING INSURANCE COVERAGE AND MEDICAL SERVICES. FOR EXAMPLE, ADVOCATE SOUTH SUBURBAN HOSPITAL (ADVOCATE SOUTH SUBURBAN) HAS A PARTNERSHIP WITH AUNT MARTHA'S YOUTH SERVICE CENTER, AN FQHC, TO IMPROVE ACCESS TO PRIMARY CARE SERVICES FOR UNINSURED AND UNDERINSURED INDIVIDUALS IN ITS SERVICE AREA. ADVOCATE BROMENN MEDICAL CENTER (ADVOCATE BROMENN) MAINTAINS A COMMUNITY HEALTH CLINIC IN COLLABORATION WITH OSF ST. JOSEPH'S HOSPITAL, WHEREBY ADVOCATE BROMENN IS RESPONSIBLE FOR A PORTION OF THE HOSPITAL CARE FOR THE CLINIC PATIENTS' HOSPITAL CARE THROUGHOUT THE YEAR. ADVOCATE BROMENN IS ALSO THE SOLE PROVIDER OF THE CLINIC'S INFORMATION TECHNOLOGY (IT) SUPPORT AND PROVIDES THE SPACE OCCUPIED BY THE CLINIC. IN ADDITION, ADVOCATE BROMENN, THROUGH AN INFORMAL REFERRAL AGREEMENT IN PLACE SINCE 2010, COLLABORATES WITH CHESTNUT HEALTH SYSTEMS. CHESTNUT HEALTH SYSTEMS OWNS AND OPERATES AN FQHC IN BLOOMINGTON AND PATIENTS ARE SOMETIMES REFERRED TO ADVOCATE BROMENN FOR SERVICES. WORKING WITH OTHER AREA HOSPITALS, ADVOCATE GOOD SAMARITAN HOSPITAL (ADVOCATE GOOD SAMARITAN) PROVIDES SUPPORT THROUGH THE DUPAGE HEALTH COALITION TO SUSTAIN THE ACCESS DUPAGE COMMUNITY PROGRAM - A COMMUNITY COLLABORATION DESIGNED TO PROVIDE LOW-COST PRIMARY MEDICAL CARE SERVICES TO THE LOW-INCOME, MEDICALLY UNINSURED RESIDENTS OF DUPAGE COUNTY. IN ADDITION, THE HOSPITAL PARTNERS WITH THE DUPAGE COUNTY HEALTH DEPARTMENT'S ENGAGE DUPAGE INITIATIVE FOR INDIGENT PATIENT FINANCIAL ELIGIBILITY IN THE EMERGENCY ROOM AND TO ASSIST WITH OUTPLACEMENT SERVICES FOR THOSE PATIENTS WHO COULD BENEFIT FROM TREATMENT PROGRAMS, PLACEMENT WITH A PRIMARY CARE PROVIDER (PCP), DENTAL CARE, ETC. ADVOCATE ALSO WORKS TO IMPROVE THE PROVISION OF SERVICES TO INDIVIDUALS AND FAMILIES WHO ARE COVERED BY MEDICARE AND MEDICAID AND SEEK SERVICES FROM ADVOCATE'S OVER 400 SITES OF CARE. ADVOCATE COLLABORATES WITH VARIOUS COMMUNITY-BASED ORGANIZATIONS (CBO'S) AND FQHC'S IN INNOVATIVE WAYS TO ESTABLISH PRIMARY CARE RELATIONSHIPS FOR MEDICAID AND UNINSURED PATIENTS.</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>6 AFFILIATED HEALTH CARE SYSTEM- CONTINUEDADVOCATE CARE ORGANIZATION (ACO) AS ONE OF THE LARGEST PROVIDERS OF HEALTH CARE SERVICES TO MEDICARE AND MEDICAID PATIENTS IN CHICAGO AND THE SURROUNDING SUBURBS, ADVOCATE'S MEDICAID ACCOUNTABLE CARE ORGANIZATION (ACO), ALSO KNOWN AS THE ADVOCATE ACCOUNTABLE CARE ENTITY (ACE), TRANSITIONED TO MERIDIAN FAMILY HEALTH PLAN (FHP) OF ILLINOIS AS PART OF AN INTEGRATED CARE MODEL ON APRIL 1, 2016. THE ADVOCATE/MERIDIAN FHP PARTNERSHIP AND COLLABORATION WAS DRIVEN LARGELY BY CHANGES TO THE MEDICAID PROGRAM IN ILLINOIS AND WAS DESIGNED TO ENSURE CURRENT MEDICAID MEMBERS CONTINUE TO RECEIVE HIGH-QUALITY AND WELL-COORDINATED CARE DELIVERED IN AN APPROPRIATE SETTING. ADVOCATE HAS A STRONG HISTORY OF PROVIDING HIGH QUALITY CARE FOR THE MEDICAID POPULATION WITHIN OUR NETWORK WITH KEY FOCUS AREAS, INCLUDING IMPROVED CARE COORDINATION, ACCESS AND QUALITY PERFORMANCE. ADVOCATE HAS AND WILL CONTINUE TO APPLY ITS ACHIEVEMENTS AND LESSONS LEARNED FROM ITS MEDICARE AND COMMERCIAL ACOS TO THE ADVOCATE/MERIDIAN FHP PARTNERSHIP COMMUNITY HEALTH WORKERS (CHWS). IN 2016, ADVOCATE EMBARKED ON A QUALITY IMPROVEMENT PROJECT TO ENGAGE AND EDUCATE MEDICAID BENEFICIARIES SEEN IN THE ADVOCATE CHRIST EMERGENCY DEPARTMENT ON APPROPRIATE LEVEL OF CARE OPTIONS AVAILABLE TO THEM USING COMMUNITY HEALTH WORKERS. THE MAIN OBJECTIVES OF THE PRIMARY CARE CONNECTIONS INTERVENTION WERE: 1) TO EDUCATE AND SCHEDULE LOW ACUITY PATIENTS WHO VISIT THE ADVOCATE CHRIST EMERGENCY DEPARTMENT REGARDING ALTERNATIVE CARE OPTIONS AVAILABLE TO THEM WITHIN THEIR COMMUNITIES, AND 2) EDUCATE AND SCHEDULE LOW ACUITY MEDICAID PATIENTS FOR FOLLOW-UP APPOINTMENTS WITH THEIR ADVOCATE PRIMARY CARE PHYSICIAN (PCP) OR AN FQHC WHEN THE BENEFICIARY DOES NOT HAVE AN ESTABLISHED PRIMARY CARE MEDICAL HOME FQHC'S AND COMMUNITY-BASED RESOURCES PROVIDE SERVICES FOR MEDICAID BENEFICIARIES WITH SPECIFIC SOCIAL DETERMINANTS OF HEALTH BARRIERS TO CARE, INCLUDING HOUSING INSECURITY, UTILITY NEEDS AND INTERPERSONAL VIOLENCE, WHICH ARE IMPORTANT TO ADDRESS FOR IMPROVING OUTCOMES FOR VULNERABLE POPULATIONS. IN 2018, THE PROGRAM WAS EXPANDED TO THREE ADDITIONAL ILLINOIS HOSPITALS-ADVOCATE TRINITY HOSPITAL (ADVOCATE TRINITY), ADVOCATE CONDELL MEDICAL CENTER (ADVOCATE CONDELL) AND ADVOCATE SHERMAN HOSPITAL (ADVOCATE SHERMAN). AS OF DEC 2018, MORE THAN 20,560 PATIENTS WERE ENGAGED, OF WHICH 30% (OVER 6,100 PATIENTS) WERE SCHEDULED FOR A FOLLOW-UP APPOINTMENT WITH AN ADVOCATE PCP OR FQHC. AS A RESULT, 98% OF THESE PATIENTS WHO WERE ENGAGED WITH THE PRIMARY CARE CONNECTION INTERVENTION DID NOT RETURN TO THE EMERGENCY ROOM FOR A LOW ACUITY VISIT. ADVOCATE CONTINUES TO PURSUE QUALITY AND UTILIZATION IMPROVEMENT ACTIVITIES LIKE THE PRIMARY CARE CONNECTIONS INTERVENTION TO ACTIVELY MANAGE AND ENGAGE THE ADVOCATE/MERIDIAN FHP MEMBERS IN ORDER TO ACHIEVE THE QUADRUPLE AIM OF IMPROVED PHYSICIAN AND PATIENT EXPERIENCE, BETTER PATIENT OUTCOMES, AND REDUCTIONS IN THE TOTAL COSTS OF CARE. LANGUAGE SERVICES: ADVOCATE IS ALSO COMMITTED TO PROVIDING ITS PATIENTS AND FAMILIES WITH LANGUAGE AND OTHER CULTURALLY APPROPRIATE SERVICES TO IMPROVE ACCESS TO CARE. A SYSTEM-LEVEL DIRECTOR HAS OVERSIGHT OF LANGUAGE SERVICES THROUGHOUT ADVOCATE. ADVOCATE'S PATIENT ACCESS DEPARTMENT MONITORS AND REFINES ASSOCIATE SCRIPTING TO ENSURE THAT LANGUAGE NEED IS CORRECTLY IDENTIFIED DURING THE REGISTRATION PROCESS. THIS ASSISTS WITH CORRECTLY ROUNDING ON PATIENTS AND ENSURING INTERPRETERS ARE AVAILABLE WHEN NEEDED. IN 2018, ADVOCATE PROVIDED INTERPRETING SERVICES FOR OVER 250,000 PATIENT/FAMILY MEMBER/COMPANION ENCOUNTERS-UP FROM 220,000 ENCOUNTERS THE PREVIOUS YEAR. AS THE NEED FOR THESE SERVICES INCREASES, ADVOCATE CONTINUES TO ANTICIPATE AND IMPLEMENT CHANGES TO MEET THE UNIQUE INTERPRETATION NEEDS OF PATIENTS. ONE SUCH CHANGE, WHICH CONTINUES TO INCREASE THE VOLUME OF INTERPRETER SERVICES EACH YEAR, IS THE USE OF VIDEO REMOTE INTERPRETING (VRI). SIMILAR TO SKYPE TECHNOLOGY, WHEN A TEAM MEMBER (EMPLOYEE/STAFF) CLICKS OR TOUCHES THE SCREEN FOR A NEEDED LANGUAGE, AN INTERPRETER APPEARS ON THE COMPUTER OR IPAD SCREEN TO INTERPRET IN ONE OF 32 AVAILABLE LANGUAGES. IN ADDITION TO VRI, OVER 200 LANGUAGES ARE OFFERED VIA TELEPHONIC INTERPRETING. WHEN TELEPHONIC OR VRI ARE NOT APPROPRIATE FOR THE PATIENT ENCOUNTER, ONSITE AGENCY INTERPRETERS ARE PROVIDED. FIVE (5) ADVOCATE HOSPITALS EMPLOY SPANISH AND POLISH INTERPRETERS DUE TO THE HIGH VOLUME OF PATIENTS SPEAKING THESE LANGUAGES. ADVOCATE TYPICALLY ACCESSES OVER 150 DIFFERENT LANGUAGES PER YEAR TO MEET PATIENTS' NEEDS. IN 2018, A NEW FORM WAS ADDED TO CARE CONNECTION FOR THE NURSING ADMISSION PROCESS. THERE IS ALSO A FORM FOR LANGUAGE SERVICES TO INPUT ANY CHANGES NEEDED-CALLED AN AD HOC FORM. THE FORM SUPPORTS THE NURSE IN IDENTIFYING LANGUAGE ASSISTANCE NEEDS OF THE PATIENT AND FAMILY MEMBERS/COMPANION. VITAL DOCUMENTS CONTINUE TO BE TRANSLATED. SIGNAGE IS POSTED INDICATING THAT INTERPRETING SERVICES ARE AVAILABLE. SEVERAL HOSPITALS CONTINUE</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>TO HAVE PATIENT WHITE BOARDS TRANSLATED INTO SPANISH AND POLISH WITH ENGLISH SUBTITLES SO THAT PATIENTS ARE AWARE OF THEIR PLAN FOR THE DAY IN THEIR LANGUAGE TO EVALUATE HOW WELL THE SITES ARE DOING WITH PROVIDING INTERPRETING SERVICES, A RESPONSE TO THE STATEMENT, "IF ENGLISH IS NOT YOUR PRIMARY LANGUAGE, THE DEGREE TO WHICH YOUR COMMUNICATION NEEDS WERE MET," IS REQUESTED ON NON-ENGLISH PRESS GANEY SURVEYS THE PATIENT IS ASKED TO RATE THE SERVICES RECEIVED BETWEEN 1 AND 5, WITH 5 BEING THE HIGHEST SCORE CURRENTLY THREE HOSPITALS- ADVOCATE CHRIST, ADVOCATE ILLINOIS MASONIC MEDICAL CENTER (ADVOCATE ILLINOIS MASONIC) AND ADVOCATE LUTHERAN GENERAL-PARTICIPATE THE AVERAGE SCORE FOR 2018 REMAINED AT 89% FAVORABLE GIVEN THE LOW RATE OF RETURN, THIS NUMBER IS NOT CONSIDERED TO BE STATISTICALLY SIGNIFICANT THE READMISSION RATE OF NON-ENGLISH SPEAKING PATIENTS IS ALSO TRACKED AND COMPARED TO THE READMISSION RATE OF ENGLISH-SPEAKING PATIENTS THE NON-ENGLISH READMISSION RATE CONTINUES TO BE CLOSE TO THE ENGLISH-SPEAKING PATIENT READMISSION RATE ONE QUALITY AUDIT WAS CONDUCTED IN 2018 THAT FOCUSED ON THE KNOWLEDGE OF CLINICAL CARE PROVIDERS THE OVERALL RESULT WAS "COMPETENT " RESULTS WERE CONVEYED AND CORRECTIVE ACTION PLANS COMPLETED AT TWO SITES LANGUAGE SERVICES CONTINUES TO PARTICIPATE IN PATIENT SAFETY Huddles AND REPORTS THE NUMBER OF INDIVIDUALS NEEDING INTERPRETING SERVICES AS WELL AS LANGUAGE SERVICES EVENTS PATIENT SAFETY EVENTS ARE ALSO REPORTED AT THE SYSTEM SAFETY Huddle THIS ASSISTS WITH IDENTIFYING LANGUAGE SERVICE ISSUES THAT MAY BE OCCURRING ACROSS THE SYSTEM PARISH NURSE MINISTRY ADVOCATE FULLY FUNDS THREE FAITH COMMUNITY NURSE POSITIONS SERVING THREE CONGREGATIONS IN LOW-INCOME, HIGH NEED COMMUNITIES THESE FAITH COMMUNITY NURSES PROVIDE HEALTH EDUCATION, WELLNESS PROMOTION, NAVIGATION AND CARE MANAGEMENT, HEALTH SCREENINGS, ADVOCACY AND SPIRITUAL SUPPORT TO THE MEMBERS OF THEIR CONGREGATIONS AND TO THE WIDER COMMUNITIES THAT THEY SERVE MANY OF THE PEOPLE SERVED ARE HOMELESS, MARGINALIZED OR CHRONICALLY ILL INDIVIDUALS IN ADDITION, ADVOCATE SUPPORTS A FAITH COMMUNITY NURSE SUPPORT NETWORK OF 37 NURSES THAT SERVE CONGREGATIONS ACROSS THE CHICAGOLAND REGION ADVOCATE ALSO FUNDS SYSTEM LEVEL PROGRAMS AND ACTIVITIES FOCUSED ON POSITIVELY AFFECTING THE HEALTH STATUS AND QUALITY OF LIFE OF INDIVIDUALS AND POPULATIONS IN COMMUNITIES SERVED BY ADVOCATE TWO EXAMPLES OF SUCH PROGRAMS FOLLOW ADVOCATE BETHANY COMMUNITY HEALTH FUND (BETHANY FUND) ESTABLISHED IN 2006 BY ADVOCATE HEALTH CARE AS PART OF AN ONGOING COMMITMENT TO HELP BUILD, PROMOTE AND SUSTAIN HEALTHY COMMUNITIES ON CHICAGO'S WEST SIDE, THE BETHANY FUND SUPPORTS NONPROFIT ORGANIZATIONS THAT ARE IN THE COMMUNITIES HISTORICALLY SERVED BY ADVOCATE BETHANY HOSPITAL (NOW RM L CHICAGO)-AUSTIN, GARFIELD PARK, HUMBOLDT PARK AND NORTH LAWNDALE THE FUND DOES THIS THROUGH PROGRAM GRANTS, ORGANIZATIONAL CAPACITY BUILDING EVENTS AND PARTNERSHIPS TO BUILD ON THE ASSETS OF THESE VULNERABLE COMMUNITIES IN 2018, THE BETHANY FUND AWARDED \$815,000 IN PROGRAM GRANTS ADDRESSING ITS PRIORITY AREAS OF DIABETES, SCHOOL DROPOUT PREVENTION, VIOLENCE PREVENTION AND WORKFORCE DEVELOPMENT CENTER FOR FAITH AND COMMUNITY HEALTH TRANSFORMATION THE CENTER FOR FAITH AND COMMUNITY HEALTH TRANSFORMATION WORKS TO ADVANCE HEALTH EQUITY BY PARTNERING WITH FAITH-BASED AND COMMUNITY ORGANIZATIONS TO BUILD COMMUNITY, NURTURE LEADERS AND CONNECT THE UNIQUE SPIRIT POWER OF FAITH COMMUNITIES TO PROMOTE SOCIAL JUSTICE AND ABUNDANT LIFE FOR INDIVIDUALS, FAMILIES AND COMMUNITIES THE CENTER IS A PARTNERSHIP BETWEEN ADVOCATE AND THE OFFICE FOR COMMUNITY ENGAGEMENT AND NEIGHBORHOOD HEALTH PARTNERSHIPS AT THE UNIVERSITY OF ILLINOIS AT CHICAGO CURRENTLY, THE CENTER IS CONVENING A TRAUMA INFORMED CONGREGATIONS NETWORK TO SUPPORT THE CAPACITY OF FAITH COMMUNITIES TO</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>6 AFFILIATED HEALTH CARE SYSTEM- CONTINUEDPREVENT TRAUMA AND TO BE PLACES OF HEALING FOR THOSE WHO HAVE EXPERIENCED ADVERSITY IN CHILDHOOD OR THROUGHOUT THEIR LIVES THE CENTER ALS O CONVENES THE COURAGE TO LOVE COLLABORATIVE (CTLCL), A PARTNERSHIP COMMITTED TO REDUCING P RE-TERM BIRTH AND INFANT MORTALITY IN THE VULNERABLE AUBURN GRESHAM NEIGHBORHOOD OF CHICAG O THE COURAGE TO LOVE APPROACH IS ROOTED IN A REPORT BY THE COMMISSION ON INFANT MORTALIT Y OF THE HEALTH POLICY INSTITUTE OF THE JOINT CENTER FOR POLITICAL AND ECONOMIC STUDIES TH AT MAINTAINS THAT SOCIAL COHESION IS THE NECESSARY STRATEGY FOR IMPROVING BIRTH OUTCOMES THE CTLCL HAS INTERVIEWED OR GATHERED INPUT FROM ALMOST 150 COMMUNITY RESIDENTS DOCUMENTING THEIR EXPERIENCES OF STRESS, AND OF LOVE AND CARE IN THEIR COMMUNITIES ECONOMIC PRESSURE S AND COMMUNITY VIOLENCE WERE IDENTIFIED AS MOST STRESSFUL, AND FAMILY, CHURCH AND NEIGHBO RS EMERGED AS THE CORE DRIVERS OF SOCIAL CONNECTION THE COLLABORATIVE CONTINUES TO WORK W ITH TEAMS OF COMMUNITY MEMBERS TO DESIGN AN APPROACH TO EXPAND EXISTING NETWORKS OF SOCIAL CONNECTION TO PROVIDE INTENTIONAL SUPPORT FOR PARENTS AND FAMILIES GOAL C **NOT USED** G OAL D EXAMINE AND ADDRESS IN PARTNERSHIP WITH OTHERS THE ROOT CAUSES OF HEALTH INEQUITIES IN ADVOCATE COMMUNITIES INCLUDING, BUT NOT LIMITED TO, UNEMPLOYMENT, LACK OF EDUCATION, P OVERTY, ENVIRONMENTAL INJUSTICE AND RACISM SOCIONEEDS INDEX IN PREPARATION FOR THE 2014-2 016 CHNA, ADVOCATE PURCHASED ACCESS TO A TOOL THAT COULD BE USED BY ALL OF ITS HOSPITALS T O IDENTIFY PRIORITY OPPORTUNITIES TO IMPACT THE SOCIAL DETERMINANTS OF HEALTH IN THE COMMU NITIES SERVED BY ADVOCATE INCLUDED IN THIS TOOL, DEVELOPED BY THE HEALTHY COMMUNITIES INS TITUTE, IS THE SOCIONEEDS INDEX THE SOCIONEEDS INDEX IS A MEASURE OF SOCIOECONOMIC NEED T HAT IS CORRELATED WITH POOR HEALTH OUTCOMES INDICATORS FOR THE INDEX ARE WEIGHTED TO MAXI MIZE THE CORRELATION OF THE INDEX WITH PREMATURE DEATH RATES AND PREVENTABLE HOSPITALIZATI ON RATES THIS INDEX COMBINES MULTIPLE SOCIOECONOMIC INDICATORS INTO A SINGLE COMPOSITE VA LUE AS A SINGLE INDICATOR, THE INDEX CAN SERVE AS A CONCISE WAY TO EXPLAIN WHICH AREAS AR E OF HIGHEST NEED A MAP WAS THEN PREPARED FOR EACH HOSPITAL SERVICE AREA ENABLING THE COM MUNITY HEALTH COUNCILS TO FOCUS PRIORITY SETTING AND PROGRAM PLANNING ON COMMUNITIES AT HI GHER LEVELS OF SOCIOECONOMIC NEED THE INDEX IS ALSO BEING USED FOR THE 2017-2019 CHNA PRO CESS ALLIANCE FOR HEALTH EQUITY (FORMERLY KNOWN AS THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY) IN 2015, COMMUNITY HEALTH LEADERS FROM ADVOCATE, PRESENCE HEALTH, THE ILLINOIS P UBLIC HEALTH INSTITUTE (IPHA), THE CHICAGO DEPARTMENT OF HEALTH (CDPH) AND THE COOK COUNTY DEPARTMENT OF PUBLIC HEALTH (CCDPH) CAME TOGETHER TO FORM THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (HICCC) EVENTUALLY THIS COLLABORATIVE INCLUDED 26 HOSPITALS, INCLUDING FI VE FROM ADVOCATE, SEVEN HEALTH DEPARTMENTS AND NEARLY 100 COMMUNITY ORGANIZATIONS FROM ACR OSS CHICAGO AND COOK COUNTY THE PURPOSE OF HICCC WAS TO CREATE A MORE EFFECTIVE WAY TO AS SESS HEALTH NEEDS ACROSS CHICAGO AND COOK COUNTY AND THEN IMPLEMENT A SHARED ACTION PLAN T O MAXIMIZE HEALTH EQUITY AND WELLNESS DURING 2016, THE COLLABORATIVE COMPLETED THREE COMP REHENSIVE ASSESSMENTS - ONE EACH FOR THE NORTH, CENTRAL AND SOUTH REGIONS OF COOK COUNTY, INCLUDING CHICAGO SEE <a href="http://healthimpactccc.org/reports2016/">HTTP //HEALTHIMPACTCC ORG/REPORTS2016/</a> THROUGH COLLABORATIVE PRIOR ITIZATION PROCESSES INVOLVING ALL HOSPITAL AND HEALTH DEPARTMENT MEMBERS OF THE COLLABORAT IVE, AS WELL AS STAKEHOLDER ADVISORY GROUPS COMPRISED OF COMMUNITY REPRESENTATIVES, HICCC IDENTIFIED FOUR OVERARCHING FOCUS AREAS INCLUDING " IMPROVING SOCIAL, ECONOMIC, AND STRUCT URAL DETERMINANTS OF HEALTH WHILE REDUCING SOCIAL AND ECONOMIC INEQUALITIES," IMPROVING ME NTAL HEALTH AND DECREASING SUBSTANCE ABUSE," PREVENTING AND REDUCING CHRONIC DISEASE, WITH A FOCUS ON RISK FACTORS-NUTRITION, PHYSICAL ACTIVITY AND TOBACCO, AND" INCREASING ACCESS TO CARE AND COMMUNITY RESOURCES ALL OF THE HOSPITALS IN THE COLLABORATIVE AGREED TO INCLUD E THE FIRST FOCUS AREA-IMPROVING SOCIAL, ECONOMIC, AND STRUCTURAL DETERMINANTS OF HEALTH-A S A PRIORITY AREA FOR THEIR CHNA AND IMPLEMENTATION PLAN OF THE FIVE ADVOCATE HOSPITALS I N COOK COUNTY, ADVOCATE ILLINOIS MASONIC AND ADVOCATE TRINITY CHOSE WORKFORCE DEVELOPMENT, ADVOCATE CHRIST SELECTED VIOLENCE PREVENTION, ADVOCATE SOUTH SUBURBAN CHOSE HOUSING AND A DVOCATE LUTHERAN GENERAL SELECTED YOUTH EMPLOYMENT ACTION TEAMS BEGAN MEETING IN 2017 AND CONTINUED TO MEET THROUGHOUT 2018 WORK TO DEVELOP COMMUNITY HEALTH IMPROVEMENT PLANS FOC USED ON ALIGNED ACTIONS AND DATA COLLECTION CONTINUES IN LATE 2017, HICCC MERGED WITH THE HEALTHY CHICAGO HOSPITALS COLLABORATIVE TO CREATE THE ALLIANCE FOR HEALTH EQUITY THE ALLI ANCE FOR HEALTH EQUITY IS A PARTNERSHIP BETWEEN THE ILLINOIS PUBLIC HEALTH INSTITUTE, HOSP ITALS, HEALTH DEPARTMENTS AND COMMUNITY ORGANIZATIONS ACROSS CHICAGO AND COOK COUNTY ADVO CATE, AS A FOUNDING MEMBER OF THE PREDECESSOR HICC</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>C, CONTINUES TO BE ACTIVELY INVOLVED IN LEADERSHIP OF THE ALLIANCE FOR HEALTH EQUITY PARTNERSHIP, SERVING ON THE STEERING COMMITTEE ADVOCATE'S HOSPITALS AS WELL AS THE OTHER MEMBER HOSPITALS PROVIDE THE MONETARY SUPPORT FOR THE COLLABORATIVE'S WORK AND SUPPORT THE COST OF STAFF AND OVERSIGHT PROVIDED BY THE ILLINOIS PUBLIC HEALTH INSTITUTE THIS INITIATIVE IS ONE OF THE LARGEST COLLABORATIVE HOSPITAL-COMMUNITY PARTNERSHIPS IN THE COUNTRY WITH THE CURRENT INVOLVEMENT OF OVER 30 NONPROFIT AND PUBLIC HOSPITALS, SEVEN LOCAL HEALTH DEPARTMENTS, AND REPRESENTATIVES OF MORE THAN 100 COMMUNITY ORGANIZATIONS SERVING ON ACTION TEAMS PARTNERS ARE COMING TOGETHER WITH THE GOAL OF WORKING ON STRATEGIES TO ADDRESS THE PRESSING ISSUES IN OUR COMMUNITIES TO ACHIEVE GREATER COLLECTIVE IMPACT ORGANIZATIONS WHOSE REPRESENTATIVES SERVE ON THE ALLIANCE'S STEERING COMMITTEE INCLUDE ADVOCATE, LOYOLA UNIVERSITY HEALTH SYSTEM, LURIE CHILDREN'S HOSPITAL, NORTHWESTERN MEMORIAL HOSPITAL, NORWEGIAN AMERICAN HOSPITAL, PRESENCE HEALTH, RUSH, SINAI HEALTH SYSTEM, SWEDISH COVENANT, UNIVERSITY OF CHICAGO MEDICINE HEALTH CARE ANCHOR NETWORK IN DECEMBER 2016, ADVOCATE JOINED LEADERS FROM HEALTH SYSTEMS IN WASHINGTON, DC, TO EXPLORE WHAT IT WOULD MEAN TO HARNESS THEIR SHARED ECONOMIC AND INTELLECTUAL POWER TO TRULY BENEFIT THEIR COMMUNITIES "THE DISCUSSION CENTERED ON IDENTIFYING HOW ALL OF THESE ECONOMIC ASSETS (THE COMBINED PURCHASES OF \$65 BILLION IN PURCHASED GOODS AND SERVICES, 1.4 MILLION EMPLOYEES AND \$200 BILLION IN INVESTMENT AND ENDOWMENT PORTFOLIOS), COMBINED WITH CIVIC LEADERSHIP COULD BE DEPLOYED TO CREATE INCLUSIVE, EQUITABLE, HEALTHY AND ENVIRONMENTALLY SUSTAINABLE COMMUNITIES " (ADVANCING THE ANCHOR MISSION OF HEALTHCARE, DEMOCRACY COLLABORATIVE, 2017)ADVOCATE OFFICIALLY JOINED THE HEALTH CARE ANCHOR NETWORK IN 2016 AS A FOUNDING PARTNER AND HAS CONTINUED TO PROVIDE MONETARY SUPPORT, LEADERSHIP AND ACTIVE ENGAGEMENT TO THE NETWORK IN 2018, ADVOCATE STAFF ATTENDED TWO IN PERSON MEETINGS HELD IN SAN FRANCISCO, CALIFORNIA AND RICHMOND, VIRGINIA AND PARTICIPATED AS ACTIVE MEMBERS OF WORKGROUPS ADDRESSING NETWORK PROJECTS BY THE END OF 2018, THE NETWORK HAD A MEMBERSHIP OF NEARLY 40 NATIONAL HEALTH SYSTEMS THE WORK OF THE NETWORK IS SUPPORTED BY HEALTH SYSTEM DOLLARS AND FUNDING FROM THE ROBERT WOOD JOHNSON FOUNDATION FACILITATION AND BACKBONE SUPPORT ARE PROVIDED BY THE DEMOCRACY COLLABORATIVE, WASHINGTON, DC THE HEALTH CARE ANCHOR NETWORK AIMS TO ADDRESS UPSTREAM SOCIAL DETERMINANTS OF HEALTH IN COMMUNITIES THROUGH LOCAL HIRING, LOCAL PURCHASING AND LOCAL INVESTMENT CHICAGO ANCHORS FOR A STRONG ECONOMY (CASE) ADVOCATE IS ONE OF 16 ANCHOR INSTITUTIONS COMPRISING CASE THE CENTRAL WORK OF THE COLLABORATIVE IS FOSTERING STRATEGIC RELATIONSHIPS BETWEEN ANCHOR INSTITUTIONS AND SMALL BUSINESSES THAT CAN SUPPLY THE NEEDS OF THESE INSTITUTIONS IN AN EFFORT TO BUILD ECONOMIC VITALITY ACROSS CHICAGO'S NEIGHBORHOODS <a href="http://www.chicagoanchors.com/">HTTP://WWW.CHICAGOANCHORS.COM/</a> CASE IS FOCUSING ON FOUR MAJOR AREAS " INCREASING LOCAL SPENDING BY PARTNERING WITH ANCHOR INSTITUTIONS TO INFUSE NEW REVENUE INTO THE REGIONAL ECONOMY, " FACILITATING NEW CONTRACTS BETWEEN LOCAL BUSINESSES AND ANCHOR INSTITUTIONS, " GROWING THE NETWORK BETWEEN SMALL BUSINESSES AND ANCHOR INSTITUTIONS, AND " FACILITATING TRAINING TO BUILD CAPACITY AMONG SMALL BUSINESSES IN CHICAGO COMMUNITIES THE HEALTHCARE INSTITUTIONS IN CASE ARE FOCUSING ON SUPPLY CHAIN INITIATIVES ENGAGING LOCAL SUPPLIERS AND POSSIBLE DEVELOPMENT OF NEW SMALL BUSINESSES IN UNDERSERVED COMMUNITIES THAT CAN SUPPLY HEALTH CARE PRODUCT NEEDS RESULTS FOR THE OVERALL GROUP OF ANCHOR INSTITUTIONS INCLUDE 476 BUSINESSES ASSISTED RESULTING IN NEW CONTRACTS BETWEEN SMALL BUSINESSES AND ANCHORS, 230 JOBS RETAINED, \$58.9 MILLION IN REVENUE COMMITTED, AND 57 CONTRACTS SIGNED WITH SMALL BUSINESSES THROUGH MULTIYEAR ANCHOR CONTRACTS</p>



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

Form and Line Reference	Explanation
PART VI, LINE 6	<p>LY BEING GREEN IS A TEAM EFFORT AND MANY METRICS ARE TRACKED AND REPORTED AT ADVOCATE SITE BETHANY COMMUNITY HEALTH FUND ("BETHANY FUND") AS INTRODUCED EARLIER, THE BETHANY FUND ADDRESSES THE UNIQUE HEALTH NEEDS OF FOUR TARGETED UNDERSERVED COMMUNITIES ON CHICAGO'S WEST SIDE [AUSTIN, GARFIELD PARK, HUMBOLDT PARK AND NORTH LAWDALE] BY AWARDING GRANTS TO PROGRAMS THAT PROMOTE HEALTH AND WELLNESS AND REDUCE HEALTH DISPARITIES AND THEIR DETERMINANTS. PRIORITY AREAS INCLUDE DIABETES, SCHOOL DROPOUT PREVENTION, WORKFORCE DEVELOPMENT, AND VIOLENCE PREVENTION. SINCE THE BOARD WAS ESTABLISHED IN 2007, THE BETHANY FUND HAS AWARDED OVER \$9 MILLION THROUGH 381 GRANTS TO SUPPORT ORGANIZATIONS IN ITS FUND COMMUNITIES. IN 2018, THE FUND AWARDED \$815,000 TO GRANTEEES. THE ADVOCATE BETHANY FUND HAS SUPPORTED A WIDE VARIETY OF PROGRAMS THAT ADDRESS THE SOCIAL DETERMINANTS OF HEALTH, INCLUDING THE FOLLOWING EXAMPLES OF PROGRAMS FUNDED DURING 2018: NEW MOMS (AUSTIN), FOR THEIR WORKFORCE DEVELOPMENT PROGRAM THAT WORKS WITH YOUNG MOMS EXPERIENCING POVERTY AND UTILIZES CANDLE MAKING TO TEACH JOB-READINESS SKILLS, FREE SPIRIT MEDIA (NORTH LAWDALE) FOR THEIR INDUSTRY AND CAREER PATHWAYS PROGRAM WHICH SERVES YOUTH AND YOUNG ADULTS SEEKING TO BREAK INTO CHICAGO'S ROBUST FILM AND MEDIA INDUSTRIES, MARILLAC ST. VINCENT FAMILY SERVICES (GARFIELD PARK) TO SUPPORT PROJECT HOPE, A PROGRAM FOR PREGNANT AND PARENTING TEENS AND YOUNG ADULTS, AND GREATER WEST TOWN COMMUNITY DEVELOPMENT PROJECT (HUMBOLDT PARK), TO ENRICH THEIR EXISTING VOCATIONAL TRAINING PROGRAM. IN ADDITION TO ITS GRANT MAKING ROLE, THE ADVOCATE BETHANY FUND INVESTS SUBSTANTIAL STAFF TIME AND FINANCIAL RESOURCES IN ORGANIZATIONAL CAPACITY BUILDING. THE ORGANIZATIONS FUNDED ARE PHYSICALLY LOCATED IN ONE OR MORE OF THE PRIORITY WEST-SIDE COMMUNITIES. EACH YEAR, THE FUND SUPPORTS CAPACITY-BUILDING IDEAS DETERMINED FROM RECOMMENDATIONS FROM ITS GRANTEE ORGANIZATIONS AND ITS BOARD MEMBERS (SOME OF WHOM ARE LEADERS AT GRANTEE ORGANIZATIONS). THE FUND HAS OFFERED OVER 80 FORMAL CAPACITY BUILDING/PROFESSIONAL DEVELOPMENT SESSIONS THAT HAVE ENGAGED MORE THAN 1,150 STAFF FROM GRANTEE AND COMMUNITY-BASED ORGANIZATIONS. GOAL 1: LEVERAGE RESOURCES AND MAXIMIZE COMMUNITY ENGAGEMENT BY BUILDING AND STRENGTHENING COMMUNITY PARTNERSHIPS WITH HEALTH DEPARTMENTS AND OTHER DIVERSE COMMUNITY ORGANIZATIONS. A KEY OBJECTIVE UNDER THIS GOAL IS ALIGNING INITIATIVES WITH LOCAL HEALTH DEPARTMENTS AND THEIR COMMUNITY HEALTH PRIORITIES. ALL ADVOCATE HOSPITALS COLLABORATED WITH THEIR RESPECTIVE HEALTH DEPARTMENTS DURING THE 2014-2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CYCLE. ONE OF THE PRIMARY VALUES OF ADVOCATE'S COMMUNITY HEALTH DEPARTMENT IS COLLABORATION WITH PARTNERS, PREFERABLY THROUGH A COLLECTIVE IMPACT MODEL. ONE OF THE PRINCIPAL PARTNERS IN PROVIDING FOR COMMUNITY NEEDS IS THE LOCAL HEALTH DEPARTMENT. WHILE AT THE DIRECTION OF THE SYSTEM, ALL HOSPITALS ACTIVELY PARTICIPATED IN COLLABORATIVE ASSESSMENTS AND HEALTH IMPROVEMENT PLANNING WITH THEIR LOCAL HEALTH DEPARTMENTS FOR THE 2014-2016 CHNA PROCESS AND ARE DOING SO AGAIN FOR THE 2017-2019 PROCESS. THERE IS ONE NOTABLE COLLABORATION IN PARTICULAR IN WHICH ADVOCATE SYSTEM LEVEL LEADERSHIP PLAYED A VITAL ROLE: ALLIANCE FOR HEALTH EQUITY (FORMERLY THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY [HICCC]) AS INTRODUCED EARLIER, ADVOCATE HEALTH CARE, PRESENCE HEALTH AND THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI) WERE THE THREE FOUNDING ORGANIZATIONS OF THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY. THESE ORGANIZATIONS INVITED HEALTH DEPARTMENTS AND ALL COOK COUNTY NONPROFIT HOSPITALS TO JOIN THEM IN CREATING ONE OF THE LARGEST CHNA AND COMMUNITY HEALTH IMPROVEMENT COLLABORATIVES IN THE COUNTRY. IPHI SERVES AS THE BACKBONE ORGANIZATION FOR THE COLLABORATIVE AND THE HOSPITALS PROVIDE FUNDING FOR THE SHARED ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLANNING FACILITATION WORK. IN ADDITION TO 27</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>6 AFFILIATED HEALTH CARE SYSTEM- CONTINUEDNONPROFIT AND PUBLIC HOSPITALS, SEVEN LOCAL HEALTH DEPARTMENTS AND MORE THAN 100 COMMUNITY ORGANIZATIONS PARTICIPATED IN THE ASSESSMENT AND ACTION TEAMS DURING 2015 AND 2016, IPHI, THE PARTICIPATING HOSPITALS AND HEALTH DEPARTMENTS WORKED TOGETHER TO DESIGN A SHARED LEADERSHIP MODEL AND COLLABORATIVE INFRASTRUCTURE TO SUPPORT COMMUNITY-ENGAGED PLANNING PARTNERSHIPS AND STRATEGIC ALIGNMENT OF IMPLEMENTATION PLANS, WHICH WILL FACILITATE MORE EFFECTIVE AND SUSTAINABLE COMMUNITY HEALTH IMPROVEMENT IN THE FUTURE. SURVEYS WERE DISTRIBUTED THROUGHOUT COOK COUNTY WITH A FOCUS ON UNDERSERVED COMMUNITIES. OVER 5,000 SURVEYS WERE COMPLETED PROVIDING A GOOD PICTURE OF THE HEALTH NEEDS OF THE COUNTY. PRIMARY DATA ALSO INCLUDED MULTIPLE FOCUS GROUPS AND HOSPITAL UTILIZATION DATA. A DATA TEAM ANALYZED MULTIPLE SECONDARY DATA SOURCES AS WELL. THIS COLLABORATIVE WORK RESULTED IN THREE REGIONAL CHNA REPORTS AS A RESULT OF THE ASSESSMENT WORK, ALL PARTNERS DETERMINED FOUR FOCUS AREAS FOR IMPLEMENTATION. ACTION TEAMS HAVE BEEN FORMED AND COMMUNITY HEALTH IMPROVEMENT PLANS ARE BEING DEVELOPED WITH A FOCUS ON ALIGNED ACTIONS AND DATA COLLECTION. IN LATE 2017 AND FOLLOWING HICCC'S MERGER WITH THE HEALTH CHICAGO HOSPITALS COLLABORATE TO CREATE THE ALLIANCE FOR HEALTH EQUITY (AFHE), ADVOCATE HAS CONTINUED TO BE AN ACTIVE MEMBER INVOLVED IN LEADERSHIP AND SERVING ON THE AFHE STEERING COMMITTEE. ANOTHER OBJECTIVE TO STRENGTHEN COMMUNITY PARTNERSHIPS IS FOR ADVOCATE TO EXPLORE NON-TRADITIONAL RELATIONSHIPS, SUCH AS WITH SCHOOL DISTRICTS, EMPLOYMENT AGENCIES, HOUSING GROUPS, FOOD PANTRIES, SHELTERS, ETC. WHILE THERE ARE MANY EXISTING ADVOCATE COMMUNITY PARTNERSHIPS MENTIONED THROUGHOUT THIS DOCUMENT AND EVEN SOME THAT RESULTED FROM OR BEGAN PRIOR TO ADVOCATE'S 2011-2013 CHNA PROCESS, THIS OBJECTIVE IS FOCUSED PRIMARILY ON THE INNOVATIVE NON-TRADITIONAL PARTNERSHIPS THAT HAVE BEGUN AS A RESULT OF THE 2014-2016 CHNA ADDRESSING FOOD INSECURITY. ONE SUCH EXAMPLE OF A NON-TRADITIONAL COMMUNITY PARTNERSHIP IS ADVOCATE GOOD SAMARITAN'S PARTNERSHIP WITH LOCAL FOOD PANTRIES AND THE UNIVERSITY OF ILLINOIS EXTENSION TO DEVELOP A PROGRAM THAT OFFERS HEALTHY FRESH FOOD, NUTRITION AND COOKING CLASSES TO CLIENTS OF THE FOOD PANTRIES. ANOTHER EXAMPLE IS ADVOCATE GOOD SHEPHERD'S WORK WITH VARIOUS COMMUNITY-BASED ORGANIZATIONS AND LOCAL MUNICIPAL ENTITIES THAT SERVE SENIORS TO IMPLEMENT FOOD SECURITY SCREENING FOR SENIORS. A SCREENING TOOL AND COMPREHENSIVE RESOURCE GUIDE HAVE BEEN DEVELOPED FOR SENIORS THAT SCREEN AS FOOD INSECURE. ADVOCATE GOOD SHEPHERD AND SEVERAL OTHER ADVOCATE HOSPITALS ARE GROWING VEGETABLES ON THEIR CAMPUSES OR IN THE COMMUNITY. ADVOCATE GOOD SHEPHERD HAS PARTNERED WITH A LOCAL NON-PROFIT ORGANIZATION, SMARTFARM, WHOSE MISSION IS TO BE AN EDUCATIONAL RESOURCE ON SUSTAINABLE GARDENING AND HEALTHY EATING. SMART FARM MANAGES THE ON-SITE GARDEN ON OVER 10 ACRES OF LAND OWNED BY ADVOCATE AND THE HARVESTED FRESH VEGETABLES ARE DONATED TO LOCAL FOOD PANTRIES. SIMILAR PARTNERSHIPS EXIST AT ADVOCATE SHERMAN AND ADVOCATE BROMENN. IN 2018, ADVOCATE ILLINOIS MASONIC ESTABLISHED A HOSPITAL-BASED FOOD PANTRY TO ADDRESS THE NEEDS OF FOOD INSECURE ONCOLOGY PATIENTS. IN PARTNERSHIP WITH THE LAKEVIEW FOOD PANTRY, THE MEDICAL CENTER PROVIDES DRY GOOD FOOD BAGS, RE-USABLE WHEELIE GROCERY BAGS AND GIFT CARDS TO LOW-INCOME AND FOOD INSECURE PATIENTS. TWO HOSPITALS, ADVOCATE SOUTH SUBURBAN AND ADVOCATE TRINITY HAVE PARTNERED WITH ADVOCATE'S PRODUCE VENDOR, CRISTINA FOODS, TO HOST THREE PUBLIC FARMERS MARKETS WHERE FRESH PRODUCE WAS PROVIDED TO PATIENTS, SURROUNDING COMMUNITIES AND ADVOCATE TEAM MEMBERS, WITH LEFTOVER FOOD DONATED TO LOCAL FOOD PANTRIES. IN 2018 ADVOCATE WORKFORCE INITIATIVE (AWI). IN 2015, JPMORGAN CHASE MADE A GENEROUS DONATION TO THE ADVOCATE CHARITABLE FOUNDATION, THE CHARITABLE ARM OF ADVOCATE, TO DEVELOP THE HEALTHCARE WORKFORCE COLLABORATIVE, A CREATIVE AND MODERN SOLUTION TO THE CITY'S TALENT SHORTAGE AND ECONOMIC DISPARITIES. LED BY ADVOCATE, THIS HEALTH CARE SECTOR SKILLS-BASED TRAINING INITIATIVE CONNECTS CHICAGOLAND'S UNDEREMPLOYED AND UNEMPLOYED RESIDENTS WITH HIGH-QUALITY, IN-DEMAND JOBS IN THE RAPIDLY GROWING HEALTH CARE INDUSTRY. UNEMPLOYMENT RATES ARE AS HIGH AS 31.9% IN SOME NEIGHBORHOODS IN THE METROPOLITAN AREA AS COMPARED TO CHICAGO'S OVERALL UNEMPLOYMENT RATE OF 8.2%. ILLINOIS HAS THE NATION'S HIGHEST UNEMPLOYMENT RATE AMONG AFRICAN-AMERICANS. THE UNEMPLOYMENT RATE OF AFRICAN-AMERICANS AND HISPANICS IN CHICAGO IS THREE TIMES THAT OF THEIR WHITE COUNTERPARTS. THE HEALTH CARE SECTOR IS EXPECTED TO GENERATE 14,000 NEW WELL-PAYING MIDDLE-SKILL JOBS ANNUALLY IN THE CHICAGO REGION THROUGH 2019, BUT LACKS THE SKILLED TALENT NEEDED TO FILL THESE ROLES. ADVOCATE ALSO HELPED LAUNCH THE CHICAGOLAND HEALTHCARE WORKFORCE COLLABORATIVE (CHWC). THE CHWC IS A CONSORTIUM OF LEADING HEALTHCARE EMPLOYERS AND INDUSTRY PARTNERS THAT BELIEVE IN THE NECESSITY OF A STRONG AND DIVERSE LOCAL HEALTHCARE</p>

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

Form and Line Reference	Explanation
PART VI, LINE 6	<p>6 AFFILIATED HEALTH CARE SYSTEM- CONTINUEDSURGERY WAITING ROOM, POST-ANESTHESIA CARE AND NURSERY INTENSIVE CARE UNITS, ASSISTING WITH COMMUNITY HEALTH SCREENINGS AND BLOOD DRIVE E VENTS, PROVIDING CHEERFUL SERVICE TO PATIENTS BY DELIVERING FLOWERS, MAIL AND NEWSPAPERS, AND PROVIDING SUPPORT SERVICES IN THE HOSPITAL THAT HAVE LIBRARIES AND/OR WELLNESS CENTERS ADVOCATE TEAM MEMBERS VOLUNTEERING IN THE COMMUNITY ADVOCATE'S SYSTEM LEADERSHIP ALSO ENCOURAGES AND PROVIDES OPPORTUNITIES FOR TEAM MEMBERS AND PHYSICIANS TO DONATE TO, VOLUNTEER AT AND HELP RAISE FUNDS FOR COMMUNITY INITIATIVES IN 2018, ADVOCATE PROMOTED AND SUPPORTED ASSOCIATE, PHYSICIAN AND HOSPITAL PARTICIPATION IN WALKS, RUNS AND RACES, INCLUDING DEVELOPING OFFICIAL ADVOCATE TEAMS FOR THE AMERICAN HEART ASSOCIATION (HEART WALK), AMERICAN CANCER SOCIETY (MAKING STRIDES AGAINST BREAST CANCER EVENTS AND HEAD FOR THE CURE 5K), ALZHEIMER'S ASSOCIATION (WALK TO END ALZHEIMER'S) AND MARCH OF DIMES (MARCH FOR BABIES) IN 2018, 5,583 ADVOCATE TEAM MEMBERS WALKED IN THESE FUNDRAISERS AND \$633,792 IN CHARITABLE CONTRIBUTIONS WAS RAISED TO SUPPORT THESE NONPROFIT PARTNER ORGANIZATIONS THROUGH SUCH EFFORTS ADVOCATE ALSO HAD THE HONOR OF BEING DESIGNATED THE #1 HEART WALK FUNDRAISING HEALTH CARE COMPANY IN THE NATION BY THE AMERICAN HEART ASSOCIATION IN 2018 IN ADDITION, ADVOCATE'S TEAM MEMBERS AND PHYSICIANS GENEROUSLY SUPPORT MULTIPLE LOCAL COMMUNITY ORGANIZATIONS, PROGRAMS AND INITIATIVES, INCLUDING SOME OF ADVOCATE'S OWN SYSTEM-WIDE AND HOSPITAL-BASED COMMUNITY HEALTH PROGRAMS IN 2018, ADVOCATE TEAM MEMBERS CONTRIBUTED MORE THAN \$2.1 MILLION THROUGH THE ADVOCATE AURORA GIVING CAMPAIGN IN ADDITION, SYSTEM LEVEL LEADERS ARE SUPPORTIVE OF TEAM MEMBERS VOLUNTEERING DURING WORKTIME ON NONPROFIT COMMUNITY BOARDS, COMMITTEES, COUNCILS, TASK FORCES AND COALITIONS, USING THEIR TALENTS TO SUPPORT A VARIETY OF COMMUNITY-BASED ORGANIZATIONS GOAL F PROMOTE ACCOUNTABILITY FOR SYSTEM AND SITE ALIGNMENT BY INCREASING PROGRAM COORDINATION AND DEVELOPING STRONG GOVERNANCE RELATIONSHIPS KEY TO DEVELOPING STRONG GOVERNANCE RELATIONSHIPS WAS ESTABLISHING SYSTEM BOARD ENGAGEMENT IN SUPPORT OF ADVOCATE'S COMMUNITY HEALTH VISION AS THE FUNCTION ACCOUNTABLE FOR ADVOCATE'S SYSTEM-WIDE CHNA PROCESS AND BOTH CHNA AND STATE COMMUNITY BENEFITS REGULATORY REPORTING IN ILLINOIS, THE COMMUNITY HEALTH DEPARTMENT PROVIDES PROGRESS UPDATES AT LEAST ANNUALLY TO HOSPITAL AND SYSTEM LEADERSHIP WHEREAS PRIOR TO THE APRIL 2018MERGER, THE MISSION AND SPIRITUAL CARE COMMITTEE OF THE BOARD OF DIRECTORS WAS RESPONSIBLE FOR THE ADOPTION OF COMMUNITY HEALTH STRATEGY, POST-MERGER THE ADVOCATE HEALTH CARE NETWORK BOARD IS NOW CHARGED WITH THIS RESPONSIBILITY AS INDICATED EARLIER, ADVOCATE HEALTH CARE ESTABLISHED A COMMUNITY HEALTH DEPARTMENT IN LATE 2015 AND THE DEPARTMENT WAS FULLY STAFFED AND OPERATING BY JANUARY 2016 THE DEPARTMENT'S FIRST ORDER OF BUSINESS WAS TO DEVELOP A MISSION, VALUES AND VISION (MVV) TO GUIDE ITS ACTIONS THE DEPARTMENT'S MISSION IS "TO TRANSFORM THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE BY PROMOTING PREVENTION AND ENSURING HEALTH EQUITY, THROUGH COLLABORATIVE PARTNERSHIPS AND EVIDENCE-BASED PRACTICES " THE DEPARTMENT'S VALUES ENCOMPASS BEING "ACCOUNTABLE, COLLABORATIVE, EQUITABLE, INCLUSIVE, RESILIENT, SUSTAINABLE, TRANSFORMATIVE AND TRANSPARENT " THROUGH THESE ATTRIBUTES, THE VISION - "TO WORK COLLABORATIVELY TO TRANSFORM OUR ENVIRONMENT INTO COMMUNITIES WHERE HEALTH SERVICES ARE ACCESSIBLE AND INTEGRATED, PEOPLE ARE SUPPORTED, HEALTH EQUITY IS ACHIEVED AND RESULTS ARE MEASURABLE" - WILL BE ACHIEVED DURING 2016 AND TO SUPPORT ADVOCATE HOSPITALS' PLANS TO IMPLEMENT PROGRAM STRATEGIES AS OUTLINED IN THEIR CHNA REPORTS DURING 2017, SITE-SPECIFIC COMMUNITY HEALTH DEPARTMENT BUDGETS WERE PUT IN PLACE AT ALL ADVOCATE HOSPITALS BY THE SYSTEM VICE PRESIDENT OF COMMUNITY HEALTH AND FAITH OUTREACH HOSPITAL COMMUNITY HEALTH BUDGETS, INCLUDING ONGOING PROGRAM IMPLEMENTATION COSTS, STAFF SALARIES, ANNUAL CONTRACTED DATA ACCESS COSTS TO THE CONDUENT-HEALTHY COMMUNITIES INSTITUTE'S CHNA TOOL, FEE TO PARTICIPATE IN THE ALLIANCE FOR HEALTH EQUITY (AHFE) AND FOR ANNUAL SUPPORT FOR AND USE OF THE LYON SOFTWARE CBISA (COMMUNITY BENEFITS INVENTORY OF SOCIAL RESPONSIBILITY) REPORTING TOOL WERE INCLUDED IN THE 2017 AND 2018 BUDGET CYCLE IN PREPARATION FOR YEAR 2019 SYSTEM LEVEL MONITORING OF BUDGETS SUPPORTS APPROPRIATE FUNDING TO SUSTAIN EXISTING AND IMPLEMENT NEW PROGRAMS THAT TARGET SELECTED COMMUNITY HEALTH PRIORITIES HOSPITAL GOVERNING COUNCILS ALSO KEY TO PROMOTING ACCOUNTABILITY FOR COMMUNITY HEALTH THROUGHOUT ADVOCATE WAS A SYSTEM LEVEL IMPLEMENTED PROCESS FOR ESTABLISHING HOSPITAL-BASED GOVERNANCE OVERSIGHT FOR EACH HOSPITAL'S CHNA PROCESS, INCLUDING REVIEW AND APPROVAL OF THE HOSPITAL CHNA REPORT AND HIGH LEVEL STRATEGIES TO ADDRESS KEY SELECTED NEEDS THAT RESULTED FROM THE PRIORITY-SETTING PROCESS TO THAT END, THE SYSTEM EXPANDED THE ROLE OF THE HOSPITAL GOVER</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>NING COUNCILS TO INCLUDE OVERSIGHT OF THE CHNA PROCESS AND APPROVAL OF THE HOSPITAL CHNA R EPORTS AND IMPLEMENTATION STRATEGIES THIS HAS RESULTED IN COMMUNITY HEALTH BEING STRONGLY INTEGRATED INTO ADVOCATE GOVERNANCE STRUCTURES COMMUNITY HEALTH COUNCILS COMPRISED OF CO MMUNITY EXPERTS AND HOSPITAL LEADERS HAVE BEEN DEVELOPED AT EACH HOSPITAL THESE COUNCILS ARE CO-LED BY THE HOSPITAL COMMUNITY HEALTH LEADER AND A HOSPITAL GOVERNING COUNCIL MEMBER A MINIMUM OF 50% OF THE COUNCIL MEMBERS FOR THE 2016 CHNA REPORT CYCLE WERE COMMUNITY RE PRESENTATIVES WITH A FOCUS ON PEOPLE WHO REPRESENTED UNDERSERVED AND VULNERABLE POPULATION S THE COUNCILS MET AT LEAST FOUR TIMES DURING THE YEAR HOSPITAL COMMUNITY HEALTH STAFF A NALYZED AND PRESENTED PRIMARY AND SECONDARY COMMUNITY HEALTH DATA TO THE HOSPITALS' COMMUN ITY HEALTH COUNCILS THE COUNCIL MEMBERS IDENTIFIED THE HOSPITAL SERVICE AREAS' SIGNIFICAN T HEALTH NEEDS, SUBSEQUENTLY EMPLOYING A CONSENSUS BASED PRIORITY-SETTING PROCESS TO DETER MINE THE NEEDS UPON WHICH TO FOCUS AS PART OF THE PRIORITIZATION PROCESS, THE COUNCILS SC ANNED HOSPITAL AND COMMUNITY CHALLENGES AND ASSETS, AS WELL AS POTENTIAL PARTNERSHIPS WITH OTHER ORGANIZATIONS THAT MIGHT RESULT IN A LARGER HEALTH IMPROVEMENT IMPACT CHNA DATA ASS ESSMENT RESULTS AND RECOMMENDATIONS FOR HEALTH IMPROVEMENT PRIORITIES WERE PRESENTED TO TH E FULL HOSPITAL GOVERNING COUNCILS FOR ENDORSEMENT ONCE THE HEALTH IMPROVEMENT PRIORITIES AND STRATEGIES WERE APPROVED BY THE HOSPITAL GOVERNING COUNCILS, THE RESULTS WERE PRESENT ED TO THE MISSION AND SPIRITUAL CARE COMMITTEE OF THE ADVOCATE HEALTH CARE BOARD OF DIRECT ORS, CHARGED WITH SYSTEM OVERSIGHT OF COMMUNITY HEALTH PLANNING AT THAT TIME, FOR FINAL AP PROVAL AS INDICATED EARLIER, AS A RESULT OF THE MERGER, THIS RESPONSIBILITY MOVED TO THE ADVOCATE HEALTH CARE NETWORK BOARD IN 2018 SERVICE LINE AND POPULATION HEALTH ENGAGEMENT TO SUPPORT FURTHER ALIGNMENT WITHIN ADVOCATE, THE SYSTEM COMMUNITY HEALTH DEPARTMENT HAS ALSO WORKED TO ENGAGE SYSTEM DEFINED CLINICAL SERVICE LINES IN EXPANDING THEIR FOCUS ON CO MMUNITY HEALTH ADVOCATE IS VIEWED AS A LEADER IN THE POPULATION HEALTH MANAGEMENT ARENA AN EARLY ADOPTER OF MANAGING CARE ACROSS POPULATIONS, ADVOCATE HAS SIGNIFICANT SUCCESS IMP ROVING HEALTH OUTCOMES WHILE DECREASING OR MAINTAINING COST OF CARE DELIVERY ADVOCATE'S C OMMUNITY HEALTH DEPARTMENT HAS INTENTIONALLY ALIGNED WITH ADVOCATE POPULATION HEALTH LEADE RS AND ADVOCATE SERVICE LINES THIS ALIGNMENT ASSURES THAT MEMBERS OF THE COMMUNITIES ADVO CATE SERVES AND OUR PATIENTS RECEIVE COMMUNITY-BASED INTERVENTIONS, AS WELL AS EDUCATION A ND PROGRAMMING THAT ALIGNS WITH THEIR HEALTH NEEDS THE FOLLOWING ARE EXAMPLES OF EDUCATIO N AND PROGRAMMING ALIGNED WITH POPULATION HEALTH AND SERVICE LINE DEVELOPMENT THAT REFLECT THIS INTEGRATED APPROACH BEHAVIORAL HEALTH BEHAVIORAL HEALTH COUNCIL INTEGRATION STRATE GIES HAVE INCLUDED COMMUNITY HEALTH STAFF OFFERING MENTAL HEALTH FIRST AID TO TARGETED COM MUNITY MEMBERS FOR THE PURPOSE OF REDUCING STIGMA, AND TRAINING COMMUNITY MEMBERS TO RECOG NIZE MENTAL HEALTH ISSUES AND UNDERSTAND APPROPRIATE INTERVENTIONS IN 2018, OVER 1,047 CO MMUNITY MEMBERS WERE TRAINED IN THE EIGHT-HOUR EVIDENCE-BASED PROGRAM ADDITIONALLY, ALL H OSPITALS PARTICIPATE IN LOCAL BEHAVIORAL HEALTH AND SUBSTANCE ABUSE COLLABORATIVES ADVOCAT E PHYSICIAN PARTNERS (APP) ADVOCATE POPULATION HEALTH LEADERS AND ADVOCATE COMMUNITY HEAL TH LEADERS ARE PARTNERING TO DEVELOP NEW APPROACHES TO PATIENT SCREENING AND RESOURCING FO R SOCIAL DETERMINANTS OF HEALTH GOAL G PROMOTE THE TRAINING OF FUTURE HEALTH PROFESSIONA LS TO FURTHER THE TRADITION OF PROVIDING MEDICAL EDUCATION TO UNDERGRADUATE AND GRADUATE MEDICAL STUDENTS AND NURSING STUDENTS, ADVOCATE'S SYSTEM LEVEL CLINICAL EDUCATION DEPARTME NT HAS DEVELOPED LONG-TERM ACADEMIC AFFILIATIONS WITH ALL MAJOR UNIVERSITIES IN THE CHICAG O METROPOLITAN AREA FOR THE</p>

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

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



**990 Schedule H, Supplemental Information**

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

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
ADVOCATE CHRIST MEDICAL CENTER PART VI, LINE 2	ADVOCATE CHILDREN'S WORKED CLOSELY WITH LOCAL PARTNER SCHOOL DISTRICTS, SCHOOL NURSES, THE HOSPITAL'S FAMILY ADVISORY COUNCIL, THE PARTNERSHIP FOR RESILIENCE, HEALTHY SCHOOLS CAMPAIGN AND THE CHICAGO PUBLIC SCHOOL'S OFFICE OF STUDENT WELLNESS TO IDENTIFY HEALTH ISSUES AFFECTING CHILDREN

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Form and Line Reference	Explanation
ADVOCATE CHRIST MEDICAL CENTER PART VI, LINE 4	<p>LOCATED IN OAK LAWN, ILLINOIS, ADVOCATE CHRIST SERVES AN AREA THAT LIES PRIMARILY WITHIN COOK COUNTY AND THE CHICAGO CITY LIMITS IN ADDITION TO PARTICIPATING IN THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY SOUTH REGION CHNA, ADVOCATE CHRIST CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT TARGETING ITS DEFINED COMMUNITY-THE HOSPITAL'S PRIMARY SERVICE AREA (PSA) THIS AREA INCLUDES APPROXIMATELY 924,370 INDIVIDUALS WITHIN 27 ZIP CODES IN CHICAGO AND SUBURBAN COOK COUNTY THE DIVERSE POPULATION SERVED IS 58 PERCENT WHITE, 23 PERCENT AFRICAN-AMERICAN, 2 PERCENT ASIAN AND 17 PERCENT OTHER BY ETHNICITY, THE PSA IS 31 PERCENT HISPANIC NEARLY 7 5 PERCENT OF THE PSA POPULATION OVER THE AGE OF 25 DOES NOT HAVE A HIGH SCHOOL DIPLOMA AS COMPARED TO 6 26 PERCENT FOR ILLINOIS, WHILE ALMOST 11 PERCENT OF ALL FAMILIES LIVE BELOW THE FEDERAL POVERTY LEVEL COMPARED TO 10 PERCENT FOR ILLINOIS THE MEDIAN AGE FOR THE PSA IS 37 87 YEARS ADVOCATE CHRIST HAS FOUR ZIP CODES IN ITS PRIMARY SERVICE AREA WITH A RANKING OF FIVE FOR THE SOCIONEEDS INDEX-ALL WITHIN CHICAGO--WHICH REPRESENT THE AREAS WITH THE HIGHEST SOCIOECONOMIC NEEDS WEST ENGLEWOOD (99 2), BRIGHTON PARK (96 5), CHICAGO LAWN (96 1), AND AUBURN GRESHAM (93 7) INDEX VALUES FOR EACH OF THESE ZIP CODES ARE OVER 90/100, THUS REPRESENTING SOME OF THE HIGHEST AREAS OF NEED IN THE COUNTRY ADVOCATE CHILDREN'S, WHICH IS INTEGRATED AS PART OF ADVOCATE CHRIST HOSPITAL IN OAK LAWN, HAS A TOTAL SERVICE AREA (TSA) THAT INCLUDES COMMUNITIES SERVED BY ADVOCATE CHRIST, AS WELL AS GEOGRAPHIC AREAS OR COMMUNITIES SERVED BY OTHER ADVOCATE HOSPITALS, INCLUDING ADVOCATE TRINITY ON CHICAGO'S SOUTH AND SOUTHEAST SIDES, ADVOCATE SOUTH SUBURBAN IN CHICAGO'S SOUTH SUBURBS, AND ADVOCATE GOOD SAMARITAN IN THE WEST AND SOUTHWEST SUBURBAN CHICAGO AREA THE TOTAL PEDIATRIC POPULATION, AGES 0-17 YEARS, WITHIN THE ADVOCATE CHILDREN'S-OAK LAWN TSA IS 561,905 CHILDREN IN 77 COMMUNITIES OR 24 PERCENT OF THE TOTAL POPULATION WITHIN THE SAME AREA THE HOSPITAL'S DIVERSE SERVICE AREA IS 37 PERCENT BLACK/NON-HISPANIC, 34 PERCENT WHITE/NON-HISPANIC AND 25 PERCENT HISPANIC WITHIN THE TSA, 61 PERCENT OF ADVOCATE CHILDREN'S PATIENTS (CHILDREN AGES 0-17) RECEIVE MEDICAID, 38 PERCENT ARE COVERED BY MANAGED CARE HEALTH INSURANCE AND 1 4 PERCENT HAVE OTHER PAYMENT PLANS HOUSEHOLD INCOME STATISTICS SHOW THAT 23 PERCENT OF HOUSEHOLDS IN THE TSA EARN LESS THAN \$25,000/YEAR AND 45 PERCENT HAVE A HIGH SCHOOL EDUCATION OR LESS THERE ARE 20 HOSPITALS PROVIDING PEDIATRIC MEDICAL SERVICES IN ADVOCATE CHILDREN'S SERVICE AREA IN ADDITION TO ADVOCATE, THERE IS ALSO ADVENTIST BOLINGBROOK HOSPITAL, ADVOCATE SOUTH SUBURBAN HOSPITAL, FRANCISCAN ST JAMES HEALTH - CHICAGO HEIGHTS AND OLYMPIA FIELDS, HOLY CROSS HOSPITAL, INGALLS MEMORIAL HOSPITAL, JACKSON PARK HOSPITAL, LARABIDA CHILDREN'S HOSPITAL, LITTLE COMPANY OF MARY HOSPITAL, MERCY HOSPITAL AND MEDICAL CENTER, METROSOUTH MEDICAL CENTER, PALOS COMMUNITY HOSPITAL, PRESENCE ST JOSEPH MEDICAL CENTER, ROSELAND COMMUNITY HOSPITAL, SILVER CROSS HOSPITAL, SOUTH SHORE HOSPITAL, ST ANTHONY HOSPITAL, ST BERNARD HOSPITAL AND UNIVERSITY OF CHICAGO MEDICAL CENTER HIGH RISK AREAS AND COMMUNITIES OF HIGH NEED WERE FURTHER DETERMINED BY USE OF THE SOCIAL VULNERABILITY INDEX, WHICH IS AN AGGREGATE MEASURE OF THE CAPACITY OF COMMUNITIES TO PREPARE FOR AND RESPOND TO EXTERNAL STRESSORS ON HUMAN HEALTH, SUCH AS NATURAL OR HUMAN-CAUSED DISASTERS, OR DISEASE OUTBREAKS THE SOCIAL VULNERABILITY INDEX RANKS EACH CENSUS TRACT ON 14 SOCIAL FACTORS, INCLUDING POVERTY, LACK OF VEHICLE ACCESS AND CROWDED HOUSING COMMUNITIES WITH HIGH SOCIAL VULNERABILITY INDEX SCORES HAVE LESS CAPACITY TO DEAL WITH OR PREPARE FOR EXTERNAL STRESSORS AND, AS A RESULT, ARE MORE VULNERABLE TO THREATS ON HUMAN HEALTH MANY COMMUNITIES IN ADVOCATE CHILDREN'S TSA RANK HIGH IN SOCIAL VULNERABILITY WHICH CAN HAVE A NEGATIVE IMPACT ON CHILDREN'S HEALTH SUCH COMMUNITIES INCLUDE BLUE ISLAND, CALUMET PARK, DIXMOOR, FORD HEIGHTS AND HARVEY IN THE SOUTH SUBURBS, ALONG WITH THE CHICAGO LAWN, ENGLEWOOD AND GAGE PARK NEIGHBORHOODS IN CHICAGO ANOTHER MEASURE IN DETERMINING NEED WAS THE CHILDHOOD OPPORTUNITY INDEX WHICH IS BASED ON SEVERAL INDICATORS IN EACH OF THE FOLLOWING CATEGORIES DEMOGRAPHICS AND DIVERSITY, EARLY CHILDHOOD EDUCATION, RESIDENTIAL AND SCHOOL SEGREGATION, MATERNAL AND CHILD HEALTH, NEIGHBORHOOD CHARACTERISTICS OF CHILDREN, AND CHILD POVERTY CHILDREN WHO LIVE IN AREAS OF LOW OPPORTUNITY HAVE AN INCREASED RISK FOR A VARIETY OF NEGATIVE HEALTH INDICATORS, SUCH AS PREMATURE MORTALITY, ARE MORE LIKELY TO BE EXPOSED TO SERIOUS PSYCHOLOGICAL DISTRESS AND ARE MORE LIKELY TO HAVE POOR SCHOOL PERFORMANCE COMMUNITIES IN ADVOCATE CHILDREN'S TSA INCLUDE FORD HEIGHTS, DIXMOOR, DOLTON AND HARVEY IN THE SOUTH SUBURBS, AS WELL AS THE ARCHER HEIGHTS, AUBURN-GRESHAM, BRIGHTON PARK AND CHICAGO LAWN NEIGHBORHOODS IN CHICAGO</p>

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Form and Line Reference	Explanation
ADVOCATE CHRIST MEDICAL CENTER PART VI, LINE 5	THE GOVERNING COUNCIL AT ADVOCATE CHRIST IS COMPRISED OF LOCAL COMMUNITY LEADERS AND PHYSICIANS GOVERNING COUNCIL MEMBERS SUPPORT HOSPITAL LEADERSHIP IN THEIR PURSUIT OF THE HOSPITAL'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY SIXTY-EIGHT PERCENT OF THE CURRENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES SIGNIFICANT PROGRAMS/INITIATIVES CONTRIBUTING TO A HEALTHIER COMMUNITY IN 2018 INCLUDE - ADVOCATE CHRIST WAS AWARDED THE THREE-YEAR DNV-GL DISEASE-SPECIFIC CERTIFICATION FOR VENTRICULAR ASSIST DEVICE (VAD) PROGRAM THE VAD CREDENTIALING SURVEY PROCESS AUDITS AN ORGANIZATION'S VAD PROGRAM IN THE FOLLOWING AREAS QUALITY MANAGEMENT SYSTEM, PROGRAM MANAGEMENT, STAFFING MANAGEMENT, INFECTION PREVENTION AND CONTROL, AND VAD PROGRAM SERVICE DELIVERY - ADVOCATE CHRIST'S PULMONARY REHAB PROGRAM AND HIGH-TECH MEDICAL PARK'S CARDIAC REHAB PROGRAM WERE RECERTIFIED BY THE AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION - ADVOCATE CHRIST ADULT ECHOCARDIOGRAPHY LAB RECEIVED RE-ACCREDITATION IN ADULT TRANSTHORACIC ECHOCARDIOGRAPHY BY THE INTER-SOCIETAL ACCREDITATION COMMISSION (IAC) - ADVOCATE CHRIST WAS THE ONLY MEDICAL ICU IN ILLINOIS TO RECEIVE THE THREE-YEAR SILVER BEACON AWARD FOR EXCELLENCE BY THE AMERICAN ASSOCIATION OF CRITICAL CARE NURSES FOR OPTIMAL OUTCOMES AND EXCEPTIONAL PATIENT CARE IN THE MEDICAL INTENSIVE CARE UNIT - ADVOCATE CHRIST WAS AWARDED THE PRACTICE GREENHEALTH'S CIRCLE OF EXCELLENCE IN GREEN BUILDING AWARD BECAUSE OF THE DEMONSTRATION OF LEED AND OTHER GREEN BUILDING ACHIEVEMENTS FOR THE PAST FIVE YEARS - ADVOCATE CHRIST'S STERILE PROCESSING DEPARTMENT WAS RECOGNIZED BY THE HEALTHCARE PURCHASING NEWS AS 2018 STERILE PROCESSING DEPARTMENT OF THE YEAR - ADVOCATE CHRIST WAS AWARDED THE 2018 MISSION LIFELINE RECEIVING CENTER GOLD RECOGNITION AWARD BY THE AMERICAN HEART ASSOCIATION FOR ITS CONTINUED SUCCESS IN USING THE MISSION LIFELINE-STEMI PROGRAM - ADVOCATE CHRIST AND ADVOCATE CHILDREN'S-OAK LAWN RECEIVED A MANAGEMENT SYSTEM CERTIFICATE FROM DNV-GL FOR CONFORMING TO THE QUALITY MANAGEMENT SYSTEM STANDARD ISO 9001 2015 THE HOSPITAL HAS CREATED, COLLABORATED WITH OR SUPPORTED NUMEROUS ADDITIONAL PROGRAMS NOT INCLUDED IN EARLIER SECTIONS OF SCHEDULE H, SUCH AS - RONALD MCDONALD HOUSE- ILLINOIS MOBILE HEALTH COALITION- CONTINUING EDUCATION SYMPOSIUM AND WORKSHOPS FOR SCHOOL NURSES- CHILDHOOD INJURY PREVENTION AND CHILD SAFETY SEAT PROGRAM- ADVOCATE CHILDREN'S HEALTH RESOURCE CENTER WHICH PROVIDES RELIABLE HEALTH INFORMATION TO PARENTS AND MATERIALS ON THE MOST COMMON DIAGNOSES/CONDITIONS/TREATMENTS ARE ALSO TRANSLATED INTO SPANISH, POLISH AND ARABIC- LOCAL FOOD PANTRIES

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Form and Line Reference	Explanation
ADVOCATE EUREKA HOSPITAL PART VI, LINE 4	FOR THE PURPOSES OF THIS ASSESSMENT, "COMMUNITY" IS DEFINED AS WOODFORD COUNTY, ILLINOIS ADVOCATE EUREKA IS THE ONLY HOSPITAL IN WOODFORD COUNTY, WHICH IS LOCATED IN RURAL CENTRAL ILLINOIS AND THERE ARE NOT ANY FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS IN THE COUNTY. ALTHOUGH THE HOSPITAL PARTICIPATED IN A TRI-COUNTY COLLABORATIVE EXPLAINED EARLIER IN THE DOCUMENT, FOR THIS COMMUNITY HEALTH NEEDS ASSESSMENT, THE FOCUS OF THIS REPORT WILL BE ON WOODFORD COUNTY. THE FOLLOWING TOWNS ARE IN WOODFORD COUNTY: BAY VIEW GARDENS, BENSON, CONGERVILLE, EL PASO, EUREKA, GERMANTOWN HILLS, GOODFIELD, KAPPA, LOWPOINT, METAMORA, MINONK, PANOLA, ROANOKE, SECOR, SPRING BAY AND WASHBURN. POPULATIONWOODFORD COUNTY CONSISTS OF A TOTAL POPULATION OF 39,334 (HEALTHY COMMUNITIES INSTITUTE (HCI), CLARITAS, 2016). EUREKA HAS THE LARGEST POPULATION IN THE COUNTY WITH 6,861 RESIDENTS. THE POPULATION IN WOODFORD COUNTY INCREASED BY 1.73 PERCENT FROM 2010 TO 2016 (HCI, CLARITAS, 2016). DEMOGRAPHICSAGE AND GENDERTHE MEDIAN AGE IN WOODFORD COUNTY IS 40.0, WHICH IS OLDER THAN THE MEDIAN AGE FOR ILLINOIS AT 37.8 YEARS OF AGE (HCI, CLARITAS, 2016). RACE AND ETHNICITYTHE POPULATION OF WOODFORD COUNTY IS 96.6 PERCENT WHITE, 0.7 PERCENT BLACK OR AFRICAN AMERICAN, .63 PERCENT ASIAN, .25 PERCENT AMERICAN INDIAN AND ALASKA NATIVE, AND .03 PERCENT NATIVE HAWAIIAN OR PACIFIC ISLANDER (HCI, CLARITAS, 2016). HOUSEHOLD/FAMILYTHE AVERAGE HOUSEHOLD SIZE IN WOODFORD COUNTY IS 2.62 WITH 14,636 RESIDENTS LIVING AS A PART OF A HOUSEHOLD. THIRTY-FIVE PERCENT OF PEOPLE IN A HOUSEHOLD ARE UNDER 18 YEARS OF AGE (HCI, CLARITAS, 2016). TWENTY-ONE PERCENT OF THE HOUSEHOLDS IN WOODFORD COUNTY ARE SINGLE PARENT HOUSEHOLDS. ECONOMICSMETHE MEDIAN HOUSEHOLD INCOME IN WOODFORD COUNTY IS \$69,760 WHICH IS HIGHER THAN THE ILLINOIS MEDIAN HOUSEHOLD INCOME OF \$59,608 (HCI, CLARITAS, 2016). THE PERCENT OF PEOPLE LIVING BELOW THE FEDERAL POVERTY LINE IS 8.1 PERCENT (HCI, AMERICAN COMMUNITY SURVEY, 2010-2014). HEALTH CARE COVERAGEIN WOODFORD COUNTY, THE NUMBER OF INDIVIDUALS WHO RECEIVED MEDICAID COVERAGE INCREASED FROM 2,749 IN FISCAL YEAR 2014 TO 4,838 IN FISCAL YEAR 2015 DUE TO THE AFFORDABLE CARE ACT (ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES, 2015). IN 2017, 16% PERCENT OF PATIENTS SEEN AT ADVOCATE EUREKA WERE UNINSURED PATIENTS OR MEDICAID RECIPIENTS. EIGHTY-SEVEN PERCENT OF WOODFORD COUNTY SURVEY RESPONDENTS REPORTED HAVING ACCESS TO MEDICAL CARE WHILE 13 PERCENT REPORTED THAT THEY DO NOT HAVE ACCESS TO MEDICAL CARE. FORTY-ONE PERCENT OF THOSE WHO REPORTED THAT THEY DO NOT HAVE ACCESS TO MEDICAL CARE SAID THEY WERE NOT ABLE TO GET MEDICAL CARE BECAUSE THEY COULD NOT AFFORD THE CO-PAY, 26 PERCENT SAID THEY DID NOT HAVE INSURANCE, 26 PERCENT THAT THERE WAS TOO LONG OF A WAIT AND 14 PERCENT SAID THEY DID NOT HAVE A WAY TO GET TO THE DOCTOR. RESPONDENTS WERE INSTRUCTED TO SELECT ALL ANSWERS THAT APPLIED IF THEY REPORTED THAT THEY DID NOT HAVE ACCESS TO MEDICAL CARE (TRI-COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT, 2016). EMPLOYMENTTHE PERCENT OF THE CIVILIAN LABOR FORCE THAT IS UNEMPLOYED IN WOODFORD COUNTY IS 6.9 PERCENT, LOWER THAN ILLINOIS AT 9.9 PERCENT. THE THREE COMMON INDUSTRIES OF EMPLOYMENT ARE MANUFACTURING AT 17.8 PERCENT, HEALTHCARE AT 14.6 PERCENT AND RETAIL TRADE AT 11.5 PERCENT (HCI, CLARITAS, 2016). EDUCATIONEDUCATIONAL LEVELNINETY-FOUR PERCENT OF THE POPULATION OVER THE AGE OF 25 IN WOODFORD COUNTY POSSESSES A HIGH SCHOOL DIPLOMA OR HIGHER AND 28 PERCENT HAVE A BACHELOR'S DEGREE OR HIGHER (HCI, AMERICAN COMMUNITY SURVEY, 2010-2014). EUREKA COLLEGE IS A SMALL LIBERAL ARTS COLLEGE LOCATED IN WOODFORD COUNTY. STUDENT-TO-TEACHER RATIOTHIS INDICATOR SHOWS THE AVERAGE NUMBER OF PUBLIC SCHOOL STUDENTS PER TEACHER IN THE REGION. IT DOES NOT MEASURE CLASS SIZE. ACCORDING TO THE NATIONAL CENTER FOR EDUCATION STATISTICS, LARGER SCHOOLS TEND TO HAVE HIGHER STUDENT-TEACHER RATIOS. THERE ARE 16.8 STUDENTS PER TEACHER IN WOODFORD COUNTY (HCI, NATIONAL CENTER FOR EDUCATION STATISTICS, 2013-2014). HEALTH CARE RESOURCES IN THE DEFINED COMMUNITYNAME OF FACILITY/TYPE OF FACILITYADVOCATE EUREKA - CRITICAL ACCESS HOSPITALWOODFORD COUNTY PUBLIC HEALTH DEPARTMENT - HEALTH CLINICHEART HOUSE/SHELTER - COMMUNITY ORGANIZATION

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Form and Line Reference	Explanation
ADVOCATE EUREKA HOSPITAL PART VI, LINE 5	<p>ADVOCATE EUREKA'S DEDICATION TO PROMOTING THE HEALTH OF THE COMMUNITY IS EXEMPLIFIED IN NUMEROUS WAYS THE ADVOCATE BROMENN AND ADVOCATE EUREKA GOVERNING COUNCIL IS COMPRISED OF LOCAL COMMUNITY LEADERS AND PHYSICIANS GOVERNING COUNCIL MEMBERS SUPPORT HOSPITAL LEADERSHIP IN THEIR PURSUIT OF THE HOSPITAL'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY SEVENTY-EIGHT PERCENT OF THE CURRENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES ADVOCATE EUREKA IS A 25-BED FACILITY THAT HAS SERVED AND CARED FOR THE PEOPLE OF WOODFORD COUNTY AND THE SURROUNDING AREA SINCE 1901 ADVOCATE EUREKA IS THE ONLY HOSPITAL IN WOODFORD COUNTY AND IS A CRITICAL ACCESS HOSPITAL AS CERTIFIED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES BY FUNCTIONING IN THIS CAPACITY, THE HOSPITAL PLAYS A VITAL ROLE IN SERVING THE HEALTH NEEDS OF A PRIMARILY RURAL AREA COMMUNITY RESIDENTS BENEFIT FROM HAVING ACCESS TO CARE CLOSE TO HOME AS PROVIDED BY A DEDICATED GROUP OF PRIMARY CARE AND SPECIALTY PHYSICIANS IF THE PATIENT'S CONDITION REQUIRES ADVANCED CARE, ADVOCATE EUREKA IS AVAILABLE TO STABILIZE THE CONDITION AND SEAMLESSLY TRANSITION THE PATIENT TO ANOTHER FACILITY A CHERISHED COMMUNITY INSTITUTION, ADVOCATE EUREKA HAS SET NEW STANDARDS FOR WHAT A RURAL HOSPITAL CAN ACCOMPLISH WHILE PATIENTS APPRECIATE THE SMALL-TOWN TOUCH OF ONE-ON-ONE CARE, THEY ALSO KNOW THAT IT'S BACKED BY SERVICES AND TECHNOLOGY TYPICALLY UNAVAILABLE AT A SMALL HOSPITAL EMERGENCY CARE, INPATIENT AND OUTPATIENT SURGERIES, REHABILITATION AND ADVANCED RADIOLOGY ARE ONLY A FEW OF THE SERVICES OFFERED THESE SERVICES ARE PROVIDED BY A SKILLED AND CARING STAFF THAT HAS WON NUMEROUS AWARDS FOR PATIENT SATISFACTION ANOTHER KEY AREA IN WHICH THE HOSPITAL CONTRIBUTES TO THE HEALTH OF THE COMMUNITY IS THROUGH ITS COMMUNITY EDUCATION AND OUTREACH EFFORTS THE HOSPITAL OFFERS ON-GOING HEALTH PROGRAMS, SUCH AS MONTHLY BLOOD PRESSURE SCREENINGS, IN THE HOSPITAL LOBBY IN 2018, THE HOSPITAL ALSO PARTICIPATED IN FIRST AID TRAINING AT A 4-H SUMMER CAMP IN ADDITION TO FILLING A VOID IN THE COUNTY BY SERVING AS A CRITICAL ACCESS HOSPITAL, ADVOCATE EUREKA PROMOTES THE HEALTH OF THE COMMUNITY THROUGH ITS RECYCLING EFFORTS USED PRINTER CARTRIDGES ARE COLLECTED AND DONATED DIRECTLY TO SPECIAL OLYMPICS IN ADDITION, THE HOSPITAL DONATES USED MEDICAL EQUIPMENT AND FURNITURE AND HAS MADE IMPROVEMENTS TO REDUCE ENERGY, SOLID AND MEDICAL WASTE USAGE THE HOSPITAL ALSO SPONSORS COMMUNITY RACES TO PROMOTE HEALTH AWARENESS AND ENGAGES IN FUNDRAISING EFFORTS TO IMPROVE THE HEALTH OF THE COMMUNITY IN 2018, ADVOCATE EUREKA ALSO EARNED THE PARTNER FOR CHANGE AWARD THE AWARD IS PRESENTED TO HOSPITALS THAT CONTINUOUSLY IMPROVE WASTE REDUCTION AND RECYCLING PROGRAMS MEMBERS OF THE HOSPITAL'S EXECUTIVE OR LEADERSHIP TEAM ALSO SERVE ON MULTIPLE COMMUNITY BOARDS THAT WILL HELP EITHER DIRECTLY OR INDIRECTLY IMPROVE THE HEALTH OF THE COMMUNITY, SUCH AS KIWANIS, WOODFORD COUNTY FOOD PANTRY, EUREKA BUSINESS ASSOCIATION AND THE ROTARY CLUB</p>

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Form and Line Reference	Explanation
ADVOCATE GOOD SHEPHERD HOSPITAL PART VI, LINE 4	<p>THE COMMUNITY HEALTH COUNCIL DEFINED THE COMMUNITY AS THE TOTAL SERVICE AREA (TSA) OF THE HOSPITAL THE TSA INCLUDES COMMUNITIES IN MCHENRY COUNTY, LAKE COUNTY AND A SMALL PORTION OF BARRINGTON WHICH LIES IN COOK COUNTY THE TSA IS DIVIDED BETWEEN THE PRIMARY SERVICE AREA (PSA) AND THE SECONDARY SERVICE AREA (SSA) GENERALLY, SEVENTY-FIVE PERCENT OF ALL PATIENTS SERVED COME FROM THE PSA, AND TWENTY-FIVE PERCENT OF ALL PATIENTS SERVED COME FROM THE SSA ADVOCATE GOOD SHEPHERD'S PSA INCLUDES THE FOLLOWING COMMUNITIES BARRINGTON (60010), LAKE ZURICH (60047), CARY (60013), FOX RIVER GROVE (60021), CRYSTAL LAKE (60014), ISLAND LAKE (60042), WAUCONDA (60084), MCHENRY (60050, 60051), PALATINE (60067), ALGONQUIN (60102), AND LAKE IN THE HILLS (60156) THE HOSPITAL'S SSA CONSISTS OF THE FOLLOWING COMMUNITIES CRYSTAL LAKE (60012), MUNDELEIN (60060), ROUND LAKE (60073), WOODSTOCK (60098), AND CARPENTERSVILLE (60110) THE HOSPITAL'S TSA POPULATION IS 489,512 THE POPULATION OF THE PSA IS 308,906 AND THE SSA POPULATION IS 180,606 THE GROWTH RATE OF THE PSA IS QUITE SLOW, WITH ONLY A LESS THAN ONE PERCENT GROWTH FROM 2010 TO 2016 THE GROWTH RATE OF THE SSA IS HIGHER, INCREASING TWO PERCENT SINCE 2010 FIFTY PERCENT OF PSA RESIDENTS ARE MALE AND FIFTY PERCENT FEMALE THE SAME GENDER PERCENTAGES HOLD TRUE FOR THE SSA THE PSA MEDIAN AGE IS 40 98 AND 35 42 FOR THE SSA THE POPULATION OF THE PSA IS EIGHTY-EIGHT PERCENT WHITE, ONE PERCENT AFRICAN AMERICAN AND FIVE PERCENT ASIAN NINETY PERCENT OF RESIDENTS ARE NON-HISPANIC AND TEN PERCENT ARE HISPANIC THE POPULATION FOR THE SSA IS SEVENTY-TWO PERCENT WHITE, FOUR PERCENT AFRICAN AMERICAN AND SIX PERCENT ASIAN SIXTY-FIVE PERCENT OF THE POPULATION IS NON-HISPANIC AND THIRTY-FIVE PERCENT IS HISPANIC THE PSA HAS A HIGH OVERALL SOCIO-ECONOMIC LEVEL WITH A MEDIAN HOUSEHOLD INCOME OF \$91,500 IN THE PSA, ONLY FOUR PERCENT OF FAMILIES ARE LIVING BELOW ONE HUNDRED PERCENT OF THE FEDERAL POVERTY LEVEL (FPL), WHICH IS \$24,300 FOR A FAMILY OF FOUR THE COMMUNITIES WITH THE HIGHEST NUMBER OF FAMILIES LIVING BELOW ONE HUNDRED PERCENT OF THE FPL ARE ISLAND LAKE (ZIP CODE 60042) AT SEVEN PERCENT AND MCHENRY (ZIP CODE 60050) AT SIX PERCENT IN THE PSA, ONE PERCENT OF HOUSEHOLDS ARE RECEIVING PUBLIC ASSISTANCE, SUCH AS TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) THE SSA HAS AN OVERALL LOWER SOCIO-ECONOMIC STATUS THE MEDIAN HOUSEHOLD INCOME FOR THE SSA IS \$70,162 A TOTAL OF TEN PERCENT OF THE FAMILIES IN THE SSA ARE LIVING BELOW ONE HUNDRED PERCENT OF THE FPL THE SSA COMMUNITIES WITH THE HIGHEST NUMBER OF FAMILIES LIVING BELOW ONE HUNDRED PERCENT OF THE FPL ARE CARPENTERSVILLE (ZIP CODE 60110) AT THIRTEEN PERCENT, ROUND LAKE (ZIP CODE 60073) AT ELEVEN PERCENT AND WOODSTOCK (ZIP CODE 60098) AT TEN PERCENT THIRTEEN PERCENT OF PSA RESIDENTS AND THIRTEEN PERCENT OF SSA RESIDENTS ARE MEDICARE RECIPIENTS IN THE PSA, FOUR PERCENT OF THE RESIDENTS AGE 65 AND OVER ARE LIVING BELOW ONE HUNDRED PERCENT OF THE FPL THE AFFORDABLE CARE ACT HAS HAD A SUBSTANTIAL IMPACT ON THE INSURANCE STATUS FOR LOW-INCOME RESIDENTS AS OF 2016, THE PSA POPULATION IS THREE PERCENT UNINSURED AND ELEVEN PERCENT HAVE MEDICAID INSURANCE A TOTAL OF FOUR PERCENT OF THE POPULATION IN THE SSA ARE UNINSURED AND SEVENTEEN PERCENT HAVE MEDICAID THE COMMUNITIES IN THE TSA WITH THE HIGHEST MEDICAID ENROLLMENT ARE CARPENTERSVILLE (13,158), WOODSTOCK (7,089) AND CRYSTAL LAKE (6,711) THERE ARE SOME COMMUNITIES LOCATED WITHIN THE ADVOCATE GOOD SHEPHERD SSA WHICH ARE ALSO SERVED WITHIN THE ADVOCATE CONDELL PSA ADDITIONALLY, CENTEGRA HEALTH SYSTEM HAS HOSPITALS LOCATED IN WOODSTOCK, MCHENRY AND HUNTLEY WHICH ALSO SERVE SOME OF THE SAME COMMUNITIES SERVED BY ADVOCATE GOOD SHEPHERD WITHIN MCHENRY COUNTY, THERE IS ONLY ONE MEDICALLY UNDERSERVED POPULATION (MUP) THE CENSUS TRACTS OF 8702, 8709 02 AND 8715 WITHIN WOODSTOCK ARE DESIGNATED AS A MUP WITHIN LAKE COUNTY, THERE ARE FIVE MEDICALLY UNDERSERVED AREAS (MUA) CENSUS TRACTS WITHIN NORTH CHICAGO, WAUKEGAN, ZION, HIGHLAND PARK AND HIGHWOOD ARE DESIGNATED MUAS</p>

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
ADVOCATE GOOD SHEPHERD HOSPITAL PART VI, LINE 5	<p>THE GOVERNING COUNCIL AT ADVOCATE GOOD SHEPHERD IS COMPRISED OF LOCAL COMMUNITY LEADERS AND PHYSICIANS. GOVERNING COUNCIL MEMBERS SUPPORT HOSPITAL LEADERSHIP IN THEIR PURSUIT OF THE HOSPITAL'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY. FIFTY PERCENT OF THE CURRENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY. IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES. ADVOCATE GOOD SHEPHERD DONATES STAFF TIME AND EXPERTISE TO SEVERAL LOCAL COUNCILS, BOARDS, COALITIONS AND COMMITTEES. THE ADVOCATE GOOD SHEPHERD PRESIDENT SERVES ON THE BOARD OF THE BARRINGTON AREA COMMUNITY FOUNDATION, AND THE VICE PRESIDENT OF PHYSICIAN STRATEGY AND CLINICAL OPERATIONS SERVES ON THE BOARD OF THE FAMILY HEALTH PARTNERSHIP CLINIC, A FREE CLINIC SERVING UNINSURED RESIDENTS OF THE SERVICE AREA. THE DIRECTOR OF COMMUNITY HEALTH REPRESENTS THE HOSPITAL ON THE MCHENRY COUNTY SUBSTANCE ABUSE COALITION AND THE LAKE COUNTY OPIOID INITIATIVE TASK FORCE, WHICH FOCUS ON ISSUES OF SUBSTANCE ABUSE PREVENTION AND TREATMENT IN THE SERVICE AREA. THE COMMUNITY HEALTH DIRECTOR ALSO SERVES ON THE LIVE WELL LAKE COUNTY STEERING COMMITTEE, WHICH PROVIDES OVERSIGHT TO THE IMPLEMENTATION OF THE LAKE COUNTY HEALTH DEPARTMENT STRATEGIC PLAN. BOTH THE COMMUNITY HEALTH DIRECTOR AND COMMUNITY HEALTH COORDINATOR SIT ON THE MCHENRY COUNTY HEALTH COALITION, ALONG WITH REPRESENTATIVES FROM CENTEGRA HOSPITAL AND THE MCHENRY COUNTY MENTAL HEALTH BOARD, TO PROVIDE OVERSIGHT OF THE MCHENRY COUNTY HEALTH DEPARTMENT'S STRATEGIC PLAN. THE ADVOCATE GOOD SHEPHERD COMMUNITY HEALTH DIRECTOR, COMMUNITY HEALTH COORDINATOR AND THE DIRECTOR OF COMMUNITY RELATIONS SIT ON THE HEALTHIER BARRINGTON COALITION, A COMMITTEE OF ELECTED OFFICIALS, BUSINESS LEADERS, SOCIAL SERVICE, MENTAL HEALTH AND MEDICAL PROVIDERS FOCUSED ON IMPROVING THE HEALTH OF THE BARRINGTON AREA. THE COMMUNITY HEALTH COORDINATOR SITS ON THE WAUCONDA UNITED HEALTH PARTNERSHIP, A COALITION ADDRESSING THE HEALTH AND COMMUNITY DEVELOPMENT NEEDS OF THE WAUCONDA AREA. IN ADDITION, THE HOSPITAL ROUTINELY MAKES CASH AND IN-KIND DONATIONS TO PARTNERS, SUCH AS THE PIONEER CENTER AND FAMILY HEALTH PARTNERSHIP CLINIC, TO FURTHER THE HEALTH OF THE COMMUNITY, INCLUDING THE DONATION OF MEDICAL SUPPLIES, THROUGH COMMUNITY ORGANIZATIONS.</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
ADVOCATE GOOD SAMARITAN HOSPITAL PART VI, LINE 2	<p>ADVOCATE GOOD SAMARITAN HAS BEEN ACTIVELY ENGAGED IN THE IMPACT DUPAGE STEERING COMMITTEE, WHICH IDENTIFIES AND ADDRESSES THE COUNTY'S HEALTH NEEDS THROUGH VARIOUS PARTNERSHIPS AND PROGRAMS. IMPACT DUPAGE'S TARGET COMMUNITIES OVERLAP WITH THE HOSPITAL'S PRIMARY SERVICE AREA, THEREFORE THE HEALTH NEEDS AND PRIORITIES ADDRESSED THROUGH IMPACT DUPAGE ALSO ADDRESS SOME OF THE HEALTH NEEDS OUTLINED IN THE HOSPITAL'S 2013-2016 CHNA. ADVOCATE GOOD SAMARITAN ALSO CONTINUES TO PARTICIPATE IN THE FIGHTING OBESITY REACHING A HEALTHY WEIGHT AMONG RESIDENTS OF DUPAGE (FORWARD) COALITION, WHICH ADDRESSES OBESITY AND HEALTHY LIFESTYLES AMONG RESIDENTS LIVING IN DUPAGE COUNTY. THE HOSPITAL IS A MEMBER OF FORWARD'S HEALTHY HOSPITAL COALITION, WHICH IS A GROUP OF DUPAGE COUNTY HOSPITALS WORKING TO IMPROVE THE HEALTH AND WELLNESS OF EMPLOYEES, PATIENTS AND THEIR FAMILIES THROUGH CREATING A HEALTHY HOSPITAL ENVIRONMENT. IN 2016, THE HOSPITAL COMPLETED A CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) WORKSITE WELLNESS ASSESSMENT, WHICH SUPPORTED THE DEVELOPMENT OF THE HOSPITAL'S SODIUM REDUCTION ACTION PLAN. TO SUPPORT THE IMPLEMENTATION OF STRATEGIES, THE HOSPITAL WAS AWARDED A SODIUM REDUCTION MINI GRANT BY THE DUPAGE COUNTY HEALTH DEPARTMENT AND FORWARD. WITH GREAT TEAM EFFORT, THE ADVOCATE GOOD SAMARITAN BETTER FOR US COMMITTEE (THE HOSPITAL'S WORKSITE WELLNESS COMMITTEE) AND SODIUM REDUCTION SUB-COMMITTEE WERE ABLE TO SUCCESSFULLY IMPLEMENT ALL OF THE SODIUM REDUCTION ACTION PLAN STRATEGIES. AFFORDABLE HOUSING WAS IDENTIFIED AS A NEED FOR DUPAGE COUNTY BY THE IMPACT DUPAGE STEERING COMMITTEE. HOUSING CAN HAVE A MAJOR IMPACT ON HEALTH AND IS CONSIDERED A SOCIAL DETERMINANT OF HEALTH. THE HOSPITAL'S COMMUNITY HEALTH MANAGER IS A MEMBER OF THE IMPACT DUPAGE AFFORDABLE HOUSING SUBCOMMITTEE AND HAS BEEN VERY ENGAGED IN THE ASSESSMENT AND PLAN DEVELOPMENT PROCESS. AS A PART OF THE ASSESSMENT AND PLANNING PROCESS, THE SUBCOMMITTEE WORKED WITH THE CHICAGO METROPOLITAN AGENCY FOR PLANNING TO COMPLETE THE DUPAGE COUNTY AFFORDABLE HOUSING ASSESSMENT AND PLAN. THE HOSPITAL RECOGNIZES THE IMPORTANCE AND IMPACT OF SOCIAL DETERMINANTS OF HEALTH AND WILL CONTINUE TO PARTICIPATE AND BE ENGAGED IN THE DEVELOPMENT AND IMPLEMENTATION OF THE AFFORDABLE HOUSING PLAN.</p>

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
ADVOCATE GOOD SAMARITAN HOSPITAL PART VI, LINE 4	<p>FOR THE PURPOSES OF COMMUNITY HEALTH NEEDS ASSESSMENT, ADVOCATE GOOD SAMARITAN DEFINES THE COMMUNITY AS ITS PRIMARY SERVICE AREA (PSA) THE PSA FOR THE HOSPITAL CONSISTS OF 15 COMMUNITIES REPRESENTING 21 ZIP CODES IN DUPAGE COUNTY AND 3 COMMUNITIES REPRESENTING 3 ZIP CODES IN WILL AND COOK COUNTIES THE PSA COMMUNITIES INCLUDE LOMBARD (60148), DOWNERS GROVE (60515, 60516), WESTMONT (60559), WOODRIDGE (60517), DARIEN (60561), GLEN ELLYN (60137), Lisle (60532), VILLA PARK (60181), OAK BROOK (60523), WILLOWBROOK (60527), BOLINGBROOK (60440), LEMONT (60439), WHEATON (60189, 60187), ELMHURST (60126), NAPERVILLE (60563, 60540), CLARENDON HILLS (60514), ROMEOVILLE (60446) AND HINSDALE (60521) THE TOTAL POPULATION FOR THE PSA IS 653,410 (2016) THE DEMOGRAPHIC DATA SHOWS THAT THE HOSPITAL'S PSA IS 78 65 PERCENT WHITE, 9 45 PERCENT ASIAN, 6 PERCENT AFRICAN AMERICAN, 3 44 PERCENT OTHER, 2 4 PERCENT NATIVE HAWAIIAN/PACIFIC ISLANDER AND 03 PERCENT AMERICAN INDIAN/ALASKAN NATIVE THE PSA IS 10 32 PERCENT HISPANIC AND 89 68 PERCENT NON-HISPANIC OVER 20 PERCENT OF THE PSA IS UNDER THE AGE OF 18 WHILE 9 PERCENT IS BETWEEN THE AGES OF 18-24 (2015) THE LARGEST AGE GROUP IS 25-64 YEAR OLDS WITH 52 9 PERCENT OF THE POPULATION BELONGING IN THIS AGE BRACKET (2015) THE SENIOR POPULATION WAS THE THIRD LARGEST GROUP, WITH 15 3 PERCENT OF THE PSA ABOVE THE AGE OF 65 (2015) THE PRIMARY SERVICE AREA IS 49 PERCENT MALE AND 51 PERCENT FEMALE THE AVERAGE ANNUAL HOUSEHOLD INCOME IN 2015 FOR THE HOSPITAL'S PSA IS \$110,956, WHICH IS SIGNIFICANTLY HIGHER THAN THE STATE'S AVERAGE HOUSEHOLD INCOME AT \$81,390 (2016) THE NUMBER OF FAMILIES LIVING BELOW THE FEDERAL POVERTY LEVEL IS 7,526, WHICH ACCOUNTS FOR 4 4 PERCENT OF THE PSA POPULATION THE ASIAN, NATIVE HAWAIIAN/PACIFIC ISLANDER AND WHITE RACIAL GROUPS HAVE THE HIGHEST AVERAGE HOUSEHOLD INCOME, WHILE THE BLACK AND AMERICAN INDIAN/ALASKAN NATIVES SUBGROUPS HAD THE LOWEST AVERAGE HOUSEHOLD INCOMES INCOME DISPARITY ALSO EXISTS BETWEEN HISPANIC AND NON-HISPANIC ETHNICITY THE HISPANIC POPULATION'S AVERAGE HOUSEHOLD INCOME FOR THE PSA IS \$82,294 WHILE THE AVERAGE HOUSEHOLD INCOME FOR NON-HISPANICS IS \$113,285 THE HOSPITAL'S PSA HAS A DIVERSE PAYOR MIX WITH 14 PERCENT COVERED BY MEDICAID, 3 PERCENT UNINSURED AND ANOTHER 14 PERCENT COVERED BY MEDICARE HOSPITALS AND HEALTH RESOURCES THERE ARE FIVE HOSPITALS LOCATED WITHIN ADVOCATE GOOD SAMARITAN'S PSA ADVOCATE GOOD SAMARITAN IN DOWNERS GROVE, EDWARD HOSPITAL IN NAPERVILLE, ADVENTIST HINSDALE HOSPITAL IN HINSDALE, ADVENTIST BOLINGBROOK HOSPITAL IN BOLINGBROOK, AND ELMHURST MEMORIAL HOSPITAL IN ELMHURST THE DUPAGE COUNTY HEALTH DEPARTMENT, AS WELL AS THE ACCESS COMMUNITY HEALTH NETWORK FEDERALLY QUALIFIED HEALTH CENTER (FQHC) CLINICS, PROVIDE HEALTH CARE PRIMARILY FOR LOW-INCOME AND UNINSURED PATIENTS IN ADDITION, THE DUPAGE HEALTH COALITION/ACCESS DUPAGE, A COLLABORATIVE EFFORT BY HUNDREDS OF INDIVIDUALS AND ORGANIZATIONS IN DUPAGE COUNTY, ALSO PROVIDES A MOSAIC APPROACH TO PROVIDING ACCESS TO MEDICAL SERVICES FOR THE COUNTY'S LOW-INCOME AND MEDICALLY UNINSURED RESIDENTS IT REPRESENTS A UNIQUE PARTNERSHIP OF COUNTY HOSPITALS (INCLUDING ADVOCATE GOOD SAMARITAN), PHYSICIANS, LOCAL GOVERNMENT, HUMAN SERVICE AGENCIES, AND COMMUNITY GROUPS WORKING TOGETHER TO ADDRESS THIS FORMIDABLE ISSUE</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
ADVOCATE GOOD SAMARITAN HOSPITAL PART VI, LINE 5	<p>THE ADVOCATE GOOD SAMARITAN GOVERNING COUNCIL IS COMPRISED OF LOCAL COMMUNITY LEADERS AND PHYSICIANS GOVERNING COUNCIL MEMBERS SUPPORT HOSPITAL LEADERSHIP IN THEIR PURSUIT OF THE HOSPITAL'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY FIFTY-SIX PERCENT OF THE CURRENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES ADVOCATE GOOD SAMARITAN IS ONE OF FOUR RESOURCE HOSPITALS WITHIN EMERGENCY MEDICAL SERVICES (EMS) REGION 8 THE HOSPITAL PROVIDES KEY LEADERSHIP TO THE REGION EMS PROGRAM THROUGH EXECUTING TABLETOP, FUNCTIONAL AND FULL-SCALE EXERCISES TO ADDRESS THE RISKS IN THE AGENCY SPECIFIC HAZARD VULNERABILITY ANALYSIS (HVA) THESE EXERCISES ARE DONE IN CONJUNCTION WITH STATE, COUNTY AND COMMUNITY PARTNERS, WHICH MAKE THE EMERGENCY PREPAREDNESS PLAN MORE EFFECTIVE AND THOROUGH CRIMINAL JUSTICE/MENTAL HEALTH COMMITTEE THE HOSPITAL'S BEHAVIORAL HEALTH DEPARTMENT IS A MEMBER OF THE DUPAGE COUNTY CRIMINAL JUSTICE/MENTAL HEALTH COMMITTEE THIS COMMITTEE IS A COALITION OF MENTAL HEALTH SERVICE PROVIDERS, HOSPITALS AND DUPAGE COUNTY MUNICIPAL SECTORS THE VARIOUS INSTITUTIONS AND ORGANIZATIONS IDENTIFY ISSUES AROUND MENTAL HEALTH AND ASSESS MENTAL HEALTH SERVICES AND INTERVENTIONS THAT INVOLVE COMMUNITY ORGANIZATIONS AND LOCAL POLICE DEPARTMENTS THE MANAGER OF ADVOCATE GOOD SAMARITAN'S BEHAVIORAL HEALTH SERVICES IS ACTIVELY ENGAGED IN THE COMMITTEE AND REPRESENTS THE HOSPITAL AT COMMITTEE MEETINGS SUBSTANCE USE DISORDER ADVOCATE GOOD SAMARITAN RECEIVED A GRANT FROM THE COMMUNITY MEMORIAL FOUNDATION TO EMPLOY A COMMUNITY LINKAGE SPECIALIST (CLS) IN THE HOSPITAL'S BEHAVIORAL HEALTH DEPARTMENT THE CLS WORKS WITH PSYCHIATRIC AND DETOX UNIT PATIENTS BEING DISCHARGED TO CONNECT THEM TO VARIOUS COMMUNITY RESOURCES IN EFFORTS TO INCREASE THEIR CHANCES OF A SUCCESSFUL RECOVERY IN THE COMMUNITY IN 2018, THE CLS HAD OVER 521 PATIENT CONTACTS AND CONDUCTED OVER 139 HOME VISITS MENTAL HEALTH ADVOCATE GOOD SAMARITAN PARTNERS WITH THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI DUPAGE) TO PLACE PEER COUNSELORS IN THE HOSPITAL'S EMERGENCY DEPARTMENT (ED) THE PEER COUNSELORS PROVIDE CRITICAL MENTAL HEALTH SERVICES TO ED PATIENTS WITH BEHAVIORAL HEALTH ISSUES THE GOAL OF THE PROGRAM IS TO PROVIDE SUPPORT AND SERVICE REFERRALS TO PATIENTS AND THEIR FAMILIES STRUGGLING WITH MENTAL ILLNESS COMMUNITY SERVICES AND PROGRAMS ARE PROMOTED AS ALTERNATIVES TO THE ED AND COMMUNITY FOLLOW-UP IS OFFERED TO DISCHARGED PATIENTS TO ENSURE THEY ARE CONNECTED TO AND RECEIVE ALL THE NECESSARY SERVICES THE GOAL IS TO PROVIDE A MINIMUM OF 200 CLIENTS/PATIENTS WITH SUPPORT SERVICES AND SERVICE REFERRALS</p>

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
ADVOCATE LUTHERAN GENERAL HOSPITAL PART VI, LINE 2	<p>ADVOCATE LUTHERAN GENERAL AND ADVOCATE CHILDREN'S ASSESS THE NEEDS OF THEIR COMMUNITIES IN MULTIPLE WAYS RANGING FROM PATIENT ROUNDING AND CAREGIVER INTERACTIONS, TO LEADERSHIP PARTICIPATION IN COMMUNITY ORGANIZATIONS ADVOCATE LUTHERAN GENERAL ALSO COLLECTED PRIMARY DATA FROM THE FOLLOWING TO ASSESS COMMUNITY NEEDS THE HEALTHIER PARK RIDGE SURVEY AND PROJECT (2013), THE HEALTHIER NILES SURVEY AND PROJECT (2014), AND THE HEALTHIER DES PLAINES AREA SURVEY AND PROJECT (2015-2016) THE KOREAN COMMUNITY ASSESSMENT, DESCRIBED EARLIER, WAS AN ADDITIONAL WAY OF ASSESSING THE NEEDS OF THE KOREAN COMMUNITY ADVOCATE CHILDREN'S WORKS CLOSELY WITH LOCAL SCHOOL DISTRICTS, SCHOOL NURSES, THE HOSPITAL'S FAMILY ADVISORY COUNCIL, THE PARTNERSHIP FOR RESILIENCE, THE HEALTHY SCHOOLS CAMPAIGN AND THE CHICAGO PUBLIC SCHOOLS' OFFICE OF STUDENT WELLNESS TO IDENTIFY HEALTH ISSUES AFFECTING CHILDREN HEALTHIER DES PLAINES AREA SURVEY AND PROJECT ADVOCATE LUTHERAN GENERAL LED THE HEALTHIER DES PLAINES AREA SURVEY AND PROJECT, MENTIONED ABOVE, IN 2015 AND IN 2016 THE COALITION WAS COMPRISED OF OVER 30 ORGANIZATIONS INCLUDING REPRESENTATIVES FROM LOCAL GOVERNMENT, POLICE/FIRE/PARAMEDICS, COMMUNITY-BASED AGENCIES, FAITH COMMUNITIES AND SCHOOLS IN 2016, THE SURVEY WAS DISTRIBUTED TO 7,000 RANDOMIZED HOUSEHOLDS WITH 500 SURVEYS RETURNED THE RESULTS WERE PRESENTED TO THE COMMUNITY THROUGH VARIOUS PRESENTATIONS TO COMMUNITY LEADERS AND ORGANIZATIONS, WITH THE MAYOR AND CITY COUNCIL INCLUDED HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (HICCC) SURVEYS AS PART OF THE HICCC CHNA, THE COLLABORATIVE COLLECTED APPROXIMATELY 5,200 RESIDENT SURVEYS, WHICH REFLECTED THE DIVERSITY OF COOK COUNTY THE NORTH REGION HAD 1,700 SURVEYS RETURNED OF THESE, 19 PERCENT IDENTIFIED AS HISPANIC/LATINO, THE SAME PERCENTAGE OF HISPANIC/LATINO IN ADVOCATE LUTHERAN GENERAL'S PRIMARY SERVICE AREA, MAKING THIS POPULATION THE HOSPITAL'S MOST DIVERSE APPROXIMATELY EIGHT PERCENT OF THE NORTH REGION SURVEY RESPONDENTS IDENTIFIED AS POLISH AND SIX PERCENT AS KOREAN HICCC ALSO CONDUCTED EIGHT FOCUS GROUPS IN THE NORTH REGION FOR CHNA INPUT FROM FALL 2015 THROUGH SPRING 2016 THE COLLABORATIVE ENSURED THAT THE FOCUS GROUPS INCLUDED POPULATIONS WHO ARE TYPICALLY UNDER-REPRESENTED IN COMMUNITY HEALTH NEEDS ASSESSMENTS SOME EXAMPLES OF THE POPULATIONS INCLUDED ARE RACIAL AND ETHNIC MINORITIES, IMMIGRANTS, THE LGBTQIA AND TRANSGENDER COMMUNITY, FORMERLY INCARCERATED INDIVIDUALS, VETERANS AND SENIORS</p>

Form and Line Reference	Explanation
ADVOCATE LUTHERAN GENERAL HOSPITAL PART VI, LINE 4	<p>ADVOCATE LUTHERAN GENERAL FOR THE 2014-2016 CHNA CYCLE, ADVOCATE LUTHERAN GENERAL'S COMMUNITY HEALTH COUNCIL DEFINED COMMUNITY AS THE HOSPITAL'S PRIMARY SERVICE AREA (PSA) THIS AREA INCLUDES 1,069,146 INDIVIDUALS WITHIN 28 ZIP CODES-25 OF WHICH ARE IN COOK COUNTY AND THREE IN LAKE COUNTY THE PRIMARY SERVICE AREA (PSA) DESIGNATION IS DETERMINED BY THE ADVOCATE STRATEGIC PLANNING DEPARTMENT, GENERALLY NOTED AS THE GEOGRAPHIC AREA WHERE 75 PERCENT OF PATIENTS RESIDE ALL 25 ADVOCATE LUTHERAN GENERAL PSA ZIP CODE COMMUNITIES IN COOK COUNTY WERE PART OF THE GEOGRAPHIC AREA WITHIN THE NORTH REGION OF HICCC SOCIOECONOMIC NEED WAS DETERMINED BY THE HEALTHY COMMUNITIES INSTITUTE'S (HCI) CALCULATIONS TO CREATE AN INDEX USING SIX MAJOR SOCIOECONOMIC INDICATORS THAT ARE CORRELATED WITH POOR HEALTH OUTCOMES THE INDICATORS INCLUDE INCOME, UNEMPLOYMENT, OCCUPATION, EDUCATION, LANGUAGE AND POVERTY ADVOCATE LUTHERAN GENERAL'S PSA INCLUDES THE FOLLOWING COMMUNITIES, LISTED IN ORDER FROM GREATEST NEED TO LOWEST NEED COMMUNITIES IRVING PARK/PORTAGE (60641), DUNNING (60634), DES PLAINES (60018), ELMWOOD PARK (60707), HARWOOD HEIGHTS (60706), JEFFERSON PARK (60630), PALATINE (60074), MOUNT PROSPECT (60656), NILES (60714), SKOKIE (60077), PROSPECT HEIGHTS (60070), WHEELING (60090), DES PLAINES (60016), SKOKIE (60076), MORTON GROVE (60053), HARWOOD HEIGHTS (60056), NORWOOD PARK (60631), ARLINGTON HEIGHTS (60005), FOREST GLEN (60646), ARLINGTON HEIGHTS (60004), GLENVIEW (60025), PARK RIDGE (60068), BUFFALO GROVES (60089), PALATINE (60067), NORTHBROOK (60062), GLENVIEW (60026), LAKE ZURICH (60047) AND DEERFIELD (60015) THE THREE LARGEST COMMUNITIES WITHIN ADVOCATE LUTHERAN GENERAL'S PSA, AND THE THREE WITH THE HIGHEST SOCIOECONOMIC NEEDS, ARE DUNNING (60634) WITH A POPULATION OF 75,196, IRVING PARK (60641) WITH A POPULATION OF 70,970, AND DES PLAINES (60016) WITH A POPULATION OF 61,060 (2016) THE CITY OF DES PLAINES HAS TWO ZIP CODES WITH DES PLAINES (60018) ACCOUNTING FOR AN ADDITIONAL POPULATION OF 30,788 INDIVIDUALS ADDITIONAL COMMUNITIES WITH DUAL ZIP CODES ARE ARLINGTON HEIGHTS, SKOKIE, GLENVIEW AND HARWOOD HEIGHTS FROM 2010 TO 2016, THE AVERAGE POPULATION GROWTH WITHIN ADVOCATE LUTHERAN GENERAL'S PSA WAS 1.25 PERCENT, WHICH WAS HIGHER WHEN COMPARED TO THE ILLINOIS RATE OF 0.43 PERCENT THE THREE COMMUNITIES WITH THE HIGHEST PERCENT POPULATION GROWTH FROM 2010 TO 2016 WERE GLENVIEW (60026) AT 9.71 PERCENT, MOUNT PROSPECT (60656) AT 5.42 PERCENT AND PALATINE (60074) AT 4.3 PERCENT THE TWO COMMUNITIES THAT DECREASED IN POPULATION SIZE FROM 2010 TO 2016 WERE DEERFIELD (60015) BY 1.28 PERCENT AND BUFFALO GROVE (60089) BY 1.19 PERCENT ADVOCATE CHILDREN'S THE COMBINED PRIMARY AND SECONDARY SERVICE AREAS OF ADVOCATE CHILDREN'S-PARK RIDGE ARE KNOWN AS THE HOSPITAL'S TOTAL SERVICE AREA (TSA) THE TSA OF ADVOCATE CHILDREN'S-PARK RIDGE SERVES PATIENTS IN THE ADVOCATE LUTHERAN GENERAL SERVICE AREA, BUT ALSO INCLUDES GEOGRAPHIC AREAS OR COMMUNITIES SERVED BY ADVOCATE GOOD SHEPHERD IN THE NORTHWEST SUBURBS, ADVOCATE CONDELL IN THE NORTH SUBURBS AND PORTIONS OF ADVOCATE ILLINOIS MASONIC ON THE NORTH SIDE OF CHICAGO THE TOTAL PEDIATRIC POPULATION AGES 0-17 YEARS WITHIN THE ADVOCATE CHILDREN'S-PARK RIDGE TSA IS 841,812 CHILDREN IN 109 COMMUNITIES OR 27 PERCENT OF THE TOTAL POPULATION WITHIN THE SAME AREA HIGH RISK AREAS AND COMMUNITIES OF HIGH NEED ARE FURTHER DETERMINED FOR ADVOCATE CHILDREN'S BY USE OF THE SOCIAL VULNERABILITY INDEX, WHICH IS AN AGGREGATE MEASURE OF THE CAPACITY OF COMMUNITIES TO PREPARE FOR AND RESPOND TO EXTERNAL STRESSORS ON HUMAN HEALTH, SUCH AS NATURAL OR HUMAN-CAUSED DISASTERS OR DISEASE OUTBREAKS THE SOCIAL VULNERABILITY IN DEX RANKS EACH CENSUS TRACT ON 14 SOCIAL FACTORS INCLUDING POVERTY, LACK OF VEHICLE ACCESS AND CROWDED HOUSING COMMUNITIES WITH HIGH SOCIAL VULNERABILITY INDEX SCORES HAVE LESS CAPACITY TO DEAL WITH OR PREPARE FOR EXTERNAL STRESSORS AND, AS A RESULT, ARE MORE VULNERABLE TO THREATS ON HUMAN HEALTH MANY COMMUNITIES IN ADVOCATE CHILDREN'S TSA RANK HIGH IN SOCIAL VULNERABILITY WHICH CAN HAVE A NEGATIVE IMPACT ON CHILDREN'S HEALTH SUCH COMMUNITIES INCLUDE DES PLAINES AND WHEELING IN THE NORTH SUBURBS, AND ALBANY PARK, AVONDALE, LOGAN SQUARE, PORTAGE PARK, ROGERS PARK AND UPTOWN, WHICH ARE ALL ON THE NORTH SIDE OF CHICAGO AND OTHER MEASURE IN DETERMINING NEED OR DEFINING THE COMMUNITY FOR THE CHNA IS THE CHILDHOOD OPPORTUNITY INDEX, WHICH IS BASED ON SEVERAL INDICATORS IN EACH OF THE FOLLOWING CATEGORIES DEMOGRAPHICS AND DIVERSITY, EARLY CHILDHOOD EDUCATION, RESIDENTIAL AND SCHOOL SEGREGATION, MATERNAL AND CHILD HEALTH, NEIGHBORHOOD CHARACTERISTICS OF CHILDREN, AND CHILD POVERTY CHILDREN WHO LIVE IN AREAS OF LOW OPPORTUNITY HAVE AN INCREASED RISK FOR A VARIETY OF NEGATIVE HEALTH INDICATORS, SUCH AS PREMATURE MORTALITY, ARE MORE LIKELY TO BE EXPOSED TO SERIOUS PSYCHOLOGICAL DISTRESS AND ARE MORE LIKELY TO HAVE POOR SCHOOL PERFORMANCE COMMUNITIES IN THE ADVOCATE CHILDREN'S TSA WHICH ARE LOW ON</p>

Form and Line Reference	Explanation
ADVOCATE LUTHERAN GENERAL HOSPITAL PART VI, LINE 4	<p>THE CHILDHOOD OPPORTUNITY INDEX INCLUDE WHEELING IN THE NORTH SUBURBS, AS WELL AS ALBANY PARK, DUNNING, PORTAGE PARK, ROGERS PARK AND IRVING PARK NEIGHBORHOODS IN CHICAGO RACE, ETHNICITY AND LANGUAGE ADVOCATE LUTHERAN GENERAL ADVOCATE LUTHERAN GENERAL SERVES A PREDOMINANTLY WHITE, NON-HISPANIC POPULATION (74.6 PERCENT) THE TWO COMMUNITIES WITH THE HIGHEST PERCENTAGES "SPEAKING ENGLISH ONLY AT HOME" IN THE HOSPITAL'S PSA ARE DEERFIELD (83 PERCENT) AND LAKE ZURICH (79 PERCENT) BOTH OF THESE COMMUNITIES ARE IN LAKE COUNTY WITHIN COOK COUNTY, NORWOOD PARK AT 79 PERCENT, ARLINGTON HEIGHTS (60004) AT 76 PERCENT, PALATINE (60067) AT 76 PERCENT AND PARK RIDGE (60068) AT 74 PERCENT WERE IDENTIFIED AS THE HIGHEST "SPEAKING ENGLISH ONLY AT HOME" COMMUNITIES IN THE PSA HISPANIC IS THE FASTEST GROWING MINORITY POPULATION (19.5 PERCENT) IN ADVOCATE LUTHERAN GENERAL'S PSA THE COMMUNITIES WITH THE HIGHEST HISPANIC/LATINO POPULATION WITHIN THE HOSPITAL'S PSA ARE IRVING PARK WITH 58 PERCENT, DUNNING WITH 39 PERCENT AND DES PLAINES (60018) WITH 38 PERCENT ADDITIONALLY, 46 PERCENT OF THE POPULATION LIVING IN IRVING PARK SPEAKS SPANISH, FOLLOWED BY 33 PERCENT IN DES PLAINES (60018) AND 29 PERCENT IN DUNNING FOR ADVOCATE LUTHERAN GENERAL'S PSA, 7.3 PERCENT OF THE POPULATION 5 YEARS OF AGE AND OLDER SPEAK POLISH AT HOME, WHICH TRANSLATES TO 75,232 POLISH-SPEAKING INDIVIDUALS IN THE PSA THE ZIP CODES REPORTING THE HIGHEST PERCENTAGE OF THE POPULATION 5 YEARS OF AGE AND OLDER SPEAKING POLISH AT HOME WERE HARWOOD HEIGHTS (60706) WITH 25 PERCENT, DUNNING WITH 18 PERCENT, HARWOOD HEIGHTS (60656) WITH 14 PERCENT AND NILES WITH 11 PERCENT ADVOCATE LUTHERAN GENERAL ALSO SERVES A GROWING ASIAN POPULATION (11.9 PERCENT) THAT, WHEN COMPARED TO ILLINOIS (5.3 PERCENT), IS MUCH LARGER THE DATA INDICATES THAT MORTON GROVE AT 31 PERCENT, SKOKIE (60077) AT 31 PERCENT AND SKOKIE (60076) AT 28 PERCENT HAVE THE HIGHEST ASIAN POPULATION FOR ADVOCATE LUTHERAN GENERAL'S PSA BY LANGUAGE, 1.6 PERCENT OF THE POPULATION 5 YEARS OF AGE AND OLDER SPEAKS KOREAN AT HOME, WHICH IS THE EQUIVALENT TO 16,398 INDIVIDUALS FOR THE PSA GLENVIEW (60025), NORTHBROOK AND MORTON GROVE REPORTED HAVING THE HIGHEST PERCENTAGES FOR SPEAKING KOREAN AT HOME IN COOK COUNTY BUFFALO GROVE, THE FOURTH HIGHEST PERCENTAGE FOR SPEAKING KOREAN AT HOME, IS PART OF LAKE COUNTY BUT STILL WITHIN ADVOCATE LUTHERAN GENERAL'S PSA (AMERICAN COMMUNITY SURVEY, 2010-2014) SOUTH ASIANS COMPRISE 4.3 PERCENT OF ADVOCATE LUTHERAN GENERAL'S PSA DES PLAINES (60016), MOUNT PROSPECT (60056) AND WHEELING ARE THE TOP-THREE ASIAN INDIAN COMMUNITIES IN ADVOCATE LUTHERAN GENERAL'S PSA, 46,315 RESIDENTS OR 4.35 PERCENT MARKED A SOUTH ASIAN RACIAL CATEGORY, INCLUDING ASIAN INDIAN AT 39,685 (3.7 PERCENT), PAKISTANI AT 19,977 (1.9 PERCENT), BANGLADESHI AT 273 (LESS THAN 1.0 PERCENT) AND SRI LANKAN AT 81 (LESS THAN 1.0 PERCENT) THE NUMBER OF INDIVIDUALS SPEAKING A SOUTH ASIAN LANGUAGE AT HOME IS 28,595 (2.8 PERCENT), OF WHICH THE LARGEST LINGUISTIC GROUPS ARE GUJARATI, 9,287 (0.9 PERCENT), URDU, 8,700 (0.8 PERCENT) AND HINDI, 6,750 (0.7 PERCENT) OF ADVOCATE LUTHERAN GENERAL'S PSA, 34,778 (3.3 PERCENT) SPECIFIED THAT THEY WERE BORN IN SOUTH ASIA, THE MAJORITY OF WHICH AT 28,695 (2.7 PERCENT) INDICATED THEY WERE BORN IN INDIA, AND 5,126 (0.5 PERCENT) INDICATED BEING BORN IN PAKISTAN ADVOCATE CHILDREN'S ADVOCATE CHILDREN'S TSA IS 5 PERCENT BLACK/NON-HISPANIC, 59 PERCENT WHITE/NON-HISPANIC, 25 PERCENT HISPANIC AND 9 PERCENT ASIAN/PACIFIC ISLANDER WITHIN THE TSA, 43.2 PERCENT OF PATIENTS (CHILDREN AGES 0-17) ARE COVERED BY MEDICAID, 51 PERCENT ARE COVERED BY MANAGED CARE HEALTH INSURANCE, 5 PERCENT ARE ON MEDICARE AND 5.3 PERCENT HAVE OTHER PAYMENT PLANS</p>

Form and Line Reference	Explanation
ADVOCATE LUTHERAN GENERAL HOSPITAL PART VI, LINE 4 - CONTINUED	<p>             AGETHE MEDIAN AGE FOR MALES WITHIN ADVOCATE LUTHERAN GENERAL'S PSA IS 40 19 AND THE MEDIAN AGE FOR FEMALES IS 43 56 THE MEDIAN AGE FOR THE ENTIRE POPULATION IS 41 94 THE HOSPITAL 'S POPULATION IS OLDER WHEN COMPARED TO THE MEDIAN AGE FOR ILLINOIS, WHICH IS 37 80, WITH 17 PERCENT OF THE HOSPITAL'S PSA POPULATION OVER THE AGE OF 65 THE TWO COMMUNITIES IN ADV OCATE LUTHERAN GENERAL'S PSA WITH THE HIGHEST POPULATION OVER THE AGE OF 65 ARE NILES (607 14) AT 27 PERCENT AND NORTHBROOK (60062) AT 25 PERCENT THE POPULATION BETWEEN 18 AND 65 Y EARS OF AGE COMPRISES 62 PERCENT OF THE POPULATION WITHIN THE PSA TWENTY-ONE PERCENT OF T HE POPULATION WITHIN ADVOCATE LUTHERAN GENERAL'S PSA IS UNDER 18 YEARS OF AGE (HCI, 2016) IN ADDITION, 17 PERCENT OF THE POPULATION ARE OVER THE AGE OF 65 THE TWO HIGHEST COMMUNIT IES WITH SENIOR POPULATIONS ARE NILES (60714) WITH A 27 PERCENT AND NORTHBROOK (60062) WIT H A 25 PERCENT POPULATION OVER 65 YEARS OF AGE OUT OF 1,066,146 PERSONS, APPROXIMATELY 84 0,624 PERSONS ARE BETWEEN 18 AND 65 YEARS OF AGE, ACCOUNTING FOR 79 PERCENT OF THE POPUL ATION WITHIN THE PRIMARY SERVICE AREA IN ADDITION, 21 PERCENT OF THE POPULATION SERVED IN A DVOCATE LUTHERAN GENERAL'S PRIMARY SERVICE AREA ARE UNDER 18 YEARS OF AGE THE TOTAL PEDIAT RIC POPULATION, AGES 0-17 YEARS, WITHIN THE ADVOCATE CHILDREN'S PARK RIDGE TSA IS 841,812 CHILDREN IN 109 COMMUNITIES, OR 27 PERCENT OF THE TOTAL POPULATION WITHIN THE SAME AREA E DUCATIONWITHIN ADVOCATE LUTHERAN GENERAL'S PSA, 89 2 PERCENT OF PEOPLE 25+ YEARS POSSESS A HIGH SCHOOL DEGREE OR HIGHER, AND 41 7 PERCENT HAVE A BACHELOR'S DEGREE OR HIGHER (2016) THE THREE COMMUNITIES WITH THE HIGHEST PERCENTAGE OF POPULATION AGED 25 YEARS AND OLDER T HAT HAVE LESS THAN A HIGH SCHOOL EDUCATION ARE IRVING PARK-PORTAGE (60641) AT 23 6 PERCENT , DES PLAINES (60018) AT 20 5 PERCENT, AND DUNNING (60634) AT 17 6 PERCENT (HCI, 2016) PO VERTYADVOCATE LUTHERAN GENERAL FOR ADVOCATE LUTHERAN GENERAL'S PSA, THE COMMUNITIES WITH T HE HIGHEST POVERTY RATES ARE SKOKIE (60077), IRVING PARK/PORTAGE, AND PALATINE (60070) IN THE HOSPITAL'S PSA, ZIP CODES THAT REPORTED HIGHER PERCENTAGES FOR SPEAKING ENGLISH AT HO ME ALSO HAD LOWER POVERTY RATES THE FEDERAL POVERTY GUIDELINES DEFINE POVERTY BASED ON HO USEHOLD SIZE, RANGING FROM \$11,880 FOR A ONE-PERSON HOUSEHOLD TO \$24,300 FOR A FOUR PERSON -HOUSEHOLD AND \$40,890 FOR AN EIGHT-PERSON HOUSEHOLD (U S DEPARTMENT OF HEALTH AND HUMAN SERVICES, POVERTY GUIDELINES, 2016, <a href="https://aspe.hhs.gov/poverty-guidelines">HTTPS //ASPE HHS GOV/POVERTY-GUIDELINES</a>) ADVOCATE CHI LDREN'SNEARLY HALF OF ALL CHILDREN LIVING IN CHICAGO AND COOK COUNTY LIVE AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL THE PERCENTAGE OF CHILDREN IN POVERTY IS HIGHER FOR COOK CO UNTY THAN IT IS FOR ILLINOIS AND THE U S , AND AFRICAN AMERICAN AND LATINO CHILDREN HAVE M UCH HIGHER POVERTY RATES THAN NON-HISPANIC WHITE CHILDREN ALTHOUGH THE NUMBER OF CHILDREN LIVING IN POVERTY DECREASED OVERALL IN CHICAGO BETWEEN 2009 AND 2013, THE NUMBER OF CHILD REN LIVING IN POVERTY DOUBLED IN SUBURBAN COOK COUNTY INSURANCEADVOCATE LUTHERAN GENERAL WITHIN ILLINOIS, APPROXIMATELY 5 9 PERCENT OF THE POPULATION IS UNINSURED, WITH ADVOCATE L UTHARAN GENERAL'S PSA UNINSURED RATE AT 4 5 PERCENT THE HOSPITAL SERVES A LARGE SENIOR PO PULATION, AGE 65 AND OVER, MOST OF WHOM ARE COVERED BY MEDICARE NILES AT 26 1 PERCENT, NO RTHBROOK AT 24 3 PERCENT AND HARWOOD HEIGHTS (60706) AT 21 8 PERCENT REPORTED HAVING THE H IGHEST PERCENTAGES OF MEDICARE BENEFICIARIES WHILE SKOKIE (60077) WAS NOT RANKED HIGHEST FOR OVERALL SOCIOECONOMIC NEED, IT HAS THE HIGHEST UNINSURED RATE WITHIN ADVOCATE LUTHERAN GENERAL'S PSA ADVOCATE CHILDREN'SWITHIN ADVOCATE CHILDREN'S TSA, 43 2 PERCENT OF PATIENTS (CHILDREN AGES 0-17) ARE COVERED BY MEDICAID, 51 PERCENT ARE COVERED BY MANAGED CARE HEAL TH INSURANCE, 5 PERCENT ARE ON MEDICARE AND 5 3 PERCENT HAVE OTHER PAYMENT PLANS UNEMPLOY MENTUNEMPLOYMENT RATES WITHIN ADVOCATE LUTHERAN GENERAL'S PSA HAVE DECREASED AS COMPARED T O 2014 IN 2014, 9 4 PERCENT OF THE HOSPITAL'S PSA WAS UNEMPLOYED, WITH THE CURRENT UNEMPL OYMENT RATE DECREASING TO 8 1 PERCENT THE CURRENT HOSPITAL PSA UNEMPLOYMENT RATE OF 8 1 P ERCENT IS LOWER THAN THE CURRENT ILLINOIS RATE OF 9 8 PERCENT (TRUVEN, 2016) IRVING PARK/ PORTAGE PARK (12 5 PERCENT), ELMWOOD PARK (11 6 PERCENT), DUNNING (11 2 PERCENT) AND JEFFE RSON PARK (10 9 PERCENT) HAVE HIGHER UNEMPLOYMENT RATES THAN OTHER COMMUNITIES IN THE HOSP ITAL'S PSA AND ARE MUCH HIGHER THAN THE RATES FOR ILLINOIS EMPLOYMENT IS AN IMPORTANT DET ERMINANT OF HEALTH AND IT HAS ADVERSE EFFECTS IN HIGH NEED COMMUNITIES HEALTH RESOURCES I N THE DEFINED COMMUNITYADVOCATE LUTHERAN GENERALTHERE ARE SEVEN HOSPITALS WITHIN ADVOCATE LUTHERAN GENERAL'S PRIMARY SERVICE AREA IN ADDITION TO ADVOCATE LUTHERAN GENERAL, THERE I S ALSO COMMUNITY FIRST MEDICAL CENTER, RESURRECTION MEDICAL CENTER, NORTHWEST COMMUNITY HO SPITAL, NORTHSHORE GLENBROOK HOSPITAL, HOLY FAMILY MEDICAL CENTER AND NORTHSHORE SKOKIE HO SPITAL THERE ARE 973 PRIMARY CARE PHYSICIANS WITH           </p>

Form and Line Reference	Explanation
ADVOCATE LUTHERAN GENERAL HOSPITAL PART VI, LINE 4 - CONTINUED	<p>IN THE MARKET AND 1,377 SPECIALISTS THE SPECIALISTS INCLUDE 184 OBSTETRICS &amp; GYNECOLOGY PHYSICIANS, 88 CARDIOLOGISTS, 33 OTOLARYNGOLOGISTS, 49 GASTROENTEROLOGISTS, AND 108 ORTHOPEDIC PHYSICIANS THERE IS ALSO THE ACCESS COMMUNITY HEALTH NETWORK GENESIS CLINIC FOR HEALTH AND EMPOWERMENT IN DES PLAINES, ILLINOIS, WHICH IS A FEDERALLY QUALIFIED HEALTH CENTER ( FQHC) THAT PROVIDES HEALTH CARE PREDOMINANTLY FOR LOW-INCOME AND UNINSURED PATIENTS, PRIMARILY FOR THE HISPANIC COMMUNITY THERE IS ALSO ONE FEDERALLY DESIGNATED UNDERSERVED AREA IN ADVOCATE LUTHERAN GENERAL'S PSA ADVOCATE CHILDREN'S THERE ARE 20 HOSPITALS AND 572 PEDIATRICIANS PROVIDING PEDIATRIC MEDICAL SERVICES IN ADVOCATE CHILDREN'S SERVICE AREA IN ADDITION TO ADVOCATE CHILDREN'S, THERE IS ALSO ADVOCATE CONDELL, ADVOCATE SHERMAN, ALEXIAN BROTHERS MEDICAL CENTER, CENTEGA HOSPITALS IN MCHENRY AND WOODSTOCK, COMMUNITY FIRST MEDICAL CENTER, ELMHURST HOSPITAL, EVANSTON HOSPITAL, HIGHLAND PARK HOSPITAL, NORTHWEST COMMUNITY HOSPITAL, NORTHWESTERN LAKE FOREST HOSPITAL, PRESENCE MERCY MEDICAL CENTER, PRESENCE RESURRECTION MEDICAL CENTER, PRESENCE ST JOSEPH HOSPITAL, SHRINER'S HOSPITAL FOR CHILDREN-CHICAGO, ST ALEXIUS MEDICAL CENTER, SWEDISH COVENANT MEDICAL CENTER AND VISTA MEDICAL CENTER EAST</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
<p>ADVOCATE LUTHERAN GENERAL HOSPITAL PART VI, LINE 5</p>	<p>THE ADVOCATE LUTHERAN GENERAL GOVERNING COUNCIL IS COMPRISED OF LOCAL COMMUNITY LEADERS AND PHYSICIANS GOVERNING COUNCIL MEMBERS SUPPORT HOSPITAL LEADERSHIP IN THEIR PURSUIT OF THE HOSPITAL'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY SIXTY-FIVE PERCENT OF THE CURRENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES ADVOCATE LUTHERAN GENERAL AND ADVOCATE CHILDREN'S, THROUGH THE OFFICE OF MEDICAL EDUCATION, THE GRADUATE MEDICAL EDUCATION COMMITTEE AND THE CENTER FOR RESEARCH EDUCATION AND DEVELOPMENT, SUPPORT A SUBSTANTIAL ARRAY OF MEDICAL AND HEALTH PROFESSIONS EDUCATION IN ADDITION, THE HOSPITAL PROVIDES CARE TO UNDERINSURED AND UNINSURED POPULATIONS IN THE COMMUNITY THROUGH ITS PROVISION OF CHARITY CARE ADVOCATE LUTHERAN GENERAL ALSO ASSURES ENVIRONMENTAL RESPONSIVENESS, RESOURCE EFFICIENCY AND COMMUNITY SENSITIVITY THROUGH LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN (LEED) DESIGNATION FOR THE HOSPITAL'S NEW BED TOWER AND ONGOING EDUCATIONAL ACTIVITIES ADVOCATE LUTHERAN GENERAL AND ADVOCATE CHILDREN'S LEADERS ARE ALSO ACTIVELY INVOLVED IN THE COMMUNITY THROUGH REPRESENTATION AND/OR PARTICIPATION IN MANY COMMUNITY ORGANIZATIONS, SUCH AS KIWANIS, ROTARY AND LOCAL CHAMBERS OF COMMERCE HOSPITAL LEADERS SERVE ON MULTIPLE BOARDS INCLUDING THE NATIONAL ALLIANCE FOR MENTAL ILLNESS (NAMI), HAVE DREAMS (AUTISM), MARCH OF DIMES, HEALTHY SCHOOLS CAMPAIGN, PARTNERSHIP FOR RESILIENCE AND MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207 IN 2018, ADVOCATE CHILDREN'S OFFERED ONE-ON-ONE CAR SEAT EDUCATION DETAILING THE IMPORTANCE OF PROPER CAR SEAT SAFETY CAR SEAT EDUCATION ALSO INCLUDED ONE-ON-ONE CAR SEAT INSTALLATION EDUCATION WITH REQUIRED TEACH BACK BY THE FAMILY THE CHILD REQUIRING A CAR SEAT IS EVALUATED FOR PROPER FIT IN THE CURRENT CAR SEAT THE CAR SEAT IS ALSO INSPECTED FOR ANY DEFECTS AND IS THEN EVALUATED FOR COMPATIBILITY IN THE VEHICLE IN ADDITION TO ALL PROGRAMS AND SERVICES LISTED PREVIOUSLY IN THIS DOCUMENT, ADVOCATE LUTHERAN GENERAL AND ADVOCATE CHILDREN'S HAVE CREATED, COLLABORATED WITH OR SUPPORTED NUMEROUS ADDITIONAL PROGRAMS INCLUDING THE FOLLOWING - MAINE TOWNSHIP HIGH SCHOOL DISTRICT 207 SCHOOL-BASED HEALTH CENTER - OLDER ADULT SERVICES (INCLUDING ADULT DAY CARE, ALZHEIMER'S CLASSES, HOME DELIVERED MEALS)- DIABETES EDUCATION - INTIMATE PARTNER VIOLENCE TASK FORCE (IN PARTNERSHIP WITH COMMUNITY ORGANIZATIONS)- MELANOMA SKIN SCREENINGS - PEDIATRIC CELIAC PROGRAM (FOCUSING ON CLINICAL SERVICES SUPPORT, EDUCATION AND COMMUNITY OUTREACH) - DEVELOPMENTAL PEDIATRICS PROGRAM - ADULT DOWN SYNDROME CENTER- POLISH EARLY ALZHEIMER'S PROGRAM- PROACTIVE KIDS WEIGHT MANAGEMENT PROGRAM- CONTINUING EDUCATION SYMPOSIUM AND WORKSHOPS FOR SCHOOL NURSES- PARENT WORKSHOPS, HEALTHY COOKING DEMONSTRATIONS AND CHILDREN'S HEALTHY EATING PROGRAMS PROVIDED AT PARTNER SCHOOLS - CHILDHOOD INJURY PREVENTION AND CHILD SAFETY SEAT PROGRAM- CHILDREN'S HEALTH RESOURCE CENTER PROVIDING RELIABLE HEALTH INFO TO PARENTS, MATERIALS ON THE MOST COMMON DIAGNOSES /CONDITIONS/TREATMENTS ARE ALSO TRANSLATED INTO SPANISH, POLISH AND ARABIC</p>

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL PART VI, LINE 2	<p>HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (NOW NAMED THE ALLIANCE FOR HEALTH EQUITY) AS MENTIONED EARLIER, ADVOCATE SOUTH SUBURBAN IS A MEMBER OF THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (HICCC) HICCC IS A PARTNERSHIP OF HOSPITALS, HEALTH DEPARTMENTS AND COMMUNITY ORGANIZATIONS WORKING TO ASSESS COMMUNITY HEALTH NEEDS AND ASSETS, AND TO IMPLEMENT A SHARED PLAN TO MAXIMIZE HEALTH EQUITY AND WELLNESS IN CHICAGO AND COOK COUNTY THIS COLLABORATIVE WAS DEVELOPED SO THAT PARTICIPATING ORGANIZATIONS COULD EFFICIENTLY SHARE RESOURCES AND WORK TOGETHER ON DATA COLLECTION, PRIORITY SETTING AND IMPLEMENTATION PLANNING COOK COUNTY WAS DIVIDED INTO NORTH, CENTRAL AND SOUTH REGIONS TO ENABLE THE INVOLVEMENT OF OTHER LOCAL STAKEHOLDERS AND IDENTIFY THE LOCAL NEEDS OF THIS DIVERSE COUNTY ADVOCATE SOUTH SUBURBAN PARTICIPATED IN THE HICCC SOUTH REGION ASSESSMENT THE METHODOLOGY FOR THE CHNA HAD THREE COMPONENTS 1) THE MAPP PROCESS USED BY THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (2/2015-6/2016), 2) USE OF THE HEALTHY COMMUNITIES INSTITUTE (HCI) PLATFORM TO REVIEW COUNTY, SERVICE AREA AND ZIP CODE DATA (3/2014-8/2016), AND 3) REVIEW OF OTHER AVAILABLE NATIONAL AND LOCAL DATA (1/2016-8/2016) MAPP PROCESS THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (HICCC) CONDUCTED A COLLABORATIVE CHNA BETWEEN FEBRUARY 2015 AND JUNE 2016 THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI) DESIGNED AND FACILITATED A COLLABORATIVE, COMMUNITY-ENGAGED ASSESSMENT BASED ON THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) FRAMEWORK MAPP IS A COMMUNITY-DRIVEN STRATEGIC PLANNING FRAMEWORK THAT WAS DEVELOPED BY THE NATIONAL ASSOCIATION FOR COUNTY AND CITY HEALTH OFFICIALS (NACCHO) AND THE CDC BOTH THE CHICAGO AND COOK COUNTY DEPARTMENTS OF PUBLIC HEALTH USE THE MAPP FRAMEWORK FOR COMMUNITY HEALTH ASSESSMENT AND PLANNING THE MAPP FRAMEWORK PROMOTES A SYSTEM FOCUS, EMPHASIZING THE IMPORTANCE OF COMMUNITY ENGAGEMENT, PARTNERSHIP DEVELOPMENT AND THE DYNAMIC INTERPLAY OF FACTORS AND FORCES WITHIN THE PUBLIC HEALTH SYSTEM THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY CHOSE THIS INCLUSIVE, COMMUNITY-DRIVEN PROCESS SO THAT THE ASSESSMENT AND IDENTIFICATION OF PRIORITY HEALTH ISSUES WOULD BE INFORMED BY THE DIRECT PARTICIPATION OF STAKEHOLDERS AND COMMUNITY RESIDENTS THE MAPP FRAMEWORK EMPHASIZES PARTNERSHIPS AND COLLABORATION TO UNDERSCORE THE CRITICAL IMPORTANCE OF SHARED RESOURCES AND RESPONSIBILITY TO MAKE THE VISION FOR A HEALTHY FUTURE A REALITY HICCC USED THE COUNTY HEALTH RANKINGS MODEL TO GUIDE THE SELECTION OF ASSESSMENT INDICATORS IPHI WORKED WITH THE HEALTH DEPARTMENTS, HOSPITALS, AND COMMUNITY STAKEHOLDERS TO IDENTIFY AVAILABLE DATA RELATED TO HEALTH OUTCOMES, HEALTH BEHAVIORS, CLINICAL CARE, PHYSICAL ENVIRONMENT, AND SOCIAL AND ECONOMIC FACTORS THE COLLABORATIVE DECIDED TO ADD MENTAL HEALTH AS AN ADDITIONAL CATEGORY OF DATA INDICATORS AS PART OF CONTINUING EFFORTS TO ALIGN AND INTEGRATE COMMUNITY HEALTH ASSESSMENT ACROSS CHICAGO AND COOK COUNTY, HICCC LEVERAGED RECENT ASSESSMENT DATA FROM LOCAL HEALTH DEPARTMENTS WHERE POSSIBLE FOR THIS CHNA BOTH THE CHICAGO AND COOK COUNTY DEPARTMENTS OF PUBLIC HEALTH COMPLETED COMMUNITY HEALTH ASSESSMENTS USING THE MAPP MODEL BETWEEN 2014 AND 2015 AS A RESULT, IPHI WAS ABLE TO COMPILE DATA FROM THE TWO HEALTH DEPARTMENTS' RESPECTIVE FORCES OF CHANGE AND LOCAL PUBLIC HEALTH SYSTEM ASSESSMENTS FOR DISCUSSION WITH THE SOUTH STAKEHOLDER ADVISORY TEAM, AND DATA FROM THE COMMUNITY HEALTH STATUS ASSESSMENTS WAS ALSO INCORPORATED INTO THE DATA PRESENTATION FOR THIS CHNA THE COMMUNITY THEMES AND STRENGTHS ASSESSMENT INCLUDED BOTH FOCUS GROUPS AND COMMUNITY RESIDENT SURVEYS THE PURPOSE OF COLLECTING THIS COMMUNITY INPUT DATA WAS TO IDENTIFY ISSUES OF IMPORTANCE TO COMMUNITY RESIDENTS, GATHER FEEDBACK ON QUALITY OF LIFE IN THE COMMUNITY AND IDENTIFY COMMUNITY ASSETS THAT CAN BE USED TO IMPROVE COMMUNITIES COMMUNITY SURVEY BY LEVERAGING ITS PARTNERS AND NETWORKS, THE COLLABORATIVE COLLECTED APPROXIMATELY 5,200 RESIDENT SURVEYS BETWEEN OCTOBER 2015 AND JANUARY 2016, INCLUDING 2,288 IN THE SOUTH REGION THE SURVEY WAS AVAILABLE ON PAPER AND ONLINE AND WAS DISSEMINATED IN FIVE LANGUAGES - ENGLISH, SPANISH, POLISH, KOREAN, AND ARABIC THE MAJORITY OF THE RESPONSES WERE PAPER-BASED (ABOUT 75 PERCENT) AND ABOUT A QUARTER WERE SUBMITTED ONLINE THE COMMUNITY RESIDENT SURVEY WAS A CONVENIENCE SAMPLE SURVEY, DISTRIBUTED BY HOSPITALS AND COMMUNITY-BASED ORGANIZATIONS THROUGH TARGETED OUTREACH TO DIVERSE COMMUNITIES IN CHICAGO AND COOK COUNTY, WITH A FOCUS ON REACHING LOW-INCOME COMMUNITIES AND DIVERSE RACIAL AND ETHNIC GROUPS TO HEAR THEIR INPUT INTO THIS COMMUNITY HEALTH NEEDS ASSESSMENT THE COMMUNITY RESIDENT SURVEY WAS INTENDED TO COMPLEMENT EXISTING COMMUNITY HEALTH SURVEYS THAT ARE CONDUCTED BY LOCAL HEALTH DEPARTMENTS FOR THEIR IPLAN COMMUNITY HEALTH ASSESSMENT PROCESSES IPHI REVIEWED APPROXIMATELY 12 EXISTING SURVEYS TO IDENTIFY POSSIBLE QUESTIONS, AND WORKED ITERATIVELY WITH HOSPI</p>

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL PART VI, LINE 2	<p>TALS, HEALTH DEPARTMENTS, AND STAKEHOLDERS FROM THE THREE REGIONS TO HONE IN ON THE MOST I MPORTANT SURVEY QUESTIONS IPHI CONSULTED WITH THE UIC SURVEY RESEARCH LABORATORY TO REFIN E THE SURVEY DESIGN THE DATA FROM PAPER SURVEYS WAS ENTERED INTO THE ONLINE SURVEYMONKEY SYSTEM SO THAT ELECTRONIC AND PAPER SURVEY DATA COULD BE ANALYZED TOGETHER SURVEY DATA AN ALYSIS WAS CONDUCTED USING STATISTICAL ANALYSIS SOFTWARE, AND MICROSOFT EXCEL WAS USED TO CREATE SURVEY DATA TABLES AND CHARTS THE MAJORITY OF SURVEY RESPONDENTS FROM THE SOUTH RE GION IDENTIFIED AS HETEROSEXUAL (91 PERCENT, N=2146) AND AFRICAN AMERICAN/BLACK (57 PERCENT, N=2146) TWENTY-SEVEN PERCENT OF SURVEY RESPONDENTS IDENTIFIED AS WHITE, 2 PERCENT ASIA N/PACIFIC ISLANDER, AND 2 PERCENT NATIVE AMERICAN/AMERICAN INDIAN APPROXIMATELY 25 PERCENT (N=1651) OF SURVEY RESPONDENTS IN THE SOUTH REGION IDENTIFIED AS HISPANIC/LATINO AND APP ROXIMATELY 10 PERCENT IDENTIFIED AS MIDDLE EASTERN (N=1651) TWO-PERCENT OF SURVEY RESPOND ENTS FROM THE SOUTH REGION INDICATED THAT THEY WERE LIVING IN A SHELTER AND 1 PERCENT INDI CATED THAT THEY WERE HOMELESS (N=2257) THE SOUTH REGION HAD THE HIGHEST PERCENTAGE OF IND IVIDUALS WITH LESS THAN A HIGH SCHOOL EDUCATION (12 PERCENT, N=2027) COMPARED TO THE NORTH AND CENTRAL REGIONS OF COOK COUNTY, AND THE MAJORITY OF RESPONDENTS FROM THE SOUTH REGION (68 PERCENT, N=1824) REPORTED AN ANNUAL HOUSEHOLD INCOME OF LESS THAN \$40,000 FOCUS GROUP S IN SOUTH REGIONIPHI CONDUCTED EIGHT FOCUS GROUPS IN THE SOUTH REGION BETWEEN OCTOBER 201 5 AND MARCH 2016 THE COLLABORATIVE ENSURED THAT THE FOCUS GROUPS INCLUDED POPULATIONS WHO ARE TYPICALLY UNDERREPRESENTED IN COMMUNITY HEALTH ASSESSMENTS, INCLUDING RACIAL AND ETHN O-CULTURAL GROUPS, IMMIGRANTS, LIMITED ENGLISH SPEAKERS, LOW-INCOME COMMUNITIES, FAMILIES WITH CHILDREN, LGBTQIA AND TRANSGENDER INDIVIDUALS AND SERVICE PROVIDERS, INDIVIDUALS WITH DISABILITIES AND THEIR FAMILY MEMBERS, INDIVIDUALS WITH MENTAL HEALTH ISSUES, FORMERLY INC ARCERATED INDIVIDUALS, VETERANS, SENIORS, AND YOUNG ADULTS THE MAIN GOALS OF THE FOCUS GR OUPS WERE TO - UNDERSTAND NEEDS, ASSETS, AND POTENTIAL RESOURCES IN THE DIFFERENT COMMUNI TIES OF CHICAGO AND SUBURBAN COOK COUNTY - START TO GATHER IDEAS ABOUT HOW HOSPITALS CAN P ARTNER WITH COMMUNITIES TO IMPROVE HEALTH EACH OF THE FOCUS GROUPS WERE HOSTED BY A HOSPI TAL OR COMMUNITY-BASED ORGANIZATION, AND THE HOST ORGANIZATION RECRUITED PARTICIPANTS IPH I FACILITATED THE FOCUS GROUPS, MOST OF WHICH WERE IMPLEMENTED IN 90-MINUTE SESSIONS WITH APPROXIMATELY 8 TO10 PARTICIPANTS IPHI ADJUSTED THE LENGTH OF SOME SESSIONS TO BE AS SHOR T AS 45 MINUTES AND AS LONG AS TWO HOURS TO ACCOMMODATE THE NEEDS OF THE PARTICIPANTS, AND SOME GROUPS INCLUDED AS MANY AS 25 PARTICIPANTS</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL PART VI, LINE 4	<p>ADVOCATE SOUTH SUBURBAN CONTINUES TO DEMONSTRATE STRONG COMMITMENT TO BUILDING LIFELONG RELATIONSHIPS TO IMPROVE THE HEALTH OF INDIVIDUALS, FAMILIES AND COMMUNITIES. ADVOCATE SOUTH SUBURBAN CONDUCTED A COMMUNITY HEALTH ASSESSMENT TARGETING ITS DEFINED COMMUNITY--THE HOSPITAL'S PRIMARY SERVICE AREA (PSA). THIS AREA CONSISTS OF 22 ZIP CODES IN SOUTH SUBURBAN COOK COUNTY WITH PARTS OF PARK FOREST AND FRANKFORT IN WILL COUNTY. WITH A POPULATION OF 496,633, THE PSA IS A DIVERSE COMMUNITY WITH 12.5 PERCENT OF ITS RESIDENTS OF HISPANIC ETHNICITY AND A RACIAL DISTRIBUTION THAT IS 43 PERCENT WHITE, 47 PERCENT BLACK/AFRICAN AMERICAN AND 10 PERCENT OTHER. THE MEDIAN AGE OF RESIDENTS IN THE HOSPITAL PSA IS 38 YEARS AND SENIORS AGE 65 AND OLDER REPRESENT 14 PERCENT OF THE POPULATION--VERY SIMILAR TO PERCENTAGES FOR THE COUNTY AND STATE. THERE ARE DISPARITIES THAT EXIST AMONG THE COMMUNITIES IN THE HOSPITAL'S PSA IN RELATION TO EDUCATION AND INCOME. THE PERCENT OF THE POPULATION WITH NO HIGH SCHOOL DIPLOMA RANGES FROM 2.6 PERCENT FOR FLOSSMOOR TO 23.3 PERCENT FOR HARVEY. WHILE THE PSA HAS 22 PERCENT OF RESIDENTS INSURED BY MEDICAID, THAT PERCENTAGE RANGES FROM 52.3 PERCENT IN HARVEY TO 7.5 PERCENT IN TINLEY PARK. WHILE THE MEDIAN HOUSEHOLD INCOME FOR THE PSA IS \$61,147, THIS FIGURE RANGES FROM \$99,098 IN FRANKFORT TO \$42,479 IN MARKHAM TO \$27,939 IN HARVEY. IN ADDITION, THERE ARE SEVERAL OTHER HOSPITALS AND FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs), AND A COUNTY HEALTH DEPARTMENT CLINIC WHICH SERVE THE AREA. THE OTHER HOSPITALS INCLUDE INGALLS, HARVEY, FRANCISCAN ALLIANCE, CHICAGO HEIGHTS AND OLYMPIA FIELDS, AND METRO SOUTH MEDICAL CENTER, BLUE ISLAND. THE FQHCs INCLUDE ACCESS COMMUNITY HEALTH NETWORK, BLUE ISLAND AND CHICAGO HEIGHTS, AUNT MARTHA'S COMMUNITY HEALTH CENTER, CHICAGO HEIGHTS, HARVEY AND HAZEL CREST, AND FAMILY CHRISTIAN HEALTH CENTER, HARVEY. ONE COUNTY CLINIC IS THE COOK COUNTY HEALTH CENTER IN OAK FOREST.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
<p>ADVOCATE SOUTH SUBURBAN HOSPITAL PART VI, LINE 5</p>	<p>THE GOVERNING COUNCIL AT ADVOCATE SOUTH SUBURBAN IS COMPRISED OF LOCAL COMMUNITY LEADERS AND PHYSICIANS GOVERNING COUNCIL MEMBERS SUPPORT HOSPITAL LEADERSHIP IN THEIR PURSUIT OF THE HOSPITAL'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY FIFTY-NINE PERCENT OF THE CURRENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES ADVOCATE SOUTH SUBURBAN IS AN ACUTE-CARE FACILITY PROVIDING A WIDE RANGE OF COMPREHENSIVE INPATIENT, OUTPATIENT, DIAGNOSTIC AND AMBULATORY MEDICAL SERVICES IN ADDITION TO OFFERING AN ARRAY OF HOSPITAL SERVICES, THIS NOT-FOR-PROFIT FACILITY PROVIDES FREE SCREENINGS AND A VARIETY OF OTHER OUTREACH SERVICES THROUGHOUT THE COMMUNITY, INCLUDING SENIOR SERVICES ADVOCATE SOUTH SUBURBAN SERVES A LARGE SENIOR POPULATION AND HOSTS A VARIETY OF PROGRAMS AND SCREENINGS IN THE COMMUNITY FOR SENIORS, INCLUDING A SENIOR BREAKFAST CLUB PROGRAM THAT HOSTS A VARIETY OF HEALTH EDUCATION FOCUSED ON SENIORS, THE ANNUAL ACTIVE SENIOR EXPO, A PREMIER EVENT DESIGNED ESPECIALLY FOR SENIORS, AND PARTICIPATION IN A VARIETY OF COMMUNITY HEALTH EVENTS THROUGHOUT THE YEAR SUPPORT GROUPS THE HOSPITAL ALSO HOSTS SUPPORT GROUPS FOR THE COMMUNITY DESIGNED FOR INDIVIDUALS LIVING WITH A SPECIFIC ILLNESS COMMUNITY MEMBERS CAN FIND SUPPORT GROUPS FOR ALZHEIMER'S, DIABETES, PARKINSON'S, EASY BREATHERS, LUPUS, NAMI, CONGESTIVE HEART FAILURE, OSTOMY, PLATELET, AND STROKE AT THE HOSPITAL-ALL FREE OF CHARGE TO THE COMMUNITY LIFESTYLE CLASSES TO AID THE COMMUNITY WITH LIFESTYLE ADJUSTMENTS, ADVOCATE SOUTH SUBURBAN AND ITS TEAM OF HEALTH CARE PROFESSIONALS OFFER CLASSES ON CONGESTIVE HEART FAILURE, LIFE AFTER A STROKE, AND DIABETES THE HOSPITAL ALSO HAS STRONG PARTNERSHIPS WITH THE AMERICAN CANCER SOCIETY AND THE CANCER SUPPORT CENTER TO OFFER WELLNESS CLASSES FOR CANCER PATIENTS SANE PROGRAM SEXUAL ASSAULT NURSE EXAMINERS (SANES) ARE SPECIALISTS IN FORENSIC NURSING SANES NOT ONLY ASSIST PATIENTS WHO HAVE BEEN SEXUALLY ASSAULTED, BUT THEY ALSO USE THEIR EDUCATION AND EXPERIENCE TO EXPAND THEIR CLINICAL PRACTICES TO ACCOMMODATE VICTIMS OF OTHER FORMS OF VIOLENCE EXPERIENCED SANES EXTEND THEIR PRACTICE INTO THE CARE OF VICTIMS OF DOMESTIC VIOLENCE AS WELL THESE SPECIALLY-EDUCATED NURSES CAN BE A VALUABLE RESOURCE TO PROSECUTORS, PARTICULARLY IN CASES WHERE THE VICTIM MAY BE UNWILLING OR UNABLE TO TESTIFY AND ASSIST LAW ENFORCEMENT AND THE COURTS IN SENDING THOSE PERPETRATORS OF SEXUAL ASSAULT AND/OR DOMESTIC VIOLENCE TO JAIL WOMEN AND INFANTS CENTER IN 2017, ADVOCATE SOUTH SUBURBAN UNDERTOOK MEASURES TO ENHANCE IT WOMEN'S HEALTH AND OB SERVICES BY INVESTING IN THE UNIT'S REDESIGN THE REDESIGN INCLUDED CONSTRUCTION THAT ENHANCES PATIENT PRIVACY AND PROMOTES THE BEST ENVIRONMENT IN WHICH TO HEAL THE UNIT INCLUDES 16 PRIVATE AND STATE-OF-THE-ART SUITES, 4 SEMI-PRIVATE TRIAGE ROOMS FOR OUTPATIENT TESTING, 2 SURGICAL SUITES, 2 RECOVERY SUITES AND COMPREHENSIVE CLASSES AND SUPPORT THE PROJECT WAS COMPLETED, AND THE UNIT OPENED IN OCTOBER 2018 SURGICAL SERVICES EXPANSION IN OCTOBER 2018, ADVOCATE SOUTH SUBURBAN UNDERTOOK MEASURES TO EXPAND AND MODERNIZE THE SURGICAL AND PROCEDURE SUITES THE PROJECT INCLUDES ENLARGING AND UPDATING SURGICAL SUITES, ADDING NINE OPERATING ROOMS, THREE CARDIAC CATHETERIZATION LABS AND NEW PREPARATION AND RECOVERY SPACES THESE ENHANCEMENTS PROVIDE THE HOSPITAL THE OPPORTUNITY TO TAKE ADVANTAGE OF EFFICIENCIES AND NEW TECHNOLOGY AND DELIVER HIGH-QUALITY CARE FOR THE PATIENTS IT SERVES THE HOSPITAL'S VICE PRESIDENT FOR MISSION AND SPIRITUAL CARE SERVES ON THE BOARD OF THE UNITED WAY OF METROPOLITAN CHICAGO SOUTH-SOUTHWEST SUBURBAN CHAPTER THE UNITED WAY OF METROPOLITAN CHICAGO IS A 501(C)(3) NON-PROFIT ORGANIZATION AND A BRANCH OF THE UNITED WAY OF AMERICA THE UNITED WAY SERVES THE CITY OF CHICAGO AND ITS SURROUNDING SUBURBS, ALLOCATING FUNDING TO OTHER CHARITABLE ORGANIZATIONS, ESPECIALLY THOSE THAT PROVIDE NEEDED HEALTHCARE, EDUCATION AND INCOME SERVICES THE UNITED WAY PROVIDES CRITICAL RESOURCES TO INDIVIDUALS WHO NEED THEM MOST IN THE SOUTH-SOUTHWEST SUBURBS-SOME OF THE SAME COMMUNITIES SERVED BY ADVOCATE SOUTH SUBURBAN</p>

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL PART VI, LINE 2	<p>HEALTH IMPACT COLLABORATIVE OF COOK COUNTY ADVOCATE TRINITY IS A MEMBER OF THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (HICCC). HICCC IS A PARTNERSHIP OF HOSPITALS, HEALTH DEPARTMENTS AND COMMUNITY ORGANIZATIONS WORKING TO ASSESS COMMUNITY HEALTH NEEDS AND ASSETS, AND TO IMPLEMENT A SHARED PLAN TO MAXIMIZE HEALTH EQUITY AND WELLNESS IN CHICAGO AND COOK COUNTY. THIS COLLABORATIVE WAS DEVELOPED SO THAT PARTICIPATING ORGANIZATIONS COULD EFFICIENTLY SHARE RESOURCES AND WORK TOGETHER ON DATA COLLECTION, PRIORITY SETTING AND IMPLEMENTATION PLANNING. COOK COUNTY WAS DIVIDED INTO NORTH, CENTRAL AND SOUTH REGIONS TO ENABLE THE INVOLVEMENT OF OTHER LOCAL STAKEHOLDERS AND IDENTIFY THE LOCAL NEEDS OF THIS DIVERSE COUNTY. ADVOCATE TRINITY PARTICIPATED IN THE HICCC SOUTH REGION ASSESSMENT. THE METHODOLOGY FOR THE CHNA HAD THREE COMPONENTS: 1) THE MAPP PROCESS USED BY THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (2/2015-6/2016), 2) USE OF THE HEALTHY COMMUNITIES INSTITUTE'S PLATFORM TO REVIEW COUNTY, SERVICE AREA AND ZIP CODE DATA (3/2014-8/2016), AND 3) REVIEW OF OTHER AVAILABLE NATIONAL AND LOCAL DATA (1/2016-8/2016). MAPP PROCESS: THE HICCC CONDUCTED A COLLABORATIVE CHNA BETWEEN FEBRUARY 2015 AND JUNE 2016. THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI) DESIGNED AND FACILITATED A COLLABORATIVE, COMMUNITY-ENGAGED ASSESSMENT BASED ON THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) FRAMEWORK. MAPP IS A COMMUNITY-DRIVEN STRATEGIC PLANNING FRAMEWORK THAT WAS DEVELOPED BY THE NATIONAL ASSOCIATION FOR COUNTY AND CITY HEALTH OFFICIALS (NACCHO) AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). BOTH THE CHICAGO AND COOK COUNTY DEPARTMENTS OF PUBLIC HEALTH USE THE MAPP FRAMEWORK FOR COMMUNITY HEALTH ASSESSMENT AND PLANNING. THE MAPP FRAMEWORK PROMOTES A SYSTEM FOCUS, EMPHASIZING THE IMPORTANCE OF COMMUNITY ENGAGEMENT, PARTNERSHIP DEVELOPMENT AND THE DYNAMIC INTERPLAY OF FACTORS AND FORCES WITHIN THE PUBLIC HEALTH SYSTEM. THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY CHOSE THIS INCLUSIVE, COMMUNITY-DRIVEN PROCESS SO THAT THE ASSESSMENT AND IDENTIFICATION OF PRIORITY HEALTH ISSUES WOULD BE INFORMED BY THE DIRECT PARTICIPATION OF STAKEHOLDERS AND COMMUNITY RESIDENTS. THE MAPP FRAMEWORK EMPHASIZES PARTNERSHIPS AND COLLABORATION TO UNDERSCORE THE CRITICAL IMPORTANCE OF SHARED RESOURCES AND RESPONSIBILITY TO MAKE THE VISION FOR A HEALTHY FUTURE A REALITY. THE KEY PHASES OF THE MAPP PROCESS INCLUDE: - ORGANIZING FOR SUCCESS AND DEVELOPING PARTNERSHIPS - VISIONING - CONDUCTING THE FOUR MAPP ASSESSMENTS - IDENTIFYING STRATEGIC ISSUES - FORMULATING GOALS AND STRATEGIES - TAKING ACTION - PLANNING, IMPLEMENTING, EVALUATING. THE FOUR MAPP ASSESSMENTS WERE: - COMMUNITY THEMES AND STRENGTHS ASSESSMENT (CTSA) - FORCES OF CHANGE ASSESSMENT (FOCA) - COMMUNITY HEALTH STATUS ASSESSMENT (CHSA) - LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT (LPHSA). HICCC USED THE COUNTY HEALTH RANKINGS MODEL TO GUIDE THE SELECTION OF ASSESSMENT INDICATORS. IPHI WORKED WITH THE HEALTH DEPARTMENTS, HOSPITALS AND COMMUNITY STAKEHOLDERS TO IDENTIFY AVAILABLE DATA RELATED TO HEALTH OUTCOMES, HEALTH BEHAVIORS, CLINICAL CARE, PHYSICAL ENVIRONMENT, AND SOCIAL AND ECONOMIC FACTORS. THE COLLABORATIVE DECIDED TO ADD MENTAL HEALTH AS AN ADDITIONAL CATEGORY OF DATA INDICATORS. AS PART OF CONTINUING EFFORTS TO ALIGN AND INTEGRATE COMMUNITY HEALTH ASSESSMENT ACROSS CHICAGO AND COOK COUNTY, HICCC LEVERAGED RECENT ASSESSMENT DATA FROM LOCAL HEALTH DEPARTMENTS WHERE POSSIBLE FOR THIS CHNA. BOTH THE CHICAGO AND COOK COUNTY DEPARTMENTS OF PUBLIC HEALTH COMPLETED COMMUNITY HEALTH ASSESSMENTS USING THE MAPP MODEL BETWEEN 2014 AND 2015. AS A RESULT, IPHI WAS ABLE TO COMPILE DATA FROM THE TWO HEALTH DEPARTMENTS' RESPECTIVE FORCES OF CHANGE AND LOCAL PUBLIC HEALTH SYSTEM ASSESSMENTS FOR DISCUSSION WITH THE SOUTH STAKEHOLDER ADVISORY TEAM, AND DATA FROM THE COMMUNITY HEALTH STATUS ASSESSMENTS WAS ALSO INCORPORATED INTO THE DATA PRESENTATION FOR THIS CHNA. THE COMMUNITY THEMES AND STRENGTHS ASSESSMENT INCLUDED BOTH FOCUS GROUPS AND COMMUNITY RESIDENT SURVEYS. THE PURPOSE OF COLLECTING THIS COMMUNITY INPUT DATA WAS TO IDENTIFY ISSUES OF IMPORTANCE TO COMMUNITY RESIDENTS, GATHER FEEDBACK ON QUALITY OF LIFE IN THE COMMUNITY AND IDENTIFY COMMUNITY ASSETS THAT CAN BE USED TO IMPROVE COMMUNITIES. COMMUNITY SURVEY: BY LEVERAGING ITS PARTNERS AND NETWORKS, THE COLLABORATIVE COLLECTED APPROXIMATELY 5,200 RESIDENT SURVEYS BETWEEN OCTOBER 2015 AND JANUARY 2016, INCLUDING 2,288 IN THE SOUTH REGION. THE SURVEY WAS AVAILABLE ON PAPER AND ONLINE AND WAS DISSEMINATED IN FIVE LANGUAGES - ENGLISH, SPANISH, POLISH, KOREAN AND ARABIC. THE MAJORITY OF THE RESPONSES WERE PAPER-BASED (ABOUT 75 PERCENT) AND ABOUT A QUARTER WERE SUBMITTED ONLINE. THE COMMUNITY RESIDENT SURVEY WAS A CONVENIENCE SAMPLE SURVEY, DISTRIBUTED BY HOSPITALS AND COMMUNITY-BASED ORGANIZATIONS THROUGH TARGETED OUTREACH TO DIVERSE COMMUNITIES IN CHICAGO AND COOK COUNTY, WITH A PARTICULAR INTEREST IN REACHING LOW-INCOME COMMUNITIES AND</p>

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL PART VI, LINE 2	<p>DIVERSE RACIAL AND ETHNIC GROUPS TO HEAR THEIR INPUT INTO THIS COMMUNITY HEALTH NEEDS ASSESSMENT THE COMMUNITY RESIDENT SURVEY WAS INTENDED TO COMPLEMENT EXISTING COMMUNITY HEALTH SURVEYS THAT ARE CONDUCTED BY LOCAL HEALTH DEPARTMENTS FOR THEIR PLAN COMMUNITY HEALTH ASSESSMENT PROCESSES IPHI REVIEWED APPROXIMATELY 12 EXISTING SURVEYS TO IDENTIFY POSSIBLE QUESTIONS, AND WORKED ITERATIVELY WITH HOSPITALS, HEALTH DEPARTMENTS AND STAKEHOLDERS FROM THE THREE REGIONS TO HONE IN ON THE MOST IMPORTANT SURVEY QUESTIONS IPHI CONSULTED WITH THE UIC SURVEY RESEARCH LABORATORY TO REFINE THE SURVEY DESIGN THE DATA FROM PAPER SURVEYS WAS ENTERED INTO THE ONLINE SURVEYMONKEY SYSTEM SO THAT ELECTRONIC AND PAPER SURVEY DATA COULD BE ANALYZED TOGETHER SURVEY DATA ANALYSIS WAS CONDUCTED USING SAS STATISTICAL ANALYSIS SOFTWARE, AND MICROSOFT EXCEL WAS USED TO CREATE SURVEY DATA TABLES AND CHARTS THE MAJORITY OF SURVEY RESPONDENTS FROM THE SOUTH REGION IDENTIFIED AS HETEROSEXUAL (91 PERCENT , N=2146) AND AFRICAN AMERICAN/BLACK (57 PERCENT, N=2146) TWENTY-SEVEN PERCENT (27 PERCENT) OF SURVEY RESPONDENTS IDENTIFIED AS WHITE, 2 PERCENT ASIAN/PACIFIC ISLANDER, AND 2 PERCENT NATIVE AMERICAN/AMERICAN INDIAN APPROXIMATELY 25 PERCENT (N=1651) OF SURVEY RESPONDENTS IN THE SOUTH REGION IDENTIFIED AS HISPANIC/LATINO AND APPROXIMATELY 10 PERCENT IDENTIFIED AS MIDDLE EASTERN (N=1651) TWO-PERCENT OF SURVEY RESPONDENTS FROM THE SOUTH REGION INDICATED THAT THEY WERE LIVING IN A SHELTER AND ONE PERCENT INDICATED THAT THEY WERE HOMELESS (N=2257) THE SOUTH REGION HAD THE HIGHEST PERCENTAGE OF INDIVIDUALS WITH LESS THAN A HIGH SCHOOL EDUCATION (12 PERCENT, N=2027) COMPARED TO THE NORTH AND CENTRAL REGIONS OF COOK COUNTY, AND THE MAJORITY OF RESPONDENTS FROM THE SOUTH REGION (68 PERCENT, N=1824) REPORTED AN ANNUAL HOUSEHOLD INCOME OF LESS THAN \$40,000 FOCUS GROUPS IN SOUTH REGION IPHI CONDUCTED EIGHT FOCUS GROUPS IN THE SOUTH REGION BETWEEN OCTOBER 2015 AND MARCH 2016 THE COLLABORATIVE ENSURED THAT THE FOCUS GROUPS INCLUDED POPULATIONS WHO ARE TYPICALLY UNDERREPRESENTED IN COMMUNITY HEALTH ASSESSMENTS, INCLUDING RACIAL AND ETHNO-CULTURAL GROUPS, IMMIGRANTS, LIMITED ENGLISH SPEAKERS, LOW-INCOME COMMUNITIES, FAMILIES WITH CHILDREN, LGBTQIA AND TRANS GENDER INDIVIDUALS AND SERVICE PROVIDERS, INDIVIDUALS WITH DISABILITIES AND THEIR FAMILY MEMBERS, INDIVIDUALS WITH MENTAL HEALTH ISSUES, FORMERLY INCARCERATED INDIVIDUALS, VETERANS, SENIORS AND YOUNG ADULTS THE MAIN GOALS OF THE FOCUS GROUPS WERE TO 1 UNDERSTAND NEEDS, ASSETS AND POTENTIAL RESOURCES IN THE DIFFERENT COMMUNITIES OF CHICAGO AND SUBURBAN COOK COUNTY, AND 2 START TO GATHER IDEAS ABOUT HOW HOSPITALS CAN PARTNER WITH COMMUNITIES TO IMPROVE HEALTH EACH OF THE FOCUS GROUPS WERE HOSTED BY A HOSPITAL OR COMMUNITY-BASED ORGANIZATION, AND THE HOST ORGANIZATION RECRUITED PARTICIPANTS IPHI FACILITATED THE FOCUS GROUPS, MOST OF WHICH WERE IMPLEMENTED IN 90-MINUTE SESSIONS WITH APPROXIMATELY EIGHT TO 10 PARTICIPANTS IPHI ADJUSTED THE LENGTH OF SOME SESSIONS TO BE AS SHORT AS 45 MINUTES AND AS LONG AS TWO HOURS TO ACCOMMODATE THE NEEDS OF THE PARTICIPANTS, AND SOME GROUPS INCLUDED AS MANY AS 25 PARTICIPANTS</p>

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL PART VI, LINE 4	<p>IN 2016, THE TOTAL POPULATION OF ADVOCATE TRINITY'S TOTAL SERVICE AREA (TSA) WAS ESTIMATED AT 578,551, WITH A PRIMARY SERVICE AREA (PSA) POPULATION OF 380,375 AND A SECONDARY SERVICE AREA (SSA) POPULATION OF 198,176 BOTH PRIMARY (-2 27 PERCENT) AND SECONDARY (-2 77 PERCENT) SERVICE AREAS EXPERIENCED A DECLINE IN POPULATION FROM 2010 TO 2016 THE RACE AND ETHNICITY DISTRIBUTION IN THE TOTAL SERVICE AREA IS PREDOMINANTLY AFRICAN AMERICAN (83 0 PERCENT) FOLLOWED BY THE WHITE POPULATION (10 0 PERCENT) APPROXIMATELY NINE PERCENT OF THE POPULATION IDENTIFIED AS BEING OF HISPANIC OR LATINO ETHNICITY THE HISPANIC POPULATION IS PRIMARILY LOCATED IN FOUR COMMUNITY AREAS EASTSIDE, SOUTH CHICAGO, SOUTH DEERING AND HEGEWISCH THE RACIAL AND ETHNIC BREAKDOWN OF ADVOCATE TRINITY'S TOTAL SERVICE AREA IS SUBSTANTIALLY DIFFERENT THAN THAT OF COOK COUNTY AND THE STATE OF ILLINOIS THE MEDIAN HOUSEHOLD INCOME IN ADVOCATE TRINITY'S PSA IS \$38,029 AND \$30,660 IN THE HOSPITAL'S SECONDARY SERVICE AREA BOTH ARE CONSIDERABLY LOWER AMOUNTS WHEN COMPARED TO THE ILLINOIS MEDIAN HOUSEHOLD INCOME OF \$59,608 AND THE COOK COUNTY MEDIAN HOUSEHOLD INCOME OF \$56,747 EXAMINING RACE AND INCOME, THE COMMUNITY HEALTH DATA SHOWED THAT THE AFRICAN AMERICAN POPULATION HAS ONE OF THE LOWEST MEDIAN HOUSEHOLD INCOMES (\$35,677 IN THE PSA AND \$27,830 IN THE SSA) IN COMPARISON TO OTHER RACES IN ADVOCATE TRINITY'S PSA, THE PERCENT OF FAMILIES LIVING BELOW THE FPL IS 22 85 PERCENT, WHICH IS HIGHER THAN BOTH STATE (10 79 PERCENT) AND COUNTY (13 83 PERCENT) PERCENTAGES THE PERCENT OF FAMILIES LIVING BELOW THE FPL IN ADVOCATE TRINITY'S SECONDARY SERVICE AREA IS 31 84 PERCENT, WHICH IS NEARLY THREE TIMES THE ILLINOIS PERCENTAGE IN THE PSA, 10 47 PERCENT OF THE POPULATION AND 13 62 PERCENT OF THE SSA POPULATION HAVE SOME HIGH SCHOOL EDUCATION BUT NO DIPLOMA THIS PERCENTAGE IS HIGHER IN COMPARISON TO THE ILLINOIS RATE OF 6 75 PERCENT AND THE COUNTY RATE OF 7 44 PERCENT, HOWEVER, WHEN "LESS THAN 9TH GRADE AND "SOME HIGH SCHOOL" ARE ADDED TOGETHER, THE DIFFERENCES BETWEEN THE PSA AND THE COUNTY AND STATE NARROW TWENTY-NINE PERCENT OF THE PSA POPULATION HAVE A HIGH SCHOOL DIPLOMA AND 28 PERCENT HAVE TAKEN SOME COLLEGE CLASSES ONLY 12 18 PERCENT OF THE PSA AND 9 16 PERCENT OF THE SSA RESIDENTS HAVE A BACHELOR'S DEGREE COMPARED TO THE 20 99 PERCENT OF COOK COUNTY RESIDENTS WITH SUCH A DEGREE IN ADVOCATE TRINITY'S PSA, 38 2 PERCENT OF THE POPULATION IS INSURED BY MEDICAID AND 15 9 PERCENT BY MEDICARE, WHILE 10 7 PERCENT HAVE NO INSURANCE IN THE SSA, 48 3 PERCENT OF THE POPULATION IS INSURED BY MEDICAID, 11 6 PERCENT BY MEDICARE AND 13 4 PERCENT HAVE NO INSURANCE</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL PART VI, LINE 5	<p>THE GOVERNING COUNCIL AT ADVOCATE TRINITY IS COMPRISED OF LOCAL COMMUNITY LEADERS AND PHYSICIANS. GOVERNING COUNCIL MEMBERS SUPPORT HOSPITAL LEADERSHIP IN THEIR PURSUIT OF THE HOSPITAL'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY. SIXTY-ONE PERCENT OF THE CURRENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY. IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL ITS DEPARTMENTS AND SPECIALTIES IN ADDITION TO OFFERING AN ARRAY OF HOSPITAL SERVICES, ADVOCATE TRINITY PROVIDES FREE SCREENINGS AND A VARIETY OF OTHER OUTREACH SERVICES THROUGHOUT THE COMMUNITY, INCLUDING - WALK WITH A DOC - A MONTHLY WALKING, WELLNESS AND PATIENTS/COMMUNITY EDUCATION ACTIVITY - MEN'S HEALTH EVENTS. THE PURPOSE OF THE MEN'S HEALTH EVENT IS TO RAISE AWARENESS ABOUT SEVERAL HEALTH ISSUES AFFECTING MEN'S HEALTH, SOME OF WHICH INCLUDE DIABETES, HYPERTENSION, HIGH CHOLESTEROL, KIDNEY DISEASE, PROSTATE CANCER AND HIV/AIDS. MANY MEN AND THEIR FAMILIES WERE ENCOURAGED TO PARTICIPATE IN SCREENINGS TO DETECT HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, DIABETES, HIV/AIDS, PROSTATE CANCER AND EARLY SIGNS OF KIDNEY DISEASE - LADIES NIGHT EVENTS. THE PURPOSE OF THE LADIES NIGHT HEALTH SEMINARS IS TO INCREASE AWARENESS REGARDING WOMEN'S HEALTH ISSUES SUCH AS DIABETES, HEART DISEASE, STROKE, BREAST CANCER AND GENERAL WOMEN'S HEALTH. THE PROGRAM PROVIDES LECTURES FROM PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS WHO PROVIDE INFORMATION AND ANSWER PERTINENT QUESTIONS ABOUT WOMEN'S HEALTH CONDITIONS - SENIOR SUPPORT. ADVOCATE TRINITY HOSTS A MONTHLY SENIOR BREAKFAST CLUB PROGRAM BY OFFERING A VARIETY OF HEALTH EDUCATION TOPICS PERTINENT TO SENIORS - SUPPORT GROUPS. THE HOSPITAL ALSO HOSTS SEVERAL SUPPORT GROUPS FOR THE COMMUNITY DESIGNED FOR INDIVIDUALS LIVING WITH A SPECIFIC ILLNESS. COMMUNITY MEMBERS CAN FIND SUPPORT GROUPS FOR BREAST CANCER, DIABETES AND STROKE AT THE HOSPITAL - ALL FREE OF CHARGE TO THE COMMUNITY.</p>

Additional Data

Software ID:  
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Name: ADVOCATE HEALTH AND HOSPITALS CORP

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

Section A. Hospital Facilities  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>8</u>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	CHRIST HOSP INCL HOPE CHILDREN'S HOSP 4440 W 95TH ST OAK LAWN, IL 60453 HTTP //WWW.ADVOCATEHEALTH.COM/CMC/ 0000315	X	X	X	X			X			
2	LUTHERAN GEN HOSP INCL LUTH GEN CHILD 1775 DEMPSTER ST PARK RIDGE, IL 60068 HTTP //WWW.ADVOCATEHEALTH.COM/LUTH/ 0004796	X	X	X	X			X			
3	GOOD SAMARITAN HOSPITAL 3815 HIGHLAND AVE DOWNERS GROVE, IL 60515 HTTP //WWW.ADVOCATEHEALTH.COM/GSAM/ 0003384	X	X					X			
4	GOOD SHEPHERD HOSPITAL 450 W HWY 22 BARRINGTON, IL 60010 HTTP //WWW.ADVOCATEHEALTH.COM/GSHP/ 0003475	X	X					X			
5	SOUTH SUBURBAN HOSPITAL & ICU 17800 S KEDZIE HAZEL CREST, IL 60429 HTTP //WWW.ADVOCATEHEALTH.COM/SSUB/ 0004697	X	X					X			

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>8</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
6	BROMENN MEDICAL CENTER 1304 FRANKLIN AVE NORMAL, IL 61761 HTTP://WWW.ADVOCATEHEALTH.COM/BROMENN/ 0005645	X	X					X			
7	TRINITY HOSPITAL 2320 E 93RD ST CHICAGO, IL 60617 HTTP://WWW.ADVOCATEHEALTH.COM/TRIN/ 0004176	X	X					X			
8	EUREKA HOSPITAL 101-109 R101 S MAJOR EUREKA, IL 61530 HTTP://WWW.ADVOCATEHEALTH.COM/EUREKA/ 0005652	X	X			X		X			

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

Form and Line Reference	Explanation
ADVOCATE BROMENN MEDICAL CENTER	PART V, SECTION B, LINE 5 ADVOCATE BROMENN MEDICAL CENTER (ADVOCATE BROMENN), THE MCLEAN COUNTY HEALTH DEPARTMENT, OSF HEALTHCARE ST JOSEPH MEDICAL CENTER AND UNITED WAY OF MCLEA N COUNTY COLLABORATED FOR THE FIRST TIME FOR THE 2016 MCLEAN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT THIS EXCITING AND UNIQUE OPPORTUNITY WAS POSSIBLE, ACCORDING TO THE FINAL RUL ES OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT, AS ALL FOUR ENTITIES DEFINE THEIR SE RVICE AREA AS MCLEAN COUNTY THE GOALS OF THE COLLABORATIVE ARE AS FOLLOWS - ESTABLISH THE MCLEAN COUNTY COMMUNITY HEALTH COUNCIL- ANALYZE DATA COLLECTIVELY- PRIORITIZE AND SELECT THE TOP THREE HEALTH NEEDS FOR MCLEAN COUNTY- GENERATE ONE COMMUNITY HEALTH NEEDS ASSESSME NT FOR MCLEAN COUNTY- WORK COLLABORATIVELY ON A COMMUNITY HEALTH IMPLEMENTATION PLAN ADDRE SSING EACH OF THE TOP THREE HEALTH PRIORITIES WITH OTHER KEY COMMUNITY STAKEHOLDERSAT LEAS T ONE MEMBER FROM EACH OF THE FOUR ORGANIZATIONS MADE UP THE EXECUTIVE STEERING COMMITTEE THE STEERING COMMITTEE ANALYZED AN EXTENSIVE QUANTITY OF BOTH PRIMARY AND SECONDARY DATA FROM JULY 2015 TO FEBRUARY 2016 DUE TO THE AVAILABILITY OF NEW DATASETS, THE STEERING COM MITTEE ANALYZED DATA AT A MORE DETAILED LEVEL AND IDENTIFIED HEALTH DISPARITIES FOR GENDER , AGE, RACE/ETHNICITY, AND ZIP CODE FOR A VARIETY OF HEALTH OUTCOMES IN FEBRUARY 2016, THE EXECUTIVE STEERING COMMITTEE PRESENTED 13 HEALTH ISSUES THAT THE DATA SUGGESTED WERE HEAL TH PROBLEMS TO THE MCLEAN COUNTY COMMUNITY HEALTH COUNCIL THE MCLEAN COUNTY COMMUNITY HEA LTH COUNCIL CONSISTS OF 33 INDIVIDUALS FROM 15 ORGANIZATIONS IN MCLEAN COUNTY REPRESENTING PUBLIC ENTITIES, FAITH-BASED AND PRIVATE ORGANIZATIONS, SOCIAL SERVICE ORGANIZATIONS, HEA LTHCARE FACILITIES, AND CITY AND REGIONAL PLANNING SEVERAL OF THE INDIVIDUALS FROM THE VA RIOUS ORGANIZATIONS LISTED BELOW REPRESENT THE UNDERSERVED, UNINSURED, MINORITY OR LOW-INC OME POPULATIONS MCLEAN COUNTY COMMUNITY HEALTH COUNCIL- ADVOCATE HEALTH CARE (HEALTH)- BLO OMINGTON SCHOOL DISTRICT 87 (YOUTH AND SCHOOLS)- BLOOMINGTON TOWNSHIP, JOHN M SCOTT HEAL T H COMMISSION (UNDERSERVED)- CHESTNUT HEALTH SYSTEMS (MENTAL HEALTH, FEDERALLY QUALIFIED HE ALTH CENTER)- CITY OF BLOOMINGTON (CITY PLANNING)- COMMUNITY HEALTH CARE CLINIC (UNDERSERV ED, UNINSURED)- IMMANUEL HEALTH CENTER (UNDERSERVED, UNINSURED)- ILLINOIS STATE UNIVERSITY SCHOOL OF SOCIAL WORK (SOCIAL WORK AND HEALTH RESEARCH)- MCLEAN COUNTY HEALTH DEPARTMENT (PUBLIC HEALTH)- MCLEAN COUNTY CENTER FOR HUMAN SERVICES (MENTAL HEALTH, UNDERSERVED)- MCL EAN COUNTY REGIONAL PLANNING COMMISSION (PLANNING)- MARCFIRST SPICE (DEVELOPMENTAL DISABIL ITIES, EARLY CHILDHOOD)- OSF HEALTHCARE SYSTEM (HEALTH)- REGIONAL OFFICE OF EDUCATION (SCH OOLS, YOUTH)- UNITED WAY (CONVENER, FUNDER)IN ADDITION TO EXISTING SECONDARY DATA SOURCES SHARED AND COLLECTED THROUGH THE MCLEAN COUNTY HEALTH COUNCIL, IT WAS ALSO IMPORTANT TO UT ILIZE PRIMARY SURVEY DATA TO COLLECT CURRENT INFORMATION AND ASK QUESTIONS NOT ASKED ELSEW HERE, SUCH AS RATINGS OF HEALT

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

Form and Line Reference	Explanation
ADVOCATE BROMENN MEDICAL CENTER	H ISSUES IN THE COMMUNITY A COMMUNITY HEALTH SURVEY CONSISTING OF 36 DEMOGRAPHIC AND HEAL TH-RELATED QUESTIONS WAS ADMINISTERED IN MCLEAN COUNTY FROM JULY THROUGH SEPTEMBER 2015 AN D YIELDED A TOTAL OF 834 RESPONSES FROM MCLEAN COUNTY RESIDENTS APPROXIMATELY 300 OF THE SURVEYS WERE FROM THE LOW-INCOME POPULATION ADVOCATE BROMENN'S 2014-2016 AND PREVIOUS 2011 -2013 CHNA REPORTS AND IMPLEMENTATION PLANS ARE POSTED ON THE ADVOCATE HEALTH CARE WEBPAGE WITH A MECHANISM FOR COMMUNITY FEEDBACK IN COMPLIANCE WITH THE AFFORDABLE CARE ACT AS OF DECEMBER 31, 2018, THERE HAVE BEEN NO COMMENTS OR INQUIRIES RECEIVED FROM THE COMMUNITY

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

Form and Line Reference	Explanation
CHRIST HOSP INCL HOPE CHILDREN'S HOSP	<p>PART V, SECTION B, LINE 5 ADVOCATE CHRIST MEDICAL CENTER (ADVOCATE CHRIST) CONTINUES TO DEMONSTRATE STRONG COMMITMENT TO BUILDING LIFELONG RELATIONSHIPS TO IMPROVE THE HEALTH OF INDIVIDUALS, FAMILIES AND COMMUNITIES. IN 2015, ALL FIVE ADVOCATE HOSPITALS PRINCIPALLY SERVING COOK COUNTY, INCLUDING ADVOCATE CHRIST, WERE FOUNDING MEMBERS OF THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (HICCC). HICCC MERGED WITH THE HEALTHY CHICAGO HOSPITAL COLLABORATIVE. THE MERGER ALLOWED PARTNERS TO FURTHER ALIGN THEIR EFFORTS AND ACHIEVE GREATER COLLECTIVE IMPACT IN CHICAGO AND COOK COUNTY. ON JUNE 30, 2017, HOSPITAL PARTNERS FROM BOTH COLLABORATIVES MET TO KICK OFF THE START OF A FULLY MERGED INITIATIVE. THE NAME SELECTED FOR THE MERGER WAS THE ALLIANCE FOR HEALTH EQUITY (AFHE). THE ALLIANCE FOR HEALTH EQUITY IS A PARTNERSHIP BETWEEN THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI), HOSPITALS, HEALTH DEPARTMENTS AND COMMUNITY ORGANIZATIONS ACROSS CHICAGO AND COOK COUNTY. THIS INITIATIVE IS ONE OF THE LARGEST COLLABORATIVE HOSPITAL-COMMUNITY PARTNERSHIPS IN THE COUNTRY WITH THE CURRENT INVOLVEMENT OF 30+ NONPROFIT AND PUBLIC HOSPITALS, SEVEN LOCAL HEALTH DEPARTMENTS, AND REPRESENTATIVES OF MORE THAN 100 COMMUNITY ORGANIZATIONS SERVING ON ACTION TEAMS. PARTNERS ARE COMING TOGETHER WITH THE GOAL OF WORKING ON STRATEGIES TO ADDRESS THE PRESSING ISSUES IN OUR COMMUNITIES TO ACHIEVE GREATER COLLECTIVE IMPACT. GIVEN THE SIZE AND DIVERSITY OF COOK COUNTY, THE COLLABORATIVE CREATED THREE REGIONS-NORTH, CENTRAL AND SOUTH-FOR PURPOSES OF ORGANIZING THE ASSESSMENT PROCESS. ADVOCATE CHRIST WAS APPROPRIATELY ASSIGNED TO THE SOUTH REGION CONSISTING OF BOTH THE SOUTH SIDE OF CHICAGO AND THE SOUTH SUBURBS OF COOK COUNTY. A REGIONAL LEADERSHIP TEAM WAS FORMED INCLUDING REPRESENTATIVES FROM THE HOSPITALS AND HEALTH DEPARTMENTS IN THE REGION. A REGIONAL STAKEHOLDER GROUP WAS ALSO ORGANIZED INCLUDING MEMBERS OF COMMUNITY ORGANIZATIONS REPRESENTING VARIOUS SECTORS. FROM FEBRUARY 2015 THROUGH JUNE OF 2016, THE COLLABORATIVE COMPLETED AN EXTENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS WITHIN EACH OF THE THREE REGIONS USING THE PUBLIC HEALTH PROCESS-MAP-MOBILIZING FOR ACTION THROUGH PARTNERSHIPS AND PLANNING. ADDITIONALLY, FOR PURPOSES OF THE 2014-2016 CHNA CYCLE, THE HOSPITAL FORMED A COMMUNITY HEALTH COUNCIL (COUNCIL) CONSISTING OF 25 COMMUNITY AND MEDICAL CENTER LEADERS. THIS COUNCIL, IN PARTNERSHIP WITH THE COMMUNITY HEALTH DEPARTMENT, WAS CONVENED TO OVERSEE THE ASSESSMENT. DATA FROM THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY WAS PRESENTED TO THE COUNCIL INCLUDING THE PRIORITY-SETTING PROCESS THAT IDENTIFIED SOCIAL DETERMINANTS OF HEALTH, MENTAL HEALTH AND SUBSTANCE ABUSE, ACCESS TO CARE AND CHRONIC DISEASE AS THE FOUR COUNTY-WIDE PRIORITIES. ALL HOSPITALS THAT PARTICIPATED IN THE COLLABORATIVE AGREED TO ADDRESS SOCIAL DETERMINANTS AS ONE OF THEIR PRIORITIES, WITH ADVOCATE CHRIST IDENTIFYING THAT VIOLENCE PREVENTION WAS ONE OF THEIR PRIORITY AREAS. IN ADDITION, MULTIPLE INDICAT</p>

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

Form and Line Reference	Explanation
CHRIST HOSP INCL HOPE CHILDREN'S HOSP	<p>ORS FROM THE HEALTHY COMMUNITIES INSTITUTE (HCI) DATA PLATFORM WERE SHARED WITH THE ADVOCATE CHRIST'S COMMUNITY HEALTH COUNCIL. MANY OF THESE INDICATORS WERE PARTICULARLY USEFUL TO THE ASSESSMENT BECAUSE THE HOSPITALIZATION AND EMERGENCY ROOM VISIT RATES WERE AVAILABLE BY ZIP CODE, THUS PERMITTING A DEEPER LOOK INTO THE HEALTH STATUS OF THE MEDICAL CENTER'S PRIMARY SERVICE AREA (PSA). A CONSENSUS VOTING PROCESS WAS USED BY THE COUNCIL TO SELECT THE SECOND AND THIRD PRIORITIES FOR THE 2014-2016 CHNA CYCLE-ASTHMA AND DIABETES. CANCER, HEART DISEASE AND HYPERTENSION (STROKE) WERE NOT SELECTED PRIMARILY BECAUSE THE MEDICAL CENTER ALREADY HAS INSTITUTES ADDRESSING EACH OF THESE IMPORTANT HEALTH NEEDS. THE THREE PRIORITIES SELECTED BY ADVOCATE CHRIST WERE VIOLENCE PREVENTION, ASTHMA AND DIABETES. ADVOCATE CHRIST DEVELOPED AN IMPLEMENTATION PLAN FOR EACH OF THE SELECTED PRIORITIES. COMMUNITY HEALTH STAFF ALSO PARTICIPATED IN THE ACTION PLANNING TEAMS ON COMMUNITY SAFETY AND CHRONIC DISEASE PREVENTION WORK GROUPS CONVENED AS PART OF THE AFHE. FOR VIOLENCE PREVENTION, THE MEDICAL CENTER CONTINUED ITS WORK WITH CEASEFIRE AND COLLABORATED WITH COMMUNITY ORGANIZATIONS TO INVESTIGATE HOW RESTORATIVE JUSTICE PRACTICES CAN IMPACT THE VIOLENCE ON CHILDREN. INTERNAL AND EXTERNAL STAKEHOLDERS COLLABORATED TO DEVELOP STRATEGIES TO ADDRESS ASTHMA AND DIABETES HEALTH DISPARITIES. IN 2014, ADVOCATE HEALTH CARE BEGAN ORGANIZING RESOURCES TO IMPLEMENT THE 2014-2016 CHNA CYCLE. THE SYSTEM SIGNED A THREE-YEAR CONTRACT WITH THE HEALTHY COMMUNITIES INSTITUTE (HCI), NOW A XEROX COMPANY, TO PROVIDE AN INTERNET-BASED DATA RESOURCE FOR THEIR ELEVEN HOSPITALS DURING THE 2014-2016 CHNA CYCLE. THIS ROBUST PLATFORM OFFERED THE HOSPITALS 171 HEALTH AND DEMOGRAPHIC INDICATORS INCLUDING THIRTY-ONE (31) HOSPITALIZATION AND EMERGENCY DEPARTMENT (ED) VISIT INDICATORS AT THE SERVICE AREA AND ZIP CODE LEVELS. IN ADDITION, SYSTEM LEADERS COLLABORATED WITH THE STRATEGIC PLANNING DEPARTMENT TO CREATE SUITES OF DEMOGRAPHIC, MORTALITY AND UTILIZATION DATA FOR EACH HOSPITAL SITE. THIS COLLABORATION WITH STRATEGIC PLANNING CONTINUED DURING THE THREE-YEAR CYCLE ENSURING THAT EACH HOSPITAL SITE HAD DETAILED INPATIENT, OUTPATIENT AND EMERGENCY DEPARTMENT DATA. COMMUNITY HEALTH COUNCIL-ADVOCATE CHRIST, IN COLLABORATION WITH ADVOCATE CHILDREN'S HOSPITAL (ADVOCATE CHILDREN'S), CONVENED A COMMUNITY HEALTH COUNCIL TO OVERSEE ITS COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT. THIS COUNCIL WAS CHAIRED BY A MEMBER OF THE ADVOCATE CHRIST'S GOVERNING COUNCIL AND COMPRISED OF REPRESENTATIVES FROM THE MEDICAL CENTER'S COMMUNITY HEALTH TEAM, PATIENT ADVOCACY, COMMUNITY HEALTH RELATIONS AND BUSINESS DEVELOPMENT DEPARTMENTS. COMMUNITY MEMBERS ON THE COUNCIL INCLUDED REPRESENTATION FROM SCHOOL DISTRICTS, YOUTH SERVICES AND FAITH COMMUNITIES, AS WELL AS OTHER COMMUNITY ORGANIZATIONS. THE AFFILIATIONS AND TITLES OF THE ADVOCATE CHRIST COMMUNITY HEALTH COUNCIL MEMBERS ARE PROVIDED BELOW. AS RISKS HAVE BEEN USED TO INDICATE</p>

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

Form and Line Reference	Explanation
CHRIST HOSP INCL HOPE CHILDREN'S HOSP	CATE INDIVIDUALS WHO REPRESENT MEDICALLY UNDERSERVED, LOW-INCOME AND/OR MINORITY POPULATIO NS MEMBERS FROM THE COMMUNITY- ARAB AMERICAN FAMILY SERVICES, DIRECTOR*- AUBURN GRESHAM CO MMUNITY DEVELOPMENT CORPORATION, EXECUTIVE DIRECTOR*- AUBURN GRESHAM COMMUNITY DEVELOPMENT CORPORATION/SOUTHWEST SMART COMMUNITIES, PROGRAM MANAGER AND TECHNOLOGIST*- BETHLEHEM EVA NGELICAL LUTHERAN CHURCH, PASTOR, ADVOCATE CHRIST GOVERNING COUNCIL MEMBER (COMMUNITY HEAL TH COUNCIL CHAIR)- CHICAGO PUBLIC SCHOOLS, COMMUNITY ENGAGEMENT MANAGER- CHICAGO PUBLIC SC HOOLS, PROJECT MANAGER, STUDENT HEALTH AND WELLNESS PROJECT HOOD (HELPING OTHERS OBTAIN DE STINY), DIRECTOR OF COMMUNITY ENGAGEMENT, ADVOCATE CHRIST COMMUNITY HEALTH COUNCIL MEMBER (COMMUNITY HEALTH COUNCIL CO-CHAIR)- CHILDREN'S HOME AND AID, DIRECTOR, YOUTH SERVICES- CH RISTIAN COMMUNITY HEALTH CENTER, DIRECTOR, QUALITY ASSURANCE- METROPOLITAN FAMILY SERVICES , PROGRAM SUPERVISOR- OAK LAWN-HOMETOWN SCHOOL DISTRICT 123, SUPERINTENDENT- OAK LAWN CHIL DREN'S MUSEUM, EXECUTIVE DIRECTOR- OAK LAWN LIBRARY, INTERLIBRARY LOAN COORDINATOR AND YOU TH SERVICES OUTREACH LIBRARIAN- SUPERIOR AIR-GROUND AMBULANCE SERVICES, REGIONAL SALES MAN AGERMEMBERS FROM ADVOCATE CHRIST/ADVOCATE CHILDREN'S- ADVOCATE, DIRECTOR, COMMUNITY HEALTH , SOUTH REGION - ADVOCATE CHILDREN'S, DIRECTOR, COMMUNITY & HEALTH RELATIONS- ADVOCATE CHR IST, CARE MANAGER AND OAK LAWN HEALTH CARE ROTARY- ADVOCATE CHRIST, COORDINATOR, COMMUNITY HEALTH- ADVOCATE CHRIST, COORDINATOR, COMMUNITY HEALTH AND WELLNESS- ADVOCATE CHRIST, MAN AGER, INPATIENT CARE - ADVOCATE CHRIST, MANAGER, PATIENT AND GUEST RELATIONS- ADVOCATE CHI LDREN'S, RONALD MCDONALD CARE MOBILE, NURSE PRACTITIONER- ADVOCATE CHRIST, VICE PRESIDENT, MISSION AND SPIRITUAL CARE GOVERNING COUNCILTHE GOVERNING COUNCIL AT ADVOCATE CHRIST IS M ADE UP OF LOCAL COMMUNITY LEADERS AND PHYSICIANS GOVERNING COUNCIL MEMBERS SUPPORT MEDICA L CENTER LEADERSHIP IN THEIR PURSUIT OF THE MEDICAL CENTER'S GOALS, REPRESENT THE COMMUNIT Y'S INTEREST TO THE MEDICAL CENTER AND SERVE AS AMBASSADORS IN THE COMMUNITY A GOVERNING COUNCIL MEMBER SERVES AS THE COMMUNITY HEALTH COUNCIL'S CHAIR ADVOCATE CHRIST'S GOVERNING COUNCIL RECEIVED A WRITTEN EXECUTIVE SUMMARY AS WELL AS A PRESENTATION OF FINDINGS AND RE COMMENDATIONS FOR PRIORITY HEALTH NEEDS AT THE OCTOBER 27, 2016, GOVERNING COUNCIL MEETING THE GOVERNING COUNCIL WAS SENT A LINK TO THE FULL CHNA REPORT ON NOVEMBER 14, 2016, ALON G WITH AN ELECTRONIC BALLOT AFTER REVIEWING THE DOCUMENT, EACH MEMBER RETURNED A BALLOT I NDICATING FORMAL APPROVAL OF THE CHNA REPORT ADVOCATE CHRIST'S CHNA REPORT WAS FORMALLY A PPROVED BY THE GOVERNING COUNCIL ON NOVEMBER 21, 2016



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

Form and Line Reference	Explanation
ADVOCATE EUREKA HOSPITAL	<p>PART V, SECTION B, LINE 5 ADVOCATE EUREKA AND COLLABORATIONSTRI-COUNTY HEALTH DEPARTMENT COLLABORATIONADVOCATE EUREKA HOSPITAL (ADVOCATE EUREKA) HAS DEFINED "COMMUNITY" AS WOODFORD D COUNTY, ILLINOIS MULTIPLE COMMUNITY BASED AGENCIES PROVIDE SOCIAL SERVICES TO THE TRI-C OUNTY REGION, WHICH INCLUDES WOODFORD, PEORIA AND TAZEWEILL COUNTIES BASED UPON OVERLAPPIN G SERVICE AREAS, THE THREE COUNTY HEALTH DEPARTMENTS AND SIX HOSPITALS LOCATED IN THIS REG ION CHOSE TO FORM A TRI-COUNTY COLLABORATIVE THIS COLLABORATIVE IS LED BY THE WOODFORD CO UNTY HEALTH DEPARTMENT, THE PEORIA CITY/COUNTY HEALTH DEPARTMENT AND THE TAZEWEILL HEALTH D EPARTMENT FOR THE 2016 ADVOCATE EUREKA COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), THE HOSP ITAL'S PRIMARY PARTNER WAS THE WOODFORD COUNTY HEALTH DEPARTMENT STARTING IN THE WINTER O F 2015 AND THROUGHOUT 2016, ADVOCATE EUREKA WAS A PARTNER IN BOTH THE COLLABORATIVE ASSESS MENT PROCESSES OUTLINED BELOW MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP ) PROCESSTHE TRI-COUNTY COLLABORATIVE UTILIZED THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP) PROCESS TO CONDUCT ITS COMMUNITY HEALTH NEEDS ASSESSMENT THIS IS T HE FIRST TIME IN ILLINOIS THAT THREE COUNTY HEALTH DEPARTMENTS HAVE UTILIZED A SHARED ASSE SSMENT FOR THEIR CERTIFICATION PROCESS THE PROCESS IS COMMUNITY-DRIVEN AND ASSISTS IN DEV ELOPMENT AND IMPLEMENTATION EFFORTS AROUND IDENTIFYING AND PRIORITIZING HEALTH ISSUES THE MAPP PROCESS CONSISTS OF THE FOLLOWING FOUR ASSESSMENTS - COMMUNITY HEALTH STATUS ASSESSM ENT- COMMUNITY THEMES AND STRENGTHS ASSESSMENT- FORCES OF CHANGE ASSESSMENT- LOCAL PUBLIC HEALTH SYSTEMS ASSESSMENTTRI-COUNTY MAPP STEERING COUNCIL THE DIRECTOR OF COMMUNITY HEALTH FOR ADVOCATE EUREKA SERVED ON THE MAPP STEERING COUNCIL WHICH WAS LED BY THE TRI-COUNTY H EALTH DEPARTMENTS FIVE INDIVIDUALS FROM EACH OF THE THREE COUNTIES OF PEORIA, WOODFORD AN D TAZEWEILL COMPRISE THE MAPP STEERING COUNCIL FOR THE TRI-COUNTY REGION THEY ARE AS FOLLO WS TITLE/ORGANIZATIONDIRECTOR OF COMMUNITY HEALTH POLICY AND PLANNING - PEORIA CITY/COUNTY HEALTH DEPARTMENT WOODFORD COUNTY HEALTH ADMINISTRATOR/DEPARTMENT BOARD MEMBER, SECRETAR Y - WOODFORD COUNTY BOARD OF HEALTHCOMMUNITY HEALTH COORDINATOR - HOPEDALE MEDICAL COMPLEX REGIONAL SUPERINTENDENT - REGIONAL OFFICE OF EDUCATIONEXECUTIVE DIRECTOR - YWCA, PEKINASSI STANT DEAN OF STUDENTS/DIRECTOR OF RESIDENCE LIFE - EUREKA COLLEGEADMINISTRATOR - TAZEWEILL COUNTY HEALTH DEPARTMENTGRANTS COORDINATOR - CITY OF PEORIADIRECTOR OF COMMUNITY HEALTH - ADVOCATE EUREKACO-CHAIR PERSON, SECRETARY - GIFTS IN THE MOMENT TRI-COUNTY FRESH FOOD HU BPRESIDENT AND CEO - HUMAN SERVICE CENTERDIRECTOR OF CLINICAL SERVICES - TAZWOOD CENTER FO R WELLNESSPASTOR - ROANOKE MENNONITE CHURCHEXECUTIVE VICE PRESIDENT STRATEGIC INITIATIVES, GOVERNMENTAL AFFAIRS &amp; GRANTS - EASTER SEALS, IL PARTNERS FOR HUMAN SERVICES CHAIRPERSON - GIFTS IN THE MOMENT, TRI-COUNTY FRESH FOOD HUBCENTRAL ILLINOIS COMMUNITY HEALTH COLLABOR ATIVEFOR THE TRI-COUNTY REGION</p>

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

Form and Line Reference	Explanation
ADVOCATE EUREKA HOSPITAL	<p>CONSISTING OF PEORIA, WOODFORD AND TAZEWELL COUNTIES, THERE WAS A SECOND COLLABORATIVE CR EATED BY A TEAM OF HEALTHCARE PROFESSIONALS FROM OSF HEALTHCARE SAINT FRANCIS MEDICAL CENT ER AND UNITYPOINT CALLED THE CENTRAL ILLINOIS COMMUNITY HEALTH COLLABORATIVE THIS COLLABO RATIVE WAS CREATED TO ENGAGE THE ENTIRE COMMUNITY IN IMPROVING POPULATION HEALTH AS A PART OF THE COMMUNITY HEALTH ASSESSMENT PROCESS MEMBERS OF THE CENTRAL ILLINOIS COMMUNITY HEA LTH COLLABORATIVE INCLUDE PEORIA CITY/COUNTY HEALTH DEPARTMENT, TAZEWELL COUNTY HEALTH DE PARTMENT, WOODFORD COUNTY HEALTH DEPARTMENT, KINDRED HOSPITAL, ADVOCATE EUREKA, HOPEDALE M EDICAL COMPLEX, PEKIN HOSPITAL, HEART OF ILLINOIS UNITED WAY, HEARTLAND COMMUNITY HEALTH C LINIC AND BRADLEY UNIVERSITY, AS WELL AS OSF HEALTHCARE SAINT FRANCIS MEDICAL CENTER AND U NITYPOINT THE DIRECTOR OF COMMUNITY HEALTH FOR ADVOCATE EUREKA SERVED ON THE CENTRAL ILLI NOIS COMMUNITY HEALTH COUNCIL THE COUNCIL MEMBERS AND ORGANIZATIONS THEY REPRESENT ARE PR OVIDED BELOW TITLE/ORGANIZATIONSSENIOR VICE PRESIDENT AND CEO - OSF HEALTHCARE SAINT FRANCI S MEDICAL CENTERVICE PRESIDENT OF AMBULATORY CARE - OSF HEALTHCARE SAINT FRANCIS MEDICAL C ENTERDIRECTOR OF BUSINESS AND COMMUNITY HEALTH IN AMBULATORY ADMINISTRATION - OSF HEALTHCA RE SAINT FRANCIS MEDICAL CENTERVICE PRESIDENT OF STRATEGY AND DEVELOPMENT - UNITYPOINT HEA LTH - METHODIST, PROCTOR COMMUNITY HEALTH COORDINATOR - HOPEDALE MEDICAL COMPLEXCONTROLLER - PEKIN HOSPITALEPIDEMIOLOGIST - PEORIA CITY/COUNTY HEALTH DEPARTMENTEPIDEMIOLOGIST - TAZ EWELL COUNTY HEALTH DEPARTMENTADMINISTRATOR - TAZEWELL COUNTY HEALTH DEPARTMENTADMINISTRAT OR - WOODFORD COUNTY HEALTH DEPARTMENTCHIEF MEDICAL OFFICER - HEARTLAND HEALTH SERVICESDIR ECTOR OF COMMUNITY HEALTH - ADVOCATE EUREKAPRESIDENT - HEART OF ILLINOIS UNITED WAYSEVERAL OF THE INDIVIDUALS FROM THE VARIOUS ORGANIZATIONS LISTED ABOVE REPRESENT THE UNDERSERVED, UNINSURED, MINORITY OR LOW-INCOME POPULATIONS IN ADDITION TO COLLECTING INPUT FROM THE A BOVE COLLABORATIONS, A TRI-COUNTY COMMUNITY HEALTH SURVEY WAS ADMINISTERED FROM JULY THROU GH SEPTEMBER 2015 TO EXAMINE PERCEPTIONS OF COMMUNITY HEALTH ISSUES, UNHEALTHY BEHAVIORS, ISSUES WITH QUALITY OF LIFE, HEALTHY BEHAVIORS AND ACCESS TO HEALTHCARE WOODFORD COUNTY R ESULTS INDICATED THAT 535 RESIDENTS RESPONDED TO THE SURVEY ADVOCATE EUREKA'S 2014-2016 AN D PREVIOUS 2011-2013 CHNA REPORTS AND IMPLEMENTATION PLANS ARE POSTED ON THE ADVOCATE HEAL TH CARE WEBPAGE WITH A MECHANISM FOR COMMUNITY FEEDBACK AS REQUIRED BY THE AFFORDABLE CARE ACT AS OF DECEMBER 31, 2018, THERE HAVE BEEN NO COMMENTS OR INQUIRIES RECEIVED FROM THE COMMUNITY</p>

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

Form and Line Reference	Explanation
ADVOCATE GOOD SHEPHERD HOSPITAL	<p>PART V, SECTION B, LINE 5 ADVOCATE GOOD SHEPHERD HOSPITAL (ADVOCATE GOOD SHEPHERD) COMPLE TED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2016 WHICH INCORPORATED DA TA FROM THE LAKE COUNTY AND MCHENRY COUNTY HEALTH DEPARTMENT ASSESSMENT PROCESSES BOTH OF THE HEALTH DEPARTMENTS UTILIZED A VERSION OF THE MOBILIZING ACTION THROUGH PLANNING AND P ARTNERSHIP (MAPP) PROCESS TO COMPLETE THEIR ASSESSMENTS WHICH INCLUDED INTERVIEWS, FOCUS G ROUPS AND SURVEYS THE HOSPITAL PARTICIPATED IN BOTH COUNTY ASSESSMENT PROCESSES AS A KEY PARTNER IN TOTAL, THE HOSPITAL CONSIDERED DATA, FINDINGS AND INFORMATION FROM FOUR COMPRE HENSIVE COMMUNITY ASSESSMENTS LAKE COUNTY COMMUNITY HEALTH ASSESSMENT, 2016-2021, MCHENRY COUNTY HEALTHY COMMUNITY STUDY, 2017, HEALTHIER BARRINGTON NEEDS SURVEY, 2017 AND THE WAU CONDA SURVEY, 2015 A KEY SOURCE FOR SECONDARY DATA FOR THE ADVOCATE GOOD SHEPHERD CHNA WAS HEALTHY COMMUNITIES INSTITUTE (HCI), A CENTRALIZED DATA PLATFORM PURCHASED BY ADVOCATE HE ALTH CARE IN EARLY 2014, ADVOCATE HEALTH CARE SIGNED A THREE-YEAR CONTRACT WITH HCI, NOW A XEROX COMPANY, TO PROVIDE AN INTERNET-BASED DATA RESOURCE FOR THEIR ELEVEN HOSPITALS DUR ING THE 2014-2016 CHNA CYCLE IN PREPARATION FOR THE SELECTION OF PRIORITIES, THE ADVOCATE GOOD SHEPHERD COMMUNITY HEALTH STAFF PRESENTED TO THE COMMUNITY HEALTH COUNCIL (CHC) A CO MPREHENSIVE SUMMARY OF FINDINGS FROM THE ABOVE-MENTIONED REPORTS, A DEMOGRAPHIC PROFILE, P ROFILES OF THE TOP HEALTH ISSUES AS WELL AS SOCIAL DETERMINANT FACTORS IMPACTING HEALTH IN THE PRIMARY SERVICE AREA STAFF ASKED CHC MEMBERS TO CONSIDER A DEFINED LIST OF CRITERIA WHEN MAKING THE HEALTH PRIORITY SELECTIONS IN ALIGNMENT WITH ADVOCATE HEALTH CARE'S STAND ARDIZED APPROACH, ADVOCATE GOOD SHEPHERD CONVENED ITS CHC EVERY THREE MONTHS, FROM FEBRUAR Y THROUGH NOVEMBER 2016, TO REVIEW THE RESULTS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT T HE CHC WAS CHAIRED BY A REPRESENTATIVE OF THE COMMUNITY WHO ALSO SERVES ON THE HOSPITAL'S GOVERNING COUNCIL COMMUNITY MEMBERS ON THE CHC REPRESENT A VARIETY OF EXPERTISE AREAS, IN CLUDING A FREE MEDICAL CLINIC, AREA BUSINESSES, SCHOOL DISTRICTS, ENVIRONMENTAL ORGANIZATI ONS AND THE FAITH COMMUNITY THE REMAINING MEMBERS OF THE CHC ARE REPRESENTATIVES FROM THE HOSPITAL'S EXECUTIVE TEAM, MISSION AND SPIRITUAL CARE DEPARTMENT, TRAUMA DEPARTMENT, THE CARDIAC CENTER AND THE BUSINESS DEVELOPMENT AND STRATEGY DEPARTMENT THE AFFIDAVITS OF THE SE COUNCIL REPRESENTATIVES AND THE NAMES OF THE ORGANIZATIONS THEY REPRESENT ARE PROVIDED BELOW COUNCIL MEMBERS FROM THE COMMUNITY REPRESENTING AN ORGANIZATION THAT SERVES MEDICAL LY UNDERSERVED, LOW-INCOME OR MINORITY POPULATIONS ARE ALSO INDICATED BELOW ADVOCATE GOOD SHEPHERD COMMUNITY HEALTH COUNCIL MEMBERS MEMBERS FROM THE COMMUNITY- AMERICAN CANCER SOCI ETY, HEALTH SYSTEMS MANAGER (MEDICALLY UNDERSERVED AND LOW-INCOME)- BARRINGTON SCHOOL DIST RICT 220, DIRECTOR OF COMMUNICATIONS- BARRINGTON VENTURES, OWNER, ADVOCATE GOOD SHEPHERD G OVERNING COUNCIL MEMBER- CITIZ</p>

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

Form and Line Reference	Explanation
ADVOCATE GOOD SHEPHERD HOSPITAL	ENS FOR CONSERVATION, PRESIDENT- FAMILY HEALTH PARTNERSHIP CLINIC, EXECUTIVE DIRECTOR (MED ICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS)- HARVARD SENIOR CENTER, EXECUTIVE DIRECTOR (MEDICALLY UNDERSERVED, LOW INCOME AND MINORITY SENIOR POPULATIONS) - INFINITY ME DICAL PARTNERS INC , ASSOCIATE DIRECTOR PROJECT MANAGEMENT/OPERATIONS- LAKE COUNTY HEALTH DEPARTMENT, DIRECTOR OF PREVENTION (MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULAT IONS)- MCHENRY COUNTY HEALTH DEPARTMENT, COMMUNITY HEALTH COORDINATOR (MEDICALLY UNDERSERV ED, LOW-INCOME AND MINORITY POPULATIONS)- MCHENRY COUNTY SUBSTANCE ABUSE COALITION, DRUG F REE COORDINATOR (MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS)- PEACE LUTHER AN CHURCH, PASTOR (MEDICALLY UNDERSERVED AND LOW-INCOME)- ST PAUL'S UNITED CHURCH OF CHRI ST, PASTOR (MEDICALLY UNDERSERVED AND LOW-INCOME)- WAUCONDA MESSIAH LUTHERAN CHURCH, PASTO R (MEDICALLY UNDERSERVED AND LOW-INCOME)- WAUCONDA SCHOOL DISTRICT 118, SUPERINTENDENT- WA UCONDA SCHOOL DISTRICT 118, SUPERINTENDENT (RETIRED), ADVOCATE GOOD SHEPHERD COMMUNITY HEA LTH COUNCIL CHAIRMENBERS FROM ADVOCATE GOOD SHEPHERD - ADVOCATE NORTHERN REGION COMMUNITY HEALTH DIRECTOR- ADVOCATE GOOD SHEPHERD, COMMUNITY HEALTH COORDINATOR- ADVOCATE GOOD SHEPH ERD, COMMUNITY AND GUEST RELATIONS DIRECTOR- ADVOCATE GOOD SHEPHERD, HEALTH MANAGEMENT CEN TER MANAGER- ADVOCATE GOOD SHEPHERD, MAGNET & SPECIAL PROJECTS MANAGER- ADVOCATE GOOD SHEP HERD, TRAUMA & PARAMEDICS COORDINATORADVOCATE GOOD SHEPHERD ALSO CONSULTED WITH THE HEALTH IER BARRINGTON COALITION, THE MCHENRY COUNTY HEALTH COALITION, THE LIVE WELL LAKE COUNTY S TEERING COMMITTEE AND THE WAUCONDA UNITED HEALTH PARTNERSHIP IN THE DEVELOPMENT OF THE COM MUNITY HEALTH NEEDS ASSESSMENT THE WAUCONDA UNITED HEALTH PARTNERSHIP HAS A HISPANIC OUTR EACH SUBCOMMITTEE THAT MEETS MONTHLY EACH OF THESE ORGANIZATIONS WERE SELECTED FOR THEIR EXPERTISE IN SERVING THE MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS ADVOC ATE GOOD SHEPHERD'S 2014-2016 AND PREVIOUS CYCLE'S 2011-2013 CHNA REPORTS AND IMPLEMENTATI ON PLANS ARE POSTED ON ADVOCATE HEALTH CARE'S WEBPAGE AND INCLUDE A LINK TO A FORM AND AN EMAIL FOR THE COMMUNITY TO USE IN PROVIDING FEEDBACK IN COMPLIANCE WITH THE AFFORDABLE CAR E ACT ANY QUESTIONS SUBMITTED WILL BE ADDRESSED WITHIN THIRTY DAYS AS OF DECEMBER 31, 20 18, THERE HAVE BEEN NO INQUIRIES OR FEEDBACK FROM THE COMMUNITY

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

Form and Line Reference	Explanation
ADVOCATE GOOD SAMARITAN HOSPITAL	PART V, SECTION B, LINE 5 ADVOCATE GOOD SAMARITAN HOSPITAL (ADVOCATE GOOD SAMARITAN) COMP LETED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS IN 2016, UNDER THE SUPERVI SION OF THE ADVOCATE GOOD SAMARITAN COMMUNITY HEALTH COUNCIL (CHC) AND THE HOSPITAL'S COMM UNITY HEALTH LEADER THE CHC IS A DIVERSE COUNCIL COMPRISED OF ADVOCATE GOOD SAMARITAN LEA DERSHIP AND COMMUNITY REPRESENTATIVES FROM COMMUNITY-BASED ORGANIZATIONS AND IS LED BY THE HOSPITAL'S COMMUNITY HEALTH MANAGER THE CHC IS COMPRISED OF A TOTAL OF 13 MEMBERS OF WHI CH SIX ARE HOSPITAL REPRESENTATIVES AND SEVEN ARE COMMUNITY ORGANIZATION REPRESENTATIVES THE CHC SERVES AS AN ADVISORY COUNCIL FOR THE HOSPITAL'S COMMUNITY HEALTH WORK AND HELPS T O DRIVE THE WORK OF THE HOSPITAL'S CHNA THROUGH SUPPORTING DATA COLLECTION, DATA REVIEW, P RIORITIZING IDENTIFIED HEALTH NEEDS, AND IDENTIFYING COMMUNITY PARTNERS TO SUPPORT THE CRE ATION AND DEVELOPMENT OF THE CHNA IMPLEMENTATION PLAN THE CHC CONVENED FOR FIVE TWO-HOUR IN-PERSON MEETINGS THROUGHOUT 2016 TO COMPLETE EACH PHASE OF THE CHNA IN ADDITION TO IN-P ERSON MEETINGS, CHC MEMBERS SHARED THEIR FEEDBACK, COMMENTS AND RECOMMENDATIONS ELECTRONIC ALLY COMMUNITY REPRESENTATIVE COUNCIL MEMBERS PROVIDED CRITICAL FEEDBACK AND INSIGHT REGA RDING NEEDS AND COMMUNITY-BASED PROGRAMS, WHILE HOSPITAL REPRESENTATIVE COUNCIL MEMBERS PR OVIDED ESSENTIAL FEEDBACK AND INSIGHT RELATED TO THE HOSPITAL'S AREAS OF EXPERTISE, CAPACI TY AND CURRENT RESOURCES AVAILABLE TO THE COMMUNITY IN ADDITION, COMMUNITY REPRESENTATIVE S PROVIDED PERSPECTIVES FROM VARIOUS HEALTH AND SOCIAL DISCIPLINES INCLUDING KNOWLEDGE ABO UT SOCIAL DETERMINANTS OF HEALTH, SUCH AS HOUSING AND EMPLOYMENT COMMUNITY REPRESENTATIVE S ALSO SHARED SPECIFIC KNOWLEDGE REGARDING THE CORRELATION BETWEEN SOCIAL CONDITIONS AND P OOR HEALTH OUTCOMES THESE SOCIAL INDICATORS WERE CRITICAL IN SUCCESSFULLY IDENTIFYING THE HOSPITAL'S CHNA PRIORITIES THE AFFILIATIONS AND TITLES OF ADVOCATE GOOD SAMARITAN'S CHC MEMBERS ARE LISTED BELOW 2016-2017 ADVOCATE GOOD SAMARITAN COMMUNITY HEALTH COUNCIL MEMBER SMEMBERS FROM THE COMMUNITY- DUPAGE HEALTH COALITION, PRESIDENT- DUPAGE COUNTY HEALTH DEPA RTMENT, ASSISTANT DIRECTOR, CLIENT ACCESS- DUPAGE COUNTY HEALTH DEPARTMENT, COORDINATOR, P OPULATION HEALTH- DUPAGE PADS, PRESIDENT, CHIEF EXECUTIVE OFFICER- DUPAGE SENIOR CITIZENS COUNCIL, EXECUTIVE DIRECTOR - PEOPLES RESOURCE CENTER, EXECUTIVE DIRECTOR- SAMARITAN INTER FAITH COUNSELING, CLINICAL DIRECTOR, ADULT SERVICESMEMBERS FROM ADVOCATE GOOD SAMARITAN ST AFF- ADVOCATE GOOD SAMARITAN, DIRECTOR, BUSINESS DEVELOPMENT- ADVOCATE GOOD SAMARITAN, DIR ECTOR, PUBLIC AFFAIRS AND MARKETING- ADVOCATE GOOD SAMARITAN, OP, ADVANCED PRACTICE NURSE, PSYCHOLOGY- ADVOCATE GOOD SAMARITAN, VICE PRESIDENT, MISSION AND SPIRITUAL CARE- DUPAGE E MERGENCY PHYSICIANS, EMERGENCY DEPARTMENT PHYSICIAN, ADVOCATE GOOD SAMARITAN GOVERNING COU NCIL MEMBER SEVERAL ORGANIZATIONS THAT WERE REPRESENTED ON THE 2014- 2016 CHNA COMMUNITY HE ALTH COUNCIL PROVIDED SERVICES

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

Form and Line Reference	Explanation
ADVOCATE GOOD SAMARITAN HOSPITAL	<p>TO THE LOW-INCOME, MINORITY AND/OR UNDERSERVED POPULATIONS WITHIN DUPAGE COUNTY THESE OR GANIZATIONS IMPLEMENTED PROGRAMMING AND PROVIDED SERVICES THAT IMPACTED ONE OR MORE OF THE VULNERABLE POPULATIONS LISTED ABOVE BELOW IS A LIST OF THE ORGANIZATIONS AND THE VULNERABLE POPULATIONS THEY REPRESENTED DURING THE 2014-2016 CHNA PROCESS - DUPAGE COUNTY HEALTH DEPARTMENT PROVIDES SERVICES TO LOW-INCOME, MINORITY AND MEDICALLY-UNDERSERVED POPULATIONS THROUGH VARIOUS COMMUNITY PROGRAMMING AND HEALTH SERVICES - DUPAGE HEALTH COALITION IS AN ORGANIZATION THAT FOCUSES ON PROVIDING ACCESS TO HEALTH SERVICES FOR THOSE WHO ARE LOW-INCOME AND MEDICALLY UNDERSERVED MOST CLIENTS RECEIVING SERVICES THROUGH THIS ORGANIZATION ARE FROM A MINORITY POPULATION AND FOREIGN BORN - DUPAGE PADS PROVIDES SUPPORTIVE SERVICES AND TEMPORARY HOUSING TO LOW-INCOME HOMELESS INDIVIDUALS AND FAMILIES IN DUPAGE COUNTY THE ORGANIZATION ALSO CONNECTS LOW-INCOME INDIVIDUALS AND FAMILIES TO SOCIAL AND HEALTH SERVICES - PEOPLE'S RESOURCE CENTER IS AN ORGANIZATION THAT FOCUSES ON HUNGER AND POVERTY IN DUPAGE COUNTY THE ORGANIZATION RUNS A FOOD PANTRY, EMPLOYMENT AND TRAINING, AND PROVIDES ENGLISH AS A SECOND LANGUAGE (ESL) PROGRAMS FOR LOW-INCOME AND/OR FOREIGN-BORN INDIVIDUALS TO IMPROVE STUDENTS' LEVEL OF ENGLISH BOTH ADVOCATE GOOD SAMARITAN'S 2014-2016 CHNA REPORT AND THE PREVIOUS 2011-2013 CHNA REPORT AND IMPLEMENTATION PLANS ARE POSTED ON ADVOCATE HEALTH CARE'S WEBPAGE AND CONTAIN A LINK TO A FORM AND AN EMAIL FOR THE COMMUNITY TO USE IN PROVIDING FEEDBACK AS OF DECEMBER 31, 2018, THERE WAS NO COMMUNITY FEEDBACK ON EITHER CHNA REPORT</p>

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

Form and Line Reference	Explanation
LUTHERAN GEN HOSP INCL LUTH GEN CHILD	PART V, SECTION B, LINE 5 ADVOCATE LUTHERAN GENERAL HOSPITAL (ADVOCATE LUTHERAN GENERAL) CONDUCTED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FROM 2014-2016 THE HOS PITAL CONVENED ITS COMMUNITY HEALTH COUNCIL (COUNCIL) TO OVERSEE AND ADVISE THE PROCESS, W HIGH IDENTIFIED AND PRIORITIZED HEALTH NEEDS THE COUNCIL MET QUARTERLY PER ITS HISTORICAL FORMAT THE MEETINGS INCLUDED HEALTH EDUCATION ON KEY HEALTH ISSUES, COMMUNITY PROGRAM UP DATES, DATA REVIEW, AND ANALYSIS PRIORITIZATION OF HEALTH NEEDS AND DEVELOPMENT OF HEALTH IMPROVEMENT STRATEGIES THE COUNCIL WAS CHAIRED BY THE HOSPITAL'S COMMUNITY HEALTH LEADER AND COMPRISED OF REPRESENTATIVES FROM THE EXECUTIVE TEAM, MISSION AND SPIRITUAL CARE, AND HOSPITAL SERVICE LINE LEADERS TWO COMMUNITY MEMBERS SERVING ON THE HOSPITAL'S GOVERNING C OUNCIL WERE ACTIVE PARTICIPANTS IN THE COMMUNITY HEALTH COUNCIL ADDITIONAL HOSPITAL STAFF AND COMMUNITY REPRESENTATIVES WERE ADDED AS THE PROCESS EVOLVED TO ADDRESS ANY GAPS IN EX PERTISE THE COMMUNITY HEALTH COUNCIL MEMBERS' TITLES AND THE NAMES OF THE ORGANIZATIONS T HEY REPRESENTED IN 2016 ARE PROVIDED BELOW (MEMBERS WITH AN ASTERISK REPRESENT LOW-INCOME, UNDERSERVED OR MINORITY POPULATIONS) ADVOCATE LUTHERAN GENERAL COMMUNITY HEALTH COUNCILME MBERS FROM THE COMMUNITY- ASSISTANT DIRECTOR, MAINE TOWNSHIP MAINSTAY YOUTH AND FAMILY SER VICES - ASSISTANT PRINCIPAL, DISTRICT 207 - CHIEF OF POLICE, PARK RIDGE - SOCIAL WORKER, P ARK RIDGE*- NURSE, CITY OF DES PLAINES- SOCIAL WORKER, CITY OF DES PLAINES*- COMMUNITY LEA DER AND GOVERNING COUNCIL MEMBER, ADVOCATE LUTHERAN GENERAL- DIRECTOR, CHRONIC DISEASE PRE VENTION & HEALTH PROMOTION, COOK COUNTY DEPARTMENT OF HEALTH- ENVIRONMENTAL HEALTH OFFICER , PARK RIDGE* - MANAGER, CENTER FOR HEALTH PROFESSIONALS, TRITON COLLEGE- MEMBER, DES PLA I NES HEALTHY COMMUNITY PARTNERSHIP- MEMBER, PARK RIDGE HEALTHY COMMUNITY PARTNERSHIP AND JO INT COMMUNITY RECOVERY RESPONSE TEAM- MENTAL HEALTH SERVICES DIRECTOR, LUTHERAN SOCIAL SER VICES (LSSI) - PROGRAM DIRECTOR, NATIONAL ALLIANCE FOR MENTAL ILLNESS (NAMI)*- TOWNSHIP SU Pervisor, SCHAUMBURG*- SENIOR DIRECTOR OF COMMUNITY HEALTH, AMERICAN HEART ASSOCIATION - S UPERINTENDENT, ROUNDOUT SCHOOL DISTRICT #72/GOVERNING COUNCIL CHAIR, ADVOCATE LUTHERAN GEN ERAL- DIRECTOR OF FAMILY SERVICES, VILLAGE OF NILES- FITNESS CENTER DIRECTOR, VILLAGE OF N ILES- NURSE, VILLAGE OF NILES*ADVOCATE LUTHERAN GENERAL/ADVOCATE CHILDREN'S STAFF MEMBERS - COORDINATOR, COMMUNITY AND HEALTH RELATIONS- DIRECTOR, COMMUNITY AND HEALTH RELATIONS- D IRECTOR, COMMUNITY AND HEALTH RELATIONS, ADVOCATE CHILDREN'S- DIRECTOR, OLDER ADULT SERVIC ES- EXECUTIVE CLINICAL DIRECTOR, HEART/VASCULAR/CC/ED/TRAUMA DIRECTOR, OPERATIONS-REHAB/OU T PATIENT PSYCHOLOGY/NEUROLOGY - EXECUTIVE DIRECTOR, WOMEN'S HEALTH AND PROFESSIONAL PRACTICE - KOREAN CONCIERGE/PATIENT NAVIGATOR*- MANAGER, MENTAL HEALTH SERVICES - NURSE PRACTIT IONER, RONALD MCDONALD CARE MOBILE/STUDENT HEALTH SERVICES PROGRAM- POLISH PATIENT NAVIGAT OR*- VICE PRESIDENT, MISSION A

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

Form and Line Reference	Explanation
LUTHERAN GEN HOSP INCL LUTH GEN CHILD	ND SPIRITUAL CAREAS PART OF THE 2014-2016 CHNA PROCESS, ADVOCATE LUTHERAN GENERAL AND ADVO CATE CHILDREN'S ALSO CONSULTED WITH THE FOLLOWING COMMUNITY ORGANIZATIONS - CHICAGO DEPAR TMENT OF PUBLIC HEALTH- CHICAGO PUBLIC SCHOOLS DEPARTMENT OF STUDENT HEALTH- COMMUNITY LEA DERS OF SOUTH ASIAN, KOREAN AND POLISH COMMUNITIES- DES PLAINES HEALTHY COMMUNITY PARTNERS HIP - DES PLAINES, PARK RIDGE AND NILES POLICE DEPARTMENTS - FAITH COMMUNITIES - HANUL FAM ILY ALLIANCE (KOREAN COMMUNITY PARTNER)- HEALTH AND MEDICINE POLICY RESEARCH GROUP- HEALTH IER PARK RIDGE COALITION (NAME CHANGE)- HEALTHY SCHOOLS CAMPAIGN- ILLINOIS PUBLIC HEALTH I NSTITUTE- ILLINOIS STATE BOARD OF EDUCATION, SCHOOL NURSING/HEALTH SPECIAL EDUCATION SERVI CES- HEALTHIER DES PLAINES PROJECT - HEALTHIER NILES PROJECT- HEALTHIER PARK RIDGE PROJECT - PARK RIDGE, NILES AND DES PLAINES MINISTERIAL ASSOCIATIONS- PARK RIDGE CHAMBER OF COMMER CE HEALTH CARE FORUM - PARK RIDGE COMMUNITY FUND- PARK RIDGE HEALTH COMMISSION- PARK RIDGE HUMAN NEEDS TASK FORCE - POLICE CHIEF ADVISORY TASK FORCE, PARK RIDGE- SCHAUMBURG TOWNSHI P SUPERVISOR AND TRUSTEE- SCHOOL DISTRICT 63- SCHOOL DISTRICT 64- SCHOOL DISTRICT 207 - VI LLAGE OF GLENVIEW- VILLAGE OF MORTON GROVE - VILLAGE OF NILESTHE HOSPITAL CONSIDERED INPUT FROM UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS IN IDENTIFIED HIGH RISK ZIP CODES I N DES PLAINES AND NILES FOR ASSESSING AND DEVELOPING IMPROVEMENT INTERVENTIONS IN THE 2014 -2016 CHNA ADVOCATE CHILDREN'S, LOCATED ON TWO CAMPUSES IN THE CHICAGOLAND AREA, SERVES C HILDREN AGES 0-17 THE NORTH CAMPUS IS LOCATED ON THE GROUNDS OF ADVOCATE LUTHERAN GENERAL IN PARK RIDGE, ILLINOIS, (ADVOCATE CHILDREN'S- PARK RIDGE) WITH WHICH IT SHARES THE SAME T AX ID NUMBER THE SOUTH CAMPUS IS LOCATED ON THE GROUNDS OF ADVOCATE CHRIST IN OAK LAWN, I LLINOIS, (ADVOCATE CHILDREN'S-OAK LAWN) WITH WHICH IT SHARES THE SAME TAX ID NUMBER AN AD VOCATE CHILDREN'S COMMUNITY PROFILE WAS COMPLETED TO SUPPLEMENT THE COMPREHENSIVE COMMUNIT Y HEALTH NEEDS ASSESSMENT (CHNA) PROCESS OF THE RESPECTIVE ADVOCATE HOSPITALS WHILE AN IM PORTANT PART OF THE ADVOCATE LUTHERAN GENERAL CAMPUS, ADMINISTRATIVELY AND OPERATIONALLY, ALL PEDIATRIC SERVICES REPORT TO THE ADVOCATE CHILDREN'S LEADERSHIP TEAM THE ADVOCATE CHIL DREN'S SERVICE AREA INCLUDES COMMUNITIES SERVED BY ADVOCATE LUTHERAN GENERAL AS WELL AS AR EAS FARTHER NORTH, WEST AND EAST THE HOSPITAL WORKS WITH UNDERSERVED, LOW-INCOME AND MINO RITY POPULATIONS THROUGHOUT THE NORTH SUBURBS AND CHICAGO AS IDENTIFIED THROUGH ADVOCATE-S PONSORED MEDICAID MANAGED CARE PROGRAM UTILIZATION AND THE CHICAGO PUBLIC HEALTH DEPARTMEN T'S HEALTHY CHICAGO 2 0 HEALTH PLAN HIGH-RISK AREAS INCLUDE DES PLAINES, ROUND LAKE, WHEEL LING, WAUKEGAN AND ELGIN, AS WELL AS AVALON PARK AND AVONDALE ON THE NORTH SIDE OF CHICAGO PARTICULARLY HELPFUL TO ASSESSING COMMUNITY HEALTH NEEDS FOR THE UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS WERE THE CHICAGO'S HEALTHY SCHOOL CAMPAIGN, CHICAGO PUBLIC HEALT H DEPARTMENT, AND SCHOOL DISTR



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

Form and Line Reference	Explanation
LUTHERAN GEN HOSP INCL LUTH GEN CHILD	ICTS 63 AND 64, AS WELL AS UTILIZATION DATA FROM THE ADVOCATE MEDICAID MANAGED CARE PROGRAM ADVOCATE LUTHERAN GENERAL'S 2014-2016 AND PREVIOUS 2011-2013 CHNA REPORTS AND IMPLEMENTATION PLANS ARE POSTED ON THE ADVOCATE HEALTH CARE WEBSITE WITH A MECHANISM FOR THE COMMUNITY TO PROVIDE FEEDBACK OR ASK QUESTIONS IN COMPLIANCE WITH REQUIREMENTS OF THE AFFORDABLE CARE ACT AS OF DECEMBER 31, 2018, THE HOSPITAL HAD NOT RECEIVED ANY COMMENTS OR INQUIRIES FROM THE COMMUNITY

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

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	<p>PART V, SECTION B, LINE 5 COMMUNITY HEALTH COUNCILIN DEVELOPING THE 2014-2016 COMMUNITY H EALTH NEEDS ASSESSMENT (CHNA), ADVOCATE SOUTH SUBURBAN HOSPITAL (ADVOCATE SOUTH SUBURBAN) CONSULTED WITH VARIOUS INTERNAL AND EXTERNAL STAKEHOLDERS THAT REPRESENTED THE BROAD INTER ESTS OF THE COMMUNITY THE HOSPITAL CONVENED A COMMUNITY HEALTH COUNCIL (CHC) ON FEBRUARY 24, 2016 THE CHC'S RESPONSIBILITIES WERE TO 1) OVERSEE COMMUNITY HEALTH WORK FOR THE HOS PITAL, 2) REVIEW DATA AND PRIORITIZE HEALTH NEEDS IDENTIFIED FOR THE 2014-2016 COMMUNITY H EALTH NEEDS ASSESSMENT, AND 3) CONTRIBUTE TO THE DEVELOPMENT OF AN IMPLEMENTATION PLAN TO ADDRESS COMMUNITY HEALTH NEEDS CHAIRED BY A MEMBER OF ADVOCATE SOUTH SUBURBAN'S GOVERNING COUNCIL AND MANAGED BY THE REGIONAL DIRECTOR OF COMMUNITY HEALTH, THE CHC IS COMPRISED OF A VARIETY OF REPRESENTATIVES FROM THE COMMUNITY, INCLUDING MULTIPLE COMMUNITY MEMBERS REP RESENTING MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS A LIST OF THE COMMUN ITY HEALTH COUNCIL MEMBERS' TITLES AND AFFILIATIONS ARE PROVIDED BELOW ASTERISKS HAVE BEE N USED TO INDICATE INDIVIDUALS WHO REPRESENT MEDICALLY UNDERSERVED, LOW-INCOME AND MINORIT Y POPULATIONS 2016 ADVOCATE SOUTH SUBURBAN COMMUNITY HEALTH COUNCIL MEMBERSMEMBERS REPRE NTING THE COMMUNITY-COUNTRY CLUB HILLS SCHOOL DISTRICT 160, SCHOOL NURSE 1*- COUNTRY CLUB HILLS SCHOOL DISTRICT 160, SCHOOL NURSE 2*- FAITH LUTHERAN CHURCH OF HOMEWOOD, PASTOR, AD VOCATE SOUTH SUBURBAN GOVERNING COUNCIL MEMBER, COMMUNITY HEALTH COUNCIL, CHAIR-GOVERNORS STATE UNIVERSITY, ASSISTANT PROFESSOR 1- GOVERNORS STATE UNIVERSITY, ASSISTANT PROFESSOR 2- HAZEL CREST COMMUNITY RESIDENT 1*- HAZEL CREST COMMUNITY RESIDENT 2*- HAZEL CREST COMMU NITY RESIDENT 3*- SOUTH SUBURBAN FAMILY HEALTH, SC, FAMILY MEDICINE PHYSICIAN- SOUTH SUBUR BAN MAYORS AND MANAGERS ASSOCIATION, COMMUNITY DEVELOPMENT PLANNERADVOCATE SOUTH SUBURBAN STAFF- ADVOCATE HEALTH CARE, REGIONAL DIRECTOR, COMMUNITY HEALTH- ADVOCATE MEDICAL GROUP, GENERAL SURGEON, ADVOCATE SOUTH SUBURBAN GOVERNING COUNCIL MEMBER- ADVOCATE SOUTH SUBURBAN , COORDINATOR, COMMUNITY HEATH- ADVOCATE SOUTH SUBURBAN, MARKETING SPECIALIST, PUBLIC AFFA IRS AND MARKETING- ADVOCATE SOUTH SUBURBAN, VICE PRESIDENT, OPERATIONS, COMMUNITY HEALTH E XECUTIVE SPONSOR THE CHC FUNCTIONS AS A SUBSET OF THE HOSPITAL'S GOVERNING COUNCIL AND ALL ACTIVITIES AND DECISIONS MADE BY THE CHC REGARDING THE CHNA ARE SUBMITTED FOR APPROVAL BY THE FULL GOVERNING COUNCIL GOVERNING COUNCILAS MENTIONED EARLIER, A MEMBER OF THE ADVOCAT E SOUTH SUBURBAN GOVERNING COUNCIL CHAIRS THE COMMUNITY HEALTH COUNCIL, PROVIDING PERIOD F EEDBACK TO THE GOVERNING COUNCIL ON CHC PROGRESS A MAJORITY OF MEMBERS SERVING ON THE HOS PITAL'S GOVERNING COUNCIL (59%) REPRESENT THE COMMUNITY THE PRINCIPAL ROLES OF GOVERNING COUNCIL MEMBERS ARE TO 1) SUPPORT THE HOSPITAL LEADERSHIP IN THEIR PURSUIT OF THE HOSPITA L'S GOALS, 2) REPRESENT THE COMMUNITY'S INTERESTS TO THE HOSPITAL, AND 3) SERVE AS AN AMBA SSADOR OF THE HOSPITAL IN THE</p>

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

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	<p>COMMUNITY FOR THE CHNA, THE ROLE OF THE GOVERNING COUNCIL IS TO PROVIDE INPUT, AND TO REVIEW AND APPROVE THE RECOMMENDATIONS OF THE CHC. THE GOVERNING COUNCIL APPROVED SOUTH SUBURBAN'S 2016 COMMUNITY HEALTH NEEDS ASSESSMENT REPORT, INCLUDING IDENTIFIED PRIORITIES FOR ACTION AND IMPLEMENTATION STRATEGY, ON DECEMBER 1, 2016. HEALTH IMPACT COLLABORATIVE OF COOK COUNTY IN 2015, ALL FIVE ADVOCATE HEALTH CARE HOSPITALS PRINCIPALLY SERVING COOK COUNTY, INCLUDING ADVOCATE SOUTH SUBURBAN, WERE FOUNDING MEMBERS OF THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (HICCC). HICCC IS A BEST PRACTICE COMMUNITY HEALTH INITIATIVE INVOLVING 26 HOSPITALS, 7 HEALTH DEPARTMENTS AND NEARLY 100 COMMUNITY-BASED ORGANIZATIONS. THE GOAL OF THIS COLLABORATIVE IS TO WORK TOGETHER ON A COUNTY-WIDE HEALTH ASSESSMENT AND COMMON HEALTH IMPROVEMENT STRATEGIES ONCE PRIORITIES ARE IDENTIFIED. THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI) SERVED AS THE BACKBONE ORGANIZATION FOR THE COLLABORATIVE-PROVIDING FACILITATION, DATA COORDINATION AND REPORT PREPARATION ACTIVITIES. GIVEN THE SIZE AND DIVERSITY OF COOK COUNTY, THE COLLABORATIVE CREATED THREE REGIONS-NORTH, CENTRAL AND SOUTH-FOR PURPOSES OF ORGANIZING THE ASSESSMENT PROCESS. ADVOCATE SOUTH SUBURBAN WAS APPROPRIATELY ASSIGNED TO THE SOUTH REGION CONSISTING OF BOTH THE SOUTH SIDE OF CHICAGO AND THE SOUTH SUBURBS OF COOK COUNTY, WHERE THE HOSPITAL IS LOCATED. COMMUNITY HEALTH STAFF PARTICIPATE IN THE ACTION PLANNING TEAMS FOR CHRONIC DISEASE PREVENTION AND SOCIAL DETERMINANTS OF HEALTH CONVENED AS PART OF THE HICCC. FOR THE ASTHMA AND DIABETES PRIORITIES, TEAMS DEVELOPED EDUCATIONAL, OUTREACH AND ENVIRONMENTAL STRATEGIES IN COLLABORATION WITH COMMUNITY PARTNERS TO IMPROVE THE MANAGEMENT OF THESE DISEASES. IN 2017, HICCC MERGED WITH THE HEALTH CHICAGO HOSPITAL COLLABORATIVE. THE MERGER ALLOWED PARTNERS TO FURTHER ALIGN THEIR EFFORTS AND ACHIEVE GREATER COLLECTIVE IMPACT IN CHICAGO AND COOK COUNTY. ON JUNE 30, 2017, HOSPITAL PARTNERS FROM BOTH COLLABORATIVES MET TO KICK OFF THE START OF A FULLY MERGED ENTITY. THE NAME SELECTED FOR THE MERGER WAS THE ALLIANCE FOR HEALTH EQUITY (AFHE). THE ALLIANCE FOR HEALTH EQUITY IS A PARTNERSHIP BETWEEN THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI), HOSPITALS, HEALTH DEPARTMENTS, AND COMMUNITY ORGANIZATIONS ACROSS CHICAGO AND COOK COUNTY. BOTH ADVOCATE SOUTH SUBURBAN'S 2014-2016 CHNA REPORT, THE PREVIOUS 2011-2013 CHNA REPORT AND IMPLEMENTATION PLANS AS APPROVED BY THE HOSPITAL'S GOVERNING COUNCIL ARE POSTED ON THE ADVOCATE HEALTH CARE WEBPAGE WITH A MECHANISM FOR COMMUNITY FEEDBACK AS REQUIRED BY THE AFFORDABLE CARE ACT. AS OF DECEMBER 31, 2018, THERE HAVE BEEN NO COMMENTS OR INQUIRIES RECEIVED FROM THE COMMUNITY.</p>

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

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	<p>PART V, SECTION B, LINE 5 COMMUNITY HEALTH COUNCIL ADVOCATE TRINITY HOSPITAL (ADVOCATE TR INITY) COMPLETED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2016 AS AN I MPORTANT COMPONENT OF THIS WORK, DURING THE LAST QUARTER OF 2015, ADVOCATE TRINITY RECONVE NED ITS COMMUNITY HEALTH COUNCIL (CHC), WHICH HAD BEEN FORMED IN 2011 TO OVERSEE THE HOSPI TAL'S PREVIOUS CHNA THE CHC WAS CHAIRED BY ONE OF ADVOCATE TRINITY'S GOVERNING COUNCIL ME MBERS AND CO-CHAIRD BY A COMMUNITY LEADER THE CHC WAS COMPRISED OF REPRESENTATIVES FROM COMMUNITY-BASED ORGANIZATIONS (CBOS), SOCIAL SERVICE AGENCIES AND FEDERALLY QUALIFIED HEAL TH CENTERS (FQHCS), FAITH LEADERS AND MEMBERS OF ADVOCATE TRINITY'S GOVERNING COUNCIL OF THE 22 MEMBERS, 11 MEMBERS (50 PERCENT) REPRESENT THE COMMUNITY, 5 (23 PERCENT) REPRESENT THE HOSPITAL'S GOVERNING COUNCIL AND 6 (27 PERCENT) REPRESENT HOSPITAL LEADERS EMPHASIS W AS PLACED ON RECRUITING CHC MEMBERS THAT REPRESENTED MINORITY AND/OR UNDERSERVED POPULATIO NS WITHIN THE HOSPITAL'S SURROUNDING COMMUNITY THE CHC PROVIDED ADVOCATE TRINITY WITH THE OPPORTUNITY TO GATHER VALUABLE INPUT FROM COMMUNITY MEMBERS AND THE ORGANIZATIONS PROVIDI NG SERVICES TO THE COMMUNITY THE HOSPITAL'S CHC MEMBERS ATTENDED FIVE CHNA MEETINGS HOSTE D AT A HOSPITAL SITE A KICK-OFF MEETING WAS CONDUCTED IN THE LAST QUARTER OF 2015 TO UPDA TE THE CHC MEMBERS ON STRATEGIES FROM THE PRECEDING CHNA AND THE PROCESS FOR THE CURRENT C HNA IN 2016, THE CHC MET FOUR TIMES BETWEEN JANUARY AND NOVEMBER THE CHC MEMBERS WERE IN STRUMENTAL IN BOTH THE DEVELOPMENT OF THE CHNA PROCESS AND THE IMPLEMENTATION PLAN THEY P LAYED A CRUCIAL ROLE IN DATA REVIEW AND IDENTIFYING THE HEALTH PRIORITIES SET FORTH THE T ITLES AND ORGANIZATIONS OF CURRENT MEMBERS OF ADVOCATE TRINITY'S CHC ARE BELOW THE INDIVI DUALS REPRESENTING MINORITY AND/OR UNDERSERVED POPULATIONS ARE INDICATED WITH AN ASTERISK 2016 ADVOCATE TRINITY COMMUNITY HEALTH COUNCIL MEMBERSMEMBERS FROM THE COMMUNITY - A-DESIG N STUDIO, OWNER, ADVOCATE TRINITY GOVERNING COUNCIL MEMBER - CALUMET HEIGHT HOMEOWNERS ASS OCIATION, COMMUNITY MEMBER (COMMUNITY HEALTH COUNCIL CO-CHAIR) - CHICAGO FAMILY HEALTH CEN TER, ASSISTANT CEO - CLARETIAN ASSOCIATES, PROGRAM DIRECTOR - COMMUNITY MEMBER* - COMMUNIT Y MEMBER* - COMMUNITY MEMBER* - COMMUNITY RESIDENT, ADVOCATE TRINITY GOVERNING COUNCIL MEM BER - COMMUNITY RESIDENT, ADVOCATE TRINITY GOVERNING COUNCIL MEMBER (COMMUNITY HEALTH COUN CIL CHAIR) - METROPOLITAN FAMILY SERVICES, PROGRAM SUPERVISOR* - RETIRED CHICAGO PUBLIC SC HOOOLS EDUCATOR, COMMUNITY REPRESENTATIVE - ROSELAND COMMUNITY MEMBER, DEACON*- THE WASHING TON GROUP, OWNER, ADVOCATE TRINITY GOVERNING COUNCIL MEMBER - TRINITY UNITED CHURCH OF CHR IST, PARISH NURSE* - WIMP CORPORATION, CHIEF EXECUTIVE OFFICER, ADVOCATE TRINITY GOVERNING COUNCIL MEMBER ADVOCATE TRINITY STAFF MEMBERS- ADVOCATE HEALTH CARE, SOUTH REGION DIRECTO R, COMMUNITY HEALTH - ADVOCATE TRINITY, COORDINATOR, COMMUNITY HEALTH - ADVOCATE TRINITY, MANAGER, COMMUNITY HEALTH - AD</p>

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

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	<p>VOCATE TRINITY, PRESIDENT - ADVOCATE TRINITY, STAFF CHAPLAIN, MISSION AND SPIRITUAL CARE - ADVOCATE TRINITY, VICE PRESIDENT, MISSION AND SPIRITUAL CAREGOVERNING COUNCIL ADVOCATE TR INITY'S GOVERNING COUNCIL MEMBERS ALSO HAD INPUT INTO THE CHNA THE PRINCIPAL ROLES OF EAC H GOVERNING COUNCIL MEMBER ARE 1) TO SUPPORT HOSPITAL LEADERSHIP IN THEIR PURSUIT OF THE HOSPITAL'S GOALS, AND 2) TO REPRESENT THE COMMUNITY'S INTERESTS TO THE HOSPITAL AND TO SER VE AS AN AMBASSADOR IN THE COMMUNITY THE ROLE OF THE GOVERNING COUNCIL FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT, SPECIFICALLY, IS TO REVIEW AND APPROVE THE RECOMMENDATIONS OF THE CHC IN ADDITION, FIVE GOVERNING COUNCIL MEMBERS SERVE ON THE CHC AND ONE CO-CHAIRS THE C HC THE GOVERNING COUNCIL ALSO REPRESENTS LEADERSHIP FROM BOTH THE HOSPITAL AND THE COMMUN ITY ADVOCATE TRINITY'S GOVERNING COUNCIL FULLY APPROVED THE 2014-2016 COMMUNITY HEALTH NE EDS ASSESSMENT REPORT, INCLUDING IDENTIFIED PRIORITIES FOR FUTURE ACTION, ON NOVEMBER 22, 2016 HEALTH IMPACT COLLABORATIVE OF COOK COUNTYIN 2015, ALL FIVE ADVOCATE HEALTH CARE HOSP ITALS PRINCIPALLY SERVING COOK COUNTY, INCLUDING ADVOCATE TRINITY, WERE FOUNDING MEMBERS O F THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (HICCC) HICCC IS A BEST PRACTICE COMMUNI TY HEALTH INITIATIVE INVOLVING 26 HOSPITALS, SEVEN HEALTH DEPARTMENTS AND NEARLY 100 COMMU NITY-BASED ORGANIZATIONS THE GOAL OF THIS COLLABORATIVE IS TO WORK TOGETHER ON A COUNTY-W IDE HEALTH ASSESSMENT AND COMMON HEALTH IMPROVEMENT STRATEGIES ONCE PRIORITIES ARE IDENTIF IED THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI) SERVED AS THE BACKBONE ORGANIZATION FOR T HE COLLABORATIVE-PROVIDING FACILITATION, DATA COORDINATION AND REPORT PREPARATION ACTIVITI ES GIVEN THE SIZE AND DIVERSITY OF COOK COUNTY, THE COLLABORATIVE CREATED THREE REGIONS-NO RTH, CENTRAL AND SOUTH-FOR PURPOSES OF COLLABORATING THE ASSESSMENT PROCESS ADVOCATE TRINITY WAS APPROPRIATELY ASSIGNED TO THE SOUTH REGION CONSISTING OF BOTH THE SOUTH SIDE OF CHICA GO AND THE SOUTH SUBURBS OF COOK COUNTY COMMUNITY HEALTH STAFF WILL BE PARTICIPATING IN T HE ACTION PLANNING TEAMS FOR CHRONIC DISEASE PREVENTION AND SOCIAL DETERMINANTS CONVENED A S PART OF THE HICCC FOR THE ASTHMA AND DIABETES PRIORITIES, TEAMS DEVELOPED EDUCATIONAL, OUTREACH AND ENVIRONMENTAL STRATEGIES IN COLLABORATION WITH COMMUNITY PARTNERS TO IMPROVE THE MANAGEMENT OF THESE DISEASES IN 2017, HICCC MERGED WITH THE HEALTHY CHICAGO HOSPITAL C OLLABORATIVE THE MERGER ALLOWED PARTNERS TO FURTHER ALIGN THEIR EFFORTS AND ACHIEVE GREAT ER COLLECTIVE IMPACT IN CHICAGO AND COOK COUNTY ON JUNE 30, 2017, HOSPITAL PARTNERS FROM BOTH COLLABORATIVES MET TO KICK OFF THE START OF A FULLY MERGED INITIATIVE THE NAME SELEC TED FOR THE MERGER WAS THE ALLIANCE FOR HEALTH EQUITY (AFHE) THE ALLIANCE FOR HEALTH EQUI TY IS A PARTNERSHIP BETWEEN IPHI, HOSPITALS, HEALTH DEPARTMENTS, AND COMMUNITY ORGANIZATIO NS ACROSS CHICAGO AND COOK COUNTY ADVOCATE TRINITY'S 2014-2016 AND PREVIOUS 2011-2013 CHNA REPORTS AND IMPLEMENTATION PL</p>

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

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	ANS ARE POSTED ON THE ADVOCATE HEALTH CARE WEBPAGE WITH A MECHANISM FOR COMMUNITY FEEDBACK AS REQUIRED BY THE AFFORDABLE CARE ACT AS OF DECEMBER 31, 2018, THERE HAVE BEEN NO COMMENTS OR INQUIRIES RECEIVED FROM THE COMMUNITY

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

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

Form and Line Reference	Explanation
ADVOCATE BROMENN MEDICAL CENTER	PART V, SECTION B, LINE 6A - RELATED? N/A- UNRELATED? OSF HEALTHCARE ST JOSEPH MEDICAL CENTER, BLOOMINGTON, ILLINOIS

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

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

Form and Line Reference	Explanation
CHRIST HOSP INCL HOPE CHILDREN'S HOSP	PART V, SECTION B, LINE 6A RELATED? ADVOCATE CHILDREN'S (OAK LAWN, IL)ADVOCATE SOUTH SUBURBAN (HAZEL CREST, IL)ADVOCATE TRINITY (CHICAGO, IL)UNRELATED? MERCY HOSPITAL AND MEDICAL CENTER (CHICAGO, IL)PROVIDENT HOSPITAL (CHICAGO, IL) ROSELAND HOSPITAL (CHICAGO, IL) ADVOCATE CHRIST AND ADVOCATE CHILDREN'S PARTICIPATED IN THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (NOW KNOWN AS THE ALLIANCE FOR HEALTH EQUITY), LED BY THE ILLINOIS PUBLIC HEALTH INSTITUTE, THAT INCLUDED OVER 30 HOSPITALS, AS WELL AS 7 HEALTH DEPARTMENTS, AND OVER 100 COMMUNITY ORGANIZATIONS THIS COLLABORATIVE COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE NORTH, CENTRAL AND SOUTH REGIONS OF COOK COUNTY ADVOCATE CHRIST WAS AN ACTIVE MEMBER OF THE COLLABORATIVE AND PARTICIPATED FULLY IN THE SOUTH REGION SURVEY FOR FULL DETAILS ON THE COLLABORATIVE, PLEASE REFER TO THE FOLLOWING WEBSITE <a href="http://allhealthequity.org/">HTTP //ALLHEALTHEQUITY ORG/</a>



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

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

Form and Line Reference	Explanation
ADVOCATE EUREKA HOSPITAL	PART V, SECTION B, LINE 6A RELATED? N/A UNRELATED?- OSF SAINT FRANCIS MEDICAL CENTER, PEORIA, ILLINOIS- UNITYPOINT HEALTH-METHODIST, PEORIA, ILLINOIS- KINDRED HOSPITAL, PEORIA, ILLINOIS- HOPEDALE MEDICAL COMPLEX, HOPEDALE, ILLINOIS- PEKIN HOSPITAL, PEKIN, ILLINOIS

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

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

Form and Line Reference	Explanation
ADVOCATE GOOD SHEPHERD HOSPITAL	PART V, SECTION B, LINE 6A RELATED?- ADVOCATE CONDELL MEDICAL CENTER, LIBERTYVILLE, IL (THROUGH THE LAKE COUNTY HEALTH DEPARTMENT)- ADVOCATE SHERMAN HOSPITAL, ELGIN, IL (THROUGH THE MCHENRY COUNTY HEALTH DEPARTMENT)UNRELATED?- CENTEGRA HEALTH SYSTEMS, MCHENRY, IL (THROUGH THE MCHENRY COUNTY HEALTH DEPARTMENT)- LOVELL FEDERAL HEALTHCARE CENTER, NORTH CHICAGO, IL (THROUGH THE LAKE COUNTY HEALTH DEPARTMENT)- NORTHWESTERN LAKE FOREST HOSPITAL, LAKE FOREST, IL (THROUGH THE LAKE COUNTY HEALTH DEPARTMENT)- VISTA HEALTH SYSTEMS, WAUKEGAN, IL (THROUGH THE LAKE COUNTY HEALTH DEPARTMENT)

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

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

Form and Line Reference	Explanation
LUTHERAN GEN HOSP INCL LUTH GEN CHILD	<p>PART V, SECTION B, LINE 6A ADVOCATE LUTHERAN GENERAL AND ADVOCATE CHILDREN'S PARTICIPATED IN THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (HICCC), LED BY THE ILLINOIS PUBLIC HEALTH INSTITUTE THE COLLABORATIVE INCLUDED TWENTY-SIX HOSPITALS, SEVEN HEALTH DEPARTMENTS, AND OVER ONE HUNDRED COMMUNITY ORGANIZATIONS HICCC COMPLETED A CHNA FOR THE NORTH, CENTRAL AND SOUTH REGIONS OF COOK COUNTY FOR FULL DETAILS ON THE COLLABORATIVE, PLEASE REFER TO FOLLOWING WEB SITE <a href="http://HEALTHIMPACTCC.ORG">HTTP //HEALTHIMPACTCC.ORG</a> ADVOCATE CHILDREN'S ALSO PARTICIPATED IN THE CHICAGO HOSPITAL COLLABORATIVE LED BY HEALTH AND DISABILITY ADVOCATES, WHICH INCLUDED TWENTY-FIVE HOSPITALS SERVING THE METROPOLITAN CHICAGO AREA FOR FULL DETAILS ON SELECTED ACTION PRIORITY AREAS, PLEASE REFER TO <a href="http://WWW.HEALTHYCHIHOSPITALS.ORG">WWW.HEALTHYCHIHOSPITALS.ORG</a> ADVOCATE LUTHERAN GENERAL CO-LED THE NORTH REGION HICCC GROUP WITH PRESENCE RESURRECTION MEDICAL CENTER THERE WERE NINE HOSPITALS, FOUR HEALTH DEPARTMENTS AND THIRTY COMMUNITY ORGANIZATIONS INVOLVED IN THE NORTH REGION THE NINE PARTICIPATING NORTH REGION ILLINOIS HOSPITALS INCLUDED ADVOCATE LUTHERAN GENERAL (PARK RIDGE), ADVOCATE ILLINOIS MASONIC (CHICAGO), NORTHSORE EVANSTON HOSPITAL (EVANSTON), NORTHSORE GLENBROOK HOSPITAL (GLENVIEW), NORTHSORE SKOKIE HOSPITAL (SKOKIE), PRESENCE HOLY FAMILY MEDICAL CENTER (DES PLAINES), PRESENCE RESURRECTION MEDICAL CENTER (CHICAGO), PRESENCE SAINT FRANCIS HOSPITAL (EVANSTON), AND PRESENCE SAINT JOSEPH HOSPITAL (CHICAGO) ADVOCATE LUTHERAN GENERAL UTILIZED THE HICCC NORTH REGION ASSESSMENT AS A FOUNDATION FOR THE HOSPITAL-SPECIFIC COMMUNITY HEALTH NEEDS ASSESSMENT IN LATE 2017, HICCC MERGED WITH THE HEALTHY CHICAGO HOSPITALS COLLABORATIVE TO CREATE THE ALLIANCE FOR HEALTH EQUITY THE ALLIANCE FOR HEALTH EQUITY IS A PARTNERSHIP BETWEEN THE ILLINOIS PUBLIC HEALTH INSTITUTE, HOSPITALS, HEALTH DEPARTMENTS, AND COMMUNITY ORGANIZATIONS ACROSS CHICAGO AND COOK COUNTY ADVOCATE, AS A FOUNDING MEMBER OF THE PREDECESSOR HICCC, CONTINUES TO BE ACTIVELY INVOLVED IN LEADERSHIP OF THE ALLIANCE FOR HEALTH EQUITY PARTNERSHIP, SERVING ON THE STEERING COMMITTEE ADVOCATE HOSPITALS AS WELL AS THE OTHER MEMBER HOSPITALS PROVIDE THE MONETARY SUPPORT FOR THE COLLABORATIVE'S WORK AND SUPPORT THE COST OF STAFF AND OVERSIGHT PROVIDED BY THE ILLINOIS PUBLIC HEALTH INSTITUTE THIS INITIATIVE IS ONE OF THE LARGEST COLLABORATIVE HOSPITAL-COMMUNITY PARTNERSHIPS IN THE COUNTRY WITH THE CURRENT INVOLVEMENT OF OVER 30 NONPROFIT AND PUBLIC HOSPITALS, SEVEN LOCAL HEALTH DEPARTMENTS, AND REPRESENTATIVES OF MORE THAN 100 COMMUNITY ORGANIZATIONS SERVING ON ACTION TEAMS PARTNERS ARE COMING TOGETHER WITH THE GOAL OF WORKING ON STRATEGIES TO ADDRESS THE PRESSING ISSUES IN OUR COMMUNITIES TO ACHIEVE GREATER COLLECTIVE IMPACT WEB SITE <a href="http://ALLHEALTHEQUITY.ORG/">HTTP //ALLHEALTHEQUITY.ORG/</a></p>

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

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

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	PART V, SECTION B, LINE 6A ADVOCATE SOUTH SUBURBAN PARTICIPATED IN THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (NOW KNOWN AS THE ALLIANCE FOR HEALTH EQUITY), LED BY THE ILLINOIS PUBLIC HEALTH INSTITUTE, THAT INCLUDED OVER 30 HOSPITALS, AS WELL AS 7 HEALTH DEPARTMENTS, AND OVER 100 COMMUNITY ORGANIZATIONS THIS COLLABORATIVE COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE NORTH, CENTRAL AND SOUTH REGIONS OF COOK COUNTY ADVOCATE SOUTH SUBURBAN WAS AN ACTIVE MEMBER OF THE COLLABORATIVE AND PARTICIPATED FULLY IN THE SOUTH REGION SURVEY THE PARTICIPATING HOSPITALS IN THE SOUTH REGION INCLUDED RELATED - ADVOCATE CHILDREN'S (OAK LAWN, IL)- ADVOCATE CHRIST MEDICAL CENTER (OAK LAWN, IL) - ADVOCATE TRINITY HOSPITAL (CHICAGO, IL)UNRELATED - MERCY HOSPITAL AND MEDICAL CENTER (CHICAGO, IL)- PROVIDENT HOSPITAL (CHICAGO, IL) - ROSELAND HOSPITAL (CHICAGO, IL)FOR FULL DETAILS ON THE COLLABORATIVE, PLEASE REFER TO THE FOLLOWING WEBSITE <a href="http://allhealthequity.org/">HTTP //ALLHEALTHEQUITY ORG/</a>

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

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

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	PART V, SECTION B, LINE 6A ADVOCATE TRINITY PARTICIPATED IN THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (NOW KNOWN AS THE ALLIANCE FOR HEALTH EQUITY), LED BY THE ILLINOIS PUBLIC HEALTH INSTITUTE, THAT INCLUDED OVER 30 HOSPITALS, AS WELL AS 7 HEALTH DEPARTMENTS, AND OVER 100 COMMUNITY ORGANIZATIONS THIS COLLABORATIVE COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE NORTH, CENTRAL AND SOUTH REGIONS OF COOK COUNTY ADVOCATE TRINITY WAS AN ACTIVE MEMBER OF THE COLLABORATIVE AND PARTICIPATED FULLY IN THE SOUTH REGION SURVEY THE PARTICIPATING HOSPITALS IN THE SOUTH REGION INCLUDED RELATED - ADVOCATE CHILDREN'S, OAK LAWN, IL- ADVOCATE CHRIST MEDICAL CENTER, OAK LAWN, IL- ADVOCATE SOUTH SUBURBAN HOSPITAL, HAZEL CREST, IL UNRELATED - MERCY HOSPITAL AND MEDICAL CENTER, CHICAGO, IL- PROVIDENT HOSPITAL, CHICAGO, IL - ROSELAND HOSPITAL, CHICAGO, IL FOR FULL DETAILS ON THE COLLABORATIVE, PLEASE REFER TO THE FOLLOWING WEBSITE <a href="http://allhealthequity.org/">HTTP //ALLHEALTHEQUITY ORG/</a>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
ADVOCATE BROMENN MEDICAL CENTER	PART V, SECTION B, LINE 6B - UNITED WAY OF MCLEAN COUNTY, BLOOMINGTON, ILLINOIS- MCLEAN COUNTY HEALTH DEPARTMENT, BLOOMINGTON, ILLINOIS

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

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

Form and Line Reference	Explanation
CHRIST HOSP INCL HOPE CHILDREN'S HOSP	PART V, SECTION B, LINE 6B - ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI), CHICAGO, IL- CHICAGO DEPARTMENT OF PUBLIC HEALTH, CHICAGO, IL- COOK COUNTY HEALTH DEPARTMENT, CHICAGO, IL- PARK FOREST HEALTH DEPARTMENT, PARK FOREST, IL- STICKNEY HEALTH DEPARTMENT, STICKNEY, IL- OVER 30 ADDITIONAL COMMUNITY-BASED ORGANIZATIONS PARTICIPATED IN THE SOUTH REGION ASSESSMENT PROCESS FOR A COMPLETE LIST OF THE STAKEHOLDER ORGANIZATIONS PARTICIPATING IN THE SOUTH REGION ASSESSMENT, PLEASE ACCESS THE FOLLOWING LINK <a href="https://www.advocatehealth.com/assets/documents/hiccc-south-region-chna-report-with-appendices-12-2-16.pdf">HTTPS //WWW ADVOCATEHEALTH COM/ASSETS/DOCUMENTS/HICCC-SOUTH-REGION-CHNA-REPORT-WITH-APPENDICES-12-2-16</a> PDF

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

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

Form and Line Reference	Explanation
ADVOCATE EUREKA HOSPITAL	PART V, SECTION B, LINE 6B WOODFORD COUNTY HEALTH DEPARTMENT - PEORIA CITY/COUNTY HEALTH DEPARTMENT- TAZEWEEL COUNTY HEALTH DEPARTMENT- HEART OF ILLINOIS UNITED WAY- HEARTLAND COMMUNITY HEALTH CARE CLINIC, PEORIA, ILLINOIS- BRADLEY UNIVERSITY, PEORIA, ILLINOIS



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

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

Form and Line Reference	Explanation
LUTHERAN GEN HOSP INCL LUTH GEN CHILD	PART V, SECTION B, LINE 6B AS NOTED ABOVE, ADVOCATE LUTHERAN GENERAL AND ADVOCATE CHILDREN'S WERE BOTH ACTIVE MEMBERS OF THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (HICCC), WHICH INCLUDED THE ILLINOIS PUBLIC HEALTH INSTITUTE, TWENTY-SIX HOSPITALS, AS WELL AS SEVEN HEALTH DEPARTMENTS AND OVER ONE HUNDRED COMMUNITY ORGANIZATIONS IN THE NORTH REGION, THERE WERE NINE HOSPITALS, FOUR HEALTH DEPARTMENTS AND THIRTY COMMUNITY ORGANIZATIONS INVOLVED THE FOUR PARTICIPATING NORTH REGION HEALTH DEPARTMENTS INCLUDED COOK COUNTY DEPARTMENT OF HEALTH, CHICAGO DEPARTMENT OF HEALTH, EVANSTON HEALTH DEPARTMENT AND SKOKIE HEALTH DEPARTMENT A COMPLETE LIST OF COMMUNITY ORGANIZATIONS INVOLVED IN THE HICCC NORTH REGION ASSESSMENT CAN BE VIEWED ON THEIR NEW ONLINE PLATFORM AT <a href="http://allhealthequity.org/projects/2016-chna-reports/">HTTP //ALLHEALTHEQUITY ORG/PROJECTS/2016-CHNA-REPORTS/</a> ADDITIONALLY, ADVOCATE CHILDREN'S PARTICIPATED IN THE CHICAGO HOSPITAL COLLABORATIVE LED BY THE HEALTH AND DISABILITY ADVOCATES, WHICH INCLUDED TWENTY-FIVE HOSPITALS SERVING THE METROPOLITAN CHICAGO AREA FOR FULL DETAILS ON SELECTED ACTION PRIORITY AREAS, PLEASE REFER TO <a href="http://allhealthequity.org/">HTTP //ALLHEALTHEQUITY ORG/</a>

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

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

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	PART V, SECTION B, LINE 6B - ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI), CHICAGO, IL- CHICAGO DEPARTMENT OF PUBLIC HEALTH, CHICAGO, IL- COOK COUNTY HEALTH DEPARTMENT, CHICAGO, IL- PARK FOREST HEALTH DEPARTMENT, PARK FOREST, IL- STICKNEY HEALTH DEPARTMENT, STICKNEY, IL- OVER 30 ADDITIONAL COMMUNITY-BASED ORGANIZATIONS PARTICIPATED IN THE SOUTH REGION ASSESSMENT PROCESS FOR A COMPLETE LIST OF THE STAKEHOLDER ORGANIZATIONS PARTICIPATING IN THE SOUTH REGION, PLEASE ACCESS THE FOLLOWING LINK <a href="https://www.advocatehealth.com/assets/documents/hiccc-south-region-chna-report-with-appendices-12-2-16.pdf">HTTPS //WWW ADVOCATEHEALTH COM/ASSETS/DOCUMENTS/HICCC-SOUTH-REGION-CHNA-REPORT-WITH-APPENDICES-12-2-16 PDF</a>

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

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

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	PART V, SECTION B, LINE 6B - ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI), CHICAGO, IL- CHICAGO DEPARTMENT OF PUBLIC HEALTH, CHICAGO, IL- COOK COUNTY HEALTH DEPARTMENT, CHICAGO, IL- PARK FOREST HEALTH DEPARTMENT, PARK FOREST, IL- STICKNEY HEALTH DEPARTMENT, STICKNEY, IL- OVER 30 ADDITIONAL COMMUNITY-BASED ORGANIZATIONS PARTICIPATED IN THE SOUTH REGION ASSESSMENT PROCESS FOR A COMPLETE LIST OF THE STAKEHOLDER ORGANIZATIONS PARTICIPATING IN THE SOUTH REGION, PLEASE ACCESS THE FOLLOWING LINK <a href="https://www.advocatehealth.com/assets/documents/hiccc-south-region-chna-report-with-appendices-12-2-16.pdf">HTTPS //WWW ADVOCATEHEALTH COM/ASSETS/DOCUMENTS/HICCC-SOUTH-REGION-CHNA-REPORT-WITH-APPENDICES-12-2-16 PDF</a>

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

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

Form and Line Reference	Explanation
ADVOCATE BROMENN MEDICAL CENTER	PART V, SECTION B, LINE 7D AN OVERVIEW OF THE PROCESS AND RESULTS OF THE 2016 MCLEAN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENTS WERE GIVEN TO THE FOLLOWING GROUPS - MCLEAN COUNTY REGIONAL PLANNING COMMISSION BOARD- ADVOCATE BROMENN DELEGATE CHURCH ASSOCIATION- ADVOCATE BROMENN FOUNDATION BOARD- CITY OF BLOOMINGTON COUNCIL - ADVOCATE BROMENN AND ADVOCATE EUREKA GOVERNING COUNCIL- UNITED WAY OF MCLEAN COUNTY BOARD OF DIRECTORS- OSF HEALTHCARE SYSTEMS BOARD OF DIRECTORS- MCLEAN COUNTY BOARD OF HEALTH - LEADERSHIP MCLEAN COUNTYSEVERAL INTERVIEWS WERE ALSO CONDUCTED BY THE LOCAL MEDIA SUMMARIZING THE 2016 MCLEAN COUNTY COMMUNITY HEALTH ASSESSMENT AN ARTICLE ALSO APPEARED IN THE AREA NEWSPAPER

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

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

Form and Line Reference	Explanation
CHRIST HOSP INCL HOPE CHILDREN'S HOSP	PART V, SECTION B, LINE 7D IN ADDITION TO PRESENTATIONS DELIVERED TO THE OAK LAWN HEALTH CARE ROTARY AND THE ADVOCATE CHRIST MISSION AND SPIRITUAL CARE CHAPLAINS IN 2017, A PRESENTATION WAS DELIVERED TO THE AFRICAN METHODIST EPISCOPAL (AME) 4TH DISTRICT MINISTERS ON JUNE 12, 2018

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
ADVOCATE EUREKA HOSPITAL	PART V, SECTION B, LINE 7D THE RESULTS OF THE 2016 ADVOCATE EUREKA CHNA WERE PRESENTED TO THE ADVOCATE BROMENN AND ADVOCATE EUREKA DELEGATE CHURCH ASSOCIATION, AS WELL AS THE ADVOCATE BROMENN AND ADVOCATE EUREKA GOVERNING COUNCIL

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

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

Form and Line Reference	Explanation
ADVOCATE GOOD SHEPHERD HOSPITAL	PART V, SECTION B, LINE 7D ADVOCATE GOOD SHEPHERD'S COMMUNITY HEALTH STAFF PRESENTED THE CHNA RESULTS TO THE GENERAL COMMUNITY AT THE FOLLOWING EVENTS A NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) BARRINGTON EVENT, NAMI LAKE COUNTY EVENT IN FOX LAKE, IL, BARRINGTON AREA MAYORS AT A MAYORS FORUM MEETING AT ADVOCATE GOOD SHEPHERD, ADVOCATE GOOD SHEPHERD AUXILIARY COMMUNITY HEALTH STAFF ALSO PRESENTED THE RESULTS INTERNALLY TO THE SENIOR LEADERSHIP TEAM, CANCER COMMITTEE AND THE GOVERNING COUNCIL IN ADDITION, THE HOSPITAL SENT AN ANNOUNCEMENT OF THE CHNA RESULTS TO EACH ADVOCATE GOOD SHEPHERD EMPLOYEE, WHICH INCLUDED A BRIEF DESCRIPTION OF THE CHNA RESULTS AND THE LINK TO THE FULL REPORT

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

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

Form and Line Reference	Explanation
ADVOCATE GOOD SAMARITAN HOSPITAL	PART V, SECTION B, LINE 7D ADVOCATE HEALTH CARE PARISH NURSES - THE ADVOCATE GOOD SAMARITAN COMMUNITY HEALTH MANAGER PRESENTED THE CHNA TO ADVOCATE HEALTH CARE PARISH NURSES THAT SERVE CONGREGATIONS IN ADVOCATE GOOD SAMARITAN'S PRIMARY AND SECONDARY SERVICE AREAS KEY DATA RESULTS AND COMMUNITY HEALTH PRIORITIES WERE OUTLINED IN DETAIL AND EACH PARISH NURSE RECEIVED THE WEBSITE LINK OR HARD-COPY OF THE CHNA ADVOCATE GOOD SAMARITAN CANCER CARE TEAM - THE ADVOCATE GOOD SAMARITAN COMMUNITY HEALTH MANAGER PRESENTED THE CHNA TO THE HOSPITAL'S CANCER CARE COMMUNITY ENGAGEMENT COORDINATOR AND NURSE NAVIGATOR THE PRESENTATION INCLUDED KEY DATA RESULTS AND HEALTH PRIORITIES THE CHNA SUPPORTS THE DEVELOPMENT AND COMPLETION OF THE CANCER CARE CENTER'S MINI CHNA IN ADDITION, ALL MEMBERS OF THE COMMUNITY HEALTH COUNCIL AND ADVOCATE GOOD SAMARITAN GOVERNING COUNCIL RECEIVED A COPY OF THE FINAL REPORT, AND A COPY OF THE CHNA WAS MAILED TO THE AMERICAN CANCER SOCIETY (DUPAGE COUNTY OFFICE) AND THE COMMUNITY MEMORIAL FOUNDATION TO SHARE WITH THEIR COMMUNITY PARTNERS AND STAKEHOLDERS



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

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

Form and Line Reference	Explanation
LUTHERAN GEN HOSP INCL LUTH GEN CHILD	PART V, SECTION B, LINE 7D THE 2016 CHNA REPORT WAS PRESENTED TO THE HEALTHIER PARK RIDGE COALITION AND HEALTHIER DES PLAINES PROJECT THE REPORT WAS ALSO PRESENTED TO THE COMMUNITY HEALTH COUNCIL ON FEBRUARY 15, 2017

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

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

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	PART V, SECTION B, LINE 7D THERE WERE NO PRESENTATIONS PROVIDED TO THE PUBLIC IN 2018, HOWEVER, THE CHNA WAS PRESENTED TO THE HARVEY PUBLIC SCHOOLS NURSE IN SEPTEMBER 2017 THE COMMUNITY HEALTH COODINATOR DISCUSSED THE PREVALENCE OF ASTHMA AS A HEALTH DETERRENT IN THE HARVEY COMMUNITY AS A RESULT OF THE NEEDS ASSESSMENT AND HOW IT AFFECTS CHILDREN IN THE COMMUNITY A COPY WAS ALSO LEFT TO SHARE WITH THE SCHOOL BOARD

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

Form and Line Reference	Explanation
ADVOCATE BROMENN MEDICAL CENTER	<p>PART V, SECTION B, LINE 11 2014-2016 CHNAHEALTH NEEDS SELECTED THE MCLEAN COUNTY COMMUNIT Y HEALTH COUNCIL SELECTED ACCESS TO APPROPRIATE HEALTHCARE FOR THE UNDERSERVED AND AREAS O F HIGH SOCIOECONOMIC NEEDS, BEHAVIORAL HEALTH, AND OBESITY AS THE THREE HEALTH PRIORITIES FOR THE 2016 MCLEAN COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT IN ADDITION TO COMPLETING A JOINT COMMUNITY HEALTH NEEDS ASSESSMENT FOR MCLEAN COUNTY, ADVOCATE BROMENN, THE MCLEAN CO UNTY HEALTH DEPARTMENT, OSF HEALTHCARE ST JOSEPH MEDICAL CENTER AND UNITED WAY OF MCLEAN COUNTY COMPLETED THE JOINT MCLEAN COUNTY 2017-2019 COMMUNITY HEALTH IMPROVEMENT PLAN TO D EVELOP THE 2017-2019 COMMUNITY HEALTH IMPROVEMENT PLAN, A SUBCOMMITTEE COMPRISED OF KEY ST AKEHOLDERS FOR EACH OF THE HEALTH PRIORITIES LISTED BELOW WAS FORMED THE SUBCOMMITTEES PL AYED AN INTEGRAL ROLE IN THE DEVELOPMENT OF THE INTERVENTION STRATEGIES AND ASSOCIATED PRO CESS AND OUTCOME INDICATORS ACCESS TO APPROPRIATE CARE FOR THE UNDERSERVED AND AREAS OF HI GH SOCIOECONOMIC NEEDACCESS TO APPROPRIATE CARE FOR THE UNDERSERVED AND AREAS OF HIGH SOCI OECONOMIC NEED WAS SELECTED AS A HEALTH PRIORITY BY THE MCLEAN COUNTY COMMUNITY HEALTH COU NCIL NOT ONLY BECAUSE OF ITS HIGH PRIORITY SCORE (158 6) DERIVED FROM THE HANLON METHOD, B UT FOR SEVERAL OTHER REASONS ACCESS TO APPROPRIATE CARE IS AN IMPORTANT ISSUE THAT AFFECT S MANY HEALTH OUTCOMES IMPROVING ACCESS IN SPECIFIC AREAS AND FOR TARGETED POPULATIONS CA N HAVE A WIDESPREAD IMPACT ON A VARIETY OF HEALTH OUTCOMES RANGING FROM ORAL HEALTH TO BEH AVIORAL HEALTH DATA PRESENTED TO THE COUNCIL ALSO INDICATED THAT THERE ARE SIGNIFICANT GE OGRAPHIC AND RACIAL/ETHNIC DISPARITIES IN MCLEAN COUNTY THAT MAY BE RELATED TO ACCESS TO C ARE RESEARCH AND SUBJECT MATTER EXPERTISE SUGGESTED THAT THERE ARE A VARIETY OF FACTORS T HAT CAN IMPROVE ACCESS TO APPROPRIATE CARE RANGING FROM INCREASED CAPACITY FOR URGENT CARE CLINICS AND PRIMARY CARE OFFICES, TRANSPORTATION, AND PROVIDER AND CONSUMER EDUCATION HI GHLIGHTS FOR STEPS TAKEN IN 2018, AS A PART OF THE 2017-2019 MCLEAN COUNTY COMMUNITY HEALT H IMPROVEMENT PLAN TO ADDRESS ACCESS TO APPROPRIATE CARE FOR THE UNDERSERVED, ARE LISTED B ELOW - ADVOCATE BROMENN AND OSF HEALTHCARE ST JOSEPH MEDICAL CENTER COLLABORATED WITH THE COMMUNITY HEALTH CARE CLINIC FOR COORDINATING APPROPRIATE ACCESS TO COMPREHENSIVE CARE (C AATCH) CAATCH IS AN EMERGENCY ROOM NAVIGATION PROGRAM FOR NAVIGATORS AND/OR CARE COORDINA TORS TO ENGAGE THOSE WITHOUT A PRIMARY CARE HOME DURING THE PILOT YEAR, JULY 1, 2017 TO J UNE 30, 2018, 257 PEOPLE WERE SERVED WHICH RESULTED IN A 50 PERCENT REDUCTION IN USE OF EM ERGENCY ROOMS - IN 2018, ADVOCATE BROMENN PROVIDED AN IN-KIND DONATION OF \$10,000 TO THE C OMMUNITY HEALTH CARE CLINIC TO HELP FURTHER THE EFFORTS WITH THE CAATCH PROGRAM NOTED ABOV E - THE PARTNERSHIP FOR HEALTH PILOT PROGRAM BEGAN IN APRIL 2017 THE PROGRAM IS A PRIVATE -PUBLIC PARTNERSHIP TO IMPROVE THE HEALTH AND FITNESS OF PEOPLE WITH DEVELOPMENTAL AND INT ELLECTUAL DISABILITIES AND THE</p>

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

Form and Line Reference	Explanation
ADVOCATE BROMENN MEDICAL CENTER	<p>IR SUPPORT WORKERS PARTNERS INCLUDE ADVOCATE BROMENN HEALTH AND FITNESS CENTER, MARCFIRST , ADVOCATE BROMENN CHARITABLE FOUNDATION, THE MCLEAN COUNTY HEALTH DEPARTMENT AND THE MCLE AN COUNTY BOARD FOR THE CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY (377 BOARD) THE PROGRAM INITIALLY SERVED 22 INDIVIDUALS FROM MARCFIRST IN 2018, THE PROGRAM WAS EXPANDED TO SEVERAL COMMUNITY MEMBERS WITH A TOTAL OF 31 INDIVIDUALS BEING SERVED OUT COMES FROM YEAR ONE OF THE PROGRAM ARE POSITIVE RANGING FROM DECREASED BLOOD PRESSURE, BOD Y MASS INDEX AND CHOLESTEROL TO REDUCED USAGE OF THE EMERGENCY ROOM - BECAUSE OF A PARTNER SHIP BETWEEN ADVOCATE MEDICAL GROUP (AMG) BEHAVIORAL HEALTH, TRI-COUNTY SPECIAL EDUCATION ASSOCIATION AND ILLINOIS STATE UNIVERSITY'S PSYCHOLOGICAL SERVICES CENTER, DOCTORAL PSYCHO LOGY INTERNS ARE PROVIDED FOUR DAYS OF INTEGRATED BEHAVIORAL HEALTH SERVICES ACROSS THREE AMG SETTINGS, ADVOCATE BROMENN OUTPATIENT CENTER, ADVOCATE MEDICAL GROUP EL PASO AND ADVOC ATE EUREKA - IN FEBRUARY 2018, ADVOCATE BROMENN HEALTH AND FITNESS CENTER OFFERED FREE HEA LTH SCREENINGS AT A COMMUNITY OUTREACH EVENT HELD AT THE BOY'S AND GIRL'S CLUB ADDITIONAL ACCESS TO APPROPRIATE CARE INTERVENTIONS ARE LISTED IN THE 2017-2019 MCLEAN COUNTY COMMUNI TY HEALTH IMPROVEMENT PLAN AT <a href="http://www.advocatehealth.com/chnareports">HTTP //WWW ADVOCATEHEALTH COM/CHNAREPORTS</a> BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE USE)BEHAVIORAL HEALTH WAS SELECTED AS A HEALTH PRIORITY BY TH E MCLEAN COUNTY COMMUNITY HEALTH COUNCIL FOR SEVERAL REASONS BEHAVIORAL HEALTH RECEIVED T HE HIGHEST PRIORITY SCORE (175 7) FROM THE HANLON METHOD, CLEARLY INDICATING THE NEED FOR FURTHER IMPROVEMENTS IN THIS AREA IN MCLEAN COUNTY IN ADDITION, THERE ARE NUMEROUS HEALTH DISPARITIES IN BLOOMINGTON ZIP CODE 61701 AND NORMAL ZIP CODE 61761 FOR BOTH MENTAL HEALT H AND SUBSTANCE ABUSE THERE IS ALSO A GREAT DEAL OF PUBLIC SUPPORT AND MOMENTUM TO IMPROV E MENTAL HEALTH IN MCLEAN COUNTY AS HAS BEEN THE CASE FOR THE LAST FEW YEARS MCLEAN COUNT Y IS WELL SITUATED TO COLLABORATE ON MENTAL HEALTH DUE TO THE ON-GOING EFFORTS OF NUMEROUS ORGANIZATIONS MENTAL HEALTH WAS ALSO PREVIOUSLY SELECTED AS A KEY HEALTH PRIORITY BY BOT H HOSPITALS AND THE HEALTH DEPARTMENT DURING THE PREVIOUS COMMUNITY HEALTH NEEDS ASSESMEN TS, GIVING FURTHER MOMENTUM TO THE EFFORTS OF IMPROVING MENTAL HEALTH FOR COUNTY RESIDENTS HIGHLIGHTS FOR STEPS TAKEN OR PROGRAMS OFFERED IN 2018, AS A PART OF THE 2017-2019 MCLEAN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN TO ADDRESS BEHAVIORAL HEALTH, ARE LISTED BELOW - IN 2018, 54 MENTAL HEALTH FIRST AID (MHFA) COURSES WERE OFFERED IN MCLEAN COUNTY WITH 73 6 INDIVIDUALS TRAINED THE COURSES WERE OFFERED IN COLLABORATION WITH THE MCLEAN COUNTY MH FA COLLABORATIVE WITH THREE COURSES HOSTED BY ADVOCATE BROMENN MENTAL HEALTH FIRST AID IS AN EVIDENCE-BASED PROGRAM DESIGNED TO INCREASE AWARENESS OF MENTAL HEALTH ISSUES AND DECR EASE THE STIGMA RELATED TO MENTAL HEALTH - CHESTNUT HEALTH SYSTEMS, IN PARTNERSHIP WITH AD VOCATE BROMENN, THE MCLEAN COU</p>

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

Form and Line Reference	Explanation
ADVOCATE BROMENN MEDICAL CENTER	NTY HEALTH DEPARTMENT AND OSF HEALTHCARE ST JOSEPH MEDICAL CENTER, WAS AWARDED A GRANT BY THE ILLINOIS DIVISION OF MENTAL HEALTH, DEPARTMENT OF HEALTH AND HUMAN SERVICES TO HOST A TWO-DAY ADVERSE CHILDHOOD EXPERIENCES (ACES) MASTER TRAINING FOR 25 INDIVIDUALS IN OCTOBE R 2017 ADVOCATE BROMENN WAS ONE OF THE ORGANIZATIONS THAT SENT A STAFF MEMBER TO BE TRAIN ED THE NUMBER OF ACE'S/TRAUMA PRESENTATIONS OFFERED IN MCLEAN COUNTY DOUBLED FROM 21 TO 4 2 PRESENTATIONS FOR A TOTAL OF 580 INDIVIDUALS TRAINED IN 2017 AND 954 IN 2018 - IN 2018, THE DIRECTOR OF COMMUNITY HEALTH FOR ADVOCATE BROMENN LED A COMMITTEE TO WORK ON A COLLAB ORATIVE BEHAVIORAL HEALTH SOCIAL MEDIA CAMPAIGN FOR MCLEAN COUNTY THE SOCIAL MEDIA CAMPAI GN LAUNCHED IN FEBRUARY 2018 EIGHT-MONTH CAMPAIGN OUTCOMES INCLUDE 24,700 PEOPLE REACHED VIA FACEBOOK AND 9,500 TWITTER IMPRESSIONS - IN 2018 THE MCLEAN COUNTY BOARD HOSTED THE SE COND ANNUAL COMMUNITY BEHAVIORAL HEALTH FORUM MEMBERS OF ADVOCATE BROMENN'S LEADERSHIP TE AM WERE A PART OF COORDINATING THE EVENT - IN APRIL 2018, CHESTNUT HEALTH SYSTEMS IN PART NERSHIP WITH ADVOCATE BROMENN, MCLEAN COUNTY HEALTH DEPARTMENT AND OSF HEALTHCARE ST JOSE PH MEDICAL CENTER HELD A COUNTY WIDE EVENT ON TRAUMA FOR KEY STAKEHOLDERS IN THE COMMUNITY THIS WAS POSSIBLE DUE TO AN AWARD FROM THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES AD MINISTRATION (SAMHSA) TECHNICAL ASSISTANCE AWARD FROM THE NATIONAL CENTER ON TRAUMA-INFORM ED CARE - THE EXECUTIVE DIRECTOR OF THE ADVOCATE SYSTEM BEHAVIORAL HEALTH SERVICE LINE BEG AN SERVING ON THE MCLEAN COUNTY RECOVERY ORIENTED SYSTEM OF CARE COUNCIL IN 2018 - IN AUGU ST 2018, THE MCLEAN COUNTY OPIOID INITIATIVE ANNOUNCED THE SAFE PASSAGE PROGRAM THE INITI ATIVE BRINGS TOGETHER LAW ENFORCEMENT, TREATMENT PROVIDERS AND MCLEAN COUNTY RESIDENTS TO INCREASE ACCESS AND TREATMENT THE CHIEF NURSING OFFICER FOR ADVOCATE BROMENN IS A PART OF THE OPIOID INITIATIVE IN ADDITION TO THE ABOVE COLLABORATIVE EFFORTS, ADVOCATE BROMENN OP ERATES THE ONLY INPATIENT MENTAL HEALTH UNIT IN MCLEAN COUNTY, PROVIDING CRITICAL SERVICES TO THOSE ADULTS NEEDING INPATIENT PSYCHIATRIC TREATMENT THE UNIT OPERATES AT A LOSS EVER Y YEAR THE LOSS IN 2018 WAS \$985,654 ADDITIONAL BEHAVIORAL HEALTH INTERVENTIONS ARE LISTE D IN THE 2017-2019 MCLEAN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN AT HTTP //WWW ADVOCATEH EALTH COM/CHNAREPORTS

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

Form and Line Reference	Explanation
CHRIST HOSP INCL HOPE CHILDREN'S HOSP	PART V, SECTION B, LINE 11 2014-2016 CHNAADVOCATE CHRIST AND ADVOCATE CHILDREN'S PARTICIPATED IN THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY THROUGH A DATA-DRIVEN COLLABORATIVE ASSESSMENT AND PRIORITIZATION PROCESS, THE HICCC IDENTIFIED FOUR PRIORITY FOCUS AREAS THE FOUR FOCUS AREAS FOR HICCC INCLUDE THE FOLLOWING - IMPROVING SOCIAL, ECONOMIC, AND STRUCTURAL DETERMINANTS OF HEALTH/REDUCING SOCIAL AND ECONOMIC INEQUITIES,- IMPROVING MENTAL AND BEHAVIORAL HEALTH,- PREVENTING AND REDUCING CHRONIC DISEASE (FOCUS ON RISK FACTORS-NUTRITION, PHYSICAL ACTIVITY AND TOBACCO), AND- INCREASING ACCESS TO CARE AND COMMUNITY RESOURCES ALL HOSPITALS WITHIN THE COLLABORATIVE INCLUDED THE FIRST FOCUS AREA-IMPROVING SOCIAL, ECONOMIC, AND STRUCTURAL DETERMINANTS OF HEALTH-AS A PRIORITY IN THEIR CHNA AND IMPLEMENTATION PLAN EACH HOSPITAL SELECTED AT LEAST ONE OF THE OTHER FOCUS AREAS AS A PRIORITY NEEDS SELECTED TO ADDRESS BY ADVOCATE CHRISTTHROUGH THE PROCESS OF UTILIZING ADVOCATE CHRIST'S COMMUNITY HEALTH COUNCIL (CHC) AND ANALYZING ZIP CODE LEVEL DATA, CHC MEMBERS SELECTED ASTHMA AND DIABETES AS ADDITIONAL PRIORITIES AS A RESULT OF THE 2014-2016 CHNA PROCESS, ADVOCATE CHRIST HAD THREE PRIORITIES FOR IMPLEMENTATION PLANNING AS FOLLOW - ASTHMA- DIABETES - SOCIAL DETERMINANTS OF HEALTH - VIOLENCE PREVENTIONVIOLENCE PREVENTIONADVOCATE CHRIST'S GOAL WAS TO REDUCE VIOLENCE AND INCREASE AWARENESS OF VIOLENCE PREVENTION IN THE PRIMARY SERVICE AREA THE STRATEGIES INCLUDED EXPANDING THE PARTNERSHIP WITH CEASEFIRE TO IMPLEMENT AN EVIDENCE-BASED MODEL THAT ADDRESSES VIOLENCE PREVENTION AN ADDITIONAL VIOLENCE RESPONDER WAS HIRED TO COMPLEMENT THE EXISTING RESPONDERS ALREADY WORKING AT THE MEDICAL CENTER ADVOCATE CHRIST AND ADVOCATE CHILDREN'S CONTINUED TO ACTIVELY PARTICIPATE IN THE ALLIANCE FOR HEALTH EQUITY (FORMERLY KNOWN AS HEALTH IMPACT COLLABORATIVE OF COOK COUNTY) TO IDENTIFY ADDITIONAL INTERVENTIONS AND RESOURCES TO SUPPORT VIOLENCE PREVENTION STRATEGIES PROGRAM RESULTS FOR JANUARY 2018 TO NOVEMBER 2018 WERE AS FOLLOWS - NINETY-FOUR PERCENT OF ALL VIOLENT INJURY PATIENTS ADMITTED TO THE INPATIENT UNIT WERE ASSESSED BY THE HOSPITAL CASE MANAGER - NINETY-FIVE PERCENT OF INDIVIDUALS ASSESSED WERE LINKED TO LONG-TERM SUPPORT BY BEING CONNECTED WITH EXISTING COMMUNITY RESOURCES - SEVENTY-SIX PERCENT OF INDIVIDUALS ASSESSED WERE LINKED TO LONG-TERM SUPPORT BY BEING CONNECTED WITH A COMMUNITY-BASED OUTREACH WORKER - A TOTAL OF 563 PATIENTS RECEIVED CEASEFIRE INTERVENTION SERVICES - A TOTAL OF 547 VIOLENT INJURY PATIENTS FROM THE HOSPITAL'S PSA AND SSA WERE TREATED AT ADVOCATE CHRIST ASTHMAADVOCATE CHRIST'S GOAL WAS TO REDUCE THE INCIDENCE OF UNCONTROLLED ASTHMA AMONG ADULTS AND CHILDREN WITHIN THE PRIMARY SERVICE AREA-STRATEGIES INCLUDED PARTNERING WITH THE METROPOLITAN TENANT ORGANIZATION ON THE HEALTHY HOMES INITIATIVE FOR CHILDREN WITH ASTHMA COMMUNITY HEALTH STAFF COLLABORATED WITH CLINICAL STAFF IN INPATIENT MEDICAL CENTER UNITS AS WELL AS THE EMERGENCY DE

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Form and Line Reference	Explanation
CHRIST HOSP INCL HOPE CHILDREN'S HOSP	<p>PARTMENT (ED) TO IMPROVE DISEASE SELF-MANAGEMENT SKILLS FOR PATIENTS AND FAMILIES WITH AST HMA ADVOCATE CHRIST COLLABORATED WITH ADVOCATE CHILDREN'S-OAK LAWN TO PROVIDE "KICKIN' AS THMA," AN EVIDENCE-BASED EDUCATION/DISEASE SELF-MANAGEMENT PROGRAM IN HIGH RISK SCHOOLS IN THE PRIMARY SERVICE AREA PROGRAM RESULTS FOR 2018 WERE AS FOLLOWS - A CONTRACT WITH METRO POLITAN TENANT ORGANIZATION (MTO) WAS EXCUTED IN DECEMBER 2017 AS A RESULT, THERE WERE FI VE STAFF TRAINED AND TWO HEALTHY HOME WORKSHOPS OFFERED IN 2018 - THE AMERICAN LUNG ASSOCI ATION'S BREATHE WELL LIVE WELL PROGRAM WAS SELECTED AS THE ASTHMA SELF MANAGEMENT PROGRAM TO IMPLEMENT FOR ADULTS A TOTAL OF TWO COMMUNITY ORGANIZATIONS HOSTED THE PROGRAM AND EIG HT COMMUNITY PARTICIPANTS ATTENDED THE FOUR SESSION SELF-MANAGEMENT SERIES - ADVOCATE CHIL DREN'S HEALTH EDUCATOR ENGAGED THREE SCHOOLS IN 2018 A TOTAL OF 22 STUDENTS WERE ENROLLED IN THE KICKIN' ASTHMA PROGRAM AND 15 STUDENTS COMPLETED ALL FOUR SESSIONS OF THE PROGRAM DIABETESTHE OVERALL GOAL IS REDUCE THE INCIDENCE OF DIABETES IN PSA COMMUNITIES THAT HAVE THE HIGHEST SOCIONEEDS INDEX - AUBURN GRESHAM, CHICAGO LAWN, BRIGHTON PARK, AND WEST ENGL EWOOD CREATED BY THE HEALTHY COMMUNITIES INSTITUTE, THE SOCIONEEDS INDEX IS A MEASURE OF SOCIOECONOMIC NEED THAT IS CORRELATED WITH POOR HEALTH OUTCOMES INDICATORS FOR THE INDEX ARE WEIGHTED TO MAXIMIZE THE CORRELATION OF THE INDEX WITH PREMATURE DEATH RATES AND PREVE NTABLE HOSPITALIZATION RATES THIS INDEX COMBINES MULTIPLE SOCIOECONOMIC INDICATORS INTO A SINGLE COMPOSITE VALUE AS A SINGLE INDICATOR, THE INDEX CAN SERVE AS A CONCISE WAY TO EX PLAIN WHICH AREAS ARE OF HIGHEST NEED THE SCORES CAN RANGE FROM 1 TO 100 A SCORE OF 100 REPRESENTS THE HIGHEST SOCIOECONOMIC NEED HOSPITALIZATION AND EMERGENCY DEPARTMENT (ED) V ISITS ARE INDICATIVE OF POORLY CONTROLLED CHRONIC DISEASES AND A LACK OF ACCESS TO ROUTINE PREVENTIVE CARE POORLY CONTROLLED DIABETES CAN LEAD TO SEVERE OR LIFE-THREATENING COMPLI CATIONS SUCH AS HEART AND BLOOD VESSEL DISEASE, NERVE DAMAGE, KIDNEY DAMAGE, EYE DAMAGE AN D BLINDNESS, FOOT DAMAGE AND LOWER EXTREMITY AMPUTATION, HEARING IMPAIRMENT, SKIN CONDITIO NS, AND ALZHEIMER'S DISEASE ADVOCATE CHRIST IMPLEMENTATION STRATEGIES INCLUDED 1 IMPLEMEN TATION OF THE CENTERS OF DISEASE CONTROL (CDC) NATIONAL DIABETES PREVENTION PROGRAM'S (DPP ) IN TARGETED COMMUNITY AREAS IN PARTNERSHIP WITH COMMUNITY-BASED ORGANIZATIONS AND FAITH COMMUNITIES, 2 ESTABLISHMENT OF ADVOCATE CHRIST AS A RECOGNIZED DIABETES PREVENTION PROGR AM SITE BY ACHEIVING FULL RECOGNITION STATUS BY THE CDC, AND 3 INCREASING COMMUNITY EDUCA TIONAL OPPORTUNITIES TO SUPPORT DIABETES SELF-MANAGEMENT SKILLS PROGRAM RESULTS FOR JANUAR Y 2018 TO DECEMBER 2018 WERE AS FOLLOWS - ONE FULL SESSION OF 22 CLASSES WAS COMPLETED IN AUGUST 2018 - THREE NEW COHORTS BEGAN IN 2018, INCLUDING ONE SESSION WITH TRINITY UNITED C HURCH OF CHRIST TO INCREASE PARTICIPANT RETENTION, EIGHT ADDITIONAL CLASS SESSIONS WERE A DDED TO EACH COHORT - THERE WE</p>

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CHRIST HOSP INCL HOPE CHILDREN'S HOSP	RE 45 PARTICIPANTS ENROLLED IN THE DPP PROGRAM IN 2018 - NINETY-TWO PERCENT OF PARTICIPANTS COMPLETED NINE OF THE 16 SESSIONS WITHIN THE FIRST SIX MONTHS NEEDS NOT SELECTED TO ADDRESS BY ADVOCATE CHRIST THE NEEDS ADVOCATE CHRIST DID NOT SELECT AS PRIORITIES TO ADDRESS INCLUDE CANCER, HEART DISEASE AND HYPERTENSION WHILE THESE WERE IMPORTANT HEALTH NEEDS, THE COUNCIL FELT ADVOCATE CHRIST'S CLINICAL INSTITUTES (CARDIOVASCULAR, NEUROSCIENCE AND ONCOLOGY) WERE ADDRESSING CANCER, HEART DISEASE AND STROKE CANCERADVOCATE CHRIST'S CANCER PROGRAM HAS BEEN CERTIFIED BY THE AMERICAN COLLEGE OF SURGEONS, COMMISSION ON CANCER AND INCLUDES BOTH INPATIENT AND OUTPATIENT UNITS, A RADIATION ONCOLOGY UNIT, CYBERKNIFE TREATMENT, INTRAOPERATIVE ELECTRON RADIATION THERAPY (IOERT), A HOME HEALTH/HOSPICE PROGRAM, A BREAST HEALTH PROGRAM AND A COMMUNITY EDUCATION PROGRAM NUTRITIONAL SERVICES, SOCIAL SERVICES, SPIRITUAL CARE AND AN ONCOLOGY CERTIFIED PHARMACIST ARE AVAILABLE ON SITE TO WORK WITH PATIENTS AND THEIR FAMILIES CLINICAL RESEARCH TRIALS ARE ALSO AVAILABLE THROUGH THE ADVOCATE CHILDREN'S ONCOLOGY GROUP (COG) ADVOCATE CHRIST OFFERS CANCER-FOCUSED HOSPICE CARE AND FREE SEMINARS OPEN TO THE PUBLIC A SPECIALLY TRAINED ONCOLOGY NUTRITIONIST SEES PATIENTS IN THE MEDICAL CENTER AND THOSE UNDERGOING OUTPATIENT TREATMENT THE PALLIATIVE CARE TEAM WORKS CLOSELY WITH PHYSICIANS AND PATIENTS TO PROVIDE COMFORT, COMMUNICATION ASSISTANCE AND TO ASSESS PATIENTS' PHYSICAL NEEDS TO ENHANCE THEIR QUALITY OF LIFE AT ALL STAGES OF ILLNESS IN ADDITION, THERE IS AN ON-SITE AMERICAN CANCER SOCIETY PATIENT REPRESENTATIVE AND A GILDA'S CLUB SATELLITE LOCATION HEART DISEASEADVOCATE HEART INSTITUTE AT ADVOCATE CHRIST IS ILLINOIS' MOST COMPREHENSIVE CENTER FOR HEART CARE THE HEART INSTITUTE OFFERS A FULL RANGE OF TREATMENTS AND PROGRAMS INCLUDING PREVENTATIVE, DIAGNOSTICS, CLINICAL TRIALS, HEART TRANSPLANTS AND REHABILITATION SERVICES REHABILITATION PLAYS A KEY ROLE IN RECOVERY FROM A HEART ATTACK OR HEART SURGERY THE GOAL OF THE COMPREHENSIVE CARDIAC REHABILITATION PROGRAM IS TO HELP PATIENTS REGAIN STRENGTH AND IMPROVE THEIR HEALTH AND QUALITY OF LIFE AFTER A HEART ATTACK OR HEART SURGERY THE HEART INSTITUTE HAS BEEN CERTIFIED BY THE AMERICAN ASSOCIATION OF CARDIAC AND PULMONARY REHABILITATION



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Form and Line Reference	Explanation
ADVOCATE EUREKA HOSPITAL	PART V, SECTION B, LINE 11 2014-2016 CHNAAADVOCATE EUREKA PARTICIPATED IN THE PRIORITY SETTING PROCESS AS OUTLINED IN APPENDIX 7, PAGE 102, IN THE TRI-COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT 2016 REPORT THE LINK FOR THE ASSESSMENT CAN BE FOUND AT HTTP://HEALTHYHOI.ORG. IN BRIEF, THE FOLLOWING STEPS OCCURRED DURING THE PRIORITIZATION PROCESS WITH THE CENTRAL ILLINOIS COMMUNITY HEALTH COLLABORATIVE - DATA WAS PRESENTED FOR HEALTH CONCERNS FOR THE TRI-COUNTY REGION- DISCUSSION OCCURRED REGARDING THE ISSUES AND POTENTIAL GROUPING OF ISSUES- THE PEARL TEST WAS APPLIED FROM THE HANLON METHOD- THE COLLABORATIVE COUNCIL VOTED TO NARROW ISSUES- THE COLLABORATIVE COUNCIL VOTED A SECOND TIME BASED ON MAGNITUDE, SEVERITY AND ABILITY TO IMPACT THROUGH COLLABORATION- CONSENSUS WAS AGREED UPON FOR TWO HEALTH PRIORITIES FOR THE TRI-COUNTY REGIONTHE TWO NEEDS IDENTIFIED DURING THE PRIORITIZATION PROCESS WERE - HEALTHY EATING/ACTIVE LIVING, AND- MENTAL HEALTH HEALTH NEED SELECTED MENTAL HEALTH THE COMMUNITY HEALTH NEEDS ASSESSMENT TEAM AT ADVOCATE EUREKA SELECTED MENTAL HEALTH AS A HEALTH PRIORITY FOR SEVERAL REASONS IN ADDITION TO MENTAL HEALTH BEING IDENTIFIED AS A TOP HEALTH PRIORITY FOR THE CENTRAL ILLINOIS COMMUNITY HEALTH COLLABORATIVE, BEHAVIORAL HEALTH WAS ALSO IDENTIFIED AS ONE OF THREE HEALTH PRIORITIES FOR THE TRI-COUNTY HEALTH DEPARTMENT COLLABORATION THE HEALTH DEPARTMENTS UTILIZED THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAP) PROCESS TO DETERMINE THE HEALTH PRIORITIES SPECIFIC TO WOODFORD COUNTY, ON DECEMBER 3, 2015, SEVERAL STAFF MEMBERS FROM ADVOCATE EUREKA, INCLUDING THE ADMINISTRATOR OF ADVOCATE EUREKA, PARTICIPATED IN THE LOCAL FORCES OF CHANGE ASSESSMENT CONDUCTED BY THE WOODFORD COUNTY HEALTH DEPARTMENT AS A PART OF THE TRI-COUNTY MAP PROCESS MENTAL HEALTH WAS IDENTIFIED AS ONE OF THE TOP THREE FORCES OF CHANGE BY THE 30 INDIVIDUALS THAT PARTICIPATED IN THE ASSESSMENT FORCES OF CHANGE ARE DEFINED AS THOSE THINGS THAT INFLUENCE THE HEALTH AND QUALITY OF LIFE FOR WOODFORD COUNTY RESIDENTS A SECOND REASON MENTAL HEALTH WAS SELECTED AS A KEY HEALTH PRIORITY IS THAT WOODFORD COUNTY RESIDENTS THAT PARTICIPATED IN THE 2016 TRI-COUNTY COMMUNITY HEALTH SURVEY PERCEIVED MENTAL HEALTH AS THE SECOND MOST IMPORTANT HEALTH ISSUE IN THE COMMUNITY IN ADDITION TO THE ABOVE SURVEY DATA AND LOCAL FORCES OF CHANGE ASSESSMENT RESULTS, THE NUMBER OF SUICIDE ATTEMPTS IN WOODFORD COUNTY FOR THE FIRST HALF OF 2016 HAD EXCEEDED THE NUMBER OF ATTEMPTS FOR THE ENTIRE YEAR IN BOTH 2014 AND 2015 THE NUMBER OF DEATHS DUE TO SUICIDE ALSO INCREASED FROM 2014-2015 AS STATED ABOVE, MENTAL HEALTH WAS ALSO PREVIOUSLY SELECTED AS A KEY HEALTH PRIORITY FOR THE 2011-2013 COMMUNITY HEALTH NEEDS ASSESSMENT BY BOTH ADVOCATE EUREKA AND THE WOODFORD COUNTY HEALTH DEPARTMENT IT IS CLEAR FROM COMMUNITY INPUT AND CURRENT DATA THAT CONTINUED EFFORTS ARE NEEDED TO REDUCE THE STIGMA ASSOCIATED WITH MENTAL HEALTH AND GIVE FURTHER MOMENTUM TO THE EFFORTS OF IMPR

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Form and Line Reference	Explanation
ADVOCATE EUREKA HOSPITAL	<p>OVING MENTAL HEALTH FOR COUNTY RESIDENTS HIGHLIGHTS FOR STEPS TAKEN IN 2018 TO ADDRESS MEN TAL HEALTH ARE LISTED BELOW - FOUR MENTAL HEALTH FIRST AID (MHFA) COURSES WERE HOSTED AT A DVOCATE EUREKA - TWO SESSIONS WERE TAUGHT ON DEPRESSION AND ANXIETY FOR APPROXIMATELY 50 F RESHMAN FROM EUREKA HIGH SCHOOL AT EUREKA COLLEGE BY THE ADVOCATE EUREKA SOCIAL WORKER AND MHFA INSTRUCTOR - A MHFA COURSE WAS HELD FOR 22 RESIDENTIAL ASSISTANTS AT EUREKA COLLEGE - THE COMMUNITY HEALTH DIRECTOR FOR CENTRAL ILLINOIS SERVED AS A BOARD MEMBER ON THE PARTN ERSHIP FOR A HEALTHY COMMUNITY THE BEHAVIORAL HEALTH PRIORITY ACTION TEAM FOR IMPLEMENTAT ION IS A SUB-COMMITTEE OF THE BOARD - ONE HUNDRED AND SIXTEEN COUNSELING AND PSYCHIATRIC S ERVICES WERE OFFERED ON-SITE AT ADVOCATE EUREKA THE SERVICES WERE PROVIDED BY THE TAZWOOD CENTER FOR WELLNESS AT THE HOSPITAL AND ALLOWED RESIDENTS TO RECEIVE CARE LOCALLY VERSUS TRAVELING OUTSIDE OF THE COUNTY FOR CARE - AS A RESULT OF A PARTNERSHIP BETWEEN ADVOCATE M EDICAL GROUP (AMG) BEHAVIORAL HEALTH, TRI-COUNTY SPECIAL EDUCATION ASSOCIATION AND ILLINOI S STATE UNIVERSITY'S PSYCHOLOGICAL SERVICES CENTER, DOCTORAL PSYCHOLOGY INTERNS ARE PROVID ED FOUR DAYS OF INTEGRATED BEHAVIORAL HEALTH SERVICES ACROSS THREE AMG SETTINGS, ADVOCATE BROMENN OUTPATIENT CENTER, ADVOCATE MEDICAL GROUP EL PASO AND ADVOCATE EUREKA - TELEPSYCHI ATRY CONSULTS WERE AVAILABLE AT ADVOCATE EUREKA BEGINNING IN AUGUST 2017, THUS EXPANDING A CCESS TO PSYCHIATRIC CARE THERE WERE NO CONSULTS IN 2018 HEALTH NEED NOT SELECTED HEALTHY BEHAVIORSADVOCATE EUREKA DID NOT SELECT HEALTHY BEHAVIORS AS A PRIORITY HEALTH NEED FOR T HE HOSPITAL'S 2014-2016 COMMUNITY HEALTH NEEDS ASSESSMENT THE HOSPITAL COMMUNITY HEALTH N EEDS ASSESSMENT TEAM WANTED TO FOCUS ITS EFFORTS ON ONE MAJOR INITIATIVE AS ITS RESOURCES ARE LIMITED AS A CRITICAL ACCESS HOSPITAL THE HOSPITAL WILL, HOWEVER, CONTINUE TO SUPPORT THE EFFORTS OF THE TRI-COUNTY HEALTHY EATING/ACTIVE LIVING IMPLEMENTATION SUBCOMMITTEE A STAFF MEMBER FROM THE HOSPITAL HAS SERVED ON THIS COMMITTEE, WHEN AVAILABLE, TO ASSIST IN PROMOTING HEALTHY EATING AND ACTIVE LIVING IN THE TRI-COUNTY REGION THE HOSPITAL ALSO EM PLOYS NURSES IN MOST OF THE PUBLIC SCHOOLS IN WOODFORD COUNTY WHO CAN REINFORCE HEALTHIER EATING HABITS AND INCREASED EXERCISE AMONG STUDENTS</p>

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ADVOCATE GOOD SHEPHERD HOSPITAL	<p>PART V, SECTION B, LINE 11 2014-2016 CHNAADVOCATE GOOD SHEPHERD CONDUCTED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT WHICH INCLUDED THE SELECTION OF HEALTH PRIORITIES THROU GH A CONSENSUS PRIORITIZATION PROCESS BY THE COMMUNITY HEALTH COUNCIL THE COUNCIL RECOMME NDED, AND THE HOSPITAL GOVERNING COUNCIL APPROVED, TWO HEALTH AREAS FOR PRIORITY ACTION 1 ) OBESITY, AND 2) MENTAL HEALTH STEPS BEING TAKEN TO ADDRESS THE TWO PRIORITIES ARE PROVI DED BELOW</p> <p>NEEDS SELECTED TO ADDRESSOBESITYADVOCATE GOOD SHEPHERD IS ADDRESSING OBESITY IN THE SERVICE AREA THROUGH THREE EVIDENCE- BASED PROGRAMS THE FIRST PROGRAM IS THE NUTRITIO N AND PHYSICAL ACTIVITY SELF-ASSESSMENT FOR CHILD CARE (GO NAP SACC) PROGRAM THE GO NAPP SACC PROGRAM IS AN EVIDENCE-BASED EARLY INTERVENTION PROGRAM TARGETING INFANTS THROUGH PRE -KINDERGARTEN WHICH AIMS TO ADVANCE THE CHILDCARE ENVIRONMENT BY IMPROVING NUTRITION, PHYS ICAL ACTIVITY AND POLICIES IN THE CHILD CARE CENTER THE HOSPITAL IS LEADING THE GO NAP SA CC ASSESSMENT PROCESS WITH CHILDCARE CENTERS IN COMMUNITIES WITH HIGH SOCIONEEDS INDEX SCO RES WITHIN THE HOSPITAL'S SERVICE AREA SOCIOECONOMIC NEED WAS DETERMINED BY THE HEALTHY C OMMUNITIES INSTITUTE'S (HCI) CALCULATIONS TO CREATE AN INDEX USING SIX MAJOR SOCIO-NEEDS I NDICATORS THAT ARE CORRELATED WITH POOR HEALTH OUTCOMES THE INDICATORS INCLUDE INCOME, UN EMPLOYMENT, OCCUPATION, EDUCATION, LANGUAGE AND POVERTY ADVOCATE GOOD SHEPHERD HAS PARTNE RED WITH ADVOCATE CONDELL AND ADVOCATE SHERMAN TO MAKE THIS PROGRAM A REGIONAL INITIATIVE IN 2018, ADVOCATE HEALTH CARE LED THE LAUNCH OF A MULTI-STAKEHOLDER CHICAGOLAND COALITION TO RAISE FUNDS TO BRING THE WEB-BASED GO NAP SACC PROGRAM TO THE STATE OF ILLINOIS THE U NIVERSITY OF NORTH CAROLINA PROVIDED ON-LINE TRAINING OF GO NAP SACC TO THE ADVOCATE GOOD SHEPHERD COMMUNITY HEALTH STAFF, RESULTING IN GO NAP SACC TECHNICAL ASSISTANT CONSULTANT C ERTIFICATION IN 2018, FOUR CHILDCARE CENTERS COMPLETED THE GO NAP SACC ASSESSMENT FRIEND SHIP HOUSE IN CRYSTAL LAKE, SAGE YMCA IN CRYSTAL LAKE, BUEHLER YMCA IN PALATINE AND FOGLEIA YMCA IN LAKE ZURICH AT THE TIME THE CHILDCARE CENTERS COMPLETED THE GO NAP SACC ASSESSME NT, THE ONLINE VERSION WAS NOT AVAILABLE ONCE THE ONLINE VERSION BECAME AVAILABLE, COMMUN ITY HEALTH STAFF MIGRATED THE ASSESSMENTS TO THE ONLINE PORTAL, MAKING IT EASIER TO VIEW T HE RESULTS AND CREATE ACTION PLANS A TOTAL OF 438 CHILDREN ARE ENROLLED IN THE CENTERS WH O HAVE COMPLETED ASSESSMENTS EACH OF THE CHILDCARE CENTERS IS IN THE PROCESS OF DEVELOPIN G ACTION PLANS THAT WILL BE IMPLEMENTED IN 2019 COMMUNITY HEALTH STAFF ALSO MET WITH SEVE RAL PARK DISTRICTS TO STRATEGIZE THE TIMING OF COMPLETING THE NAP SACC ASSESSMENT AND TO E NGAGE THEIR STAFF IN THE PROGRAM THE SECOND OBESITY-PREVENTION PROGRAM IS THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) WORKSITE WELLNESS PROGRAM WHICH TARGETS ADULTS IN TH E WORKPLACE THE PROGRAM FOLLOWS THE CDC FOUR-STEP WORKPLACE HEALTH MODEL AND INVOLVES USI NG THE CDC WORKSITE HEALTH SCO</p>

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ADVOCATE GOOD SHEPHERD HOSPITAL	RECARD WORKSITE NUTRITION AND PHYSICAL ACTIVITY PROGRAMS ARE DESIGNED TO IMPROVE HEALTH-R ELATED BEHAVIORS AND HEALTH OUTCOMES ADVOCATE GOOD SHEPHERD COMMUNITY HEALTH STAFF WORKED WITH THE HOSPITAL'S COMMUNITY RELATIONS DIRECTOR TO PROVIDE WORKSITE HEALTH TRAINING AND PROGRAMS TO CHAMBERS OF COMMERCE AND SMALL BUSINESSES WITHIN THE SERVICE AREA IN 2018, CO MMUNITY HEALTH STAFF SUSPENDED THE WORKSITE WELLNESS PROGRAM THE DECISION WAS BASED ON VE RY LOW INTEREST FROM ALL LOCAL CHAMBERS OF COMMERCE AND LOCAL WORKPLACES THROUGHOUT 2018, THE COMMUNITY RELATIONS DIRECTOR AND COMMUNITY HEALTH STAFF MET WITH SEVERAL CHAMBERS OF COMMERCE IN MCHENRY, ALGONQUIN/LAKE IN THE HILLS, LAKE ZURICH, CRYSTAL LAKE, BARRINGTON AN D WAUCONDA EACH OF THE CHAMBERS OF COMMERCE REACHED OUT TO THEIR SMALL BUSINESSES BUT FOU ND THERE WAS A LACK OF INTEREST IN WORKSITE WELLNESS AT THIS TIME BUSINESSES INDICATED TH AT THEY HAVE VERY LIMITED STAFF AND ARE UNABLE TO DIRECT EMPLOYEE TIME AND FOCUS TOWARD A WORKSITE WELLNESS PROGRAM THE COORDINATOR OF COMMUNITY HEALTH HAD SEVERAL WORKSITE WELLNE SS MEETINGS CANCELLED BY SMALL BUSINESS OWNERS DUE TO LAST MINUTE TIME CONSTRAINTS AND UNE XCEPTED ABSENT STAFF MEMBERS IN 2017, CASA (COURT APPOINTED SPECIAL ADVOCATE) OF MCHENRY COUNTY COMPLETED THE WORKSITE WELLNESS CDC SCORECARD WITH PLANS FOR DEVELOPING IMPLEMENTAT ION PLANS IN EARLY 2018 THE STAFF HAD ALREADY BEGUN TO WORK ON NEW POLICIES DIRECTED TOWA RD BREASTFEEDING AND A WALKING PROGRAM IN JANUARY OF 2018, CASA HIRED A NEW EXECUTIVE DIR ECTOR, WHO DECIDED THE NEW POLICIES WERE NOT NEEDED AT THIS TIME IT WAS THEN DETERMINED T HAT RESOURCES AND TIME WOULD BE BETTER SPENT ON OTHER OBESITY PREVENTION PROGRAMS COMMUNI TY HEALTH STAFF DECIDED TO REPLACE THE CDC WORKSITE WELLNESS PROGRAM WITH THE GO LAKE COUN TY CAMPAIGN GO LAKE COUNTY IS A WALKING INITIATIVE THAT PROMOTES HEALTHY AND ACTIVE LIVIN G THROUGH WALKING EVENTS WITHIN LAKE COUNTY COMMUNITIES GO LAKE COUNTY ENABLES EVERYONE T O INCREASE THEIR LEVEL OF DAILY PHYSICAL ACTIVITY AND FOSTER COMMUNITY ENGAGEMENT IN 2018 , ADVOCATE GOOD SHEPHERD BEGAN PARTNERING WITH THE WAUCONDA PARK DISTRICT AND WILL BE SPON SORING THE GO WAUCONDA CAMPAIGN THE WAUCONDA PARK DISTRICT AND COMMUNITY HEALTH STAFF HEL D PLANNING SESSIONS FOR THE GO WAUCONDA PROGRAM IN 2018 AND PLANS TO LAUNCH THE PROGRAM IN SUMMER OF 2019 THE THIRD OBESITY PREVENTION INITIATIVE IS FOOD INSECURITY (FI) SCREENING AND RESOURCE REFERRAL THE FI SCREEN RAPIDLY IDENTIFIES HOUSEHOLDS AT RISK FOR FOOD INSEC URITY, ENABLING PROVIDERS TO TARGET SERVICES THAT AMELIORATE THE ASSOCIATED HEALTH AND DEV ELOPMENTAL CONSEQUENCES THE TWO-ITEM EVIDENCE-BASED FI SCREEN TOOL WAS ORIGINALLY DESIGNE D TO BE SENSITIVE, SPECIFIC AND VALID AMONG LOW-INCOME FAMILIES WITH YOUNG CHILDREN THE H OSPITAL IS COLLABORATING WITH SENIOR SERVICE ORGANIZATIONS IN THE ADVOCATE GOOD SHEPHERD S ERVICE AREA TO SCREEN SENIORS FOR FOOD INSECURITY, USING THE HUNGER VITAL SIGN FI QUESTION NAIRE INDIVIDUALS WHO ARE IDE

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

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ADVOCATE GOOD SHEPHERD HOSPITAL	<p>NTIFIED AS FOOD INSECURE ARE REFERRED TO COMMUNITY RESOURCES (FOOD PANTRIES, SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), MEALS ON WHEELS, CONGREGATE MEAL PROGRAMS, FARMERS MA RKETS AND COMMUNITY GARDENS IN 2018, ADVOCATE GOOD SHEPHERD STAFF ADDED TO THE ADVOCATE G OOD SHEPHERD FOOD AND NUTRITION RESOURCE GUIDE, WHICH NOW INCLUDES 72 FOOD RESOURCES THROU GHOUT THE COMMUNITY THIS GUIDE IS AVAILABLE TO ANY COMMUNITY MEMBER AND IS PROVIDED TO AL L SENIORS SCREENING POSITIVE FOR FOOD INSECURITY AT THE LOCAL SENIOR SERVICES PARTNER LOCA TIONS IN 2018, COMMUNITY HEALTH STAFF RECRUITED AND TRAINED FIVE MORE SENIOR SERVICE AGEN CIES THE MCHENRY SENIOR CENTER, ELA TOWNSHIP SENIOR CENTER, CRYSTAL LAKE SENIOR SERVICES, HARVARD SENIOR CENTER AND ADVOCATE GOOD SHEPHERD DIABETES CENTER THERE ARE NOW SEVEN AGE NCIES IMPLEMENTING THE SCREENING, INCLUDING THE TWO THAT STARTED IN 2017- THE ADVOCATE GOOD SHEPHERD SENIOR SERVICES DEPARTMENT AND THE BARRINGTON AREA COUNCIL ON AGING (BACOA) EAC H OF THESE AGENCIES INCORPORATED THE HUNGER VITAL SIGN FI SCREENING INTO THEIR COUNSELING APPOINTMENTS WITH SENIORS IN 2018, 997 SENIORS COMPLETED THE HUNGER VITAL SIGN SCREENING AND 111 SENIORS SCREENED POSITIVE FOR FOOD INSECURITY (ELEVEN PERCENT) ON SEPTEMBER 5, 20 18, COMMUNITY HEALTH STAFF HOSTED A FOOD INSECURITY AMONG SENIORS PRESENTATION AT ADVOCATE GOOD SHEPHERD, PRESENTED BY THE NORTHERN ILLINOIS FOOD BANK TWENTY-SIX LOCAL AGENCIES WE RE REPRESENTED MENTAL HEALTHTHE HOSPITAL IS ADDRESSING MENTAL HEALTH IN THE ADVOCATE GOOD SHEPHERD SERVICE AREA THROUGH THREE STRATEGIES THE FIRST STRATEGY UTILIZES MENTAL HEALTH FIRST AID TRAINING MENTAL HEALTH FIRST AID IS AN INTERNATIONAL EVIDENCE-BASED PROGRAM, D ESIGNED TO HELP PEOPLE RECOGNIZE INDIVIDUALS WITH MENTAL HEALTH PROBLEMS AND PROVIDE SKILL S TO HELP THOSE WHO ARE HAVING A MENTAL HEALTH CRISIS TO ACCESS HELP USING THE MENTAL HEA LTH YOUTH FIRST AID CURRICULUM, THE HOSPITAL IS TARGETING TEACHERS, PHYSICAL EDUCATION (PE ) INSTRUCTORS AND COACHES THE HOSPITAL ALSO PLANS TO HOLD MENTAL HEALTH FIRST AID SESSION S FOR ADVOCATE GOOD SHEPHERD CARE MANAGERS, SOCIAL WORKERS AND ONCOLOGY NURSE NAVIGATORS FINALLY, THE HOSPITAL WILL ENSURE THE TRAINING OF TWO INDIVIDUALS TO BECOME MENTAL HEALTH FIRST AID INSTRUCTORS, WHICH REQUIRES COMPLETING A 40-HOUR TRAINING COURSE</p>

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Form and Line Reference	Explanation
ADVOCATE GOOD SAMARITAN HOSPITAL	PART V, SECTION B, LINE 11 2014-2016 CHNA HEALTH NEEDS SELECTED TO ADDRESSHEALTHY LIFESTYLE LESOBESITY AND POOR NUTRITION ARE THE MAIN CAUSES OF MANY CHRONIC DISEASES AND HEALTH ISSU ES INCLUDING HEART DISEASE, STROKE, SOME CANCERS AND DIABETES TAKING THIS INTO CONSIDERAT ION, THE CHC SELECTED HEALTHY LIFESTYLES AS ONE OF THE TWO HEALTH PRIORITIES TO ADDRESS, D UE TO THE LARGE IMPACT IT HAS ON QUALITY OF LIFE AND OVERALL HEALTH STATUS THE PREVENTION OF OBESITY, PROPER NUTRITION AND PHYSICAL ACTIVITY HAVE THE POTENTIAL TO DECREASE THE RAT E OF CHRONIC DISEASE THUS INCREASING LIFE EXPECTANCY AND QUALITY OF LIFE THE TERM HEALTHY LIFESTYLES IS USED TO ENCOMPASS MULTIPLE FACTORS THAT CAUSE OBESITY AND IMPACT QUALITY D ATA ALSO REVEALED THAT LOW-INCOME POPULATIONS WITHIN DUPAGE COUNTY HAVE HIGHER RATES OF OB ESITY INDICATING OBESITY PREVENTION AND NUTRITION EDUCATION IS AN ESSENTIAL NEED IN THE MO RE VULNERABLE COMMUNITIES WITHIN THE HOSPITAL'S PRIMARY SERVICE AREA (PSA) BELOW, ARE STR ATEGIES THAT THE HOSPITAL WILL IMPLEMENT TO ADDRESS THE HEALTHY LIFESTYLES PRIORITY IN THE HOSPITAL'S DEFINED COMMUNITY FOOD PANTRY WORKSHOPS-STRATEGY ONEPARTNER WITH UNIVERSITY OF ILLINOIS EXTENSION, NORTHERN ILLINOIS FOOD BANK AND LOCAL FOOD PANTRIES TO IMPLEMENT HEAL THY LIFESTYLE WORKSHOPS IN FOOD PANTRIES WITHIN ADVOCATE GOOD SAMARITAN'S PSA 2017 FOOD PA NTRY WORKSHOP-STRATEGY ONE UPDATES/PROGRESSA SERIES OF 4 WORKSHOPS PER PANTRY WERE IMPLEME NTED IN 2018 PEOPLE'S RESOURCE CENTER (WESTMONT) AND WEST SUBURBAN COMMUNITY FOOD PANTRY B OTH HAD AN AVERAGE WORKSHOP CLASS OF 15 PARTICIPANTS AT EACH SESSION THERE WERE TWO FOOD P ANTRIES THAT PARTICIPATED-PEOPLE'S RESOURCE CENTER (WESTMONT) AND WEST SUBURBAN COMMUNITY FOOD PANTRY AN AVERAGE OF 65 PERCENT OF WORKSHOP SERIES PARTICIPANTS REPORTED THAT THEY PL ANNNED ON MAKING AT LEAST ONE HEALTHY CHANGE IN THEIR LIFESTYLE AS A RESULT OF THE WORKSHOP (S) AN AVERAGE OF 84 PERCENT OF WORKSHOP PARTICIPANTS REPORTED A HEALTHY BEHAVIOR CHANGE ( CONSUMPTION OF MORE FRUITS, WHOLE GRAINS, VEGETABLES, ETC ) OR INTENT TO CHANGE AS A RESUL T OF THE WORKSHOPS THE ADVOCATE GOOD SAMARITAN COMMUNITY HEALTH DEPARTMENT ALSO CONDUCTED FOLLOW-UP CALLS 90 DAYS AFTER THE LAST WORKSHOP TO MEASURE SUSTAINED BEHAVIOR CHANGES SE VENTY-FIVE PERCENT OF SURVEY RESPONDENTS REPORTED MAINTAINING A HEALTHY BEHAVIOR CHANGE AN D ONE RESPONDENT REPORTED LOSING 20 POUNDS SINCE THE BEGINNING OF THE WORKSHOP SERIES AN UNEXPECTED ADDITIONAL POSITIVE OUTCOME OF THE WORKSHOP SERIES HAS BEEN THE PARTICIPANTS SH ARING RECIPES AND IDEAS ABOUT IMPROVING THEIR LIFESTYLES WITH EACH OTHER AND CREATING AN I NFORMAL PEER SUPPORT GROUP HEALTHY SCHOOLS PROGRAM-STRATEGY TWOPARTNER WITH ACTION FOR HEA LTHY KIDS TO SUPPORT SCHOOLS IN ADVOCATE GOOD SAMARITAN'S PSA TO CREATE A HEALTHY SCHOOL E NVIRONMENT AND BECOME RECOGNIZED AS A CERTIFIED HEALTHY SCHOOL UNDER THE USDA'S HEALTHIER US SCHOOLS CHALLENGE 2018 HEALTHY SCHOOLS PROGRAM-STRATEGY TWO UPDATES/PROGRESSADVOCATE GO OD SAMARITAN AND ACTION FOR HE

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ADVOCATE GOOD SAMARITAN HOSPITAL	<p>ALTHY KIDS (AFHK) ARE COLLABORATING WITH TWO SCHOOLS IN THE HOSPITAL'S PSA BOTH SCHAFER A ND SIPLEY ELEMENTARY SCHOOLS HAVE 50 PERCENT OF STUDENTS WHO ARE LOW-INCOME AND ELIGIBLE F OR FREE/REDUCED LUNCH BOTH PARTNER SCHOOLS HAVE ACTIVE SCHOOL WELLNESS TEAMS THAT ARE ENGA GED IN THE IMPLEMENTATION OF ACTION PLAN STRATEGIES IN 2018, ACTION FOR HEALTHY KIDS PROVI DED TECHNICAL SUPPORT TO EACH SCHOOL TWO TO THREE TIMES PER MONTH IN 2018, THE AVERAGE SC HOOL HEALTH INDEX SCORE WAS 86 92%, WHICH WAS AN IMPROVEMENT FROM 2017 BOTH SCHOOLS IMLEM ENTED AT LEAST ONE PHYSICAL ACTIVITY IMPROVEMENT STRATEGY INCLUDING A YOGA CLASS FOR STUDE NTS, WHICH WAS PROVIDED BY THE HOSPITAL'S HEALTH AND WELLNESS CENTER YOGA INSTRUCTOR BOTH SCHOOLS SHARED INFORMATION ON PHYSICAL ACTIVITY AND NUTRITION WITH PARENTS THROUGH THE SCH OOL NEWSLETTER PROACTIVE KIDS-STRATEGY THREEADVOCATE GOOD SAMARITAN, IN PARTNERSHIP WITH P ROACTIVE KIDS, WILL IMPLEMENT AN EIGHT-WEEK HEALTHY LIFESTYLE PROGRAM FOR OBESE AND OVERWE IGH T CHILDREN LIVING IN THE HOSPITAL'S PSA 2018 PROACTIVE KIDS-STRATEGY THREE UPDATES/PROG RESSADVOCATE GOOD SAMARITAN OFFERED ONE PAK SESSION AT THE LOMBARD PARK DISTRICT ELEVEN K IDS WERE IN ATTENDANCE FOR THE FIRST PAK SESSION AT THE LOMBARD PARK DISTRICT FIFTY-TWO PE RCENT OF PAK REGISTRANTS ATTENDED THE FIRST CLASS OF THE SESSION FIFTY-THREE PERCENT OF PA K PARTICIPANTS GRADUATED FROM THE PROGRAM THIRTY-EIGHT PERCENT OF PARTICIPANTS RECOGNIZED A SIGNIFICANT TO SOLID IMPROVEMENT IN THEIR COMMITMENT TO FITNESS AT THE CONCLUSION OF THE 8-WEEK PROGRAM 83 PERCENT OF PROGRAM PARTICIPANTS REPORTED RECOGNIZING A SIGNIFICANT TO S OLID IMPROVEMENT IN THEIR DIET AND NUTRITION AT THE CONCLUSION OF THE 8-WEEK PROGRAM 29 PE RCENT OF PAK PARTICIPANTS DECREASED BMI AT THE CONCLUSION OF THE PROGRAM TO ENSURE PROGRAM GOALS AND PARTICIPATION RATES ARE MET, ADVOCATE GOOD SAMARITAN IS WORKING ALONGSIDE THE H OSPITAL'S COMMUNITY HEALTH COUNCIL TO EVALUATE PAK'S COMMUNITY IMPACT AND OUTCOMES IT IS THE HOSPITAL'S TOP PRIORITY TO ACHIEVE PROGRAM GOALS THAT POSITIVELY IMPACT AND IMPROVE TH E HEALTH OF THE COMMUNITIES SERVED THE HOSPITAL WILL WORK WITH PAK TO MAKE PROGRAM MODIFI CATIONS IN EFFORTS TO IMPROVE PROGRAM IMPACT AND PARTICIPATION RATES</p> <p>CARDIOVASCULAR WORKS HOPS-STRATEGY FOURTHE ADVOCATE GOOD SAMARITAN CARDIOVASCULAR (CV) SERVICE LINE WILL CREATE AND IMPLEMENT 2-3 HEALTHY LIFESTYLE WORKSHOPS IN THE HOSPITAL'S PSA 2018 CARDIOVASCULAR W ORKSHOPS-STRATEGY FOUR UPDATES/PROGRESSADVOCATE GOOD SAMARITAN'S CV SERVICE LINE IMPLEMENT ED 13 WORKSHOPS IN 2018 FOUR WORKSHOPS WERE FOR THE GENERAL COMMUNITY AND NINE WERE FOR L OCAL EMERGENCY MEDICAL SERVICES (EMS) PROVIDERS TWO-HUNDRED AND SIXTY-THREE PEOPLE PARTICI PATED IN HEALTHY LIFESTYLE WORKSHOPS IN 2018 NINETY-NINE PERCENT OF PARTICIPANTS WERE ABLE TO IDENTIFY AT LEAST TWO RISK FACTORS FOR HEART AND BRAIN ATTACKS AT THE CONCLUSION OF TH E WORKSHOP SEVERAL COMMUNITY ORGANIZATIONS AND INSTITUTIONS HOSTED THE WORKSHOPS IN 2018 I NCLUDING, THE DOWNERS GROVE FI</p>

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ADVOCATE GOOD SAMARITAN HOSPITAL	RE DEPARTMENT, ILLINOIS TOLLWAY AND VILLA ST BENEDICT MENTAL HEALTHTHE CHC SELECTED MENTA L HEALTH AS THE SECOND HEALTH NEED PRIORITY DATA TRENDS INDICATED THAT MENTAL HEALTH ISSU ES ARE INCREASING AND THE NEED FOR MENTAL HEALTH SERVICES AND PROGRAMMING IS CONTINUING TO GROW THIS IS A HEALTH NEED THAT IS ALSO CORRELATED WITH SUBSTANCE ABUSE AS MANY SUBSTANC E USERS/ABUSERS ALSO EXPERIENCE MENTAL HEALTH ISSUES AND MANY INDIVIDUALS WITH MENTAL HEAL TH DISORDERS EXPERIENCE SUBSTANCE ABUSE ISSUES THE NATIONAL ALLIANCE FOR MENTAL ILLNESS ( NAMI), ONE OF THE LEADING MENTAL HEALTH AGENCIES IN DUPAGE COUNTY, PROVIDED MENTAL HEALTH DATA THAT ALSO INDICATED THE NEED FOR RESILIENCE AND MENTAL HEALTH CRISIS TRAINING AMONG A DOLESCENTS AND YOUNG ADULTS THE HIGH RATES OF ED VISITS AND HOSPITALIZATION DUE TO MENTAL HEALTH ISSUES ARE PREVENTABLE THROUGH EMPLOYING COPING MECHANISMS AND RESILIENCE TRAINING THE CHC IS SPECIFICALLY INTERESTED IN PROGRAMS THAT PREVENT MENTAL HEALTH EMERGENCIES AN D DECREASE ED VISITS AND HOSPITALIZATION DUE TO MENTAL HEALTH ISSUES BELOW, ARE STRATEGIE S THAT THE HOSPITAL WILL IMPLEMENT TO ADDRESS MENTAL HEALTH IN THE HOSPITAL'S PSA ENDING T HE SILENCE-STRATEGY ONEPARTNER WITH NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI DUPAGE) TO I MPLEMENT THE ENDING THE SILENCE (ETS) PROGRAM IN MIDDLE AND HIGH SCHOOLS WITHIN ADVOCATE G OOD SAMARITAN'S PSA 2018 ENDING THE SILENCE- STRATEGY ONE UPDATES/PROGRESSDURING THE 2017/ 18 SCHOOL YEAR, NINE ETS CLASSES WERE HELD AT WESTMONT HIGH AND EISENHOWER MIDDLE SCHOOLS OVER 240 STUDENTS PARTICIPATED AND COMPLETED THE ETS PROGRAM TWO SCHOOLS HOSTED THE ETS PR OGRAM IN 2017/18-WESTMONT HIGH SCHOOL AND EISENHOWER MIDDLE SCHOOL EIGHTY-SEVEN PERCENT OF WESTMONT HIGH SCHOOL STUDENTS REPORTED THEY KNEW THE SIGNS OF MENTAL ILLNESS IN THE POST EVALUATION SURVEY SIXTY-THREE PERCENT OF WESTMONT HIGH SCHOOL STUDENTS REPORTED FEELING MO RE COMFORTABLE TALKING ABOUT MENTAL ILLNESS ON THE POST EVALUATION SURVEY SIXTY-NINE PERCE NT OF WESTMONT HIGH SCHOOL STUDENTS REPORTED LEARNING NEW INFORMATION ABOUT MENTAL ILLNESS ON THE POST EVALUATION SURVEY MENTAL HEALTH FIRST AID-STRATEGY TWO PROVIDE MENTAL HEALTH F IRST AID (MHFA) TO HOSPITAL ASSOCIATES AND STAFF AND COMMUNITY ORGANIZATIONS/BUSINESSES SE RVING THE ADVOCATE GOOD SAMARITAN PSA 2018 MENTAL HEALTH FIRST AID- STRATEGY TWO UPDATES/P ROGRESSIN PARTNERSHIP WITH NAMI DUPAGE, ADVOCATE GOOD SAMARITAN IMPLEMENTED TWO MHFA TRAIN INGS THE FIRST MHFA TRAINING WAS OPEN TO THE COMMUNITY AND THE SECOND WAS FOR THE HOSPITA L'S STAFF AND ASSOCIATES THIRTEEN COMMUNITY PARTNERS ATTENDED THE MHFA TRAININGS IN 2018 F OURTEEN ADVOCATE GOOD SAMARITAN ASSOCIATES AND EMPLOYEES ATTENDED THE TRAINING IN 2018



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LUTHERAN GEN HOSP INCL LUTH GEN CHILD	<p>PART V, SECTION B, LINE 11 2014-2016 CHNAIN 2016, ADVOCATE LUTHERAN GENERAL COMPLETED A C OMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WITH INPUT FROM THE COMMUNITY HEALTH COUNCIL THE COUNCIL IS COMPOSED OF VARIOUS KEY STAKEHOLDERS FROM COMMUNITIES WITHIN ADVOCATE LUTHERAN GENERAL'S SERVICE AREA AFTER REVIEWING PRIMARY AND SECONDARY DATA, THE COUNCIL SELECTED THREE HEALTH NEEDS AS PRIORITIES FOR HOSPITAL ACTION HEART DISEASE, HEALTH L ITERACY AND WORKFORCE DEVELOPMENT THE HOSPITAL'S COMMUNITY HEALTH COUNCIL MET QUARTERLY D URING THE 2014-2016 CHNA PROCESS THERE WERE TWO ADDITIONAL MEETINGS IN 2016 FOR DATA REVI EW AND PRIORITIZATION OF HEALTH NEEDS OUTLINED BELOW ARE THE THREE SELECTED PRIORITIES AN D 2018 UPDATES FOR EACH PRIORITY ADVOCATE LUTHERAN GENERAL'S SELECTED HEALTH NEEDS TO ADD RESSHEALTH LITERACY NAVIGATING THE HEALTH CARE SYSTEM PROGRAM-STRATEGY ONEPARTNER WITH ADVOCATE CHILDREN'S- PARK RIDGE TO ENGAGE AND SUPPORT LOCAL SCHOOL DISTRICTS IN IMPLEMENTING THE NAVIGATING THE HEALTH CARE SYSTEM, A HEALTH LITERACY CURRICULUM 2018 NAVIGATING THE HE ALTH CARE SYSTEM-STRATEGY ONE UPDATES/PROGRESSIN 2018, THE PROGRAM WAS IMPLEMENTED AT DISTRICT 207 MAINE EAST HIGH SCHOOL (D207) IN PARTNERSHIP WITH THE TRANSITION PROGRAM A WORKS HOP WAS ALSO IMPLEMENTED AT THE CENTER OF CONCERN IN DES PLAINES EIGHT CLASSES WERE FACIL ITATED IN 2018-FOUR CLASSES WERE AT D207 AND FOUR CLASSES WERE HELD AT THE CENTER OF CONCERN THE COHORT AT THE D207 TRANSITION PROGRAM IN PARK RIDGE AVERAGED 46 PERCENT IN PRE-ASS ESSMENT AND 50 PERCENT ON POST-ASSESSMENT, WHICH WAS A 4 PERCENT INCREASE IN KNOWLEDGE GAI N THE COHORT AT THE CENTER OF CONCERN IN DES PLAINES AVERAGED 82 PERCENT IN PRE-ASSESSMEN T AND 83 PERCENT IN POST-ASSESSMENT, WHICH IS A 1 PERCENT INCREASE IN KNOWLEDGE GAIN AGEN CY FOR HEALTHCARE RESEARCH AND QUALITY-STRATEGY TWOPARTNER WITH ADVOCATE LUTHERAN GENERAL PHYSICIANS TO IMPLEMENT THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY (AHRQ) HEALTH LITERACY ASSESSMENT AND RECOMMENDATIONS WITHIN THE PRIMARY CARE SETTING 2018 AGENCY FOR HEALTHCARE RESEARCH AND QUALITY PROGRAM-STRATEGY TWO UPDATES/PROGRESSIN 2018, A TRAINING ON THE I MPORTANCE OF HEALTH LITERACY WAS OFFERED TO PHYSICIANS AND RESIDENTS OF ADVOCATE LUTHERAN GENERAL HOSPITAL RESIDENTS COMPLETED A TOTAL OF EIGHTEEN AHRQ ASSESSMENTS, WHICH WERE COL LECTED AND EVALUATED BY THE HOSPITAL'S COMMUNITY HEALTH DEPARTMENT EIGHTY-TWO PERCENT OF RESIDENT PARTICIPANTS, ANSWERED, "DOING WELL" IN THE AREA OF UNDERSTANDING THAT LIMITED HE ALTH LITERACY AFFECTS ALL INDIVIDUALS THIRTY-FIVE PERCENT, ANSWERED "DOING WELL" IN THAT ALL STAFF MEMBERS HAVE RECEIVED HEALTH LITERACY EDUCATION IN EFFORTS TO TURN THE ASSESSME NTS INTO ACTIONABLE STRATEGIES, THE COMMUNITY HEALTH DEPARTMENT PREPARED A COMPREHENSIVE F OLLOW-UP PRESENTATION, SHARING OPPORTUNITIES FOR HEALTH LITERACY IMPROVEMENT IN ALL FIVE C ATEGORIES OF THE ASSESSMENT CARDIOVASCULAR DISEASEEMPOWER TO SERVE (ETS) PROGRAM-STRATEGY ONEPARTNER WITH PRESENCE RESUR</p>

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LUTHERAN GEN HOSP INCL LUTH GEN CHILD	<p>RECTION MEDICAL CENTER (PRMC) TO TRAIN IRVING PARK COMMUNITY LEADERS ON THE EMPOWERED TO S ERVE CURRICULUM (ETS), A HEART HEALTH CURRICULUM 2018 EMPOWER TO SERVE PROGRAM-STRATEGY ON E UPDATES/PROGRESSIN 2018, THREE COMPLETE SERIES OF ETS WERE OFFERED TO THE IRVING PARK CO MMUNITY AT THE FOLLOWING LOCATIONS IRVING PARK FOOD PANTRY, OAK STREET HEALTH AND BELDING ELEMENTARY SCHOOL ADVOCATE LUTHERAN GENERAL COLLABORATED WITH DOMINICAN UNIVERSITY TO CO ORDINATE A SIX-WEEK COOKING SERIES, PRECEDING THE ETS CLASSES AT THE IRVING PARK FOOD PANT RY COOKING CLASSES WERE INTEGRATED INTO THE ETS CURRICULUM, CREATING ONE HEALTHY LIFESTYL E CLASS AS A RESULT OF THE CLASSES, 17 PERCENT OF PARTICIPANTS BETTER UNDERSTOOD WHY CHEC KING BLOOD PRESSURE WAS IMPORTANT THERE WAS A 41 PERCENT INCREASE IN KNOWLEDGE AMONG ALL PARTICIPANTS WHO WERE ABLE TO IDENTIFY THE SYMPTOMS OF A STROKE USING F A S T IN ADDITION, ADVOCATE LUTHERAN GENERAL'S SOUTH ASIAN CARDIOVASCULAR CENTER COLLABORATED WITH THE ADVOC ATE LUTHERAN GENERAL COMMUNITY HEALTH WORKER TO FACILITATE A SIX-WEEK ETS PROGRAM AT THE D ES PLAINES FRISBEE CENTER FOR SENIORS THE COMMUNITY HEALTH WORKER (CHW) ALSO FACILITATED THE ETS PROGRAM IN SPANISH TO ST STEPHENS CATHOLIC CHURCH IN DES PLAINES BLOOD PRESSURE CHECKS-STRATEGY TWOTRACK THE BLOOD PRESSURE OF ADULTS WHO UTILIZE THE IRVING PARK FOOD PAN TRY IN THE 60641 ZIP CODE 2018 BLOOD PRESSURE CHECKS-STRATEGY TWO UPDATES/PROGRESSSIX SCRE ENINGS WERE PROVIDED IN PARTNERSHIP WITH PRESENCE RESURRECTION MEDICAL CENTER (PRMC) DURIN G VARIOUS TIMES THROUGHOUT THE ETS PROGRAM IN 2018 A TOTAL OF 34 INDIVIDUALS HAD BLOOD PR ESSURE (BP) SCREENINGS DURING THE SCREENINGS, NO IMMEDIATE REFERRALS OR APPOINTMENTS WERE SCHEDULED WITH HEALTH CARE PROVIDERS POST ASSESSMENTS INDICATED A 59 PERCENT KNOWLEDGE I NCREASE REGARDING UNDERSTANDING THE IMPORTANCE OF BLOOD PRESSURE SCREENINGS AND RISK FACTO RS FOR HEART DISEASE WORKSITE WELLNESS-STRATEGY THREEDEVELOP PARTNERSHIPS WITH LOCAL BUSI NESSES, EMPLOYERS AND COMMUNITY-BASED ORGANIZATIONS IN IRVING PARK (60641) WHO HAVE VENDIN G MACHINES TO ENGAGE/SUPPORT THEM IN IMPLEMENTING AT LEAST 1/2 VENDING POLICY CHANGES AS S UGGESTED BY THE AMERICAN HEART ASSOCIATION 2018 WORKSITE WELLNESS-STRATEGY TWO UPDATES/PRO GRESSADVOCATE LUTHERAN GENERAL REACHED OUT TO SEVERAL LOCAL BUSINESSES AND CHURCHES THERE WAS NO INTEREST IN INTEGRATING/PURCHASING HEALTHY VENDING FOR BUSINESS/CHURCH EMPLOYEES THE HOSPITAL DID NOT RECEIVE ANY INTEREST IN HEALTHY VENDING FROM IRVING PARK BUSINESSES, THE COMMUNITY HEALTH DEPARTMENT WAS ABLE TO WORK WITH CHICAGO TABERNACLE, A CHURCH IN HERM OSA, TO ADDRESS MENTAL HEALTH AND HEALTHY LIFESTYLES THE CENTRAL REGION COMMUNITY HEALTH COORDINATOR IS WORKING WITH THE CHURCH TO PROVIDE TRAUMA-INFORMED TRAININGS AND COMMUNITY RESOURCES/WORKSHOPS SOCIAL DETERMINANTS OF HEALTHJUMPSTART PROGRAM-STRATEGY ONEADVOCATE LU THERAN GENERAL WILL PARTNER WITH ADVOCATE CHILDREN'S-PARK RIDGE TO EXPAND JOB OPPORTUNITIE S AND CAREER READINESS FOR LOW</p>

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Form and Line Reference	Explanation
LUTHERAN GEN HOSP INCL LUTH GEN CHILD	-INCOME STUDENTS OF DISTRICT 207 BY EXPANDING THE JUMPSTART PROGRAM, A WORKFORCE DEVELOPME NT PROGRAM, AT THE HOSPITALS 2018 JUMPSTART PROGRAM-STRATEGY ONE UPDATES/PROGRESSIN 2018, THERE WERE 12 JUMPSTART INTERNS PLACED AT ADVOCATE LUTHERAN GENERAL EIGHTY-ONE PERCENT OF STUDENTS WHO STARTED THE INTERNSHIP PROGRAM COMPLETED THE FULL 120 HOURS ALL JUMPSTART P ROGRAM PARTICIPANTS COMPLETED FOUR CAREER-READINESS WORKSHOPS TWENTY-THREE PERCENT OF JUM PSTART PARTICIPANTS AT THE HOSPITALS OBTAINED THEIR HIGH SCHOOL DIPLOMA WITHIN ONE YEAR OF BEGINNING THE PROGRAM CHAMBER OF COMMERCE PARTNERSHIP-STRATEGY TWOCOLLABORATE WITH PARK RIDGE, NILES, DES PLAINES AND GLENVIEW CHAMBERS OF COMMERCE TO INCREASE THE NUMBER OF BUSI NESSES/ORGANIZATIONS IN THE COMMUNITY THAT OFFER MINI INTERNSHIPS OR HIRING OPPORTUNITIES TO JUMPSTART PARTICIPANTS 2018 CHAMBER OF COMMERCE PARTNERSHIP-STRATEGY TWO UPDATES/PROGRE SSEIGHTEEN PARTICIPANTS WERE PLACED WITH PARK RIDGE, NILES, DES PLAINES, MORTON GROVE OR G LENVIEW ORGANIZATIONS/BUSINESSES FIFTY-ONE PERCENT OF JUMPSTART PARTICIPANTS WERE HIRED B Y NEW PARTNER ORGANIZATIONS THIRTY-EIGHT PERCENT OF 2018 JUMPSTART PARTICIPANTS OBTAINED INTERNSHIPS WITH NEW ORGANIZATIONS ALLIANCE FOR HEALTH EQUITY COLLABORATIVE-STRATEGY THREE COLLABORATE WITH OTHER HOSPITALS AND COMMUNITY ORGANIZATIONS WITHIN THE ALLIANCE FOR HEALT H EQUITY TO DEVELOP INTERVENTIONS THAT WILL IMPACT THE SOCIAL DETERMINANTS OF HEALTH (SDOH ) 2018 ALLIANCE FOR HEALTH EQUITY-STRATEGY THREE UPDATES/PROGRESSADVOCATE LUTHERAN GENERAL IS A DEDICATED MEMBER OF THE ALLIANCE FOR HEALTH EQUITY AND PARTICIPATES IN THE MONTHLY S DOH AND VIOLENCE PREVENTION WORKGROUP MEETINGS THE WORKGROUPS CONVE NE HOSPITALS AND ORGAN IZATIONS ACROSS VARIOUS SECTORS TO ADDRESS COMMUNITY NEEDS AROUND SOCIAL DETERMINANTS OF H EALTH THE GOAL OF THE WORKGROUPS IS TO CREATE AND IMPLEMENT STRATEGIES THAT WILL COLLECTI VELY IMPROVE THE HEALTH OF VULNERABLE AND UNDERSERVED COMMUNITIES IN COOK COUNTY THROUGH A DDRESSING SOCIAL DETERMINANTS OF HEALTH ADVOCATE CHILDREN'S SELECTED HEALTH NEEDS TO ADDR ESSIN THE 2014-2016 CHNA, ADVOCATE CHILDREN'S IDENTIFIED THREE COMMUNITY HEALTH NEEDS AS O UTLINED BELOW ACCESS TO CARE IMPROVE CHILDREN'S ACCESS TO PRIMARY HEALTH CARE IN ADVOCATE CHILDREN'S PSA AND SSA

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

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	<p>PART V, SECTION B, LINE 11 2014-2016 CHNA AS AN IMPORTANT PART OF THE CHNA PROCESS, ADVOCATE SOUTH SUBURBAN'S COMMUNITY HEALTH TEAM REVIEWED HICCC DATA AS WELL AS ADDITIONAL SERVICE AREA SPECIFIC DATA FROM PRIMARY AND SECONDARY SOURCES. THIS DATA HIGHLIGHTED THE PREVALENT HEALTH ISSUES WITHIN THE HOSPITAL'S PRIMARY AND SECONDARY SERVICE AREA. AFTER REVIEW OF EXTENSIVE DATA, THE LEADING CAUSES OF DEATH, HOSPITALIZATIONS AND OVERARCHING HEALTH ISSUES WERE SUMMARIZED AND PRESENTED TO THE HOSPITAL'S COMMUNITY HEALTH COUNCIL FOR PRIORITIZATION. DATA PRESENTED TO THE CHC TARGETED THE FOLLOWING HEALTH CONDITIONS IDENTIFIED AS IMPORTANT IN ADVOCATE SOUTH SUBURBAN'S PRIMARY AND SECONDARY SERVICE AREA: ASTHMA, CANCER, DIABETES, HEART DISEASE, HYPERTENSION AND STROKE. THE FOLLOWING CRITERIA WERE ALSO CONSIDERED IN DETERMINING PRIORITIES: - DEGREE TO WHICH COMMUNITY PARTNERS ARE INVOLVED IN SOLVING/ ADDRESSING THE HEALTH ISSUE, - HOSPITAL AND COMMUNITY RESOURCES AVAILABLE TO ADDRESS THE HEALTH ISSUE, - HOSPITAL'S CAPACITY TO ADDRESS THE HEALTH ISSUES, - IMPORTANCE OF THE HEALTH PROBLEM TO THE COMMUNITY, AND - DEGREE TO WHICH EFFECTIVE PROGRAMS ARE AVAILABLE TO THE COMMUNITY. AFTER DISCUSSION AND REVIEW OF SIGNIFICANT DATA FINDINGS, THE CHC MEMBERS WERE INSTRUCTED TO RANK THE SEVEN HEALTH CONDITIONS BY VOTING ON THOSE THAT THEY PERCEIVED TO BE THE MOST IMPORTANT TO ADDRESS FOR THE COMMUNITIES WITHIN THE HOSPITAL'S PRIMARY SERVICE AREA. THE MULTI-VOTING STRATEGY RESULTED IN ASTHMA AND DIABETES RECEIVING THE HIGHEST NUMBER OF VOTES. HOUSING WAS SELECTED AS A FOCUS AREA BY CHC MEMBERS AS THE SOCIAL, ECONOMIC OR STRUCTURAL DETERMINANT OF HEALTH RELATED TO THE HICCC PRIORITY. THEREFORE, FOR THE 2014-2016 CHNA, ADVOCATE SOUTH SUBURBAN SELECTED THREE PRIORITIES FOR IMPLEMENTATION PLANNING: 1) ASTHMA, 2) DIABETES, AND 3) HOUSING AS A SOCIAL DETERMINANT OF HEALTH (SDOH). NEEDS SELECTED AS PRIORITIES TO ADDRESS ASTHMA AND OTHER RESPIRATORY-RELATED DISEASES WITHIN ADVOCATE SOUTH SUBURBAN'S PSA WERE SELECTED AS A TOP HEALTH NEED TO ADDRESS. AN EXAMINATION OF ADVOCATE SOUTH SUBURBAN'S INPATIENT ADMISSIONS AND EMERGENCY DEPARTMENT UTILIZATION DATA SHOWED THERE WERE A SIGNIFICANT NUMBER OF INDIVIDUALS THAT SEEK SERVICES FOR ASTHMA/RESPIRATORY HEALTH ISSUES FROM THE HOSPITAL. IN FACT, PULMONARY ADMISSIONS WERE THE SECOND MOST PREVALENT TYPE OF INPATIENT ADMISSION AND THE EIGHTH MOST PREVALENT REASON FOR EMERGENCY DEPARTMENT VISITS. THE SEVERITY AND PREVALENCE OF ASTHMA IS MOST EVIDENT IN LOW-INCOME, MINORITY COMMUNITIES. TO ADDRESS ASTHMA IN THE HIGH-RISK COMMUNITIES THE HOSPITAL SERVES, THE HOSPITAL HAS DIRECTED ITS 'KICKIN' ASTHMA' PROGRAM TOWARD THE MOST VULNERABLE COMMUNITIES IN ITS SERVICE AREA. 'KICKIN' ASTHMA' IS AN ASTHMA MANAGEMENT PROGRAM FOR KIDS AGES 11-16 (GRADES 6-10) THAT EDUCATES AND EMPOWERS THEM THROUGH A FUN AND INTERACTIVE APPROACH TO ASTHMA SELF-MANAGEMENT. THE PROGRAM INCLUDES DIFFERENT LEARNING TECHNIQUES SUITABLE FOR CHILDREN AND HIGHLIGHTS SELF-MANAGEMENT.</p>

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

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	<p>T PRACTICES, SUCH AS RECOGNIZING TRIGGERS AND PROPER MEDICATION USE THESE COMMUNITIES INC LUDE CHICAGO HEIGHTS, 60411, HARVEY, 60426, MARKHAM, 60428, HAZEL CREST, 60429, AND COUNT RY CLUB HILLS, 60478 THE FOLLOWING OUTCOMES WERE ACHIEVED DURING 2018 STRATEGY 1 EXPAND THE KICKIN' ASTHMA PROGRAM TO SCHOOLS IN THE FOLLOWING ZIP CODES 60411, 60426, 60428, 604 29 AND 60478 - TWO PARTNER SCHOOLS HOSTED THE KICKIN' ASTHMA PROGRAM IN 2018 - EIGHTEEN ST UDENTS PARTICIPATED IN THE PROGRAM - NONE OF THE 18 STUDENTS WHO ATTENDED THE KICKIN' ASTH MA CLASS HAD AN ED VISIT WITHIN THREE MONTHS POST PROGRAM STRATEGY 2 PROVIDE ASTHMA EDUCA TION THROUGH PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS THAT TEACH PARTICIPANTS WHAT ADULTS SHOULD DO IN CASE A CHILD EXPERIENCES AN ASTHMA ATTACK - ADVOCATE SOUTH SUBURBAN PARTNERE D WITH TWO SCHOOLS, IN UNDERSERVED COMMUNITIES TO CONDUCT THE KICKIN' ASTHMA PROGRAM THE HOSPITAL CONTINUED TO PARTNER WITH COMMUNITY ORGANIZATIONS TO PROVIDE INFORMATION ON THE K ICKIN' ASTHMA PROGRAM AND TO PROVIDE ASTHMA EDUCATION IN COMMUNITY SETTINGS TO PARENTS, CO ACHES, ETC IN 2018, 25 COMMUNITY MEMBERS WERE TRAINED IN ASTHMA EDUCATION DIABETESACCORDI NG TO THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH, MORE THAN 29 MILLION PEOPLE IN THE UNITED STATES HAVE DIABETES MELLITUS ABOUT ONE-THIRD OF THESE PEOPLE ARE UNAWARE THAT THEY HAVE DIABETES AND ARE NOT UNDER MEDICAL CARE EACH YEAR, 1 9 MILLION NEW CASES OF DIABETES ARE DIAGNOSED IN PEOPLE AGE 20 YEARS AND OLDER IN ILLINOIS, APPROXIMATELY 800,000 PEOPLE 18 Y EARS OF AGE AND OLDER HAVE DIAGNOSED DIABETES, WITH ANOTHER 500,000 PEOPLE UNAWARE THEY HA VE THE DISEASE INDIVIDUALS WITH DIABETES ARE AT INCREASED RISK FOR HEART DISEASE, BLINDNE SS, KIDNEY FAILURE, AND LOWER EXTREMITY AMPUTATIONS (NOT RELATED TO INJURIES) DIABETES AN D ITS COMPLICATIONS OCCUR AMONG ALL AGE, RACIAL AND ETHNIC GROUPS TO ADDRESS DIABETES IN T HE HIGH-RISK COMMUNITIES WITHIN ADVOCATE SOUTH SUBURBAN'S SERVICE AREA, A CENTERS FOR DISE ASE CONTROL AND PREVENTION (CDC) EVIDENCE-BASED INTERVENTION NAMED THE NATIONAL DIABETES P REVENTION PROGRAM (DPP) WAS IMPLEMENTED THE HOSPITAL IS SEEKING TO BECOME A CDC RECOGNIZE D FACILITY TO IMPLEMENT THE DPP THE HOSPITAL PARTNERED WITH LOCAL CHURCHES AND COMMUNITY PARTNERS TO HOST THE PROGRAM THE PROGRAM IS DESIGNED TO EDUCATE INDIVIDUALS WHO HAVE BEEN DIAGNOSED WITH PRE-DIABETES TO PREVENT OR DELAY THE ONSET OF TYPE 2 DIABETES THROUGH EDUC ATION, DIET AND EXERCISE RESEARCH HAS SHOWN THAT A 5-7 PERCENT WEIGHT LOSS CAN PREVENT DE VELOPMENT OF TYPE 2 DIABETES THE FOLLOWING OUTCOMES WERE ACHIEVED DURING 2018 STRATEGY 1 HIRE A LIFESTYLE COACH TO IMPLEMENT THE NATIONAL DIABETES PREVENTION PROGRAM (DPP), PREVE NT T2, IN MARKHAM (60428) AND CHICAGO HEIGHTS (60411) IN COLLABORATION WITH COMMUNITY ORGA NIZATIONS - ADVOCATE SOUTH SUBURBAN PARTNERED WITH ABUNDANT LIVING CHRISTIAN CENTER IN DOL TON, ILLINOIS, TO HOST THE INAUGURAL SESSION IN 2017 THE CHURCH PROGRAM CONCLUDED IN JUNE 2018, LEAVING THE REMAINING C</p>

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

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL	<p>LASSES TO BE HOSTED AT THE DOLTON LIBRARY - IN 2018, ADVOCATE SOUTH SUBURBAN WAS THE HOST SITE FOR THREE COHORTS WITH 24 TOTAL PARTICIPANTS - SEVENTY-FIVE PERCENT OF THE PARTICIPAN TS WERE ELIGIBLE TO PARTICIPATE IN THE DPP PROGRAM BASED ON BLOOD-BASED TEST, 25 PERCENT O F THE PARTICIPANTS WERE ELIGIBLE BASED ON A RISK ASSESSMENT - THIRTY-EIGHT PERCENT OF PART ICIPANTS MET THE WEIGHT LOSS GOAL FROM THE BASELINE STRATEGY 2 ESTABLISH ADVOCATE SOUTH S UBURBAN AS A CDC DESIGNATED DIABETES PREVENTION PROGRAM APPROVED SITE - THE HOSPITAL IS CU RRENTLY IN THE PENDING STAGE FOR THE CDCS PREVENT T2 PROGRAM DUE TO THE TOTAL NUMBER OF PA RTICIPANTS DURING THE EVALUATION CYCLE THE ADVOCATE SOUTH SUBURBAN COMMUNITY HEALTH TEAM LOOKS FORWARD TO POTENTIALLY BEING MOVED TO PRELIMINARY OR FULL RECOGNITION STATUS FROM TH E CDC IN 2019 BECAUSE OF MULTIPLE COHORTS THAT ARE CURRENTLY IN SESSION STRATEGY 3 RAISE AWARENESS OF PREDIABETES THROUGH EDUCATION PROGRAMS IN FAITH-BASED ORGANIZATIONS IN MARKH AM (60428) AND CHICAGO HEIGHTS (60411) - THREE HUNDRED FORTY-ONE INDIVIDUALS RECEIVED EDUC ATIONAL INFORMATION AT COMMUNITY PARTNER SITES REGARDING PREDIABETES COMMUNITY PARTNERS I NCLUDED CHURCHES, PARK DISTRICTS AND A LOCAL SHELTER - THE COMMUNITY HEALTH DEPARTMENT SHA RED A PRESENTATION REGARDING THE DPP PROGRAM WITH DEPARTMENT OF FAMILY MEDICINE TO GARNER ELIGIBLE PARTICIPANTS INTO THE PROGRAM IN AUGUST 2018 THERE WERE 13 PHYSICIANS AND 7 NON- PHYSICIANS WHO ATTENDED THE MEETING PHYSICIANS ASKED QUESTIONS FOR CLARITY AND SOME BEGAN REFERRING THEIR PATIENTS TO THE PROGRAM SOCIAL DETERMINANT OF HEALTH-HOUSINGACCORDING TO THE AMERICAN LUNG ASSOCIATION, HOMES MAY BE THE MOST CRITICAL ENVIRONMENT FOR MANAGING ASTHMA HOMES OFTEN CONTAIN KNOWN ASTHMA TRIGGERS, INCLUDING SECONDHAND SMOKE, DAMPNESS AND M OLD, COCKROACHES AND DUST MITES "HOMES" INCLUDE APARTMENTS AND OTHER MULTI-UNIT HOUSING, GROUP HOMES, SHELTERS AND INSTITUTIONALIZED SETTINGS, AS WELL AS SINGLE-FAMILY HOUSES IND IVIDUALS SUFFERING FROM ASTHMA AND OTHER LUNG DISEASES CAN BE HELPED BY ADOPTING POLICIES THAT CREATE SAFE HOME ENVIRONMENTS</p>

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

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	<p>PART V, SECTION B, LINE 11 2014-2016 CHNAAS AN IMPORTANT PART OF THE CHNA PROCESS, ADVOCATE TRINITY'S COMMUNITY HEALTH TEAM REVIEWED HICCC DATA AS WELL AS ADDITIONAL SERVICE AREA SPECIFIC DATA FROM PRIMARY AND SECONDARY SOURCES THIS DATA HIGHLIGHTED THE PREVALENT HEALTH ISSUES WITHIN THE HOSPITAL'S PRIMARY AND SECONDARY SERVICE AREA AFTER REVIEW OF EXTENSIVE DATA, THE LEADING CAUSES OF DEATH, HOSPITALIZATIONS AND OVERARCHING HEALTH ISSUES WERE SUMMARIZED AND PRESENTED TO THE HOSPITAL'S COMMUNITY HEALTH COUNCIL (CHC) FOR PRIORITIZATION DATA PRESENTED TO THE COUNCIL TARGETED THE FOLLOWING HEALTH CONDITIONS IDENTIFIED AS IMPORTANT IN ADVOCATE TRINITY'S PRIMARY AND SECONDARY SERVICE AREA ASTHMA, CANCER, DIABETES, HEART DISEASE, HYPERTENSION, STROKE, MENTAL HEALTH AND VIOLENCE THE FOLLOWING CRITERIA WERE ALSO CONSIDERED IN DETERMINING PRIORITIES - THE ALIGNMENT OF THE HOSPITAL'S MISSION, AND EXISTING PROGRAMS, - THE ABILITY TO MAKE AN IMPACT WITHIN A REASONABLE TIME FRAME, - HOSPITAL AND COMMUNITY RESOURCES TO ADDRESS THE HEALTH ISSUE, - THE IMPORTANCE OF THE HEALTH PROBLEM TO THE COMMUNITY, AND - AVAILABILITY OF EVIDENCE-BASED PROGRAMS WITH PROVEN MEASURABLE OUTCOMES TO ADDRESS IDENTIFIED COMMUNITY NEEDS AFTER DISCUSSION AND REVIEW OF SIGNIFICANT DATA FINDINGS, THE CHC MEMBERS WERE INSTRUCTED TO RANK THE SEVEN HEALTH CONDITIONS BY VOTING ON THOSE THAT THEY PERCEIVED TO BE THE MOST IMPORTANT TO ADDRESS FOR THE COMMUNITIES WITHIN THE HOSPITAL'S PRIMARY SERVICE AREA THE MULTI-VOTING STRATEGY RESULTED IN ASTHMA AND DIABETES RECEIVING THE HIGHEST NUMBER OF VOTES WORKFORCE DEVELOPMENT WAS SELECTED AS A FOCUS AREA BY CHC MEMBERS AS THE SOCIAL, ECONOMIC OR STRUCTURAL DETERMINANT OF HEALTH RELATED TO THE HICCC PRIORITY THEREFORE, FOR THE 2014-2016 CHNA, ADVOCATE TRINITY SELECTED THREE PRIORITIES FOR IMPLEMENTATION PLANNING ASTHMA, DIABETES, AND WORKFORCE DEVELOPMENT (SOCIAL DETERMINANT OF HEALTH) HEALTH NEEDS SELECTED TO ADDRESS SOCIAL DETERMINANTS OF HEALTH-HEALTHCARE WORKFORCE DEVELOPMENT WITH UNEMPLOYMENT RATES AS HIGH AS 32 PERCENT IN SOME OF THE NEIGHBORHOODS IN CHICAGO, EFFECTIVE WORKFORCE DEVELOPMENT PROGRAMS PLAY A CRUCIAL ROLE IN PREPARING INDIVIDUALS FOR ENTRY-MIDDLE SKILL OPPORTUNITIES WITHIN THE HEALTHCARE SECTOR THE HEALTHCARE WORKFORCE COLLABORATIVE (NEWLY NAMED ADVOCATE WORKFORCE INITIATIVE) IS A PARTNERSHIP BETWEEN ADVOCATE HEALTH CARE AND JP MORGAN CHASE BANK TO ESTABLISH AN INTENTIONAL SERIES OF PARTNERSHIPS, AIMED AT ENHANCING THE ALIGNMENT BETWEEN ADDRESSING AVAILABLE HEALTHCARE JOBS AND THE SKILLS OF CURRENT JOB SEEKERS IN THE GREATER CHICAGO LAND AREA THE PROGRAM AIMS TO DEVELOP AND IMPLEMENT "BEST PRACTICES" TO BE ADOPTED BY OTHER METROPOLITAN AREAS AND HEALTHCARE ORGANIZATIONS THE COLLABORATIVE WILL SERVE MORE THAN 1,000 INDIVIDUALS BY 2020, ALL OF WHOM WILL RECEIVE SUPPORTIVE SERVICES AND GUARANTEED POST-PROGRAM INTERVIEWS WITH ADVOCATE OR OTHER REGIONAL HEALTH CARE PROVIDERS ADVOCATE TRINITY WILL SERVE AS AN INTERNSHIP SITE</p>

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

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	<p>TE FOR EDUCATIONAL INSTITUTIONS IN OUR SERVICE AREA <a href="https://advocategiving.org/how-youre-helping/advocate-workforce-initiative/program">HTTPS //ADVOCATEGIVING ORG/HOW-YOURE- HELPING/ADVOCATE-WORKFORCE-INITIATIVE/PROGRAM</a> RESULTS FOR 2018 WERE AS FOLLOWS - A TOTAL O F 64 PARTICIPANTS WERE ENROLLED IN CLINICAL AND NON-CLINICAL EDUCATION FOR ENTRY TO MID-LE VEL HEALTH CARE POSITIONS - TWENTY-FIVE PERCENT OF PARTICIPANTS ENROLLED IN THE PROGRAM CO MPLETED CLINICAL AND NON-CLINICAL ROTATIONS AT ADVOCATE TRINITY - THIRTY-EIGHT PERCENT OF PARTICIPANTS WERE INTERVIEWED FOR EMPLOYMENT FOR ENTRY LEVEL TO MIDDLE SKILLS POSITIONS - THIRTY PERCENT OF PARTICIPANTS WERE EMPLOYED BY ADVOCATE HEALTH CARE - EIGHTEEN PERCENT OF PARTICIPANTS WERE EMPLOYED BY OTHER HEALTH CARE ORGANIZATIONS - THIRTY-FOUR PARTICIPANTS WERE ACCEPTED AS INTERNS A TOTAL OF 20 CAREER DEVELOPMENT CLASSES WERE PROVIDED AND 6,413 HOURS OF SERVICE WERE COMPLETED AT ADVOCATE TRINITY</p> <p>ASTHMAASTHMA IS A CONDITION IN WHICH A PERSON'S AIR PASSAGES BECOME INFLAMED, AND THE NARROWING OF THE RESPIRATORY PASSAGES MA KES IT DIFFICULT TO BREATHE ASTHMA IS ONE OF THE MOST COMMON LONG-TERM DISEASES OF CHILDR EN ADDITIONALLY, IT AFFECTS 15 7 MILLION NON-INSTITUTIONALIZED ADULTS NATIONWIDE ADVOCAT E TRINITY'S GOAL IS TO DECREASE THE AGE-ADJUSTED EMERGENCY ROOM/HOSPITALIZATION RATE DUE T O ADULT ASTHMA IN PRIMARY SERVICE AREA (PSA) COMMUNITIES 60617 AND 60619 THE KEY STRATEG Y IS TO EXPAND THE PROJECT HEALTH PROGRAM UTILIZING COMMUNITY HEALTH WORKERS TO ENGAGE PAT IENTS AND CONDUCT HOME VISTS TO IDENTIFY TRIGGERS AND BARRIERS TO ASTHMA MANAGEMENT ADVOC ATE TRINITY WILL ALSO PARTNER WITH THE METROPOLITAN TENANTS ORGANIZATION TO DELIVER THE HE ALTHY HOMES INITIATIVE TO COMMUNITY MEMBERS THE HEALTHY HOMES INITIATIVE WORKS WITH COMMU NITY MEMBERS TO REMEDIATE ANY ISSUES IN THEIR HOME THAT MAY IMPACT THEIR ASTHMA PROGRAM RE SULTS FOR 2018 WERE AS FOLLOWS - ESTABLISHED A NEW PROCESS TO CONDUCT ASTHMA CONTROL TESTS (ACT) WITH HOSPITAL INPATIENTS AND ER PATIENTS AS PART OF THE PROJECT HEALTH PROGRAM - FO RTY-SIX ASTHMA CONTROL TESTS WERE PROVIDED TO ADVOCATE TRINITY INPATIENTS PRESENTING WITH ASTHMA SYMPTOMS - ONE HUNDRED FORTEN ASTHMA CONTROL TESTS WERE PROVIDED TO ADVOCATE TRIN ITY ER PATIENTS PRESENTING WITH ASTHMA SYMPTOMS - FORTY-FOUR ASTHMA ACTION PLANS WERE COMP LETED FOR ADVOCATE TRINITY ER AND INPATIENT PATIENTS IDENTIFIED BY HOSPITAL STAFF AS HAVING AN ASTHMA DIAGNOSIS - A TOTAL OF 10 HOME VISITS WERE COMPLETED - A TOTAL OF FIVE COMMUN ITY HEALTH WORKERS FROM THE PROJECT HEALTH TEAM AND PRIMARY CARE CONNECTION TEAM RECEIVED HEALTHY HOMES TRAINING IN 2018 NO REFERRALS WERE PROVIDED BY COMMUNITY ORGANIZATIONS THE COMMUNITY HEALTH TEAM WILL RE-EVALUATE AND DEVELOP A PLAN OF ACTION FOR THE FOCUS AREA IN 2019</p> <p>DIABETESACCORDING TO THE AMERICAN DIABETES ASSOCIATION, 29 1 MILLION AMERICANS (9 3 PERCENT) HAVE DIABETES AMONG THE INDIVIDUALS WITH DIABETES, 1 25 MILLION HAVE TYPE 1 DIA BETES AS OF 2010, DIABETES REMAINED THE 7TH LEADING CAUSE OF DEATH IN THE US AS RECORDED BY VITAL STATISTICS RECORDS F</p>



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

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	<p>URTHER, DIABETES IS LISTED ON A TOTAL OF 234,051 DEATH CERTIFICATES AS AN UNDERLYING OR CO NTRIBUTING CAUSE OF DEATH (AMERICAN DIABETES ASSOCIATION, 2016) THE PERCENTAGE OF AMERICA NS AGE 65+ WITH BOTH DIAGNOSED AND UNDIAGNOSED DIABETES REMAINS HIGH AT 25 9 PERCENT, OR 1 1 8 MILLION SENIORS TO REDUCE THE INCIDENCE OF DIABETES, ADVOCATE TRINITY WILL IMPLEMENT THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S DIABETES PREVENTION PROGRAM (DPP) PREVENT T2 IN PRIMARY SERVICE AREA COMMUNITIES ZIP CODES 60617 AND 60619 ADVOCATE TRINITY WILL ALSO SEEK DESIGNATION AS A NATIONAL DIABETES PREVENTION SITE IN COLLABORATION WITH THE CLI NICAL DIABETES EDUCATION TEAM ADDITIONALLY, ADVOCATE TRINITY WILL INCREASE COMMUNITY EDUC ATION OPPORTUNITIES TO SUPPORT DIABETES SELF-MANAGEMENT SKILLS PROGRAM RESULTS FOR 2018 WE RE AS FOLLOWS NATIONAL DIABETES PREVENTION PROGRAM (DPP)- FIRST COHORT CLASS SUCCESSFULLY COMPLETED ONE-YEAR PROGRAM IN SEPTEMBER 2018 WITH 12 ACTIVE PARTICIPANTS - COMMUNITY HEALT H TEAM DEVELOPED A NEW PARTNERSHIP WITH ANOINTED HEALTH PARTNERS TO IMPLEMENT A DPP PROGRA M IN APRIL 2018 - PROGRAM STAFF SUCCESSFULLY STARTED THE SECOND COHORT CLASS WITH 13 ACTIV E PARTICIPANTS IN APRIL 2018 - A TOTAL OF 29 PARTICIPANTS WERE ENROLLED IN THE DPP PROGRAM IN 2018 TWENTY-FIVE ACTIVE PARTICIPANTS REMAINED IN THE PROGRAM - SIXTY-EIGHT PERCENT O F PARTICIPANTS WERE ELIGIBLE FOR THE PROGRAM BASED ON THEIR A1C LEVEL - THIRTY-THREE ACHI EVED FIVE PERCENT BODY WEIGHT LOSS - EIGHTY-EIGHT PERCENT OF PARTICIPANTS COMPLETED NINE O F 16 CLASSES WITHIN THE FIRST SIX MONTHS - NINETY-FOUR PERCENT OF PARTICIPANTS REPORTED AT LEAST 150 MINUTES OF MODERATE PHYSICAL ACTIVITY IN SIX MONTHS PRE-DIABETES COMMUNITY WORK SHOPS- THREE FAITH PARTNERS WERE ENGAGED TO OFFER PRE-DIABETES AWARENESS WORKSHOPS - SIX S ESSIONS OF PRE-DIABETES EDUCATION WORKSHOPS WERE CONDUCTED - TWENTY-TWO PARTICIPANTS WERE REFERRED FOR ADDITIONAL FOLLOW-UP TO THE DPP PROGRAM - NINETY-FIVE PERCENT OF PARTICIPANTS INCREASED THEIR KNOWLEDGE OF HOW NUTRITION IMPACTS DIABETES - NINETY-FIVE PERCENT OF PART ICIPANTS DEMONSTRATED TWO WAYS TO PREVENT DIABETES</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	PART V, SECTION B, LINE 13B PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 13BALL HOSPITAL FACILITIESN/A

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

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

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

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	PART V, SECTION B, LINE 15E PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 15EALL HOSPITAL FACILITIESN/A

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

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

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

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	PART V, SECTION B, LINE 18E PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 18EALL HOSPITAL FACILITIESN/A

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	PART V, SECTION B, LINE 19E PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 19EALL HOSPITAL FACILITIESADVOCATE HEALTH AND HOSPITALS CORPORATION DOES NOT PERFORM ACTIONS SUCH AS THOSE LISTED IN LINES 19A-D UNTIL REASONABLE EFFORTS HAVE BEEN MADE TO DETERMINE A PATIENT'S FAP ELIGIBILITY

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

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

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	PART V, SECTION B, LINE 20E PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 20AALL HOSPITAL FACILITIESADVOCATE DOES NOT ENGAGE IN EXTRAORDINARY COLLECTION ACTIONS (ECAS) AND AS DESCRIBED BELOW USES ALL OPPORTUNITIES TO INFORM INDIVIDUALS OF THE FAP PROCESS IF ADVOCATE EVER WERE TO USE AN ECA IT WOULD PROVIDE THE INDIVIDUAL WITH ALL REQUIRED INFORMATION INCLUDING PROVIDING THE FAP AT LEAST 30 DAYS BEFORE INITIATING AN ECA PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 20EALL HOSPITAL FACILITIESADVOCATE MAKES REASONABLE EFFORTS TO DETERMINE A PATIENT'S ELIGIBILITY UNDER ITS FAP, INCLUDING SENDING A SERIES OF LETTERS AND ATTEMPTING TO WORK WITH THE PATIENT THROUGH THE FINANCIAL COUNSELING PROCESS AND/OR PHONE CALLS ALL CORRESPONDENCE ASKS THE PATIENT TO NOTIFY THE HOSPITAL IF HE/SHE IS EXPERIENCING "DIFFICULTY IN PAYING YOUR BILL" ADVOCATE ALSO USES EARLY OUT AND PRECOLLECTION VENDORS TO ASSIST IN OBTAINING PAYMENTS OR COLLECTING FINANCIAL ASSISTANCE ELIGIBILITY INFORMATION THESE VENDORS HAVE THE FOLLOWING LANGUAGE IN THEIR CONTRACT "VENDOR WILL COMMUNICATE THE ADVOCATE HEALTH CARE POLICY AND GUIDELINE TO ANY PATIENT EXPRESSING A DIFFICULTY IN PAYING THEIR BILL AND, "VENDOR WILL MAIL THE ADVOCATE HEALTH CARE FINANCIAL ASSISTANCE APPLICATION TO ANY PATIENTS EXPRESSING A DIFFICULTY IN PAYING THEIR BILL" ADVOCATE'S BAD DEBT AGENCY CONTRACTS HAVE THE FOLLOWING LANGUAGE "AGENCY SHALL EVALUATE EACH PATIENT WHOSE ACCOUNT IS REFERRED TO AGENCY, WHERE THE PATIENT EXPRESSES DIFFICULTY OR INABILITY TO PAY THEIR BILL, FOR ELIGIBILITY UNDER ADVOCATE'S FINANCIAL ASSISTANCE POLICY " VENDOR AND AGENCY CONTRACTS ARE STANDARD ACROSS ADVOCATE'S SYSTEM



Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	PART V, SECTION B, LINE 21C PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 21C ALL HOSPITAL FACILITIESN/A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	PART V, SECTION B, LINE 21D PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 21D ALL HOSPITAL FACILITIESN/A

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

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

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	PART V, SECTION B, LINE 23 PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 23ALL HOSPITAL FACILITIESN/A

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL	PART V, SECTION B, LINE 24 PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 24ALL HOSPITAL FACILITIESN/A

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

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

Form and Line Reference	Explanation
ADVOCATE CHRIST MEDICAL CENTER PART V, SECTION B, LINE 5 - CONTINUED	ADVOCATE CHILDREN'S/ADVOCATE CHILDREN'S, LOCATED ON TWO CAMPUSES IN THE CHICAGOLAND AREA, SERVES CHILDREN AGES 0-17 THE NORTH CAMPUS IS LOCATED ON THE GROUNDS OF ADVOCATE LUTHERAN GENERAL HOSPITAL IN PARK RIDGE, ILLINOIS (ADVOCATE CHILDREN'S-PARK RIDGE), WITH WHICH IT SHARES THE SAME TAX ID NUMBER THE SOUTH CAMPUS IS LOCATED ON THE GROUNDS OF ADVOCATE CHRIST IN OAK LAWN, ILLINOIS (ADVOCATE CHILDREN'S-OAK LAWN), WITH WHICH IT SHARES THE SAME TAX ID NUMBER AN ADVOCATE CHILDREN'S COMMUNITY PROFILE WAS COMPLETED TO SUPPLEMENT THE COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS OF THE RESPECTIVE ADVOCATE HOSPITALS WHILE AN IMPORTANT PART OF THE ADVOCATE CHRIST CAMPUS, ADMINISTRATIVELY AND OPERATIONALLY, ALL PEDIATRIC SERVICES REPORT TO THE ADVOCATE CHILDREN'S LEADERSHIP TEAM ADVOCATE CHILDREN'S TOTAL SERVICE AREA INCLUDES COMMUNITIES SERVED BY ADVOCATE CHRIST, AS WELL AS GEOGRAPHIC AREAS OR COMMUNITIES SERVED BY ADVOCATE TRINITY HOSPITAL ON CHICAGO'S SOUTH AND SOUTHEAST SIDES, ADVOCATE SOUTH SUBURBAN HOSPITAL IN CHICAGO'S SOUTH SUBURBS AND ADVOCATE GOOD SAMARITAN HOSPITAL IN THE WEST AND SOUTHWEST SUBURBAN CHICAGO AREA THE HOSPITAL WORKS WITH UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS THROUGHOUT THE SOUTH SUBURBS AND CHICAGO AS IDENTIFIED THROUGH ADVOCATE-SPONSORED MEDICAID MANAGED CARE PROGRAM UTILIZATION AND THE CHICAGO PUBLIC HEALTH DEPARTMENTS' HEALTHY CHICAGO 2 0 HEALTH PLAN HIGH-RISK AREAS BASED ON THIS DATA INCLUDE SOUTH SUBURBAN OAK LAWN, BLUE ISLAND, BURNHAM, CALUMET PARK, DIXMOOR, FORD HEIGHTS, HARVEY AND HAZEL CREST CHICAGO'S HIGH-RISK AREAS INCLUDE CHICAGO LAWN, WEST LAWN, MARQUETTE PARK, ENGLEWOOD, AUBURN-GRESHAM, GAGE PARK AND HEGEWISCH PARTICULARLY HELPFUL TO ASSESSING COMMUNITY HEALTH NEEDS WAS CHICAGO'S HEALTHY SCHOOLS CAMPAIGN, CHICAGO PUBLIC HEALTH DEPARTMENT AND OAK LAWN-HOMETOWN SCHOOL DISTRICT 123, AS WELL AS UTILIZATION DATA FROM ADVOCATE'S MEDICAID MANAGED CARE PROGRAM ADVOCATE CHRIST'S 2014-2016 AND THE PREVIOUS 2011-2013 CHNA REPORTS AND IMPLEMENTATION PLANS ARE POSTED ON THE ADVOCATE HEALTH CARE WEBPAGE WITH A MECHANISM FOR COMMUNITY FEEDBACK AS REQUIRED BY THE AFFORDABLE CARE ACT AS OF DECEMBER 31, 2018, THERE HAVE BEEN NO COMMENTS OR INQUIRIES RECEIVED FROM THE COMMUNITY

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</b>	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 2 & 3J	PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 2N/APART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 3JN/A

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

Form and Line Reference	Explanation
ADVOCATE BROMENN MEDICAL CENTER PART V, SECTION B, LINE 11 - CONTINUED	OBESITYOBESITY WAS SELECTED AS ONE OF THE THREE TOP HEALTH PRIORITIES BY THE MCLEAN COUNTY COMMUNITY HEALTH COUNCIL BECAUSE IT RANKED AS NUMBER THREE ACCORDING TO ITS PRIORITY SCOR E OF 153 8 FROM THE HANLON METHOD ADDITIONALLY, THE COUNCIL FELT THAT BY IMPROVING OBESIT Y, MANY OTHER HEALTH OUTCOMES, SUCH AS HEART DISEASE, CANCER AND DIABETES MAY ALSO BE POSI TIVELY IMPACTED IT WAS ALSO SELECTED BECAUSE OBESITY IS A WIDESPREAD ISSUE AFFECTING MANY PEOPLE ACROSS ALL SOCIAL AND ECONOMIC SECTORS THERE ARE MANY SIGNIFICANT EFFORTS UNDERWA Y IN THE COMMUNITY RELATED TO OBESITY THROUGH THE MCLEAN COUNTY WELLNESS COALITION THE HE ALTH DEPARTMENT AND BOTH HOSPITALS ARE A PART OF THE MCLEAN COUNTY WELLNESS COALITION AS A RE 28 OTHER COMMUNITY ORGANIZATIONS IN MCLEAN COUNTY THE MCLEAN COUNTY WELLNESS COALITION IS THE PRIMARY GROUP WORKING ON THE INTERVENTIONS OUTLINED IN THE 2017-2019 MCLEAN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN HIGHLIGHTS FOR STEPS TAKEN OR PROGRAMS OFFERED IN 2018 AS A PART OF THE 2017-2019 MCLEAN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN TO ADDRESS OBE SITY ARE LISTED BELOW - THE PARTNERSHIP FOR HEALTH PILOT PROGRAM BEGAN IN APRIL 2017 THE PROGRAM IS A PRIVATE-PUBLIC PARTNERSHIP TO IMPROVE THE HEALTH AND FITNESS OF PEOPLE WITH DEVELOPMENTAL AND INTELLECTUAL DISABILITIES AND THEIR SUPPORT WORKERS PARTNERS INCLUDE AD VOCATE BROMENN HEALTH AND FITNESS CENTER, MARCFIRST, ADVOCATE BROMENN CHARITABLE FOUNDATIO N, THE MCLEAN COUNTY HEALTH DEPARTMENT AND THE MCLEAN COUNTY BOARD FOR THE CARE AND TREATM ENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY (377 BOARD) THE PROGRAM INITIALLY SERVED 2 2 INDIVIDUALS FROM MARCFIRST IN 2018, THE PROGRAM WAS EXPANDED TO SEVERAL COMMUNITY MEMBE RS WITH A TOTAL OF 31 INDIVIDUALS BEING SERVED OUTCOMES FROM YEAR ONE OF THE PROGRAM ARE POSITIVE RANGING FROM DECREASED BLOOD PRESSURE AND CHOLESTEROL TO INCREASED STRENGTH, STAM INA AND ENDURANCE - IN MAY 2017, ADVOCATE BROMENN PLANTED THE ADVOCATE BROMENN VEGETABLE G ARDEN AND ORCHARD ON LAND OWNED BY THE HOSPITAL THE COMMUNITY HEALTH CARE CLINIC IS LOCAT ED ON THIS LAND ONE-HUNDRED POUNDS OF PRODUCE GROWN WAS DONATED TO PATIENTS OF THE CLINIC IN BOTH 2017 AND 2018 THE PURPOSE OF THE GARDEN IS TO INCREASE ACCESS TO HEALTHY FOODS F OR THE LOW-INCOME POPULATION IN MCLEAN COUNTY - IN 2018, THE COMMUNITY HEALTH DIRECTOR FOR CENTRAL ILLINOIS ATTENDED THE FEEDING THE CITIES SUMMIT WHICH IS FOCUSING ON DECREASING F OOD INSECURITY AND INCREASING ACCESS TO HEALTHY FOOD FOR MCLEAN COUNTY RESIDENTS - THE CO MMUNITY HEALTH CARE CLINIC AND HOME SWEET HOME MINISTRIES LAUNCHED A FOOD FARMACY PILOT PR OGRAM IN AUGUST 2017 THE PROGRAM PROVIDES A PRESCRIPTION PASS TO PATIENTS AT THE CLINIC W HO HAVE DIABETES OR HEART DISEASE THE PASS CAN BE USED TO OBTAIN FREE FRESH PRODUCE AND O THER FOOD FROM THE BREAD FOR LIFE CO-OP FOR 12 WEEKS ADVOCATE BROMENN AND OSF HEALTHCARE ST JOSEPH MEDICAL CENTER SUPPORT THE COMMUNITY HEALTH CARE CLINIC FROM AUGUST 2017 UNTIL DECEMBER 2018, 51 PATIENTS OF

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

Form and Line Reference	Explanation
ADVOCATE BROMENN MEDICAL CENTER PART V, SECTION B, LINE 11 - CONTINUED	THE COMMUNITY HEALTH CARE CLINIC TOOK ADVANTAGE OF THE 12-WEEK PRESCRIPTION PASS FOR A TOTAL OF 196 SHOPPING TRIPS AS A DIRECT RESULT OF THIS PROGRAM, THERE WAS AN INCREASE IN THE NUMBER OF HISPANICS SHOPPING AT THE BREAD FOR LIFE CO-OP. ADDITIONAL INTERVENTIONS ARE LISTED IN THE 2017-2019 MCLEAN COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN AT <a href="http://www.advocatehealth.com/chna/reports/health_needs_not_selected_birth_outcomes">HTTP://WWW.ADVOCATEHEALTH.COM/CHNAREPORTS/HEALTH_NEEDS_NOT_SELECTED_BIRTH_OUTCOMES</a> BIRTH OUTCOMES WAS NOT SELECTED AS A HEALTH PRIORITY SINCE IT WAS RATED SIXTH ACCORDING TO ITS PRIORITY SCORE. ALTHOUGH THE SERIOUSNESS OF THE PROBLEM AND THE LONG-TERM CONSEQUENCES WERE TAKEN INTO CONSIDERATION BY THE MCLEAN COUNTY COMMUNITY HEALTH COUNCIL, IT WAS AGREED THAT THE THREE HEALTH ISSUES SELECTED WERE GREATER IN BOTH SIZE AND SERIOUSNESS IN MCLEAN COUNTY. THE COUNCIL ALSO FELT THAT THERE ARE SEVERAL POSITIVE EFFORTS CURRENTLY UNDERWAY TO IMPROVE BIRTH OUTCOMES. FOR EXAMPLE, THERE IS A NO ELECTIVE INDUCTIONS LESS THAN 39 WEEKS INITIATIVE WITH THE MARCH OF DIMES AND BOTH HOSPITALS. ADDITIONALLY, ON OCTOBER 18, 2016, ADVOCATE BROMENNBEGAN PROVIDING NEONATOLOGY SERVICES IN PARTNERSHIP WITH ADVOCATE CHILDREN'S HOSPITAL. THIS IS A NEW SERVICE FOR THE MCLEAN COUNTY COMMUNITY. COVERAGE IS BEING PROVIDED BY THE NEONATOLOGISTS FROM ADVOCATE CHILDREN'S HOSPITAL AS AN INTERMEDIATE CARE NURSERY WITH THIS ENHANCED LEVEL OF PHYSICIAN COVERAGE, THE HOSPITAL CAN KEEP BABIES AS YOUNG AS 32 WEEKS GESTATION. THIS ALLOWS NEW MOMS AND BABIES TO STAY TOGETHER, PROVIDING EXCELLENT OUTCOMES FOR FAMILIES. IN ADDITION, THE MCLEAN COUNTY HEALTH DEPARTMENT HAS THREE PROGRAMS AVAILABLE WHICH PROMOTE HEALTHY PREGNANCIES AND CONNECT PREGNANT WOMEN TO HEALTH AND WELLNESS SERVICES. ALL OUR KIDS EARLY CHILDHOOD NETWORK, FAMILY CASE MANAGEMENT, AND WOMEN, INFANTS AND CHILDREN ORAL HEALTH.THERE WAS SOME DISCUSSION IN THE PRIORITIZATION MEETING ABOUT SELECTING ORAL HEALTH AS ONE OF THE THREE HEALTH PRIORITIES IN PLACE OF ONE OF THE THREE HIGHEST PRIORITY SCORING HEALTH CONCERNS. ORAL HEALTH RANKED CLOSELY BEHIND OBESITY (153.8) WITH A PRIORITY SCORE OF 148.4. ALTHOUGH ORAL HEALTH IS DEEMED AS AN EXTREMELY IMPORTANT ISSUE IN MCLEAN COUNTY, THE MCLEAN COUNTY COMMUNITY HEALTH COUNCIL AGREED TO PROCEED WITH THE THREE ISSUES THAT RECEIVED THE HIGHEST PRIORITY SCORES. THIS IS PARTIALLY DUE TO THE EFFORTS CURRENTLY IN PLACE TO ASSIST INDIVIDUALS WITHOUT DENTAL INSURANCE OR MEDICAID TO RECEIVE CARE. SOME EXAMPLES OF STEPS TAKEN TO ADDRESS ORAL HEALTH INCLUDE THE FOLLOWING: ADVOCATE BROMENN'S PRESIDENT AND/OR THE DIRECTOR OF COMMUNITY HEALTH ATTENDED SEVERAL ORAL HEALTH COLLABORATIVE MEETINGS WITH THE MCLEAN COUNTY PUBLIC HEALTH DEPARTMENT, OSF HEALTHCARE ST. JOSEPH MEDICAL CENTER, THE COMMUNITY HEALTH CARE CLINIC AND CHESTNUT HEALTH SYSTEMS TO DISCUSS THE ISSUE OF ACCESS TO DENTAL CARE FOR UNINSURED ADULTS IN MCLEAN COUNTY. FURTHERMORE, AN ADVOCATE MEDICAL GROUP PEDIATRICIAN'S OFFICE LOCATED IN NORMAL, ILLINOIS, HAS ALSO BEEN PARTICIPATING FOR SEVERAL YEARS IN



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

Form and Line Reference	Explanation
ADVOCATE BROMENN MEDICAL CENTER PART V, SECTION B, LINE 11 - CONTINUED	THE BRIGHT SMILES FROM BIRTH PROGRAM THROUGH THE ILLINOIS CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS AND THE ADVOCATE BROMENN FAMILY HEALTH CARE CLINIC BEGAN THE PROGRAM IN 2017 AFTER COMPLETING A COURSE, THE OFFICE CAN BILL MEDICAID FOR THE APPLICATION OF FLUORIDE VARNISH ON FULLY ERUPTED TEETH OF CHILDREN UNDER THREE YEARS OF AGE EACH APPLICATION CAN BE DONE THREE TIMES PER YEAR THE FLUORIDE SERVES TO PROTECT THE BABY TEETH RESULTING IN FEWER CAVITIES THE MCLEAN COUNTY HEALTH DEPARTMENT ALSO PROVIDES A DENTAL CLINIC WITH INTERVENTION CARE FOR ADULTS (NO PREGNANT WOMEN), AND PREVENTIVE CARE AND INTERVENTION FOR KIDS HEARTLAND HEAD START COORDINATES REFERRALS TO DENTAL CARE FOR KIDS SIX WEEKS TO FIVE YEARS AS WELL AS PREGNANT WOMEN EXTRACTION CLINICS ARE HELD TWICE PER YEAR AT A LOCAL ORAL SURGEON'S OFFICE RESPIRATORY DISEASE ONE OF THE REASONS RESPIRATORY DISEASE WAS NOT SELECTED AS ONE OF THE TOP THREE HEALTH PRIORITIES FOR MCLEAN COUNTY WAS THAT IT RANKED FIFTH ACCORDING TO ITS PRIORITY SCORE OF 121 AND THE MCLEAN COUNTY COMMUNITY HEALTH COUNCIL DID NOT FEEL THAT THERE WAS A COMPELLING REASON TO ELIMINATE ONE OF THE HEALTH CONCERNS THAT RANKED IN THE TOP THREE THE COUNCIL DID DISCUSS THAT IMPROVING ACCESS TO APPROPRIATE HEALTH CARE MAY POSSIBLY ALSO IMPROVE HEALTH OUTCOMES FOR RESPIRATORY DISEASE, PARTICULARLY IN AREAS OF HIGH SOCIOECONOMIC NEEDS

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

Form and Line Reference	Explanation
ADVOCATE CHRIST MEDICAL CENTER PART V, SECTION B, LINE 11 - CONTINUED	<p>ADVOCATE CHRIST OFFERS A SERIES OF COMMUNITY HEALTH CLASSES THAT INCREASE AWARENESS OF HEART DISEASE AND SUPPORT INDIVIDUALS IN THEIR JOURNEY TO BETTER HEART HEALTH. A VARIETY OF SUPPORT GROUPS ARE ALSO PROVIDED THAT ENCOURAGE HEALTHY HEART CARE IN THE COMMUNITY. THE "LIVE FROM THE HEART" PROGRAM, A PARTNERSHIP BETWEEN CHICAGO'S MUSEUM OF SCIENCE AND INDUSTRY AND ADVOCATE CHRIST, EDUCATES HIGH SCHOOL STUDENTS ABOUT HEART HEALTH THROUGH LIVE INTERACTIVE HEART SURGERIES THAT ARE PROVIDED VIA VIDEO MONITORING IN A CLASSROOM. THE INTERACTIVE VIDEO PROGRAM ALSO HELPS TO FOSTER INTEREST IN THE HEALTH SCIENCES. HYPERTENSION AND CEREBROVASCULAR DISEASE. HYPERTENSION IS A KNOWN RISK FACTOR FOR CEREBROVASCULAR DISEASE (STROKE). THE ADVOCATE CHRIST NEUROSCIENCES INSTITUTE IS A COMPREHENSIVE STROKE CENTER ACCREDITED BY DET NORSKE VERITAS (DNV) HEALTHCARE, INC. AS ONE OF THE BUSIEST STROKE CENTERS IN THE CHICAGO LAND AREA, THE MEDICAL CENTER TREATS MORE THAN 900 NEW STROKE PATIENTS EACH YEAR. BECAUSE THE STROKE TEAM SEES SUCH A LARGE VOLUME AND VARIETY OF STROKE CASES, THE PHYSICIANS HAVE THE SKILLS AND EXPERIENCE TO TREAT ALL LEVELS OF STROKE CASES, ESPECIALLY IN MANAGING POST-STROKE RECOVERY AND REHABILITATION. THE NEUROSCIENCES INSTITUTES' COMMUNITY EDUCATION PROGRAMS INCLUDE HEALTH FAIRS, COMMUNITY LECTURES AND EDUCATIONAL PARTNERSHIPS WITH LOCAL SCHOOLS. THE INSTITUTE ALSO HOSTS MONTHLY COMMUNITY STROKE SUPPORT GROUPS. HEALTH NEEDS SELECTED TO ADDRESS BY ADVOCATE CHILDREN'S IN THE 2014-2016 CHNA, ADVOCATE CHILDREN'S IDENTIFIED THREE PRIORITY COMMUNITY HEALTH NEEDS FOR ACTION: 1. BECOME A TRAUMA-INFORMED CHILDREN'S HOSPITAL, 2. PROVIDE SCHOOL-BASED HEALTH CARE SERVICES TO HIGH RISK, LOW-INCOME CHILDREN IN THE SOUTH REGION MEDICAID MANAGED CARE PROGRAM, AND 3. REDUCE THE INCIDENCE OF UNCONTROLLED ASTHMA IN CHILDREN. BECOME A TRAUMA-INFORMED CHILDREN'S HOSPITAL. PLANS INCLUDED BECOMING THE FIRST TRAUMA-INFORMED CHILDREN'S HOSPITAL IN THE METROPOLITAN CHICAGO AREA, AS WELL AS FURTHERING THE PARTNERSHIP WITH THE ADVERSE CHILDHOOD EXPERIENCES (ACE) PROGRAM OF THE HEALTH AND MEDICINE POLICY RESEARCH GROUP TO DETERMINE BEST PRACTICES FOR TRAINING THE HOSPITAL'S CLINICAL TEAM ON ACES AND THEIR IMPACT ON IMPROVING CHILDREN'S HEALTH OUTCOMES. ADVOCATE CHILDREN'S WORKED CLOSELY WITH THE CHICAGO DEPARTMENT OF PUBLIC HEALTH TO ASSIST IN REACHING ITS HEALTHY CHICAGO 2030 GOAL OF BECOMING A TRAUMA-INFORMED CITY AND WITH ILLINOIS SENATOR DICK DURBIN TO SUPPORT LEGISLATION TO FURTHER TRAUMA-INFORMED CARE FOR CHILDREN. PROGRAM RESULTS IN 2018 WERE AS FOLLOWS - SPONSORED AN ACADEMIC CONFERENCE TITLED "VIOLENCE IN COMMUNITIES PROVIDING TRAUMA INFORMED CARE TO PEDIATRIC PATIENTS." A TOTAL OF 224 PHYSICIANS AND CLINICIANS WERE IN ATTENDANCE - PROVIDED INTENSE TRAINING TO RONALD MCDONALD CARE MOBILE (RMCM) TEAMS IN TRAUMA INFORMED CARE - LAUNCHED SCREENING OF SOCIAL DETERMINANTS OF HEALTH (SDOH) AND MAKING COMMUNITY REFERRALS THROUGH NOWPOW COMMUNITY RESOURCE REFERRAL TOOL - WORKED WITH ILLI</p>

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

Form and Line Reference	Explanation
ADVOCATE CHRIST MEDICAL CENTER PART V, SECTION B, LINE 11 - CONTINUED	NOIS ACE (ADVERSE CHILDHOOD EXPERIENCES) RESPONSE COLLABORATION TO DEVELOP COMPUTER-BASED TRAINING MODULE - DEVELOPED A STAFF NEEDS FUND TO PROVIDE RESOURCES TO STAFF EXPERIENCING TRAUMATIC EVENTS - POLICY INTERVENTION-REVISED THE SEXUAL ABUSE POLICY TO INCLUDE TRAUMA I NFORMED APPROACHES - STARTED A CENTERING PREVENTION PROGRAM AT FOUR CLINICAL SITES - TRAIN ED ALL CARE MANAGERS IN TRAUMA INFORMED APPROACH PROVIDE SCHOOL-BASED HEALTH CARE SERVICES TO HIGH RISK, LOW-INCOME CHILDREN IN THE SOUTH REGION MEDICAID MANAGED CARE PROGRAM STRAT EGIES INCLUDE OFFERING TARGETED, SCHOOL-BASED HEALTH SERVICES TO HIGH RISK, LOW INCOME CHI LDREN WHO ARE UNINSURED OR ARE RECEIVING MEDICAID SERVICES INCLUDED PRIMARY MEDICAL CARE, IMMUNIZATIONS, ASTHMA AND WEIGHT MANAGEMENT, WELLNESS AND HEALTH EDUCATION ADVOCATE CHIL DREN'S AIMED TO IMPROVE ACCESS TO PRIMARY HEALTH SERVICES THROUGH A MOBILE HEALTH CLINIC-T HE RONALD MCDONALD CARE MOBILE, IMPROVE COMPLIANCE FOR PHYSICALS AND IMMUNIZATIONS AT TARG ETED SCHOOLS, ESTABLISH MEDICAL AND SOCIAL REFERRAL NETWORKS AND IMPROVE ASTHMA EDUCATION AND COMPLIANCE FOR PATIENTS SEEN ON THE CARE MOBILE PROGRAM RESULTS FOR 2018 WERE AS FOLLO WS - ADVOCATE CHILDREN'S TREATED 1,301 PATIENTS IN OAK LAWN PSA/SSA - FROM JANUARY TO OC TOBER 2018, THE CARE MOBILE TEAM PROVIDED SERVICES TO 1,155 CHILDREN, INCLUDING 1,067 PHYS ICALS - IN SEPTEMBER 2018, ADVOCATE CHILDREN'S IMPLEMENTED FOOD INSECURITY SCREENING WHICH RESULTED IN 21 PERCENT OF THE PATIENT POPULATION SCREENING POSITIVE FOR FOOD INSECURITY A T THE END OF DECEMBER 2018 - A TOTAL OF 2,109 VACCINES WERE GIVEN IN ADVOCATE CHILDREN'S- OAK LAWN PSA/SSA - OVER 200 ONE-TO-ONE PATIENT EDUCATION SESSIONS WERE PROVIDED FOR NUTRIT ION, DENTAL HEALTH, IMMUNIZATIONS, ASTHMA AND SEXUAL HEALTH REDUCE INCIDENCE OF UNCONTROLL ED ASTHMA IN CHILDRENSTRATEGIES INCLUDED TARGETING ASTHMA SELF-MANAGEMENT SERVICES TO LOW- INCOME CHILDREN TREATED ON THE RONALD MCDONALD CARE MOBILE ADVOCATE CHILDREN'S RESPIRATOR Y CARE SPECIALISTS AND HEALTH EDUCATORS ALSO OFFERED THE NATIONAL LUNG ASSOCIATION'S KICKI N' ASTHMA SCHOOL-BASED ASTHMA EDUCATION PROGRAM TO TARGETED MIDDLE AND HIGH SCHOOL AGED ST UDENTS PROGRAM RESULTS FOR 2018 WERE AS FOLLOWS - THE KICKIN' ASTHMA EDUCATION PROGRAM WAS OFFERED IN THREE SCHOOLS - A TOTAL OF 22 STUDENTS FROM THE THREE SCHOOLS PARTICIPATED IN THE PROGRAM HEALTH NEEDS NOT SELECTED TO ADDRESS BY ADVOCATE CHILDREN'SCHILDHOOD OBESITY W HILE NOT AN IDENTIFIED AREA FOR ACTION, CHILDHOOD OBESITY IS BEING ADDRESSED THROUGH THE H OSPITAL-SPONSORED PROACTIVE KIDS PROGRAM FOR WEIGHT LOSS AND WEIGHT MANAGEMENT ALSO, THE HOSPITAL'S NEW HEALTHY ACTIVE LIVING PROGRAM, WHICH IS A WEIGHT MANAGEMENT PROGRAM FOR OVE RWEIGHT AND OBESE CHILDREN, WILL BE OFFERED TO CHILDREN LARGELY INSURED THROUGH MEDICAID ORAL HEALTHADVOCATE CHILDREN'S IS COLLABORATING WITH MOBILE CARE CHICAGO, AN ORGANIZATION PROVIDING MOBILE DENTAL CARE TO THE AREA'S UNDERSERVED WHERE APPROPRIATE, PATIENTS SEEN T HROUGH THE ADVOCATE CHILDREN'S

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

Form and Line Reference	Explanation
ADVOCATE CHRIST MEDICAL CENTER PART V, SECTION B, LINE 11 - CONTINUED	RONALD MCDONALD CARE MOBILE PROGRAM ARE REFERRED TO MOBILE CARE CHICAGO AND AREA DENTISTS ACCEPTING MEDICAID

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

Form and Line Reference	Explanation
ADVOCATE GOOD SHEPHERD HOSPITAL PART V, SECTION B, LINE 11 - CONTINUED	<p>IN 2018, ADVOCATE GOOD SHEPHERD HOSTED FOUR YOUTH MENTAL HEALTH FIRST AID TRAININGS- CASA ( COURT APPOINTED SPECIAL ADVOCATE) OF MCHENRY COUNTY, WAUCONDA HIGH SCHOOL ADMINISTRATORS A ND FACULTY, BE STRONG BARRINGTON BOARD MEMBERS AND A COMMUNITY TRAINING OPEN TO ANY INDIVI DUAL WHO WORKS WITH YOUTH FROM THE ADVOCATE GOOD SHEPHERD SERVICE AREA, 78 INDIVIDUALS IN YOUTH SERVICES COMPLETED THE TRAINING POST-SURVEY RESULTS SHOWED ONE-HUNDRED PERCENT OF PARTICIPANTS HAD AN INCREASED KNOWLEDGE OF DE-ESCALATION TECHNIQUES AND WERE MORE CONFIDENT T ABOUT RECOGNIZING AND CORRECTING MISCONCEPTIONS ABOUT MENTAL HEALTH AND MENTAL ILLNESSES COMMUNITY HEALTH STAFF HAVE FOUND THAT IT IS EXTREMELY DIFFICULT FOR HOSPITAL CLINICAL S TAFF TO ATTEND THE EIGHT-HOUR MENTAL HEALTH FIRST AID TRAINING CLINICAL STAFF HAVE A NUMB ER OF REQUIRED TRAININGS TO COMPLETE EACH YEAR TO MAINTAIN LICENSURE, AND THEY RARELY HAVE EXTRA DAYS AVAILABLE TO ATTEND NON-CLINICAL TRAINING BECAUSE OF THIS, COMMUNITY HEALTH S TAFF HAVE SHIFTED TO PRIMARILY TARGET COMMUNITY RESIDENTS WHO WORK WITH YOUTH TO ATTEND TH E MENTAL HEALTH FIRST AID TRAINING IN 2018, COMMUNITY HEALTH STAFF ALSO COLLABORATED WITH THE MCHENRY COUNTY MENTAL HEALTH BOARD, NAMI (NATIONAL ALLIANCE ON MENTAL ILLNESS) OF MCH ENRY COUNTY AND CRYSTAL LAKE SCHOOL DISTRICT 47 TO HOLD A YOUTH MENTAL HEALTH FIRST AID MA STER INSTRUCTOR TRAINING FOR ALL SCHOOL DISTRICTS IN MCHENRY COUNTY EACH SCHOOL DISTRICT WILL SEND TWO REPRESENTATIVES TO BECOME MASTER INSTRUCTORS, WHO WILL THEN HOLD YOUTH MENTA L HEALTH FIRST AID TRAINING AT THEIR SCHOOL DISTRICT THE MASTER TRAINING SESSION IS PLANN ED TO TAKE PLACE IN 2019 ALSO IN 2018, THROUGH COLLABORATION WITH ADVOCATE CONDELL, THE H OSPITAL SPONSORED TWO INDIVIDUALS WHO ARE CERTIFIED IN ADULT MENTAL HEALTH FIRST AID TO RE CEIVE THE YOUTH MENTAL HEALTH FIRST AID CERTIFICATION THE TWO INSTRUCTORS ARE SPANISH-SPE AKING AND WILL HOLD TRAINING SESSIONS IN LAKE AND MCHENRY COUNTIES IN SPANISH, WHICH IS A NEED IN BOTH COUNTIES THE SECOND STRATEGY TO ADDRESS MENTAL HEALTH IS TO INCREASE THE NUMB ER OF ADULTS WHO ARE SCREENED FOR DEPRESSION AND, IF POSITIVE, REFERRED TO SUPPORTIVE SERV ICES BY HEALTH CARE PROFESSIONALS COLLABORATIVE CARE FOR THE MANAGEMENT OF DEPRESSIVE DIS ORDERS IS A MULTICOMPONENT, HEALTHCARE SYSTEM-LEVEL INTERVENTION THAT USES CASE MANAGERS T O LINK PRIMARY CARE PROVIDERS, PATIENTS AND MENTAL HEALTH SPECIALISTS THIS COLLABORATION IS DESIGNED TO IMPROVE THE ROUTINE SCREENING AND DIAGNOSIS OF DEPRESSIVE DISORDERS, INCREA SE PROVIDER USES OF EVIDENCE-BASED PROTOCOLS FOR THE PROACTIVE MANAGEMENT OF DIAGNOSED DEP RESSIVE DISORDERS, AND IMPROVE CLINICAL AND COMMUNITY SUPPORT FOR ACTIVE PATIENT ENGAGEMEN T IN TREATMENT GOAL SETTING AND SELF-MANAGEMENT ADVOCATE GOOD SHEPHERD IS SCREENING HOSPI TAL PATIENTS AGE 65 AND OLDER, OBSTETRIC PATIENTS AND CARDIOLOGY PATIENTS HOSPITAL HEALTH CARE PROFESSIONALS REFER INDIVIDUALS WHO SCREEN POSITIVE TO COMMUNITY AND MENTAL HEALTH S UPPORT SERVICES IN 2018, ADVO</p>

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

Form and Line Reference	Explanation
ADVOCATE GOOD SHEPHERD HOSPITAL PART V, SECTION B, LINE 11 - CONTINUED	CATE GOOD SHEPHERD CONTINUED TO STRENGTHEN RELATIONSHIPS WITH THE LAKE COUNTY HEALTH DEPAR TMENT AND THE MCHENRY COUNTY MENTAL HEALTH BOARD WITH THE GOAL OF IMPROVING THE REFERRAL P ROCESS. COMMUNITY HEALTH STAFF COMPLETED VERIFICATION THAT DEPRESSION SCREENINGS USING THE PHQ-9 SCREENING TOOL ARE OCCURRING AT ADVOCATE GOOD SHEPHERD. REFERRALS TO MENTAL HEALTH PROVIDERS ARE BEING COMPLETED BY PHYSICIANS. HOWEVER, CURRENTLY THERE IS NO AGGREGATE DATA REPORT AVAILABLE OF PATIENTS WHO HAVE COMPLETED DEPRESSION SCREENING. THE DATA IS ONLY AV AILABLE WITHIN THE PATIENT REGISTRY. COMMUNITY HEALTH STAFF CONSULTED WITH THE ADVOCATE BE HAVIORAL HEALTH SERVICE LINE TO DETERMINE IF AGGREGATE DATA CAN BE GENERATED FROM THE REGI STRY DATA, AND NO SUCH REPORT CAN BE DEVELOPED. IN 2018, COMMUNITY HEALTH STAFF ALSO BEGAN EXPLORING A NEW PARTNERSHIP WITH THE HARVARD SENIOR CENTER AND THE PEARLS PROGRAM. THE PR OGRAM TO ENCOURAGE ACTIVE, REWARDING LIVES (PEARLS) IS A NATIONAL EVIDENCE-BASED PROGRAM F OR LATE-LIFE DEPRESSION. PEARLS BRINGS HIGH QUALITY MENTAL HEALTH CARE INTO COMMUNITY-BASE D SETTINGS THAT REACH VULNERABLE OLDER ADULTS. ADVOCATE GOOD SHEPHERD AND THE HARVARD SENI OR CENTER WILL COLLABORATE TO HOLD A TWO-DAY PEARLS PROGRAM MASTER TRAINING FOR PROFESSION ALS WHO WORK WITH THE SENIOR POPULATION. THE PEARLS PROGRAM WILL REPLACE THE COLLABORATIVE CARE FOR THE MANAGEMENT OF DEPRESSIVE DISORDERS. INTERVENTION. COMMUNITY HEALTH STAFF EXAMI NED THE RATES OF DEPRESSION FOR MEDICARE BENEFICIARIES AND THE HOSPITALIZATION RATES FOR S UICIDE AND SELF-INJURY IN THE ADVOCATE GOOD SHEPHERD SERVICE AREA AND DISCOVERED BOTH RATE S WERE HIGH. DUE TO THIS, THE HOSPITAL ARRANGED TWO ONE-HOUR QUESTION, PERSUADE AND REFER (QPR) AND STRESS MANAGEMENT TRAININGS FOR THE WAUCONDA TOWNSHIP CENTER AND THE SENIOR BREA KFEST CLUB AT ADVOCATE GOOD SHEPHERD. QPR IS AN EVIDENCE-BASED SUICIDE PREVENTION TRAINING DESIGNED TO EMPOWER A PERSON WITH THE TOOLS TO IDENTIFY IF SOMEONE IS SUICIDAL AND REFER THEM TO PROFESSIONAL RESOURCES. A TOTAL OF 49 PEOPLE ATTENDED THE QPR SESSIONS. THE THIRD STRATEGY TO ADDRESS MENTAL HEALTH IS TO STRENGTHEN ADVOCATE GOOD SHEPHERD'S LINKAGES TO CO MMUNITY MENTAL HEALTH AGENCIES WITHIN THE SERVICE AREA. ON MAY 12, 2018, THE HOSPITAL SPON SORED A MENTAL HEALTH RESOURCE FAIR TO INTRODUCE COMMUNITY MENTAL HEALTH AGENCIES AND PROV IDERS TO ADVOCATE GOOD SHEPHERD STAFF (PROVIDERS, NURSES, SOCIAL WORKERS, CARE MANAGERS). RESOURCE FAIR ATTENDEES LEARNED ABOUT SERVICES PROVIDED AND INSURANCE COVERAGE ACCEPTED BY THE MENTAL HEALTH AGENCIES TO INCREASE THE KNOWLEDGE THAT ADVOCATE GOOD SHEPHERD STAFF HA VE ABOUT MENTAL HEALTH RESOURCES AVAILABLE FOR HOSPITAL PATIENTS. THE RESOURCE FAIR WAS HE LD JOINTLY WITH ADVOCATE CONDELL. A TOTAL OF 13 PEOPLE ATTENDED THE RESOURCE FAIR. BASED O N PRE-TEST AND POST-TEST RESULTS THERE WAS A FORTY-SIX PERCENT INCREASE OF KNOWLEDGE OF RE SOURCES IN THE COMMUNITY FOR ATTENDEES. LOW ATTENDANCE WAS LIKELY DUE TO THE FACT THAT IT WAS HELD ON A SATURDAY, WHEN S

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Form and Line Reference	Explanation
ADVOCATE GOOD SHEPHERD HOSPITAL PART V, SECTION B, LINE 11 - CONTINUED	<p>TAFFING LEVELS ARE LOWER AT THE HOSPITAL. ADDITIONALLY, RESOURCE FAIRS OVERALL ARE GARNERING MUCH LOWER ATTENDANCE THAN IN PREVIOUS YEARS DUE TO THE EASE AND AVAILABILITY OF INFORMATION NOW BEING AVAILABLE ONLINE. TO ADDRESS THE MENTAL HEALTH NEEDS OF THE BARRINGTON AREA, IN 2017-2018, ADVOCATE GOOD SHEPHERD ALSO OVERSAW THE DEVELOPMENT AND LAUNCH OF A MENTAL HEALTH RESOURCE WEBSITE NAMED HEALTHY BARRINGTON. <a href="https://healthybarrington.org/local-mental-health-providers/">HTTPS://HEALTHYBARRINGTON.ORG/LOCAL-MENTAL-HEALTH-PROVIDERS/</a>COMMUNITY HEALTH STAFF PARTNERED WITH BARRINGTON YOUTH AND FAMILY SERVICES TO APPLY FOR A \$15,000 GRANT FROM THE BARRINGTON AREA COMMUNITY FOUNDATION TO PARTIALLY FUND THE WEBSITE DEVELOPMENT. ADVOCATE GOOD SHEPHERD FUNDED THE REMAINING COST. COMMUNITY HEALTH STAFF WORKED FOR SEVERAL MONTHS WITH A CONTRACTED WEBSITE DEVELOPER AND A SUBCOMMITTEE OF THE HEALTHIER BARRINGTON COALITION TO DEVELOP THE WEBSITE, WHICH PROVIDES A WIDE ARRAY OF RESOURCES TO BARRINGTON AREA RESIDENTS, INCLUDING MENTAL HEALTH COUNSELING, SUBSTANCE USE TREATMENT AND OTHER SUPPORTIVE SERVICES WITHIN THE GREATER CHICAGOLAND AREA. THE WEBSITE OFFICIALLY LAUNCHED IN AUGUST 2018. MENTAL HEALTH AND SUBSTANCE USE ARE COMMON CO-OCCURRING CONDITIONS. THOUGH NOT SPECIFICALLY SELECTED AS A PRIORITY, THE HOSPITAL SAW THE NEED TO IMPLEMENT A PROGRAM TO SPECIFICALLY ADDRESS COMMUNITY RESIDENTS STRUGGLING WITH OPIOID USE DISORDER. FOR THE ADVOCATE GOOD SHEPHERD PSA, THE AGE-ADJUSTED ER RATE DUE TO SUBSTANCE ABUSE CONSISTENTLY CLIMBED FROM 10 ED VISITS PER 10,000 POPULATION IN 2010-2012, TO 12 ED VISITS PER 10,000 POPULATION IN 2012-2014. IN 2018, ADVOCATE GOOD SHEPHERD ENTERED INTO AN AGREEMENT WITH GATEWAY FOUNDATION ALCOHOL AND DRUG TREATMENT, A NON-PROFIT ORGANIZATION WITH TREATMENT CENTERS LOCATED THROUGHOUT ILLINOIS, TO SPECIFICALLY ADDRESS THE OPIOID CRISIS IN LAKE COUNTY AND MCHEENRY COUNTY. IN COORDINATION WITH HOSPITAL EMERGENCY DEPARTMENT (ED) STAFF, GATEWAY FOUNDATION HAS PLACED A FULL-TIME CREDENTIALLED ENGAGEMENT SPECIALIST WITHIN THE ADVOCATE GOOD SHEPHERD ED TO WORK WITH PATIENTS PRESENTING WITH A MEDICAL ISSUE RELATED TO OPIOID USE DISORDER. THE GATEWAY ENGAGEMENT SPECIALIST WORKS CLOSELY WITH ED SOCIAL WORKERS AND CARE MANAGERS TO COMPLETE A CLINICAL ASSESSMENT AND CONTINUING CARE PLAN WITH THE PATIENT. THE GOAL IS TO COORDINATE A DIRECT TRANSFER OR REFERRAL INTO SUBSTANCE USE TREATMENT FOR PATIENTS COMING INTO THE ED FOR OPIOIDS. GATEWAY FOUNDATION ALSO EMPLOYS A RECOVERY COACH TO PROVIDE SUPPORT AND COMMUNITY OUTREACH TO INDIVIDUALS SEEKING TREATMENT OR IN RECOVERY. THE PROGRAM LAUNCHED IN JANUARY 2018 AND 59 PATIENTS WERE SEEN BY THE ENGAGEMENT SPECIALIST IN 2018. THIRTY-FIVE PATIENTS (FIFTY-NINE PERCENT) WERE REFERRED FOR SUBSTANCE USE TREATMENT, AND OF THESE, 12 PATIENTS (THIRTY-FOUR PERCENT) KEPT THE APPOINTMENT WITH THE TREATMENT FACILITY.</p>

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

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

Form and Line Reference	Explanation
ADVOCATE GOOD SHEPHERD HOSPITAL PART V, SECTION B, LINE 11 - CONTINUED	NEEDS NOT SELECTED TO ADDRESSDIABETESDIABETES WAS IDENTIFIED AS A HEALTH NEED WITHIN THE ADVOCATE GOOD SHEPHERD SERVICE AREA DIABETES PREVALENCE IS INCREASING OVER TIME IN THE NATION AND LOCALLY EMERGENCY ROOM AND HOSPITALIZATION RATES FOR DIABETES HAVE ALSO CONTINUED TO INCREASE OVER TIME THOUGH A SIGNIFICANT NEED, THE COMMUNITY HEALTH COUNCIL MADE THE DECISION TO FOCUS ON OBESITY AS A PRIORITY, GIVEN ITS IMPACT ON THE RISK FOR PRE-DIABETES AND DIABETES ADVOCATE GOOD SHEPHERD HAS A DIABETES ADVISORY COMMITTEE THAT IS COMMITTED TO DIABETES PREVENTION AND TREATMENT IN THE COMMUNITY THROUGH EDUCATION, PROGRAMMING AND SCREENINGS CARDIOVASCULAR DISEASEIN MCHENRY COUNTY, THERE HAS BEEN A DECLINE IN MORTALITY RATES FOR HEART DISEASE AND STROKE OVER THE PAST DECADE, MCHENRY COUNTY'S HEART DISEASE DEATH RATE HAS DROPPED BY NINETEEN PERCENT, WHILE THE STROKE DEATH RATE HAS FALLEN BY TWENTY-FIVE PERCENT THE MOST RECENT DEATH RATE DATA FOR STROKE AND HEART DISEASE SHOWS THIS CONTINUING DOWNWARD TREND THE PREVALENCE RATE OF HEART DISEASE IS SLIGHTLY HIGHER IN MCHENRY COUNTY THAN LAKE COUNTY, HOWEVER, THE MORTALITY RATE FROM HEART DISEASE IS HIGHER IN LAKE COUNTY THAN MCHENRY COUNTY THE COMMUNITY HEALTH COUNCIL DECIDED IT WAS MORE BENEFICIAL TO PRIORITIZE OBESITY BECAUSE OF ITS IMPACT ON THE RISK FACTORS FOR HEART DISEASE THE HOSPITAL IS COMMITTED TO DECREASING THE RATE OF HEART DISEASE THROUGH MANY OF THE ADVOCATE HEART INSTITUTE PROGRAMS THE HOSPITAL CONTINUES TO BE A MEMBER OF THE CARDIOVASCULAR MAPP (MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS) ACTION TEAM IN MCHENRY COUNTY AND PARTNERS WITH THE MCHENRY COUNTY HEALTH DEPARTMENT TO ADMINISTER THE HEART AGE SCREENING TOOL THROUGHOUT THE COMMUNITY SUBSTANCE ABUSESUBSTANCE ABUSE WAS IDENTIFIED AS A NEED WITHIN THE ADVOCATE GOOD SHEPHERD SERVICE AREA CONTRIBUTING HEALTH BEHAVIORS IDENTIFIED INCLUDED EXCESSIVE ALCOHOL USE IN ADULTS AND THE PERCENTAGE OF TEENS USING MARIJUANA THOSE WHO ARE MENTALLY ILL ARE MORE LIKELY TO ABUSE DRUGS OR ALCOHOL ACCORDING TO THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA), TWENTY-SEVEN PERCENT OF PEOPLE WITH MENTAL HEALTH ISSUES ABUSED ILLICIT DRUGS IN 2012 BECAUSE OF THE UNDERLYING MENTAL HEALTH ISSUES AFFECTING THE USE OF SUBSTANCES, THE COMMUNITY HEALTH COUNCIL DECIDED TO SELECT MENTAL HEALTH AS THE PRIORITY ADVOCATE GOOD SHEPHERD COMMUNITY HEALTH STAFF ARE ACTIVE MEMBERS OF THE MCHENRY COUNTY SUBSTANCE ABUSE COALITION AND THE LAKE COUNTY OPIOID INITIATIVE



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

Form and Line Reference	Explanation
ADVOCATE GOOD SAMARITAN HOSPITAL PART V, SECTION B, LINE 11 - CONTINUED	<p>NINETY-SIX PERCENT OF MHFA PARTICIPANTS REPORTED THAT THEY RECOGNIZE THE SIGNS THAT SOMEONE MAY BE DEALING WITH A MENTAL HEALTH PROBLEM/CRISIS ONE-HUNDRED PERCENT OF MHFA PARTICIPANTS REPORTED THAT THEY AGREED OR STRONGLY AGREED TO FEELING MORE COMFORTABLE LISTENING TO SOMEONE IN DISTRESS ONE-HUNDRED PERCENT OF MHFA PARTICIPANTS AGREED OR STRONGLY AGREED THAT THEY ARE AWARE OF THEIR OWN VIEWS OR FEELINGS ABOUT MENTAL HEALTH PROBLEMS AND DISORDERS DUPAGE COUNTY MENTAL HEALTH COLLABORATIVE-STRATEGY THREECOLLABORATE IN A COLLECTIVE IMPACT MODEL WITH DUPAGE COUNTY HEALTH DEPARTMENT, DUPAGE FEDERATION ON HUMAN SERVICES, DUPAGE HEALTH COALITION AND OTHER DUPAGE COUNTY HOSPITALS TO EXPLORE EFFECTIVE METHODS OF ADDRESSING MENTAL HEALTH CRISES IN DUPAGE COUNTY 2018 DUPAGE COUNTY MENTAL HEALTH COLLABORATIVE-STRATEGY THREE UPDATES/PROGRESSTHE DUPAGE COUNTY HEALTH DEPARTMENT ALONG WITH THE DUPAGE HEALTH COALITION CONVENED MULTIPLE STAKEHOLDER AND COMMUNITY LISTENING SESSIONS TO GAIN INSIGHT ON MENTAL HEALTH NEEDS AND ISSUES WITHIN THE COMMUNITY EMERGENCY MEDICAL SERVICES (EMS), HOSPITALS, SOCIAL SERVICE AGENCIES, MENTAL HEALTH GROUPS AND OTHER COMMUNITY ORGANIZATIONS ATTENDED THESE LISTENING SESSIONS TO PROVIDE CRITICAL FEEDBACK AND IDENTIFY MENTAL HEALTH NEEDS/FOCUS AREAS POST-INCARCERATION SUPPORT FOR THOSE WITH A MENTAL ILLNESS WAS IDENTIFIED AS A SERIOUS HEALTH NEED IN THE COMMUNITY A POST-INCARCERATION SUB-GROUP, WHICH THE HOSPITAL WAS ENGAGED IN, WAS FORMED AND MET IN NOVEMBER OF 2017 THE SUB-GROUP FOCUSED ON ADDRESSING POST-INCARCERATION SUPPORT FOR THE MENTALLY ILL AND BRAINSTORMED WAYS TO ADDRESS THE NEED IN 2018, THE DUPAGE COUNTY HEALTH DEPARTMENT RECEIVED A GRANT TO EMPLOY A RE-ENTRY SPECIALIST WHO WORKS WITH RECENTLY RELEASED OFFENDERS TO PROVIDE COMMUNITY SUPPORT AND RESOURCES FOR THEIR MENTAL NEEDS ADVOCATE GOOD SAMARITAN IS ENGAGED IN THIS WORK THROUGH ITS MEMBERSHIP ON THE IMPACT DUPAGE STEERING COMMITTEE, A COMMITTEE THAT OVERSEES THE COUNTY'S COMMUNITY HEALTH NEEDS ASSESSMENT AND STRATEGIES, INCLUDING THE RE-ENTRY SPECIALIST PROGRAM THE COLLABORATIVE IDENTIFIED THE RE-ENTRY SPECIALIST PROGRAM AS THE MENTAL HEALTH BEST PRACTICE THAT WOULD MOST EFFECTIVELY ADDRESS THE MENTAL HEALTH NEEDS IN DUPAGE COUNTY 2018 WAS DEDICATED TO THE PLANNING AND STRUCTURING OF THE RE-ENTRY SPECIALIST PROGRAM THE PROGRAM WILL BE IMPLEMENTED IN 2019 AT WHICH TIME THE HOSPITAL WILL REACH OUT TO IDENTIFY ANY OPPORTUNITIES TO PARTNER AND/OR SUPPORT THE PROGRAM 90-MINUTE MENTAL HEALTH TRAINING-STRATEGY FOURPROVIDE A 90-MINUTE MENTAL HEALTH TRAINING FOR EMERGENCY DEPARTMENT (ED) STAFF AND PHYSICIANS 2018 90-MINUTE MENTAL HEALTH TRAINING-STRATEGY FOUR UPDATES/PROGRESSADVOCATE GOOD SAMARITAN DID NOT HAVE ANY MENTAL HEALTH TRAININGS FOR ED STAFF IN 2018 DUE TO STAFF TURN-OVER AND ORGANIZATIONAL RE-STRUCTURING THE HOSPITAL PLANS TO WORK WITH THE ED LEADERSHIP TEAM TO IMPLEMENT THIS TRAINING IN 2019 TEEN RECOVERY SUPPORT GROUP-STRATEGY FIVE-FIVE SUPPORT NAMI'S TE</p>

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

Form and Line Reference	Explanation
ADVOCATE GOOD SAMARITAN HOSPITAL PART V, SECTION B, LINE 11 - CONTINUED	EN RECOVERY SUPPORT GROUP THROUGH PROVIDING ADVOCATE GOOD SAMARITAN MENTAL HEALTH COUNSELORS TO FACILITATE GROUP DISCUSSIONS 2018 TEEN RECOVERY SUPPORT GROUP-STRATEGY UPDATES/PROG RESSTHERE WERE THREE ADVOCATE GOOD SAMARITAN MENTAL HEALTH COUNSELORS APPROVED TO FACILITATE THE YOUTH PEER SUPPORT GROUP HOSPITAL MENTAL HEALTH COUNSELORS WORKED WITH THE NAMI DUPAGE YOUTH DIRECTOR TO PILOT THE FIRST ROUND OF SUPPORT GROUPS THE MENTAL HEALTH COUNSELORS FACILITATED A TOTAL OF EIGHT GROUPS IN 2018 IN 2018, THERE WERE SIX GROUP PARTICIPANTS ( MAXIMUM GROUP SIZE IS TEN) ONE-HUNDRED PERCENT OF GROUP PARTICIPANTS ATTENDED AT LEAST ONE -HALF OF GROUP SESSIONS COMMUNITY HEALTH NEEDS NOT SELECTEDSUBSTANCE ABUSESUBSTANCE ABUSE WAS INCLUDED IN THE TOP THREE HEALTH NEEDS FOR THE 2014-2016 CHNA BUT WAS NOT SELECTED AS A PRIORITY AT THIS TIME ADVOCATE GOOD SAMARITAN RECOGNIZES THE NEED TO ADDRESS SUBSTANCE ABUSE IN THE COMMUNITY AND HAS DEDICATED MULTIPLE RESOURCES TO ADDRESSING THE ISSUE THE HOSPITAL'S DETOX CENTER SERVES PATIENTS WITH ADDICTION ISSUES AND PROVIDES A SAFE ENVIRONMENT FOR SUBSTANCE ABUSE WITHDRAWAL IN ADDITION, THE HOSPITAL RECEIVED A GRANT TO IMPLEMENT A LINKAGE TO CARE PROGRAM, WHICH EMPLOYS A COMMUNITY LINKAGE SPECIALIST TO LINK DISCHARGED DETOX UNIT PATIENTS TO COMMUNITY SUPPORT SERVICES AND TO FOLLOW-UP WITH PATIENTS AT 30, 60, 90 AND 180 DAYS POST-DISCHARGE TO CHECK-IN ON PROGRESS AND PROVIDE ADDITIONAL SUPPORT IF NEEDED THE HOSPITAL ALSO PROVIDES RESOURCES FOR COMMUNITY PARTNERS SUCH AS ALCOHOLICS ANONYMOUS (AA) AND NARCOTICS ANONYMOUS (NA) BOTH AA AND NA SUPPORT GROUPS HOLD REGULAR MEETINGS AT ADVOCATE GOOD SAMARITAN ASTHMAASTHMA WAS IDENTIFIED AS A HEALTH NEED IN THE 2014 -2016 CHNA BUT WAS NOT SELECTED AS A PRIORITY TO ADDRESS DUE TO THE LACK OF COMMUNITY PARTNERS AND THE AVAILABILITY OF ASTHMA PREVENTION PROGRAMS THE MAJORITY OF ASTHMA PROGRAMS WITHIN THE COUNTY ARE FOCUSED ON ASTHMA ATTACK PREVENTION AND TREATMENT THE CHC ALSO IDENTIFIED HOSPITALIZATION AND ED VISIT RATES DUE TO ASTHMA AS A POTENTIAL ACCESS TO HEALTH CARE ISSUE TAKING THIS INTO CONSIDERATION, THE COMMUNITY HEALTH MANAGER ALONG WITH THE CHC IDENTIFIED SEVERAL HOSPITAL PROGRAMS THAT ADDRESSED ACCESS TO HEALTH CARE, INCLUDING SUPPORT SERVICES FOR ED OVERUTILIZATION DUE TO LACK OF PRIMARY CARE FOR CHRONIC CONDITIONS LIKE ASTHMA THROUGH HOSPITAL PARTNERSHIPS, SUCH AS ADVOCATE GOOD SAMARITAN'S PARTNERSHIP WITH ENGAGE DUPAGE, ASTHMATIC PATIENTS WHO ARE IN NEED OF PRIMARY CARE WILL RECEIVE SUPPORT FROM PROGRAM STAFF THAT PROVIDE LINKAGES TO PRIMARY CARE AND INSURANCE COVERAGE ACCESS TO HEALTH CARE SERVICESTHE CHC ACKNOWLEDGES ACCESS TO HEALTH CARE SERVICES AS A CRITICAL NEED FOR THE HOSPITAL'S PSA THIS NEED WAS NOT PRIORITIZED DUE TO SEVERAL PROGRAMS AND PARTNERSHIPS THAT ARE CURRENTLY BEING IMPLEMENTED TO ADDRESS ACCESS TO HEALTH CARE IN THE HOSPITAL'S SERVICE AREA THE HOSPITAL HAS A FINANCIALLY SIGNIFICANT LONG STANDING PARTNERSHIP WITH DUPAGE HEALTH COALITION (FORMERLY

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

Form and Line Reference	Explanation
ADVOCATE GOOD SAMARITAN HOSPITAL PART V, SECTION B, LINE 11 - CONTINUED	<p>KNOWN AS ACCESS DUPAGE), WHICH WORKS WITH UNINSURED AND UNDERINSURED PATIENTS TO CONNECT THEM TO HEALTH CARE COVERAGE AND PRIMARY CARE SERVICES THE HOSPITAL SERVES MANY DUPAGE HE ALTH COALITION/ACCESS DUPAGE CLIENTS AND WILL CONTINUE TO WORK WITH THE ORGANIZATION TO LI NK VULNERABLE POPULATIONS TO EFFECTIVE HEALTH CARE COVERAGE AND SERVICES IN 2018, ADVOCAT E GOOD SAMARITAN CONTRIBUTED \$414,884 DIRECTLY TO DUPAGE HEALTH COALITION TO SERVE PATIENT NEEDS IN ADDITION, THE HOSPITAL PROVIDES FREE INPATIENT AND OUTPATIENT CARE SERVICES TO PATIENTS REFERRED TO THE HOSPITAL FROM THE DUPAGE HEALTH COALITION THE HOSPITAL'S MEDICAL MODEL WELLNESS CENTER ALSO PROVIDES FREE OR LOW COST MEMBERSHIPS TO LOW-INCOME PATIENTS DIA GNOSED WITH A CHRONIC DISEASE WHO WOULD BENEFIT FROM THE SERVICES AT THE WELLNESS CENTER T HE HOSPITAL IS ENGAGING IN STRONG PARTNERSHIPS WITH VARIOUS COMMUNITY ORGANIZATIONS INCLUD ING DUPAGE HEALTH COALITIONS TO IMPROVE HEALTH OUTCOMES IN THE PSA AND ED UTILIZATION WITHI N THE HOSPITAL THE COMMUNITY HEALTH MANAGER WILL CONTINUE TO TRACK PROGRESS OF BOTH PROGR AMS AND REPORT PROGRAM OUTCOMES TO THE CHC CANCERCANCER WAS IDENTIFIED AS A HEALTH NEED FO R THE HOSPITAL'S PRIMARY SERVICE AREA DUE TO HIGH INCIDENCE AND PREVALENCE RATES OF THE DI SEASE THE CHC DID NOT SELECT THIS NEED AS A PRIORITY DUE TO THE MYRIAD OF CANCER SERVICES AND SUPPORT GROUPS THE HOSPITAL CURRENTLY OFFERS TO PATIENTS WITHIN THE PSA AN ARRAY OF CANCER TREATMENTS AND SUPPORT SERVICES ARE OFFERED THROUGH THE HOSPITAL'S BHORADE CANCER C ENTER THE CANCER CENTER STAFF ALSO CONDUCT A COMMUNITY NEEDS ASSESSMENT, WHICH INCLUDES C OLLECTION AND ANALYSIS OF DEMOGRAPHIC AND CANCER DATA FOR THE HOSPITAL'S PSA BHORADE CANC ER CENTER STAFF UTILIZE THIS DATA TO DEVELOP THE SERVICE LINE'S STRATEGIC PLAN AND EVALUAT E THE IMPACT OF CANCER TREATMENTS AND SERVICES IN ADDITION, THE HOSPITAL'S BHORADE CANCER CENTER PARTNERS WITH MANY COMMUNITY ORGANIZATIONS THAT OFFER SUPPORT SERVICES FOR CANCER PATIENTS AND SURVIVORS ORGANIZATIONS SUCH AS WELLNESS HOUSE OFFER SUPPORT GROUPS FREE OF CHARGE TO CANCER PATIENTS AT ADVOCATE GOOD SAMARITAN THE HOSPITAL HAS ALSO PARTNERED WITH THE AMERICAN CANCER SOCIETY TO SIGN THE 80 BY 2018 PLEDGE, WHICH AIMS TO SCREEN 80 PERCENT OF INDIVIDUALS AGED 50 AND OLDER IN THE PSA FOR COLORECTAL CANCER BY THE YEAR 2018 THE H OSPITAL'S BHORADE CANCER CENTER, IN PARTNERSHIP WITH THE COMMUNITY HEALTH DEPARTMENT, IS W ORKING TO INCREASE SCREENINGS THROUGH EDUCATION AND AWARENESS IN THE COMMUNITY IN ADDITION , THE HOSPITAL'S BHORADE CANCER CENTER IS PARTNERING WITH LOCAL COMMUNITY ORGANIZATIONS AN D CHURCHES TO IMPLEMENT HEALTHY LIFESTYLE AND POST MENOPAUSAL CANCER PREVENTION WORKSHOPS THE HOSPITAL'S COMMUNITY HEALTH DIRECTOR WILL SUPPORT THIS EFFORT THROUGH IDENTIFYING COM MUNITY ORGANIZATIONS THAT SERVE THE TARGET POPULATION</p>

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

Form and Line Reference	Explanation
ADVOCATE GOOD SAMARITAN HOSPITAL PART V, SECTION B, LINE 11 - CONTINUED	THE HOSPITAL ALSO HAS A WHY WAIT CLINIC THAT PROVIDES MAMMOGRAMS AND FOLLOW-UP SERVICES RE LATED TO BREAST HEALTH TO LOW-INCOME WOMEN IN 2018, \$295,000 WAS SPENT ON BREAST HEALTH S ERVICES FOR LOW-INCOME WOMEN IMMUNIZATION-PREVENTABLE PNEUMONIA AND INFLUENZA THE CHC REC OMMENDED THAT IMMUNIZATION-PREVENTABLE DISEASE NOT BE SELECTED AS A PRIORITY HEALTH NEED A T THIS TIME DUE TO CURRENT EFFORTS BEING IMPLEMENTED TO ADDRESS THIS NEED THROUGHOUT DUPA GE COUNTY, THE RETAIL AND NONPROFIT SECTORS ARE EFFECTIVELY ADDRESSING THE NEED FOR VACCIN ATIONS THE RETAIL SECTOR (WALGREENS, CVS, OSCO DRUG) DOES SIGNIFICANT ADVERTISEMENT OF VA CCINATION SERVICES, WHICH THEY OFFER FOR A LOW COST TO THE COMMUNITY IN ADDITION, THE DUP AGE COUNTY HEALTH DEPARTMENT OFFERS VACCINATIONS TO CHILDREN AND ADULTS WITH NO HEALTH INS URANCE FOR A MINIMAL FEE VACCINES ARE READILY AVAILABLE TO ALL DUPAGE COUNTY RESIDENTS TH EREFORE THE CHC COULD NOT IDENTIFY A GAP IN SERVICES SENIOR HEALTHTHE HOSPITAL RECOGNIZES THE IMPORTANCE OF SENIOR HEALTH, THEREFORE, THE CHC CHOSE TO CONTINUE THE IMPLEMENTATION OF THE MATTER OF BALANCE (MOB) PROGRAM, BUT DID NOT SELECT THIS NEED AS A PRIORITY FOR THE 2016 CHNA FALL RATES WERE NOT SIGNIFICANTLY HIGH BUT THE SERIOUSNESS OF FALLS FOR SENIOR S IS NOTEWORTHY HENCE THE CONTINUATION OF THE MOB PROGRAM IN ADDITION TO THE MOB PROGRAM, THE HOSPITAL ALSO OFFERS AN ARRAY OF SENIOR SERVICES AND PROGRAMS INCLUDING AN ANNUAL SEN IOR HEALTH FAIR DOMESTIC VIOLENCETHE CHC ACKNOWLEDGES THE SERIOUSNESS OF DOMESTIC VIOLENC E, HOWEVER, DUE TO A LACK OF DETAILED DATA, THE COUNCIL WAS NOT ABLE TO UNDERSTAND THE FUL L SCOPE AND MAGNITUDE OF THIS HEALTH NEED RESULTING IN THE DECISION TO NOT SELECT DOMESTIC VIOLENCE AS A PRIORITY ALTHOUGH PREVALENCE RATES OF DOMESTIC VIOLENCE WERE HIGH, THE DET AILS OF THE TYPE OF DOMESTIC VIOLENCE AND AFFECTED POPULATIONS WERE NOT AVAILABLE FOR THE CHC TO REVIEW ADVOCATE GOOD SAMARITAN CURRENTLY ADDRESSES THIS HEALTH NEED INCLUDING DOM ESTIC VIOLENCE TRAINING FOR ED NURSES, COMMUNITY PHYSICIANS AND PARISH NURSES, AND PROVISI ON OF SUPPORT GROUPS AND INDIVIDUAL THERAPY FOR VICTIMS OF DOMESTIC VIOLENCE IN ADDITION, THE HOSPITAL IS A MEMBER OF THE 18TH JUDICIAL COURT DOMESTIC VIOLENCE COORDINATING COUNCI L THE PURPOSE OF THE 18TH JUDICIAL CIRCUIT FAMILY VIOLENCE COORDINATING COUNCIL IS TO EST ABLISH A FORUM TO IMPROVE THE INSTITUTIONAL, PROFESSIONAL AND COMMUNITY RESPONSE TO FAMIL Y VIOLENCE INCLUDING CHILD ABUSE, DOMESTIC ABUSE, AND ELDER ABUSE, ENGAGE IN EDUCATION AND PREVENTION, COORDINATE INTERVENTION AND SERVICES FOR VICTIMS AND PERPETRATORS, AND CONTRI BUTE TO THE IMPROVEMENT OF THE LEGAL SYSTEM AND THE ADMINISTRATION OF JUSTICE HEART DISEAS E AND STROKETHE CDC REPORTS THAT AT LEAST 200,000 DEATHS FROM HEART DISEASE AND STROKE ARE PREVENTABLE EACH YEAR OBESITY INCREASES THE RISK OF HEART DISEASE AND IS A MAJOR RISK FA CTOR FOR HIGH BLOOD PRESSURE, WHICH IS ALSO A SYMPTOM OF HEART DISEASE AFTER CAREFUL ANAL YSIS OF DATA, THE CHC DECIDED

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Form and Line Reference	Explanation
ADVOCATE GOOD SAMARITAN HOSPITAL PART V, SECTION B, LINE 11 - CONTINUED	NOT TO PRIORITIZE HEART DISEASE AND STROKE BECAUSE OF THE IMPACT OBESITY PREVENTION HAS ON HEART DISEASE THE CHC WILL ADDRESS HEART DISEASE AND STROKE THROUGH THE HEALTHY LIFESTYLES PRIORITY AS A RESULT OF THE HEALTHY LIFESTYLES IMPLEMENTATION PLAN, THE HOSPITAL WILL ADDRESS ONE OF THE MAIN CAUSES OF HEART DISEASE

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Form and Line Reference	Explanation
ADVOCATE LUTHERAN GENERAL HOSPITAL PART V, SECTION B, LINE 11 - CONTINUED	SCHOOL-BASED AND MOBILE HEALTH SERVICES-STRATEGY ONEADVOCATE CHILDREN'S WILL OFFER TARGETE D, SCHOOL-BASED HEALTH SERVICES TO HIGH RISK, LOW-INCOME CHILDREN WHO ARE UNINSURED OR ARE RECEIVING MEDICAID SERVICES ARE TO INCLUDE PRIMARY MEDICAL CARE, IMMUNIZATIONS, ASTHMA, WEIGHT MANAGEMENT, AND WELLNESS AND HEALTH EDUCATION ADVOCATE CHILDREN'S WILL IMPROVE ACC ESS THROUGH THE RONALD MCDONALD CARE MOBILE, A MOBILE HEALTH CLINIC THE CARE MOBILE ALSO AIMS TO IMPROVE COMPLIANCE FOR PHYSICALS AND IMMUNIZATIONS AT TARGETED SCHOOLS, ESTABLISH MEDICAL AND SOCIAL REFERRAL NETWORKS, AND IMPROVE ASTHMA EDUCATION AND COMPLIANCE FOR PATI ENTS SEEN ON THE CARE MOBILE 2018 SCHOOL-BASED AND MOBILE HEALTH SERVICES-STRATEGY ONE UPD ATES/PROGRESSTHE CARE MOBILE TEAM PROVIDED A TOTAL OF 3,319 PHYSICALS IN BOTH THE NORTH AN D SOUTH REGIONS IN 2018, ACH PROVIDED 4,349 VACCINATIONS IN PARK RIDGE PSA/SSA, ACHIEVING A 95-98% COMPLIANCE RATE FOR SELECT SCHOOLS IN THE NORTHERN REGION SERVICE AREA REFERRAL PARTNERSHIPS EXIST WITH ADVOCATE, MOBILE CARE CHICAGO FOR DENTAL AND ASTHMA, AND LAKE COU NTY PUBLIC HEALTH DEPARTMENT FOR FOLLOW-UP PRIMARY AND SPECIALTY SERVICE REFERRALS STUDEN TS WERE ALSO GIVEN LOCAL REFERRAL LISTS FOR FEDERALLY QUALIFIED HEALTH CENTERS AND PROVIDE RS WHO ACCEPT MEDICAID IN EFFORTS TO ESTABLISH A MEDICAL HOME REDUCE INCIDENCE OF UNCONTR OLLED ASTHMA IN CHILDRENASTHMA EDUCATION-STRATEGY TWOADVOCATE CHILDREN'S WILL PROVIDE DIRE CT 1 1 EDUCATION TO ASSIST PATIENTS IN RECOGNIZING TRIGGERS AND MANAGING MEDICATION THE P ATIENT POPULATION WILL BE ASSESSED TO IDENTIFY SCHOOLS WITH THE HIGHEST CONCENTRATION OF C HILDREN WITH ASTHMA THE NATIONAL LUNG ASSOCIATION'S SCHOOL-BASED ASTHMA EDUCATION PROGRAM CALLED KICKIN' ASTHMA WILL BE PROVIDED TO PARTNER SCHOOLS 2018 ASTHMA EDUCATION-STRATEGY TWO UPDATES/PROGRESSIN 2018, ADVOCATE CHILDREN'S DID NOT HAVE AN AMERICORPS MEMBER IN THE NORTH REGION TO OFFER THE KICKIN' ASTHMA PROGRAM THE KICKIN' ASTHMA PROGRAM WAS OFFERED I N THE SOUTH REGION BECAUSE THERE WAS AN AMERICORPS MEMBER TO IMPLEMENT THE PROGRAM BECOME A TRAUMA-INFORMED CHILDREN'S HOSPITALTRAUMA-INFORMED HOSPITAL-STRATEGY ONEADVOCATE CHILDR EN'S HAS A GOAL OF BECOMING THE FIRST TRAUMA-INFORMED CHILDREN'S HOSPITAL IN THE METROPOLI TAN CHICAGO AREA THE HOSPITAL WOULD ALSO LIKE TO PARTNER WITH THE ADVERSE CHILDHOOD EXPER IENCES (ACE) PROGRAM OF THE HEALTH AND MEDICINE POLICY RESEARCH GROUP TO DETERMINE BEST PR ACTICES FOR TRAINING THE HOSPITAL'S CLINICAL TEAM ON ACES AND THEIR IMPACT ON IMPROVING CH ILDREN'S HEALTH OUTCOMES ADVOCATE CHILDREN'S WILL ALSO WORK CLOSELY WITH THE CHICAGO DEPA RTMENT OF PUBLIC HEALTH TO ASSIST IN REACHING ITS HEALTHY CHICAGO 2 0 GOAL OF BECOMING A T RAUMA-INFORMED CITY 2018 TRAUMA-INFORMED HOSPITAL STRATEGY ONE UPDATES/PROGRESSADVOCATE CH ILDREN'S RESEARCHED APPROPRIATE COMPUTER-BASED INSTRUCTION MODULES ON TRAUMA-INFORMED CARE TO BE ROLLED OUT TO PHYSICIANS AND TEAM MEMBERS THE HOSPITAL IS WORKING WITH THE PROCESS IMPROVEMENT TEAM AND INSTRUCT

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

Form and Line Reference	Explanation
ADVOCATE LUTHERAN GENERAL HOSPITAL PART V, SECTION B, LINE 11 - CONTINUED	<p>IONAL DESIGN TO DEVELOP MODULE CONTENT PATIENT SCREENING AND ASSESSMENT TOOLS WERE REVIEW ED AND STAFF TRAINING MODULES WERE DEVELOPED RESILIENCY TRAINING THROUGH THE VITAL HEARTS PROGRAM, WHICH IS AN EVIDENCE-BASED BEST PRACTICE MODEL OF FOSTERING RESILIENCY AND SELF- CARE FOR CLINICIANS, WAS USED TO TRAIN OVER 200 CLINICIANS ADVOCATE LUTHERAN GENERAL'S HEA LTH NEEDS NOT SELECTED TO ADDRESS DIABETES DIABETES WAS IDENTIFIED AS A HEALTH NEED IN ADV OCATE LUTHERAN GENERAL'S PSA THIS HEALTH NEED WAS NOT PRIORITIZED DUE TO PROGRAMS AND RES EARCH THAT ARE ALREADY IN PLACE TO ADDRESS THIS HEALTH ISSUE IN PARTNERSHIP WITH THE HOSP ITAL'S FAMILY RESIDENCY PROGRAM, THE COMMUNITY HEALTH DEPARTMENT WAS AWARDED GRANT FUNDS F OR A PART-TIME COMMUNITY HEALTH WORKER (CHW) FOCUSED SPECIFICALLY ON DIABETES THE CHW WAS BI-LINGUAL AND PROVIDED EDUCATION AND NAVIGATION TO HISPANIC/LATINO PATIENTS AND OFFERED MULTIPLE CHRONIC DISEASE MANAGEMENT WORKSHOPS TO THE BROADER COMMUNITY CANCER WAS A LSO IDENTIFIED AS A MAJOR HEALTH ISSUE BUT WAS NOT PRIORITIZED BECAUSE ADVOCATE LUTHERAN G ENERAL HAD AN EXISTING COMPREHENSIVE ONCOLOGY PROGRAM THE HOSPITAL CANCER COMMITTEE WORKS WITH COMMUNITY HEALTH DEPARTMENT STAFF TO CONDUCT AN ANNUAL COMMUNITY NEEDS ASSESSMENT SP ECIFIC TO CANCER THE HOSPITAL ALSO WORKS CLOSELY WITH THE AMERICAN CANCER SOCIETY TO DEVE LOP EDUCATION, PREVENTION AND SCREENING PROGRAMS RECOGNIZING THAT 70 PERCENT OF CANCER PA TIENTS NOW LIVE FIVE YEARS OR MORE, THE HOSPITAL OPENED A HOSPITAL-BASED, FREE-STANDING CA NCER SURVIVORSHIP CENTER IN 2013 IN ADDITION TO OFFERING DAILY WELLNESS CLASSES FOR CANCER PATIENTS AND THOSE WHO SUPPORT THEM, THE CENTER SERVES AS A RESOURCE WHERE PATIENTS AND THEIR SUPPORT PERSON(S) CAN ACCESS INFORMATION AND COMMUNITY RESOURCES TO ASSIST THEM IN M AKING DECISIONS THROUGHOUT THEIR CANCER JOURNEY DUE TO THE ON-GOING WORK AROUND CANCER PR EVENTION, SCREENING AND TREATMENT THROUGH THE HOSPITAL'S CANCER COMMITTEE, THE COMMUNITY H EALTH COUNCIL DECIDED NOT TO IDENTIFY THIS ISSUE AS A PRIORITY HEALTH NEED MENTAL HEALTH AS IN THE 2011-2013 CHNA, MENTAL HEALTH WAS RECOGNIZED AS AN IMPORTANT HEALTH NEED ADVOCA TE LUTHERAN GENERAL CONTINUES TO WORK WITH THE HEALTHIER PARK RIDGE, NILES AND DES PLAINES COALITIONS TO ADDRESS MENTAL HEALTH IN THESE COMMUNITIES THE COALITIONS INCLUDE NUMEROUS MENTAL HEALTH PROFESSIONALS AND ORGANIZATIONS SUCH AS THE NATIONAL ALLIANCE ON MENTAL ILL NESS (NAMI) DUE TO EXISTING PROGRAMMING AND PARTNERSHIPS WORKING TO ADDRESS MENTAL HEALTH AS OUTLINED ABOVE, MENTAL HEALTH WAS NOT CHOSEN AS A HEALTH PRIORITY CULTURAL HEALTH DIS PARITIES AS INDICATED IN THE 2011-2013 CHNA, CULTURAL HEALTH DISPARITIES STILL EXIST, BUT THIS AREA WAS NOT CHOSEN AS A PRIORITY FOR THE 2014-2016 CHNA AS STATED IN AN EARLIER SEC TION, ADVOCATE LUTHERAN GENERAL HAS CONTINUED TO EXPAND AND ENHANCE ITS CULTURAL INITIATIV ES TO ADDRESS HEALTH EQUITY THESE INITIATIVES INCLUDE THE SOUTH ASIAN CARDIOVASCULAR CENT ER AND PROGRAMS FOR THE KOREAN</p>

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Form and Line Reference	Explanation
ADVOCATE LUTHERAN GENERAL HOSPITAL PART V, SECTION B, LINE 11 - CONTINUED	, POLISH AND HISPANIC COMMUNITIES ADVOCATE CHILDREN'S HEALTH NEEDS NOT SELECTED TO ADDRESS CHILDHOOD OBESITYADVOCATE CHILDREN'S DID NOT SELECT CHILDHOOD OBESITY AS A HEALTH NEED THE HOSPITAL IS, HOWEVER, ADDRESSING CHILDHOOD OBESITY THROUGH THE HOSPITAL'S HEALTHY ACTIVE LIVING PROGRAM-A WEIGHT MANAGEMENT PROGRAM FOR OVERWEIGHT AND OBESE CHILDREN LARGELY INSURED THROUGH MEDICAID COMPONENTS OF THE PROGRAM ARE OFFERED TO STUDENTS IN THE EXPANDED LEARNING PROGRAM OF EAST MAINE SCHOOL DISTRICT 63 ASTHMAHOSPITAL UTILIZATION DATA SHOWS THAT DES PLAINES AND WHEELING-AREAS WITH LARGE VOLUMES OF MEDICAID MANAGED CARE PARTICIPANTS -ARE TWO OF THE TOP NINE COMMUNITIES ACCOUNTING FOR SIXTY-ONE PERCENT OF ALL ASTHMA DISCHARGES DATA ALSO SHOWS THAT THE EMERGENCY ROOM (ER) RATE DUE TO PEDIATRIC ASTHMA HAS STEADILY RISEN SINCE 2009 WHILE ASTHMA WAS NOT SPECIFICALLY SELECTED AS A HEALTH NEED, ASTHMA EDUCATION AND TREATMENT ARE A FOCUS OF PRIMARY CARE SERVICES BEING PROVIDED AS PART OF THE SCHOOL-BASED MODEL DESCRIBED ABOVE SELECT SCHOOLS WITH LARGE CONCENTRATIONS OF CHILDREN WHO EXPERIENCE ASTHMA, AS IDENTIFIED BY STAFF OF THE RONALD MCDONALD CARE MOBILE, WILL RECEIVE THE AMERICAN LUNG ASSOCIATION'S KICKIN' ASTHMA PROGRAM THIS PROGRAM OFFERS SMALL GROUP EDUCATION REGARDING TRIGGERS, SYMPTOMS AND PROPER MANAGEMENT OF THE DISEASE



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

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL PART V, SECTION B, LINE 11 - CONTINUED	STRATEGY 1 INCORPORATE THE METROPOLITAN TENANTS ORGANIZATION'S (MTO) HEALTHY HOMES INITIA TIVE INTO THE KICKIN' ASTHMA PROGRAM WITHIN THE FOLLOWING ZIP CODES 60411, 60426, 60428, 60429 AND 60478 - TO ADDRESS THIS SOCIAL DISPARITY, THE HOSPITAL PARTNERED WITH THE METROP OLITAN TENANTS ORGANIZATION (MTO), AN ADVOCACY ORGANIZATION FOR TENANTS' RIGHTS, TO EDUCAT E, ORGANIZE AND EMPOWER TENANTS TO EXERCISE THEIR HUMAN RIGHT TO AFFORDABLE AND SAFE HOUSI NG AS PART OF THIS PARTNERSHIP, THE HOSPITAL CHOSE TO IMPLEMENT THE ORGANIZATION'S HEALTH Y HOMES AWARENESS PROGRAM TO IMPROVE HEALTH OUTCOMES FOR ASTHMA PATIENTS IN THE HOSPITAL'S PRIMARY SERVICE AREA THE HEALTHY HOMES PROGRAM IS INTENDED TO HELP TENANTS LEARN ABOUT H IDDEN AND VISIBLE HEALTH HAZARDS IN THE HOME, HOW TO PREVENT EXPOSURE AND CONNECTS TENANTS WITH VITAL RESOURCES FOR IMPROVING HOUSING CONDITIONS STRATEGY 2 PARTNER WITH METROPOLIT AN TENANTS ORGANIZATION (MTO) TO PROVIDE HEALTHY HOMES EDUCATION TO DECREASE ASTHMA TRIGGE RS IN HOMES IN PSA COMMUNITIES - IN 2018, MTO PROVIDED TRAINING FOR HEALTHCARE PROFESSIONA LS TO ADDRESS HOME ASSESSMENTS A TOTAL OF THREE HEALTH PROFESSIONALS PARTICIPATED IN HEAL THY HOMES TRAINING STRATEGY 3 WORK WITH THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY TO IDENTIFY ADDITIONAL RESOURCES TO SUPPORT THE HEALTHY HOMES INITIATIVE - THE HEALTH IMPACT COLLABORATIVE AND THE CHICAGO HOSPITAL COLLABORATIVE JOINED TO CREATE THE ALLIANCE FOR HE ALTH EQUITY POOR HOUSING CONDITIONS CAN LEAD TO POOR HEALTH SUCH AS ASTHMA THE COLLABORA TIVE IS WORKING ON POLICIES TO SUPPORT AFFORDABLE HEALTHY HOUSING AND TO CREATE JOBS THROU GH HOUSING INITIATIVES, WHICH ARE OPPORTUNITIES TO IMPROVE THE HEALTH OF THE SOUTHLAND COM MUNITY ENVIRONMENTAL HAZARDS INCLUDE LEAD EXPOSURE AND WATER AND AIR QUALITY THESE HAZAR DS INDICATE ONE OR MORE PROBLEMS WITH HOMES THAT COULD HAVE A NEGATIVE IMPACT ON HEALTH, I E ASTHMA THE COMMUNITY HEALTH TEAM CONTINUES TO ATTEND MEETINGS AND WORK WITH OTHER MEM BERS OF THE ALLIANCE FOR HEALTH EQUITY ON PROJECTS AS IDENTIFIED THROUGH THE COLLABORATIVE NEEDS NOT SE LECTEDALTHOUGH CANCER, HEART DISEASE, AND HYPERTENSION AND STROKE WERE NOT SE LECTED TO ADDRESS DURING THE CHNA PROCESS, ADVOCATE SOUTH SUBURBAN REMAINS COMMITTED TO SE RVING THE HEALTH NEEDS OF INDIVIDUALS IN THE COMMUNITY WITH THESE HEALTH CONDITIONS CANCER RADVOCATE SOUTH SUBURBAN'S CANCER CENTER OFFERS AN ARRAY OF SERVICES, INCLUDING RADIATION THERAPY, BRACHYTHERAPY, IMAGE GUIDED RADIATION THERAPY, INTENSITY MODULATED RADIATION THER APY, AND MINIMALLY INVASIVE APPROACHES TO CANCER TREATMENT THE BREAST HEALTH CENTER OFFER S EARLY DETECTION SERVICES AS WELL AS ADVANCED PROCEDURES INCLUDING SENTINEL LYMPH NODE BI OPSY FOR BREAST CANCER TREATMENT FOR CANCER DIAGNOSIS AND STAGING ADDITIONALLY, ADVOCATE SOUTH SUBURBAN HAS AN INTEGRATED CANCER COMMITTEE AND CANCER CARE TEAM THAT ARE DEDICATED TO DEVELOPING A COMPREHENSIVE, MULTIDISCIPLINARY APPROACH THROUGHOUT THE YEAR VARIOUS EDU CATION AND SCREENING PROGRAMS

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

Form and Line Reference	Explanation
ADVOCATE SOUTH SUBURBAN HOSPITAL PART V, SECTION B, LINE 11 - CONTINUED	ARE ALSO HELD IN THE COMMUNITY AND AT THE HOSPITAL THAT FOCUS ON BREAST, LUNG AND PROSTATE CANCERS SOME SERVICES INCLUDE GENETIC COUNSELING, PATIENT NAVIGATION, CLINICAL TRIALS AN D RESEARCH-ALL DESIGNED TO IMPROVE QUALITY OF LIFE FOR PATIENTS AND THEIR FAMILIES ADVOCA TE SOUTH SUBURBAN ALSO HAS A STRONG PARTNERSHIP WITH THE CANCER SUPPORT CENTER AND THE AME RICAN CANCER SOCIETY THAT PROMOTES HEALTH AND WELL-BEING FOR INDIVIDUALS LIVING WITH CANCE R HEART DISEASETHROUGH THE ADVOCATE HEART INSTITUTE, ADVOCATE SOUTH SUBURBAN OFFERS A CONT INUUM OF SERVICES FROM SCREENING TO DIAGNOSIS AND TREATMENT ADVANCED TREATMENT AND SERVIC ES INCLUDE COMPREHENSIVE DIAGNOSTIC SERVICES, INCLUDING MINIMALLY-INVASIVE ENDOVASCULAR PR OCEDURES, ELECTROPHYSIOLOGICAL PROCEDURES, COMPUTED TOMOGRAPHY SCANNING, THREE-PHASE CARDI AC REHABILITATION AND A CONGESTIVE HEART FAILURE PROGRAM THE HOSPITAL COMMITS TO COMMUNIT Y PREVENTION PROGRAMS BY CONDUCTING HEART HEALTH EDUCATION CLASSES, AND FREE AND REDUCED H EART RISK SCREENINGS FOR CARDIOVASCULAR HEALTH THE CONGESTIVE HEART FAILURE PROGRAM IS A COMPREHENSIVE INPATIENT AND OUTPATIENT PROGRAM DESIGNED TO STRENGTHEN THE HEART, IMPROVE H EALTH AND MONITOR CHANGE THE OVERALL GOAL IS TO RESTORE CARDIAC HEALTH AND REDUCE HOSPITA LIZATION THROUGH THERAPY, DIET AND OTHER SERVICES THE CARDIAC REHABILITATION PROGRAM IS F OR INDIVIDUALS REQUIRING REHABILITATION SERVICES FOLLOWING A CARDIOVASCULAR INCIDENT THIS INDIVIDUALIZED PROGRAM IS DESIGNED TO REDUCE BLOOD PRESSURE, BODY MASS INDEX AND STRESS L LEVELS THOUGH CUSTOMIZED EXERCISE PROGRAMS, YOGA AND STRENGTHENING TECHNIQUES HYPERTENSION AND STROKE ADVOCATE SOUTH SUBURBAN IS AN ILLINOIS DEPARTMENT OF PUBLIC HEALTH (IDPH)-DESI GNATED PRIMARY STROKE CENTER AND HAS EARNED THE AMERICAN HEART ASSOCIATION'S GET WITH THE GUIDELINES-STROKE GOLD-PLUS QUALITY ACHIEVEMENT AWARD THE IDPH DESIGNATION SIGNIFIES THAT THE HOSPITAL DELIVERS THE CRITICAL STROKE CARE ELEMENTS REQUIRED TO ACHIEVE LONG-TERM SUC CESS IN IMPROVING OUTCOMES ACHIEVING STROKE CERTIFICATION ENSURES THAT THE HOSPITAL OFFER S THE HIGHEST LEVEL OF CARE FOR THOSE WHO ARE EXPERIENCING AND RECOVERING FROM A STROKE T HE HOSPITAL ALSO OFFERS COMMUNITY EDUCATION EVENTS AND A STROKE SUPPORT GROUP FOR INDIVIDU ALS AND THEIR CAREGIVERS THAT IS HELD MONTHLY AT THE HOSPITAL

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

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL PART V, SECTION B, LINE 11 - CONTINUED	HEALTH NEEDS NOT SELECTED TO ADDRESS IN 2014-2016 CHNAHEART DISEASEONE OF THE KEY HEALTH I SSUES IDENTIFIED BUT NOT SPECIFICALLY TARGETED IN ADVOCATE TRINITY'S COMMUNITY HEALTH IMPL EMENTATION PLAN WAS HEART DISEASE ADVOCATE TRINITY IS ADDRESSING THE HEART DISEASE NEEDS OF THE COMMUNITY THROUGH THE NEWLY INTEGRATED ADVOCATE HEART INSTITUTE THE HEART INSTITUT E'S SERVICES ARE COMPREHENSIVE AND RANGE FROM CARDIOVASCULAR DIAGNOSTICS AND DETECTION TO TREATMENT AND SURGERY, USING THE MOST ADVANCED DIAGNOSTIC AND THERAPEUTIC TOOLS AVAILABLE THE INSTITUTE ALSO OFFERS CPR TRAINING, A FREE HEART RISK ASSESSMENT AND AN AFFORDABLE HE ART CT SCAN IN 2015, ADVOCATE TRINITY OPENED A NEW CARDIAC CATHETERIZATION LAB WHICH OFFE RS PROCEDURES USED TO DIAGNOSE CARDIOVASCULAR CONDITIONS IN ADDITION TO THE NEW CATHETERI ZATION LAB, THE HOSPITAL DEVELOPED A NEW STATE-OF-THE-ART CARDIAC REHABILITATION FACILITY OFFERING PHASE I AND II CARDIAC REHABILITATION EXERCISE AND LIFESTYLE EDUCATION PROGRAMS T O THE COMMUNITY THE HOSPITAL OFFERS SEVERAL COMMUNITY EDUCATION PROGRAMS BOTH AT THE HOSP ITAL AND THROUGHOUT THE COMMUNITY THESE EDUCATIONAL PROGRAMS INCLUDE LECTURES, SEMINARS A ND SUPPORT GROUP MEETINGS FOR CONGESTIVE HEART FAILURE, DIABETES EDUCATION, HEART RISK ASS ESSMENTS, AND SENIOR BREAKFAST CLUB LECTURES COVERING A RANGE OF TOPICS PERTINENT TO SENIO R HEART HEALTH IN ADDITION TO THESE SERVICES, ADVOCATE TRINITY'S COMMUNITIES HAVE ACCESS TO HEALTH EDUCATION AND CHOLESTEROL, GLUCOSE AND BLOOD PRESSURE SCREENINGS HYPERTENSION/S TROKE ADVOCATE TRINITY IS A CERTIFIED STROKE READY FACILITY WHICH OFFERS IMMEDIATE CARE TO PATIENTS EXPERIENCING ACUTE STROKES THE HOSPITAL OFFERS ADVANCED DIAGNOSTIC TECHNOLOGIES THAT FEATURE MORE THAN TEN BOARD CERTIFIED RADIOLOGISTS TO HELP DIAGNOSE NEUROLOGICAL CON DITIONS IN ADDITION, THE HOSPITAL OFFERS COMPREHENSIVE REHABILITATION SERVICES TO PATIENT S RECOVERING FROM STROKE ADVOCATE TRINITY'S STROKE TEAM, A GROUP OF STROKE CHAMPIONS, ENG AGE THE COMMUNITY BY PROVIDING STROKE AWARENESS AND PREVENTION EDUCATION AT HEALTH FAIRS, PARADES, SCHOOLS AND CHURCHES IN THE COMMUNITY THE HOSPITAL COLLABORATES WITH OTHER COMMU NITY HOSPITALS AND MEDICAL HOMES TO ENGAGE THE COMMUNITY IN RESPONDING TO STROKE CARE THE INITIATIVE TITLED "COMMUNITY ENGAGEMENT FOR EARLY RECOGNITION AND IMMEDIATE ACTION IN STR OKE (CEERIAS)" IS A RESEARCH INITIATIVE THAT AIMS TO EXAMINE PERSONAL, COMMUNITY AND CULTU RAL BARRIERS TO CALLING 911 AFTER STROKE ONSET IN COLLABORATION WITH LOCAL ACADEMIC MEDIC AL CENTERS, ADVOCATE TRINITY HAS CONDUCTED TRAINING FOR COMMUNITY LEADERS IN THE HOSPITAL SERVICE AREA SO THEY CAN TEACH OTHERS HOW TO IDENTIFY STROKE AND REMOVE BARRIERS TO TIMELY STROKE CARE CANCER ADVOCATE TRINITY'S ONCOLOGY CENTER PROGRAMS ARE STRUCTURED TO FACILIT ATE A MULTIDISCIPLINARY ENVIRONMENT THAT PROVIDES MINIMALLY INVASIVE PROCEDURES AND ADVANC ED SURGICAL INTERVENTION TO TREAT CANCER THE ONCOLOGY CENTER INCLUDES ADVANCED DIAGNOSTIC S, IMAGING SERVICES, INTERVENT

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

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL PART V, SECTION B, LINE 11 - CONTINUED	IONAL RADIOLOGY AND AN INFUSION CENTER THE HOSPITAL HAS A CANCER COMMITTEE TO DEVELOP, AP PROVE AND IMPLEMENT THE STRATEGIC PLANS, GOALS AND OBJECTIVES OF ADVOCATE TRINITY'S CANCER PROGRAMS AND TO PROVIDE OVERSIGHT FOR ONGOING PROGRAMS AND OUTREACH SERVICES THE CANCER COMMITTEE ENSURES THAT COMMUNITY OUTREACH PLANS REFLECT THE CANCER EXPERIENCE AT ADVOCATE TRINITY AND THAT THE DEFINED COMMUNITY NEEDS ARE ADDRESSED ADVOCATE TRINITY'S ONCOLOGY NU RSE NAVIGATOR, IN COLLABORATION WITH THE COMMUNITY HEALTH DEPARTMENT, WORK TO IMPLEMENT OU TREACH SERVICES IN THE COMMUNITY OUTREACH ACTIVITIES INCLUDE COMMUNITY EDUCATION FOR BREA ST CANCER PREVENTION, PROSTATE CANCER PREVENTION AND OTHER COMMUNITY HEALTH EDUCATION, SUC H AS HEALTHY LIFESTYLE EDUCATION FOR CANCER PREVENTION MENTAL HEALTHADVOCATE TRINITY IS A COMMUNITY HOSPITAL THAT DOES NOT HAVE A PSYCHIATRIC UNIT AND DOES NOT PROVIDE ONGOING TRE ATMENT FOR MENTAL HEALTH CONDITIONS AND SUBSTANCE ABUSE HOWEVER, TO MEET THE IMMEDIATE NE EDS OF ITS EMERGENCY DEPARTMENT (ED) PATIENTS AND INPATIENTS, AND TO PROVIDE FOR CONTINUIT Y OF CARE, THE HOSPITAL UTILIZES TWO MAJOR STRATEGIES FIRST, THERE IS AN ON-SITE BEHAVIOR AL HEALTH CLINICIAN 8 HOURS-A-DAY WHO EVALUATES PATIENTS WITH MENTAL HEALTH AND SUBSTANCE ABUSE CONDITIONS, PROVIDES REFERRALS TO OUTPATIENT MENTAL HEALTH PROVIDERS AND COMPLETES T RANSFERS TO INPATIENT PSYCHIATRIC OR DETOX FACILITIES WHEN APPROPRIATE THIS CLINICIAN ALS O SERVES AS A CONSULTING RESOURCE ON PATIENTS WITH THESE CONDITIONS, PROVIDES EDUCATION AN D TRAINING TO HOSPITAL STAFF, AND CAN OFFER GUIDANCE AND EDUCATION TO PATIENTS, FAMILIES A ND COMMUNITY REPRESENTATIVES SECOND, THE HOSPITAL COORDINATES PATIENT SERVICES THROUGH TH E ADVOCATE BEHAVIORAL HEALTH TELEMEDICINE HUB AT ADVOCATE CHRIST MEDICAL CENTER PATIENTS INTERACT THROUGH TELEMEDICINE TECHNOLOGY WITH SPECIALIZED CLINICIANS-PSYCHIATRISTS, CLINIC AL PSYCHOLOGISTS AND APNS-FOR MEDICATION MANAGEMENT, RISK ASSESSMENT, COMPETENCY DETERMINA TION, RECOMMENDATIONS REGARDING LEVEL OF CARE AND ONGOING TREATMENT WHILE THEY ARE PATIENT S BOTH THE ON-SITE AND HUB CLINICIANS CONNECT WITH PATIENTS' PRIMARY CARE PROVIDERS, WHEN AVAILABLE, TO PROMOTE CONTINUITY OF CARE IN ADDITION, THE COMMUNITY HEALTH DEPARTMENT SP ONSORS MENTAL HEALTH FIRST AID TRAININGS FOR CONGREGATIONS, COMMUNITY ORGANIZATIONS AND OT HER HEALTH CARE ORGANIZATIONS TO REDUCE STIGMA AND HELP COMMUNITY MEMBERS GAIN SKILLS IN A DDRESSING AND RESOURCING INDIVIDUALS EXPERIENCING MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES VIOLENCE AND HOMICIDE ADVOCATE TRINITY CONTINUALLY ASSESSES WHETHER ADDITIONAL PREVENTIO N STRATEGIES ARE NEEDED WITHIN THE COMMUNITY AND WORKS IN SUPPORT OF ITS PARTNERS TO ADDRE SS COMMUNITY NEEDS SUCH AS VIOLENCE AND HOMICIDE COMMUNITY PARTNERS SPECIFICALLY ADDRESSI NG THESE NEEDS INCLUDE THE CLARETIAN ASSOCIATES, THE NEIGHBORHOOD CHICAGO ALTERNATIVE POLI CING STRATEGY (CAPS) AND THE CHICAGO POLICE DEPARTMENT CLARETIAN ASSOCIATES CONDUCTED A S URVEY IN 2016 TO BETTER UNDERS

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

Form and Line Reference	Explanation
ADVOCATE TRINITY HOSPITAL PART V, SECTION B, LINE 11 - CONTINUED	TAND THE RANGE OF EXPOSURE TO VIOLENCE WHICH CAN CAUSE TRAUMATIC REACTIONS THE SURVEY RES ULTS PROMPTED THE ORGANIZATION TO EMBARK ON THE JOURNEY TO BE A "TRAUMA INFORMED COMMUNITY " WITH ADVOCATE TRINITY IN SUCH PROXIMITY TO CLARETIAN ASSOCIATES, THE HOSPITAL ESTABLISH ED A PARTNERSHIP WITH THEM TO DELIVER INFORMATION TO FAITH ORGANIZATIONS WITHIN THE HOSPIT AL'S SERVICE AREA THE POLICE DEPARTMENT WORKS WITHIN THE COMMUNITY TO ADDRESS THESE NEEDS AND ADVOCATE TRINITY PARTNERS WITH THEM TO SUPPORT THEIR ACTIVITIES, SUCH AS THE NATIONAL NIGHT OUT EVENT THE NATIONAL NIGHT OUT EVENT IS DESIGNED TO INCREASE AWARENESS ABOUT POL ICE AND COMMUNITY PARTNERSHIPS, AND PROGRAMS THAT EDUCATE COMMUNITIES REGARDING VIOLENCE P REVENTION, DRUG PREVENTION, TOWN WATCH, NEIGHBORHOOD WATCH AND OTHER ANTI-CRIME EVENTS

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

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

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

Name and address	Type of Facility (describe)
1 1 - ABMC LANDMARK DR LOCATION - FULL BUILDI 207 LANDMARK NORMAL, IL 61761	OFFICE - OTHER
1 2 - ACC 95TH ST 2210 W 95TH ST CHICAGO, IL 60643	PATIENT CARE - OUT PATIENT
2 3 - ACL LAB SERVICE CENTER 3048 N WILTON LAB CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
3 4 - ACL LAB SERVICE CENTER 1775 BALLARD RD LL PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
4 5 - ACL LAB SERVICE CENTER - PARKSIDE CTR 1875 DEMPSTER ST STE 504 PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
5 6 - ACMG OAK LAWN 95 ST 210 4220 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
6 7 - ADULT DOWN SYNDROME CLINIC 1610 LUTHER LN PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
7 8 - ADVANCED MRI (AMRI) 2204 EASTLAND DR STE 200 BLOOMINGTON, IL 61701	PATIENT CARE - OUT PATIENT
8 9 - ADVOCATE ADULT & PEDIATRIC REHABILITATIO 5150 NORTHWEST HWY CRYSTAL LAKE, IL 60014	PATIENT CARE - OUT PATIENT
9 10 - ADVOCATE CHRIST MEDICAL CENTER - OUTPATI 1206 E 9TH ST STES 110 170 250 LOCKPORT, IL 60441	PATIENT CARE - OUT PATIENT
10 11 - ADVOCATE GOOD SAMARITAN HOSPITAL OUT PAT 6840 MAIN ST 1ST FL STE 202 DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
11 12 - ADVOCATE GOOD SHEPHERD HEALTH & FITNESS 1301 S BARRINGTON RD BARRINGTON, IL 60005	PATIENT CARE - OUT PATIENT
12 13 - ADVOCATE HEALTH & HOSPITALS CORPORATION 114 SKOKIE BLVD WILMETTE, IL 60091	PATIENT CARE - OUT PATIENT
13 14 - ADVOCATE MEDICAL GROUP - DES PLAINES 701 LEE ST STES LL 100 110 300 DES PLAINES, IL 60016	PATIENT CARE - OUT PATIENT
14 15 - ADVOCATE MEDICAL GROUP - GLENVIEW 1255 MILWAUKEE RD GLENVIEW, IL 60025	PATIENT CARE - OUT PATIENT

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

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

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

Name and address	Type of Facility (describe)
<b>16</b> 16 - ADVOCATE MEDICAL GROUP - HEART AND VASCU 3118 N ASHLAND AVE CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
<b>1</b> 17 - ADVOCATE MEDICAL GROUP - HEART AND VASCU 5151 W 95TH ST 2ND FL OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
<b>2</b> 18 - ADVOCATE MEDICAL GROUP - HYDE PARK 1301 E 47TH ST UNIT 2 CHICAGO, IL 60615	PATIENT CARE - OUT PATIENT
<b>3</b> 19 - ADVOCATE MEDICAL GROUP - LOCKPORT PRIMAR 1206 E 9TH ST STE 210 LOCKPORT, IL 60441	PATIENT CARE - OUT PATIENT
<b>4</b> 20 - ADVOCATE MEDICAL GROUP - LOCKPORT PRIMAR 1206 E 9TH ST STE 100 LOCKPORT, IL 60441	PATIENT CARE - OUT PATIENT
<b>5</b> 21 - ADVOCATE MEDICAL GROUP - LOCKPORT PRIMAR 1206 E 9TH ST STE 250 LOCKPORT, IL 60441	PATIENT CARE - OUT PATIENT
<b>6</b> 22 - ADVOCATE MEDICAL GROUP - MUNDELEIN INTER 550 N LAKE ST MUNDELEIN, IL 60060	PATIENT CARE - OUT PATIENT
<b>7</b> 23 - ADVOCATE MEDICAL GROUP - OAK LAWN 4712 W 103RD ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
<b>8</b> 24 - ADVOCATE MEDICAL GROUP - PARKSIDE CENTER 1875 W DEMPSTER ST STE 525 110 66 PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>9</b> 25 - ADVOCATE MEDICAL GROUP - POSEN 2590 W WALTER ZIMNY DR POSEN, IL 60469	PATIENT CARE - OUT PATIENT
<b>10</b> 26 - ADVOCATE MEDICAL GROUP - RICHTON PARK 4511 SAUK TRAIL RICHTON PARK, IL 60471	PATIENT CARE - OUT PATIENT
<b>11</b> 27 - ADVOCATE MEDICAL GROUP - SOUTHEAST LOCAT 2301 E 93RD ST STE 213 CHICAGO, IL 60617	PATIENT CARE - OUT PATIENT
<b>12</b> 28 - ADVOCATE MEDICAL GROUP - WAUCONDA 224 BROWN ST WAUCONDA, IL 60522	PATIENT CARE - OUT PATIENT
<b>13</b> 29 - ADVOCATE MEDICAL GROUP- METRODOCS 431 LAKEVIEW CT MOUNT PROSPECT, IL 60056	PATIENT CARE - OUT PATIENT
<b>14</b> 30 - ADVOCATE PHARMACY 15-17 W COLLEGE DR ARLINGTON HEIGHTS, IL 60005	PHARMACY

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

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

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

Name and address	Type of Facility (describe)
<b>31</b> 31 - ADVOCATE PTOT (CHRIST) 12340-50 S HARLEM AVE PALOS HEIGHTS, IL 60463	PATIENT CARE - OUT PATIENT
<b>1</b> 32 - AHHC - FAMILY CARE NETWORK 440 QUADRANGLE DR STE K BOLINGBROOK, IL 60440	PATIENT CARE - OUT PATIENT
<b>2</b> 33 - ALGONQUIN COUNTY LINE RD 2284 COUNTYLINE RD ALGONQUIN, IL 60201	PATIENT CARE - OUT PATIENT
<b>3</b> 34 - ALGONQUIN MERCHANT DR 1486 MERCHANT DR ALGONQUIN, IL 60102	PATIENT CARE - OUT PATIENT
<b>4</b> 35 - ALGONQUIN RANDALL RD 600 S RANDALL RD ALGONQUIN, IL 60102	PATIENT CARE - OUT PATIENT
<b>5</b> 36 - ALGONQUIN RYAN PARKWAY 1345 RYAN PKWY ALGONQUIN, IL 60102	PATIENT CARE - OUT PATIENT
<b>6</b> 37 - AMBULATORY BUILDING 4440 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - IN PATIENT
<b>7</b> 38 - AMG 151 E DUNDEE AVE STE C EAST DUNDEE, IL 60118	PATIENT CARE - OUT PATIENT
<b>8</b> 39 - AMG 7900 N MILWAUKEE AVE STE 2-34 NILES, IL 60714	PATIENT CARE - OUT PATIENT
<b>9</b> 40 - AMG 7900 N MILWAUKEE AVE STE 16 NILES, IL 60714	PATIENT CARE - OUT PATIENT
<b>10</b> 41 - AMG 890 GARFIELD AVE STE 200 LIBERTYVILLE, IL 60098	PATIENT CARE - OUT PATIENT
<b>11</b> 42 - AMG 7432 HANCOCK DR WONDER LAKE, IL 60098	PATIENT CARE - OUT PATIENT
<b>12</b> 43 - AMG 214 WASHINGTON ST INGLESIDE, IL 60098	PATIENT CARE - OUT PATIENT
<b>13</b> 44 - AMG 1050 NORWOOD LN BARTLETT, IL 60103	PATIENT CARE - OUT PATIENT
<b>14</b> 45 - AMG 4400 W 95TH ST STE 106 OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT



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

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

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

Name and address	Type of Facility (describe)
46 46 - AMG 1273 MILWAUKEE AVE CHICAGO, IL 60622	PATIENT CARE - OUT PATIENT
1 47 - AMG 2622 W 83RD ST DARIEN, IL 60561	PATIENT CARE - OUT PATIENT
2 48 - AMG 100 SPALDING AVE NAPERVILLE, IL 60540	PATIENT CARE - OUT PATIENT
3 49 - AMG 214 WASHINGTON ST INGLESIDE, IL 60041	PATIENT CARE - OUT PATIENT
4 50 - AMG 7432 HANCOCK DR WONDER LAKE, IL 60097	PATIENT CARE - OUT PATIENT
5 51 - AMG - LIBERTYVILLE AMBULATORY BUILDING 825 S MILWAUKEE AVE LIBERTYVILLE, IL 60048	PATIENT CARE - OUT PATIENT
6 52 - AMG ALPINE FAMILY MEDICINE 350 SURRYSE RD STE 100 LAKE ZURICH, IL 60047	PATIENT CARE - OUT PATIENT
7 53 - AMG BARTLETT 1054 NORWOOD LN BARTLETT, IL 60103	PATIENT CARE - OUT PATIENT
8 54 - AMG DOWNERS GROVE 1341 WARREN AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
9 55 - AMG DUNDEE 979 W MAIN ST DUNDEE, IL 60118	PATIENT CARE - OUT PATIENT
10 56 - AMG EAST DUNDEE 151 E DUNDEE AVE EAST DUNDEE, IL 60118	PATIENT CARE - OUT PATIENT
11 57 - AMG ELGIN 1710 RANDALL RD 1710 RANDALL RD STES 200 250 380 ELGIN, IL 60123	PATIENT CARE - OUT PATIENT
12 58 - AMG ELGIN 750 FLETCHER DR 750 FLETCHER DR STE 206 ELGIN, IL 60123	PATIENT CARE - OUT PATIENT
13 59 - AMG GLENBROOK 2551 COMPASS DR GLENVIEW, IL 60026	PATIENT CARE - OUT PATIENT
14 60 - AMG HAMPSHIRE 1000 S STATE ST HAMPSHIRE, IL 60140	PATIENT CARE - OUT PATIENT

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

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

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

Name and address	Type of Facility (describe)
<b>61</b> 61 - AMG HOMETOWN 4140 SOUTHWEST HWY HOMETOWN, IL 60456	PATIENT CARE - OUT PATIENT
<b>1</b> 62 - AMG HUNTLEY 12151-12199 REGENCY CENTER HUNTLEY, IL 60142	PATIENT CARE - OUT PATIENT
<b>2</b> 63 - AMG ICC MONTROSE 918 W MONTROSE CHICAGO, IL 60613	PATIENT CARE - OUT PATIENT
<b>3</b> 64 - AMG ISLAND LAKE 27979 CONVERSE RD ISLAND LAKE, IL 60042	PATIENT CARE - OUT PATIENT
<b>4</b> 65 - AMG LEMONT 6319 S FAIRVIEW WESTMONT, IL 60559	PATIENT CARE - OUT PATIENT
<b>5</b> 66 - AMG LEMONT 15900 W 127TH ST LEMONT, IL 60439	PATIENT CARE - OUT PATIENT
<b>6</b> 67 - AMG LEROY 911 S CHESTNUT LE ROY, IL 61752	PATIENT CARE - OUT PATIENT
<b>7</b> 68 - AMG LEXINGTON 307 W MAIN LEXINGTON, IL 61753	PATIENT CARE - OUT PATIENT
<b>8</b> 69 - AMG LIBERTYVILLE 801 S MILWAUKEE 801 S MILWAUKEE RD LIBERTYVILLE, IL 60048	PATIENT CARE - OUT PATIENT
<b>9</b> 70 - AMG LIBERTYVILLE WINCHESTER 1870 WINCHESTER RD STE 143 LIBERTYVILLE, IL 60048	PATIENT CARE - OUT PATIENT
<b>10</b> 71 - AMG LINCOLNSHIRE 100 VILLAGE GREEN DR STE 120 LINCOLNSHIRE, IL 60069	PATIENT CARE - OUT PATIENT
<b>11</b> 72 - AMG LINCOLNSHIRE 100 VILLAGE GREEN DR STE 210 LINCOLNSHIRE, IL 60069	PATIENT CARE - OUT PATIENT
<b>12</b> 73 - AMG LINCOLNWOOD 6540 N LINCOLN AVE LINCOLNWOOD, IL 60712	PATIENT CARE - OUT PATIENT
<b>13</b> 74 - AMG LOMBARD 454 W ROOSEVELT RD LOMBARD, IL 60148	PATIENT CARE - OUT PATIENT
<b>14</b> 75 - AMG LOMBARD AND AMG LEMONT 15900 W 127TH 500 EAST 22ND ST STE A LOMBARD, IL 60148	PATIENT CARE - OUT PATIENT

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

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

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

Name and address	Type of Facility (describe)
<b>76</b> 76 - AMG MCHENRY 5403 BULL VALLEY ROAD 5403 BULL VALLEY RD MCHENRY, IL 60050	PATIENT CARE - OUT PATIENT
<b>1</b> 77 - AMG MERRIONETTE PARK 11600 S KEDZIE MERRIONETTE PARK, IL 60803	PATIENT CARE - OUT PATIENT
<b>2</b> 78 - AMG MUNDELEIN 560 N MIDLOTHIAN 560 N MIDLOTHIAN STE 400 MUNDELEIN, IL 60060	PATIENT CARE - OUT PATIENT
<b>3</b> 79 - AMG OAK LAWN 4400 W 95TH STE 101 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
<b>4</b> 80 - AMG OAK LAWN 4400 W 95TH STE 102 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
<b>5</b> 81 - AMG OAK LAWN 4400 W 95TH STE 108 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
<b>6</b> 82 - AMG OAK LAWN 4400 W 95TH STE 109 111 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
<b>7</b> 83 - AMG OAK LAWN 4400 W 95TH STE 207 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
<b>8</b> 84 - AMG OAK LAWN 4400 W 95TH STE 301 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
<b>9</b> 85 - AMG OAK LAWN 4400 W 95TH STE 403 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
<b>10</b> 86 - AMG OAK LAWN 4400 W 95TH STE 404 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
<b>11</b> 87 - AMG OAK LAWN 4400 W 95TH STE 407 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
<b>12</b> 88 - AMG OAK LAWN 4400 W 95TH STE 408 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
<b>13</b> 89 - AMG OAK LAWN 4400 W 95TH STE 413 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
<b>14</b> 90 - AMG OAK LAWN 4700 W 95TH STE 308 4400 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT

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

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

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

Name and address	Type of Facility (describe)
91 91 - AMG OAK LAWN 95 ST 200 4220 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
1 92 - AMG ORLAND PARK 165TH 10745 W 165TH ST ORLAND PARK, IL 60467	PATIENT CARE - OUT PATIENT
2 93 - AMG ORLAND PARK CLINIC & ORLAND PARK SUR 9550 W 167TH ST ORLAND PARK, IL 60467	PATIENT CARE - OUT PATIENT
3 94 - AMG ORLAND PARK RAVINIA 14741 RAVINIA DR ORLAND PARK, IL 60467	PATIENT CARE - OUT PATIENT
4 95 - AMG PALOS HEIGHTS HARLEM AVE 12332 S HARLEM AVE PALOS HEIGHTS, IL 60463	PATIENT CARE - OUT PATIENT
5 96 - AMG PALOS HEIGHTS HARLEM AVE 12400 S HARLEM AVE PALOS HEIGHTS, IL 60463	PATIENT CARE - OUT PATIENT
6 97 - AMG PALOS HEIGHTS SW HWY 11800 SOUTHWEST HWY PALOS HEIGHTS, IL 60463	PATIENT CARE - OUT PATIENT
7 98 - AMG PALOS HILLS 7620 W 111TH ST PALOS HILLS, IL 60465	PATIENT CARE - OUT PATIENT
8 99 - AMG PARK RIDGE BUSSE HIGHWAY 850 BUSSE HWY PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
9 100 - AMG PRIMARY CARE SPECIALISTS 150 N RIVER RD DES PLAINES, IL 60016	PATIENT CARE - OUT PATIENT
10 101 - AMG PULASKI 10627 S PULASKI CHICAGO, IL 60655	PATIENT CARE - OUT PATIENT
11 102 - AMG RIVERSIDE 7234 W OGDEN AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
12 103 - AMG SWEDISH COVENANT 5140 N CALIFORNIA AVE STE 505 CHICAGO, IL 60625	PATIENT CARE - OUT PATIENT
13 104 - AMG SYKES OUTPATIENT CENTER 2535 S MARTIN LUTHER KING DR CHICAGO, IL 60616	PATIENT CARE - OUT PATIENT
14 105 - AMG WINFIELD 25 N WINFIELD WINFIELD, IL 60527	PATIENT CARE - OUT PATIENT

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

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

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

Name and address	Type of Facility (describe)
<b>106</b> 106 - AMG WOODSTOCK 3703 DOTY ROAD 3703 DOTY RD BLDG1 STE 4 WOODSTOCK, IL 60098	PATIENT CARE - OUT PATIENT
<b>1</b> 107 - AMG-CHICAGO-900 W NELSON 900 W NELSON 1ST FL CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
<b>2</b> 108 - AMUNDSEN SCHOOL BASED HEALTH CENTER 5110 N DAMEN AVE RM 307 CHICAGO, IL 60625	PATIENT CARE - OUT PATIENT
<b>3</b> 109 - AURORA CARDIOLOGY 4100 HEALTHWAY DR AURORA, IL 60504	PATIENT CARE - OUT PATIENT
<b>4</b> 110 - AURORA PEDS SPECIALISTS 2020 OGDEN AVE AURORA, IL 60504	PATIENT CARE - OUT PATIENT
<b>5</b> 111 - BARRINGTON GARLANDS 6000 GARLANDS LN BARRINGTON, IL 60010	PATIENT CARE - OUT PATIENT
<b>6</b> 112 - BARRINGTON GSHP OCC HLTH 27790 W HWY 22 STE 19 BARRINGTON, IL 60010	PATIENT CARE - OUT PATIENT
<b>7</b> 113 - BARRINGTON GSHP OCC HLTH 27790 W HWY 22 STE 20 BARRINGTON, IL 60010	PATIENT CARE - OUT PATIENT
<b>8</b> 114 - BARRINGTON GSHP SLEEP 27790 W HWY 22 STE 20 BARRINGTON, IL 60010	PATIENT CARE - OUT PATIENT
<b>9</b> 115 - BARRINGTON PEPPER RD 22285 PEPPER RD BARRINGTON, IL 60010	PATIENT CARE - OUT PATIENT
<b>10</b> 116 - BEVERLY HEALTH FACILITY - WALK-IN CARE 9831 S WESTERN AVE CHICAGO, IL 60643	PATIENT CARE - OUT PATIENT
<b>11</b> 117 - BLOOMINGTON 1401 EASTLAND DR 1401 EASTLAND DR BLOOMINGTON, IL 61701	PATIENT CARE - OUT PATIENT
<b>12</b> 118 - BLOOMINGTON 2204 EASTLAND DR 2204 EASTLAND DR BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT
<b>13</b> 119 - BLOOMINGTON 2406 E EMPIRE 2406 E EMPIRE BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT
<b>14</b> 120 - BLOOMINGTON 3024 E EMPIRE IMMCARE 3024 E EMPIRE BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT

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

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

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

Name and address	Type of Facility (describe)
<b>121</b> 121 - BLOOMINGTON 3024 E EMPIRE OCCHLTH 3024 E EMPIRE BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT
<b>1</b> 122 - BLOOMINGTON 3024 E EMPIRE SURGERY 3024 E EMPIRE BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT
<b>2</b> 123 - BLOOMINGTON 3024 E EMPIRE 3A 3024 E EMPIRE BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT
<b>3</b> 124 - BLOOMINGTON 3024 E EMPIRE 3D 3024 E EMPIRE BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT
<b>4</b> 125 - BLOOMINGTON 3024 E EMPIRE 3E-3F 3024 E EMPIRE BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT
<b>5</b> 126 - BLOOMINGTON HERSHEY 303 N HERSHEY BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT
<b>6</b> 127 - BOLINGBROOK QUADRANGLE BUILDING C 391 QUADRANGLE DR N-4 BOLINGBROOK, IL 60440	PATIENT CARE - OUT PATIENT
<b>7</b> 128 - BOLINGBROOK WEBER DR 130 WEBER DR BOLINGBROOK, IL 60440	PATIENT CARE - OUT PATIENT
<b>8</b> 129 - BREAST HEALTH CENTER 4545 W 103RD ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
<b>9</b> 130 - BRIARWOOD BUILDING 2272 COUNTYLINE RD STES 100 200 300 ALGONQUIN, IL 60102	PATIENT CARE - OUT PATIENT
<b>10</b> 131 - BROMENN 1609 NORTHTOWN RD UNIT 8 NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
<b>11</b> 132 - BROMENN 1111 TRINITY LN UNIT E BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT
<b>12</b> 133 - BROMENN OUTPATIENT CENTER 3024 E EMPIRE ST BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT
<b>13</b> 134 - BURBANK 4901 W 79TH ST BURBANK, IL 60459	PATIENT CARE - OUT PATIENT
<b>14</b> 135 - BURBANK HEALTH FACILITY 4901 W 79TH ST BURBANK, IL 60459	PATIENT CARE - OUT PATIENT

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

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

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

Name and address	Type of Facility (describe)
<b>136</b> 136 - CARDIAC RISK 8820 DEMPSTER ST PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>1</b> 137 - CENTER FOR ADVANCED CARDIOLOGY 1875 DEMPSTER STES 580 585 590 595 PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>2</b> 138 - CENTER FOR ADVANCED CARE - (OLD W PAVIL 1700 LUTHER LN PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>3</b> 139 - CHICAGO (MEDICINE & SURGERY) AMG (WAS MP 11250 S WESTERN CHICAGO, IL 60643	PATIENT CARE - OUT PATIENT
<b>4</b> 140 - CHICAGO 3040 N WILTON 2ND FL 3040 N WILTON CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
<b>5</b> 141 - CHICAGO 3048 N WILTON 1ST FL 3040 N WILTON CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
<b>6</b> 142 - CHICAGO 3048 N WILTON 3RD FL OB MIDWIFE 3040 N WILTON CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
<b>7</b> 143 - CHICAGO 3048 N WILTON 3RD FL RESIDENCY 3040 N WILTON CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
<b>8</b> 144 - CHICAGO 9831 S WESTERN 9831 S WESTERN AVE CHICAGO, IL 60643	PATIENT CARE - OUT PATIENT
<b>9</b> 145 - CHICAGO CRETICOS CANCER CENTER 901 WELLINGTON AVE CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
<b>10</b> 146 - CHICAGO DOTY (PULLMAN) 10834 S DOTY AVE CHICAGO, IL 60628	PATIENT CARE - OUT PATIENT
<b>11</b> 147 - CHICAGO E 118TH ST 3550 E 118TH ST CHICAGO, IL 60625	PATIENT CARE - OUT PATIENT
<b>12</b> 148 - CHICAGO E 93RD STE 117-213 2301 E 93RD ST CHICAGO, IL 60617	PATIENT CARE - OUT PATIENT
<b>13</b> 149 - CHICAGO E 93RD STE 222 2315 E 93RD ST CHICAGO, IL 60617	PATIENT CARE - OUT PATIENT
<b>14</b> 150 - CHICAGO E 93RD STE 322 2301 E 93RD ST CHICAGO, IL 60617	PATIENT CARE - OUT PATIENT

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

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

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

Name and address	Type of Facility (describe)
<b>151</b> 151 - CHICAGO E 93RD STE 440 2301 E 93RD ST CHICAGO, IL 60617	PATIENT CARE - OUT PATIENT
<b>1</b> 152 - CHICAGO EVERGREEN 1357 W 103RD ST CHICAGO, IL 60643	PATIENT CARE - OUT PATIENT
<b>2</b> 153 - CHICAGO GREENWOOD 1111 E 87TH ST STE 900A CHICAGO, IL 60619	PATIENT CARE - OUT PATIENT
<b>3</b> 154 - CHICAGO GREENWOOD SLEEP 1111 E 87TH ST STE 500 CHICAGO, IL 60619	PATIENT CARE - OUT PATIENT
<b>4</b> 155 - CHICAGO HALSTEDBLACKHAWK 1460 N HALSTED AVE CHICAGO, IL 60622	PATIENT CARE - OUT PATIENT
<b>5</b> 156 - CHICAGO IRV & WESTERN 4025 N WESTERN AVE CHICAGO, IL 60634	PATIENT CARE - OUT PATIENT
<b>6</b> 157 - CHICAGO MARINE DR 4646 N MARINE DR CHICAGO, IL 60640	PATIENT CARE - OUT PATIENT
<b>7</b> 158 - CHICAGO N BROADWAY 5304 N BROADWAY AVE CHICAGO, IL 60640	PATIENT CARE - OUT PATIENT
<b>8</b> 159 - CHICAGO N CENTRAL AVE 3942 N CENTRAL AVE CHICAGO, IL 60617	PATIENT CARE - OUT PATIENT
<b>9</b> 160 - CHICAGO N CICERO 4211 N CICERO CHICAGO, IL 60641	PATIENT CARE - OUT PATIENT
<b>10</b> 161 - CHICAGO N KEDZIE AMG CHICAGO LOGAN SQUARE CHICAGO, IL 60647	PATIENT CARE - OUT PATIENT
<b>11</b> 162 - CHICAGO NORTH AVE 6434 W NORTH AVE CHICAGO, IL 60302	PATIENT CARE - OUT PATIENT
<b>12</b> 163 - CHICAGO SYKES AMG SYKES CHICAGO, IL 60616	PATIENT CARE - OUT PATIENT
<b>13</b> 164 - CHICAGO W BRYN MAWR STE 350 8550 W BRYN MAWR CHICAGO, IL 60631	PATIENT CARE - OUT PATIENT
<b>14</b> 165 - CHICAGO W BRYN MAWR STE 650 8550 W BRYN MAWR CHICAGO, IL 60631	PATIENT CARE - OUT PATIENT



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

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

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

Name and address	Type of Facility (describe)
<b>166</b> 166 - CHICAGO W BRYN MAWR STE 700 8550 W BRYN MAWR CHICAGO, IL 60631	PATIENT CARE - OUT PATIENT
<b>1</b> 167 - CHICAGO W BRYN MAWR STE 800 8550 W BRYN MAWR CHICAGO, IL 60631	PATIENT CARE - OUT PATIENT
<b>2</b> 168 - CHICAGO W FOSTER AMG CHICAGO FOSTER CHICAGO, IL 60610	PATIENT CARE - OUT PATIENT
<b>3</b> 169 - CHICAGO WELLINGTON DENTISTRY 811 WELLINGTON AVE CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
<b>4</b> 170 - CHRIST POB 4400 W 95TH ST STES 101 102 107 1 OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
<b>5</b> 171 - CHRIST WOMEN'S HEALTH CENTER 18210 S LAGRANGE RD STE 200 TINLEY PARK, IL 60477	PATIENT CARE - OUT PATIENT
<b>6</b> 172 - COMMUNITY CANCER CENTER (CYBERKNIFE) 407 E VERNON NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
<b>7</b> 173 - CROSSROADS MEDICAL 128 W MAIN ST LEXINGTON, IL 61753	PATIENT CARE - OUT PATIENT
<b>8</b> 174 - CROSSROADS MEDICAL 385 S ORANGE ST EL PASO, IL 61738	PATIENT CARE - OUT PATIENT
<b>9</b> 175 - CROSSROADS MEDICAL 307 W MAIN ST LEXINGTON, IL 61753	PATIENT CARE - OUT PATIENT
<b>10</b> 176 - CRYSTAL LAKE CONGRESS PARKWAY 525 CONGRESS PKWY CRYSTAL LAKE, IL 60014	PATIENT CARE - OUT PATIENT
<b>11</b> 177 - CRYSTAL LAKE MEMORIAL COURT 284 MEMORIAL CT CRYSTAL LAKE, IL 60014	PATIENT CARE - OUT PATIENT
<b>12</b> 178 - DES PLAINES ACMG 8901 GOLF RD DES PLAINES, IL 60016	PATIENT CARE - OUT PATIENT
<b>13</b> 179 - DES PLAINES LEE ST STE 003 701 LEE ST DES PLAINES, IL 60016	PATIENT CARE - OUT PATIENT
<b>14</b> 180 - DES PLAINES LEE ST STE 100 ILL HEALTH P 701 LEE ST DES PLAINES, IL 60016	PATIENT CARE - OUT PATIENT

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

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

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

Name and address	Type of Facility (describe)
<b>181</b> 181 - DES PLAINES LEE ST STE 800 701 LEE ST DES PLAINES, IL 60016	PATIENT CARE - OUT PATIENT
<b>1</b> 182 - DES PLAINES RAND RD 77 RAND RD DES PLAINES, IL 60016	PATIENT CARE - OUT PATIENT
<b>2</b> 183 - DEVELOPMENT CENTER 4546 W 95TH ST OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
<b>3</b> 184 - DOCTORS OF THE NORTH SHORE 6131 W DEMPSTER ST MORTON GROVE, IL 60053	PATIENT CARE - OUT PATIENT
<b>4</b> 185 - DOCTORS OFFICE 3040 N WILTON CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
<b>5</b> 186 - DOWNERS GROVE 4900 MAIN ST 1ST FL 4900 MAIN ST DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
<b>6</b> 187 - DOWNERS GROVE 4900 MAIN ST BSMNT 4900 MAIN ST DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
<b>7</b> 188 - DOWNERS GROVE CENTER 3551 HIGHLAND AVE STE 200 DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
<b>8</b> 189 - DOWNERS GROVE GSAM SLEEP 3815 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
<b>9</b> 190 - DOWNERS GROVE GSAM STE 103 3825 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
<b>10</b> 191 - DOWNERS GROVE GSAM STE 107 3825 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
<b>11</b> 192 - DOWNERS GROVE GSAM STE 200 3551 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
<b>12</b> 193 - DOWNERS GROVE GSAM STE 306 3825 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
<b>13</b> 194 - DOWNERS GROVE GSAM STE 400 3825 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
<b>14</b> 195 - DOWNERS GROVE GSAM STE 4H4K 3825 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT

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

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

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

Name and address	Type of Facility (describe)
<b>196</b> 196 - DOWNERS GROVE GSAM STE 5B 3825 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
<b>1</b> 197 - DOWNERS GROVE INTERNISTS 3825 HIGHLAND AVE STE 5B DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
<b>2</b> 198 - DOWNERS GROVE S MAIN STE 101 6840 S MAIN ST DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
<b>3</b> 199 - DOWNERS GROVE S MAIN STE 202 6840 S MAIN ST DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
<b>4</b> 200 - DOWNERS GROVE S MAIN STE 2ND FL 6840 S MAIN ST DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
<b>5</b> 201 - EAST PAVILION (OLD SCIENCE BUILDING) 1775 WESTERN AVE PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>6</b> 202 - EL PASO 385 S ORANGE EL PASO, IL 61738	PATIENT CARE - OUT PATIENT
<b>7</b> 203 - ELDORADO 306 ELDORADO BLOOMINGTON, IL 61704	SUPPORT
<b>8</b> 204 - ELGIN FLETCHER STE 101 745 FLETCHER RD ELGIN, IL 60123	PATIENT CARE - OUT PATIENT
<b>9</b> 205 - ELGIN FLETCHER STE 302 745 FLETCHER RD ELGIN, IL 60123	PATIENT CARE - OUT PATIENT
<b>10</b> 206 - ELGIN RANDALL STE 107 1710 RANDALL RD STE 107 ELGIN, IL 60123	PATIENT CARE - OUT PATIENT
<b>11</b> 207 - ELGIN RANDALL STE 201 (EFFECTIVE 41 1710 RANDALL RD STE 201 ELGIN, IL 60123	PATIENT CARE - OUT PATIENT
<b>12</b> 208 - ELGIN RANDALL STE 340 1710 RANDALL RD ELGIN, IL 60123	PATIENT CARE - OUT PATIENT
<b>13</b> 209 - ELK GROVE CENTER 1502 ELMHURST RD ELK GROVE VILLAGE, IL 60007	PATIENT CARE - OUT PATIENT
<b>14</b> 210 - EUREKA 105 S MAJOR EUREKA, IL 61530	PATIENT CARE - OUT PATIENT

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

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

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

Name and address	Type of Facility (describe)
<b>211</b> 211 - EVERGREEN HEALTH FACILITY I - NAME CHANG 1357 W 103RD ST STES 100 200 CHICAGO, IL 60643	PATIENT CARE - OUT PATIENT
<b>1</b> 212 - EVERGREEN PARK S WESTERN AVE PARKING LOT 9730 S WESTERN AVE EVERGREEN PARK, IL 60805	PATIENT CARE - OUT PATIENT
<b>2</b> 213 - EVERGREEN PARK S WESTERN AVE STE 500 9730 S WESTERN AVE EVERGREEN PARK, IL 60805	PATIENT CARE - OUT PATIENT
<b>3</b> 214 - EVERGREEN PARK S WESTERN AVE STE 733 9730 S WESTERN AVE EVERGREEN PARK, IL 60805	PATIENT CARE - OUT PATIENT
<b>4</b> 215 - EVERGREEN PLAZA - UM 9730 S WESTERN AVE STE 733 EVERGREEN PARK, IL 60805	PATIENT CARE - OUT PATIENT
<b>5</b> 216 - EVERGREENEVERGREEN PEDS - NAME CHANGED 9730 S WESTERN AVE STE 500 EVERGREEN PARK, IL 60805	PATIENT CARE - OUT PATIENT
<b>6</b> 217 - FAIRBURY 115 E WALNUT FAIRBURY, IL 61739	PATIENT CARE - OUT PATIENT
<b>7</b> 218 - FAIRBURY MEDICAL ASSOCIATES 115 E WALNUT FAIRBURY, IL 61739	PATIENT CARE - OUT PATIENT
<b>8</b> 219 - FAMILY PRACTICE 4140 W SOUTHWEST HWY HOMETOWN, IL 60456	PATIENT CARE - OUT PATIENT
<b>9</b> 220 - FAMILY PRACTICE - ARLINGTON HEIGHTS 825 E GOLF RD ARLINGTON HEIGHTS, IL 60005	PATIENT CARE - OUT PATIENT
<b>10</b> 221 - FAMILY PRACTICE AT RAVENSWOOD 4600 N RAVENSWOOD AVE CHICAGO, IL 60640	PATIENT CARE - OUT PATIENT
<b>11</b> 222 - FOX RIVER GROVE 912 NORTHWEST HWY FOX RIVER GROVE, IL 60010	PATIENT CARE - OUT PATIENT
<b>12</b> 223 - FRANKFORT AHC 328 N LAGRANGE RD FRANKFORT, IL 60423	PATIENT CARE - OUT PATIENT
<b>13</b> 224 - FRANKFORT GRACELAND 20325 S GRACELAND FRANKFORT, IL 60423	PATIENT CARE - OUT PATIENT
<b>14</b> 225 - FRANKFORT LAGRANGE 21160 S LAGRANGE AVE FRANKFORT, IL 60423	PATIENT CARE - OUT PATIENT

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

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

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

Name and address	Type of Facility (describe)
<b>226</b> 226 - FRANKFORT MEDICAL OFFICE 20325 S GRACELAND LN FRANKFORT, IL 60423	PATIENT CARE - OUT PATIENT
<b>1</b> 227 - FRANKLIN AVE BUILDING 900 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
<b>2</b> 228 - GARTNER DENTISTRY BUILDING 811 W WELLINGTON AVE CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
<b>3</b> 229 - GLENVIEW MILWAUKEE 1255 MILWAUKEE GLENVIEW, IL 60025	PATIENT CARE - OUT PATIENT
<b>4</b> 230 - GLENVIEW WAUKEGAN 1412 WAUKEGAN RD GLENVIEW, IL 60025	PATIENT CARE - OUT PATIENT
<b>5</b> 231 - GOOD SAMARITAN HOSPITAL CANCER CARE CENT 3745 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - IN PATIENT
<b>6</b> 232 - GOOD SAMARITAN POB TOWER 1 3825 HIGHLAND AVE STES 2J 4H 4K GR DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
<b>7</b> 233 - GOOD SAMARITAN POB TOWER 2 3825 HIGHLAND AVE STES 103 107 110 DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
<b>8</b> 234 - GOOD SAMARITAN WELLNESS CENTER 3551 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
<b>9</b> 235 - GOOD SHEPHERD OUTPATIENT CENTER & IMAGIN 525 CONGRESS PKWY 1ST FL 225 CRYSTAL LAKE, IL 60014	PATIENT CARE - OUT PATIENT
<b>10</b> 236 - GOOD SHEPHERD POB BUILDING 1 27790 W HWY 22 STE 2 5 13 14 16 BARRINGTON, IL 60010	PATIENT CARE - OUT PATIENT
<b>11</b> 237 - GOOD SHEPHERD POB BUILDING 2 27750 W HWY 22 STES G50 G60 140 2 BARRINGTON, IL 60010	PATIENT CARE - OUT PATIENT
<b>12</b> 238 - GRAND OAKS HEALTH CENTER HOLLISTER GROV 1800 HOLLISTER DR STE G2 LIBERTYVILLE, IL 60048	PATIENT CARE - OUT PATIENT
<b>13</b> 239 - GREAT LAKES REIT (GLR) INTERNAL MEDICINE 27790 W HWY 22 BLDG 1 STE 16 BARRINGTON, IL 60010	PATIENT CARE - OUT PATIENT
<b>14</b> 240 - GURNEE HUNT CLUB RD IMM CARE 1445 HUNT CLUB RD GURNEE, IL 60031	PATIENT CARE - OUT PATIENT

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

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

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

Name and address	Type of Facility (describe)
<b>241</b> 241 - GURNEE HUNT CLUB RD SLEEP 1445 HUNT CLUB RD GURNEE, IL 60031	PATIENT CARE - OUT PATIENT
<b>1</b> 242 - GURNEE HUNT CLUB RD STE 301 1425 HUNT CLUB RD GURNEE, IL 60031	PATIENT CARE - OUT PATIENT
<b>2</b> 243 - GURNEE HUNT CLUB RD STE 304 1445 HUNT CLUB RD GURNEE, IL 60031	PATIENT CARE - OUT PATIENT
<b>3</b> 244 - HALSTED & BLACKHAWK HEALTH FACILITY 1460 N HALSTED AVE CHICAGO, IL 60614	PATIENT CARE - OUT PATIENT
<b>4</b> 245 - HAZEL CREST W 177TH ST 3330 W 177TH ST HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT
<b>5</b> 246 - HAZEL CREST CENTER 17850 S KEDZIE AVE STE 1100 HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT
<b>6</b> 247 - HAZEL CREST S KEDZIE (SANE) 17680 S KEDZIE HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT
<b>7</b> 248 - HAZEL CREST S KEDZIE (SHAH) 17680 S KEDZIE HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT
<b>8</b> 249 - HAZEL CREST SSUB EMP HLTH 17850 S KEDZIE HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT
<b>9</b> 250 - HAZEL CREST SSUB STE 2100 17850 S KEDZIE HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT
<b>10</b> 251 - HAZEL CREST SSUB STE 2300 17850 S KEDZIE HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT
<b>11</b> 252 - HAZEL CREST SSUB STE 3100 3500 17850 S KEDZIE HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT
<b>12</b> 253 - HEALTHPOINT 1437 E COLLEGE AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
<b>13</b> 254 - HIGH TECH OFFICES - HOSPITAL 11800 SOUTHWEST HWY PALOS HEIGHTS, IL 60463	PATIENT CARE - OUT PATIENT
<b>14</b> 255 - HOME HEALTHHOSPICECOMMUNITY HEALTH 407 E VERNON NORMAL, IL 61761	PATIENT CARE - OUT PATIENT

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

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

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

Name and address	Type of Facility (describe)
256 256 - ILLINOIS HEART & LUNG - BILLING OFFICE 1300 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
1 257 - ILLINOIS HEART & LUNG - PONTIAC OFFICE 1508 W REYNOLDS STE A PONTIAC, IL 61764	PATIENT CARE - OUT PATIENT
2 258 - ILLINOIS HEART & LUNG ASSOCIATES PULMONO 1302 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
3 259 - ILLINOIS HEART & LUNG CARDIOLOGY ASSOCIA 1302 FRANKLIN AVE MOB 4500 NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
4 260 - ILLINOIS MASONIC PHYSICIAN GROUP 4211 N CICERO STE 300 CHICAGO, IL 60641	PATIENT CARE - OUT PATIENT
5 261 - IMAGING CENTER 2284 W COUNTYLINE RD ALGONQUIN, IL 60014	PATIENT CARE - OUT PATIENT
6 262 - INTERNAL MEDICINE - BUFFALO GROVE 214 MCHENRY RD STES B19 B20 BUFFALO GROVE, IL 60089	PATIENT CARE - OUT PATIENT
7 263 - IRVING AND WESTERN 4025 N WESTERN AVE CHICAGO, IL 60618	PATIENT CARE - OUT PATIENT
8 264 - IVY PHYSICIANS GROUP 2437 N SOUTHPORT AVE 1ST FL CHICAGO, IL 60614	PATIENT CARE - OUT PATIENT
9 265 - LAKE ZURICH BREAST IMAGING CENTER PEDIA 350 SURRYSE RD STES 140 150 250 LAKE ZURICH, IL 60047	PATIENT CARE - OUT PATIENT
10 266 - LAKE ZURICH CENTER 350 SURRYSE RD LAKE ZURICH, IL 60047	PATIENT CARE - OUT PATIENT
11 267 - LAKE ZURICH STE 110 350 SURRYSE RD STE 110 LAKE ZURICH, IL 60047	PATIENT CARE - OUT PATIENT
12 268 - LAKEVIEW SCHOOL BASED HEALTH CENTER 4015 N ASHLAND AVE RM 103 CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
13 269 - LEMONT WALK IN CLINICRADIOLOGY 15900 W 127TH ST STES 100 131 20 LEMONT, IL 60439	PATIENT CARE - OUT PATIENT
14 270 - LEROY FAMILY MEDICINE 911 S CHESTNUT LEROY, IL 61752	PATIENT CARE - OUT PATIENT

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

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

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

Name and address	Type of Facility (describe)
<b>271</b> 271 - LGOHC-I 7255 CALDWELL NILES, IL 60714	PATIENT CARE - OUT PATIENT
<b>1</b> 272 - LIBERTYVILLE 755 S MILWAUKEE 755 S MILWAUKEE AVE LIBERTYVILLE, IL 60048	PATIENT CARE - OUT PATIENT
<b>2</b> 273 - LIBERTYVILLE GARFIELD STE 200 890 GARFIELD LIBERTYVILLE, IL 60048	PATIENT CARE - OUT PATIENT
<b>3</b> 274 - LIBERTYVILLE GARFIELD STE 202 890 GARFIELD LIBERTYVILLE, IL 60048	PATIENT CARE - OUT PATIENT
<b>4</b> 275 - LIBERTYVILLE OFFICE BUILDING AMG (WAS CO 716 S MILWAUKEE AVE LIBERTYVILLE, IL 60048	PATIENT CARE - OUT PATIENT
<b>5</b> 276 - LOGAN SQUARE HEALTH FACILITY 2511 N KEDZIE CHICAGO, IL 60647	PATIENT CARE - OUT PATIENT
<b>6</b> 277 - MCHENRY 633 RIDGEVIEW DR MCHENRY, IL 60050	PATIENT CARE - OUT PATIENT
<b>7</b> 278 - MEDICAL HILLS INTERNISTS 1401 EASTLAND DR BLOOMINGTON, IL 61701	PATIENT CARE - OUT PATIENT
<b>8</b> 279 - MEDICAL OFFICE BUILDING 1302 FRANKLIN NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
<b>9</b> 280 - MEDICAL OFFICE BUILDING 3000 N HALSTED ST STES 209 209B 30 CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
<b>10</b> 281 - MIDAMERICA CARDIOVASCULAR CONSULTANTS A 10837 S CICERO AVE STES 200 110 OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
<b>11</b> 282 - MIDAMERICA CARDIOVASCULAR CONSULTANTS A 3611 W 183RD ST HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT
<b>12</b> 283 - MIDAMERICA CARDIOVASCULAR CONSULTANTS A 14741 RAVINIA DR ORLAND PARK, IL 60467	PATIENT CARE - OUT PATIENT
<b>13</b> 284 - MIDAMERICA CARDIOVASCULAR CONSULTANTS A 9830 S RIDGELAND AVE CHICAGO RIDGE, IL 60415	PATIENT CARE - OUT PATIENT
<b>14</b> 285 - MIDAMERICA CARDIOVASCULAR CONSULTANTS A 17850 S KEDZIE AVE STE 3250 HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT



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

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

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

Name and address	Type of Facility (describe)
<b>286</b> 286 - MIDAMERICA CARDIOVASCULAR CONSULTANTS A 2301/2315 E 93RD ST STE 222 CHICAGO, IL 60617	PATIENT CARE - OUT PATIENT
<b>1</b> 287 - MIDAMERICA CARDIOVASCULAR CONSULTANTS S 3800 BURKE DR STE 201 OLYMPIA FIELDS, IL 60449	PATIENT CARE - OUT PATIENT
<b>2</b> 288 - MIDW HEART SPECIALISTSADVOCATE MEDICAL 27750 W HWY 22 STE 240 BARRINGTON, IL 60010	PATIENT CARE - OUT PATIENT
<b>3</b> 289 - MIDW HEART SPECIALISTSADVOCATE MEDICAL 3825 HIGHLAND AVE STE 400 DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
<b>4</b> 290 - MIDW HEART SPECIALISTSADVOCATE MEDICAL 133 E BRUSH HILL RD STE 202 ELMHURST, IL 60126	PATIENT CARE - OUT PATIENT
<b>5</b> 291 - MIDW HEART SPECIALISTSADVOCATE MEDICAL 1555 BARRINGTON RD STE 3200 HOFFMAN ESTATES, IL 60194	PATIENT CARE - OUT PATIENT
<b>6</b> 292 - MIDW HEART SPECIALISTSADVOCATE MEDICAL 801 S WASHINGTON 4TH FL NAPERVILLE, IL 60540	PATIENT CARE - OUT PATIENT
<b>7</b> 293 - MIDW HEART SPECIALISTSADVOCATE MEDICAL 25 N WINFIELD RD STE 301 WINFIELD, IL 60190	PATIENT CARE - OUT PATIENT
<b>8</b> 294 - MIDW PEDIATRIC CARDIOLOGY ADVOCATE MED 2020 OGDEN AVE STE 400 AURORA, IL 60504	PATIENT CARE - OUT PATIENT
<b>9</b> 295 - MIDW PEDIATRIC CARDIOLOGY ADVOCATE MED 4440 W 95TH ST STE 108 OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
<b>10</b> 296 - MIDW PEDIATRIC CARDIOLOGY ADVOCATE MED 16151 WEBER RD UNIT 107 CREST HILL, IL 60403	PATIENT CARE - OUT PATIENT
<b>11</b> 297 - MIDW PEDIATRIC CARDIOLOGY ADVOCATE MED 4440 W 95TH ST STE 1100H OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
<b>12</b> 298 - MIDW PEDIATRIC CARDIOLOGY ADVOCATE MED 1206 9TH ST STE 310 LOCKPORT, IL 60441	PATIENT CARE - OUT PATIENT
<b>13</b> 299 - MIDW PEDIATRIC CARDIOLOGY ADVOCATE MED 209 E 86TH PLACE STE D MERRILLVILLE, IN 46410	PATIENT CARE - OUT PATIENT
<b>14</b> 300 - MIDW PEDIATRIC CARDIOLOGY ADVOCATE MED 1555 BARRINGTON RD STE 3200 HOFFMAN ESTATES, IL 60169	PATIENT CARE - OUT PATIENT

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

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

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

Name and address	Type of Facility (describe)
<b>301</b> 301 - MIDW PEDIATRIC CARDIOLOGY ADVOCATE MED 800 MACARTHUR BLVD STE 3 MUNSTER, IN 46321	PATIENT CARE - OUT PATIENT
<b>1</b> 302 - MIDW PEDIATRIC CARDIOLOGY ADVOCATE MED 1020 E OGDEN AVE STE 302 NAPERVILLE, IL 60563	PATIENT CARE - OUT PATIENT
<b>2</b> 303 - MIDW PEDIATRIC CARDIOLOGY ADVOCATE MED 4700 W 95TH ST STE 205 OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
<b>3</b> 304 - MIDW PEDIATRIC CARDIOLOGY ADVOCATE MED 5701 STRATHMOOR DR STE 1 3 ROCKFORD, IL 61107	PATIENT CARE - OUT PATIENT
<b>4</b> 305 - MIDWEST CENTER FOR DAY SURGERY 3811 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
<b>5</b> 306 - NESSET HEALTH CENTER 1775 BALLARD RD PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>6</b> 307 - NILES CALDWELL 7255 N CALDWELL NILES, IL 60714	PATIENT CARE - OUT PATIENT
<b>7</b> 308 - NILES MILWAUKEE 7900 MILWAUKEE AVE NILES, IL 60714	PATIENT CARE - OUT PATIENT
<b>8</b> 309 - NORMAL BEHAVIORAL HEALTH 403 W VIRGINIA AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
<b>9</b> 310 - NORMAL BILLING OFFICE 1304 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
<b>10</b> 311 - NORMAL ENDOCRINOLOGY 1302 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
<b>11</b> 312 - NORMAL ENY SURGICAL ASSOCIATES 207 LANDMARK NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
<b>12</b> 313 - NORMAL GENERAL & COLORECTAL SURGERY 1300 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
<b>13</b> 314 - NORMAL ILL HEART AND LUNG CARDIOLOGY 1302 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
<b>14</b> 315 - NORMAL ILL HEART AND LUNG PULMONOLOGY 1302 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT

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

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

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

Name and address	Type of Facility (describe)
<b>316</b> 316 - NORMAL NEUROLOGY 1300 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
<b>1</b> 317 - NORMAL PEDIATRICS 1302 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
<b>2</b> 318 - NORMAL PRIMARY CARE & IMMEDIATE CARE 1302 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
<b>3</b> 319 - NORTH PAVILION 3743 HIGHLAND AVE DOWNERS GROVE, IL 60515	PATIENT CARE - OUT PATIENT
<b>4</b> 320 - NORTH SUBURBAN CLINIC 2575 ALGONQUIN RD ALGONQUIN, IL 60102	PATIENT CARE - OUT PATIENT
<b>5</b> 321 - NORTHSIDE-SUBURBAN PEDIATRICS 4801 W PETERSON 506 CHICAGO, IL 60646	PATIENT CARE - OUT PATIENT
<b>6</b> 322 - OAK PARK - NORTH AVE HEALTH FACILITY 6434 W NORTH AVE OAK PARK, IL 60639	PATIENT CARE - OUT PATIENT
<b>7</b> 323 - OFFICE BUILDING-ADVOCATE PHYSICIAN PARTN 3004 GENERAL ELECTRIC RD STE BLOOMINGTON, IL 61704	PATIENT CARE - OUT PATIENT
<b>8</b> 324 - OLYMPIA FIELDS AMG (WAS MPG) 4001 VOLLMER RD OLYMPIA FIELDS, IL 60461	PATIENT CARE - OUT PATIENT
<b>9</b> 325 - OLYMPIA FIELDS CANCER CARE INSTITUTE AMG 3700 W 203RD ST OLYMPIA FIELDS, IL 60461	PATIENT CARE - OUT PATIENT
<b>10</b> 326 - OLYMPIA FIELDS CORPORATE & PHYSICAL THE 20110 GOVERNORS HWY OLYMPIA FIELDS, IL 60461	PATIENT CARE - OUT PATIENT
<b>11</b> 327 - ORLAND SQUARE HEALTH CENTER WALK-IN CARE 29 ORLAND SQUARE DR ORLAND PARK, IL 60462	PATIENT CARE - OUT PATIENT
<b>12</b> 328 - ORLAND SQUARE ORLAND DR 29 ORLAND PARK DR ORLAND PARK, IL 60467	PATIENT CARE - OUT PATIENT
<b>13</b> 329 - PALOS 7620 W 111TH ST PALOS HILLS, IL 60465	PATIENT CARE - OUT PATIENT
<b>14</b> 330 - PARK RIDE YACKTMAN 1675 DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT

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

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

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

Name and address	Type of Facility (describe)
<b>331</b> 331 - PARK RIDGE ADULT DOWN SYNDROME 1610 LUTHER LN PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>1</b> 332 - PARK RIDGE CAC GYNONC ONCOLOGY 1700 LUTHER LN PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>2</b> 333 - PARK RIDGE CARDIO VASCULAR 1700 LUTHER LN PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>3</b> 334 - PARK RIDGE LGH SLEEP CENTER 1775 DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>4</b> 335 - PARK RIDGE NESSET 1775 BALLARD RD PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>5</b> 336 - PARK RIDGE PARKSIDE STE 270 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>6</b> 337 - PARK RIDGE PARKSIDE STE 285 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>7</b> 338 - PARK RIDGE PARKSIDE STE 310 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>8</b> 339 - PARK RIDGE PARKSIDE STE 325 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>9</b> 340 - PARK RIDGE PARKSIDE STE 340 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>10</b> 341 - PARK RIDGE PARKSIDE STE 360 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>11</b> 342 - PARK RIDGE PARKSIDE STE 470 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>12</b> 343 - PARK RIDGE PARKSIDE STE 490 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>13</b> 344 - PARK RIDGE PARKSIDE STE 520 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>14</b> 345 - PARK RIDGE PARKSIDE STE 550 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT

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

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

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

Name and address	Type of Facility (describe)
<b>346</b> 346 - PARK RIDGE PARKSIDE STE 555-556 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>1</b> 347 - PARK RIDGE PARKSIDE STE 640 1875 W DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>2</b> 348 - PARK RIDGE PEDIATRIC NEPHROLOGY 1480 RENAISSANCE DR STE 211 PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>3</b> 349 - PARK RIDGE RENAISSANCE DR 1480 RENAISSANCE DR PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>4</b> 350 - PARK RIDGE YACKTMAN OB 1675 DEMPSTER PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>5</b> 351 - PARKSIDE CENTER 1875 DEMPSTER ST PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>6</b> 352 - PEDS - DEERFIELD 720 OSTERMAN AVE 103 DEERFIELD, IL 60015	PATIENT CARE - OUT PATIENT
<b>7</b> 353 - PHYSICIAN'S OFFICES 11745 SOUTHWEST HWY PALOS HEIGHTS, IL 60463	PATIENT CARE - OUT PATIENT
<b>8</b> 354 - PHYSICIAN'S OFFICES 4151 NAPERVILLE RD LISLE, IL 60532	PATIENT CARE - OUT PATIENT
<b>9</b> 355 - PHYSICIAN'S OFFICES 9848 S ROBERTS RD PALOS HEIGHTS, IL 60465	PATIENT CARE - OUT PATIENT
<b>10</b> 356 - PLAINFIELD 24600 W 127TH ST BLDG B PLAINFIELD, IL 60544	PATIENT CARE - OUT PATIENT
<b>11</b> 357 - POB BUILDING 414 S HOMAN CHICAGO, IL 60624	PATIENT CARE - OUT PATIENT
<b>12</b> 358 - POB BUILDING 3410 W VAN BUREN CHICAGO, IL 60624	PATIENT CARE - OUT PATIENT
<b>13</b> 359 - POB BUILDING 1300 FRANKLIN AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
<b>14</b> 360 - PONTIAC ILLINOIS HEART AND LUNG 1508 W REYNOLDS PONTIAC, IL 61764	PATIENT CARE - OUT PATIENT

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

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

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

Name and address	Type of Facility (describe)
<b>361</b> 361 - RAVENSWOOD MEDICAL GROUP 1945 W WILSON AVE STE 2100 4TH FL CHICAGO, IL 60640	PATIENT CARE - OUT PATIENT
<b>1</b> 362 - RIVERSIDE 7234 W OGDEN AVE RIVERSIDE, IL 60546	PATIENT CARE - OUT PATIENT
<b>2</b> 363 - ROANOKE 415 W FRONT ROANOKE, IL 61561	PATIENT CARE - OUT PATIENT
<b>3</b> 364 - ROTUNDA MEDICAL BUILDING 4340 W 95TH ST STE 104 105 106 AN OAK LAWN, IL 60453	PATIENT CARE - OUT PATIENT
<b>4</b> 365 - SIX CORNERS AHC 4211 N CICERO STES 308 306 304 CHICAGO, IL 60641	PATIENT CARE - OUT PATIENT
<b>5</b> 366 - SLEEP CENTER 1111 E 87TH ST STE 500 CHICAGO, IL 60617	PATIENT CARE - OUT PATIENT
<b>6</b> 367 - SOUTH ELGIN 2000 MCDONALD RD SOUTH ELGIN, IL 60177	PATIENT CARE - OUT PATIENT
<b>7</b> 368 - SOUTH ELGIN 2000 MCDONALD RD SOUTH ELGIN, IL 60177	PATIENT CARE - OUT PATIENT
<b>8</b> 369 - SOUTH HOLLAND 100 W 162ND ST SOUTH HOLLAND, IL 60473	PATIENT CARE - OUT PATIENT
<b>9</b> 370 - SOUTH HOLLAND 100 W 162ND ST SOUTH HOLLAND, IL 60473	PATIENT CARE - OUT PATIENT
<b>10</b> 371 - SOUTH SUBURBAN HOSPITAL - CRETE LOCATION 1024-1036 E STEGER RD 4 STES CRETE, IL 60417	PATIENT CARE - OUT PATIENT
<b>11</b> 372 - SOUTH SUBURBAN HOSPITAL CANCER CENTER 17750 S KEDZIE HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT
<b>12</b> 373 - SOUTH SUBURBAN MEDICAL OFFICE AND SLEEP 16532 OAK PARK AVE STE LL1 TINLEY PARK, IL 60477	PATIENT CARE - OUT PATIENT
<b>13</b> 374 - SOUTH SUBURBAN POB 17850 S KEDZIE STES LL 1 2 LL STO HAZEL CREST, IL 60429	PATIENT CARE - OUT PATIENT
<b>14</b> 375 - SOUTHEAST HEALTH FACILITY 2301 EAST 93RD ST STES 117 2ND AND 3 CHICAGO, IL 60617	PATIENT CARE - OUT PATIENT

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

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

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

Name and address	Type of Facility (describe)
<b>376</b> 376 - SOUTHWEST HIGHWAY 11824 SOUTHWEST HWY STES 135 140 1 PALOS HEIGHTS, IL 60463	PATIENT CARE - OUT PATIENT
<b>1</b> 377 - SUGAR CREEK MEDICAL I 1302 FRANKLIN AVE STE 1100 NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
<b>2</b> 378 - SUGAR CREEK MEDICAL II 1302 FRANKLIN AVE STE 2500 NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
<b>3</b> 379 - TINLEY PARK - CMC 8TH AVE STE E 16750 S 80TH AVE TINLEY PARK, IL 60477	PATIENT CARE - OUT PATIENT
<b>4</b> 380 - TINLEY PARK CENTER - OCC HEALTH 18210 S LAGRANGE RD STE 211 TINLEY PARK, IL 60477	PATIENT CARE - OUT PATIENT
<b>5</b> 381 - TINLEY PARK HIGH TECH 18210 S LAGRANGE AVE TINLEY PARK, IL 60477	PATIENT CARE - OUT PATIENT
<b>6</b> 382 - TINLEY PARK LA GRANGE AVE STE 105 18210 S LAGRANGE AVE TINLEY PARK, IL 60477	PATIENT CARE - OUT PATIENT
<b>7</b> 383 - TINLEY PARK LA GRANGE AVE STE 200 18210 S LAGRANGE AVE TINLEY PARK, IL 60477	PATIENT CARE - OUT PATIENT
<b>8</b> 384 - TINLEY PARK LA GRANGE AVE STE 209 18210 S LAGRANGE AVE TINLEY PARK, IL 60477	PATIENT CARE - OUT PATIENT
<b>9</b> 385 - TINLEY PARK MEDICAL OFFICE 16750 S 80TH AVE STE B TINLEY PARK, IL 60477	PATIENT CARE - OUT PATIENT
<b>10</b> 386 - TINLEY PARK SLEEP CENTER 16532 OAK PARK AVE TINLEY PARK, IL 60477	PATIENT CARE - OUT PATIENT
<b>11</b> 387 - TOWN & COUNTRY 105 S MAJOR ST EUREKA, IL 61530	PATIENT CARE - OUT PATIENT
<b>12</b> 388 - TOWN & COUNTRY 415 W FRONT ROANOKE, IL 61561	PATIENT CARE - OUT PATIENT
<b>13</b> 389 - TRINITY POB 2301-2315 E 93RD ST STES 117 213 3 CHICAGO, IL 60617	PATIENT CARE - OUT PATIENT
<b>14</b> 390 - TWIN CITIES BEHAVIORAL HEALTHEAP 403 VIRGINIA AVE NORMAL, IL 61761	PATIENT CARE - OUT PATIENT

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

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

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

Name and address	Type of Facility (describe)
<b>391</b> 391 - TWIN CITIES BEHAVIORAL HEALTHERAP 403 VIRGINIA AVE 2ND FL NORMAL, IL 61761	PATIENT CARE - OUT PATIENT
<b>1</b> 392 - TWIN CITIES BEHAVIORAL HEALTHERAP 303 N HERSHEY RD STE 2C BLOOMINGTON, IL 61761	PATIENT CARE - OUT PATIENT
<b>2</b> 393 - VACANT 1999 DEMPSTER ST PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT
<b>3</b> 394 - VERNON HILLS OB 565 LAKEVIEW DR VERNON HILLS, IL 60061	PATIENT CARE - OUT PATIENT
<b>4</b> 395 - WEST SUBURBAN - UM OFFICE 3 ERIE CT OAK PARK, IL 60439	PATIENT CARE - OUT PATIENT
<b>5</b> 396 - WOODRIDGE IMAGING CENTER 7530 WOODWARD AVE WOODRIDGE, IL 60517	PATIENT CARE - OUT PATIENT
<b>6</b> 397 - WOUND CARE CLINIC 8751 S GREENWOOD STE600 100 CHICAGO, IL 60619	PATIENT CARE - OUT PATIENT
<b>7</b> 398 - WRIGLEY FIELD 1060 W ADDISON CHICAGO, IL 60613	PATIENT CARE - OUT PATIENT
<b>8</b> 399 - YACKTMAN CHILDREN'S PAVILION 1675 DEMPSTER ST PARK RIDGE, IL 60068	PATIENT CARE - OUT PATIENT



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

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number

36-2169147

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 88
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
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Additional Data

Software ID:  
Software Version:  
EIN: 36-2169147  
Name: ADVOCATE HEALTH AND HOSPITALS CORP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS LIVING 115 WEST CHICAGO AVENUE CHICAGO, IL 60654	36-3310774	501(C)(3)	10,000				SPONSOR EVENTS
ALZHEIMERS ASSOCIATION 850 ESSINGTON ROAD SUITE 200 JOLIET, IL 60435	13-3039601	501(C)(3)	6,000				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 225 N MICHIGAN AVE SUITE 1200 CHICAGO, IL 60601	13-1788491	501(C)(3)	109,500				SPONSOR EVENTS
AMERICAN DIABETES ASSOCIATION 55 W MONROE ST SUITE 3420 CHICAGO, IL 60603	13-1623888	501(C)(3)	5,075				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION PO BOX 50035 PRESCOTT, AZ 863045035	13-5613797	501(C)(3)	194,678				SPONSOR EVENTS
ASSOCIATION HOUSE OF CHICAGO 1116 N KEDZIE AVENUE CHICAGO, IL 60651	36-2166961	501(C)(3)	25,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARRINGTON AREA COUNCIL ON AGING 6000 GARLANDS LANE SUITE 100 BARRINGTON, IL 60010	36-3337705	501(C)(3)	8,192				SUPPORT EXEMPT MISSION
BARRINGTON HIGH SCHOOL 616 WEST MAIN STREET BARRINGTON, IL 60010	36-2780596	N/A	10,000				COMMUNITY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOCKS TOGETHER 3711 WEST CHICAGO AVENUE CHICAGO, IL 60651	36-3983087	501(C)(3)	20,000				SUPPORT EXEMPT MISSION
B'NAI B'RITH INTERNATIONAL 1120 20TH STREET NW STE 300 NORTH WASHINGTON, DC 20036	53-0179971	501(C)(3)	15,000				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAKTHROUGH URBAN MINISTRIES 402 N ST LOUIS AVE CHICAGO, IL 60624	36-3810926	501(C)(3)	35,000				SUPPORT EXEMPT MISSION
BSTRONG TOGETHER NFP 110 SOUTH HAGER AVENUE SUITE 202 BARRINGTON, IL 60010	46-5117099	501(C)(3)	13,000				SUPPORT EXEMPT MISSION



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUILD INC 5100 W HARRISON ST CHICAGO, IL 60644	23-7022085	501(C)(3)	40,000				SUPPORT EXEMPT MISSION
CANCER SUPPORT CENTER 2028 ELM ROAD HOMewood, IL 60430	36-3880404	501(C)(3)	14,324				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO AMACHI MENTORING PROGRAM 3508 W OGDEN AVE CHICAGO, IL 60623	26-0907131	501(C)(3)	35,000				SUPPORT EXEMPT MISSION
CHICAGO JESUIT ACADEMY 5058 W JACKSON BLVD CHICAGO, IL 60644	20-2091040	501(C)(3)	35,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO URBAN LEAGUE 4510 SOUTH MICHIGAN AVENUE CHICAGO, IL 60653	36-2225483	501(C)(3)	8,250				SPONSOR EVENTS
CHILDRENS HEART FOUNDATION PO BOX 2844 GLENVIEW, IL 60026	36-4077528	501(C)(3)	9,600				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHOOSE DUPAGE 2525 CABOT DRIVE SUITE 303 LISLE, IL 60532	32-0177792	501(C)(3)	10,000				COMMUNITY SUPPORT
CIRCLE URBAN MINISTRIES 118 N CENTRAL AVE CHICAGO, IL 60644	36-3136997	501(C)(3)	25,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE MENTORING EXPERIENCE 5800 W ADAMS ST CHICAGO, IL 60644	46-5578549	501(C)(3)	15,000				SUPPORT EXEMPT MISSION
COMMUNITY DEVELOPMENT CORP OF THE BN AREA 200 W COLLEGE AVE SUITE 402 NORMAL, IL 61761	26-1436471	501(C)(3)	21,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH 2611 W CHICAGO AVE CHICAGO, IL 60622	36-3831793	501(C)(3)	38,939				SUPPORT EXEMPT MISSION
CONNECTIONS FOR ABUSED WOMEN AND CHILDREN 1116 N KEDZIE AVENUE CHICAGO, IL 60651	36-2950380	501(C)(3)	25,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISTO REY JESUIT HIGH SCHOOL 1852 WEST 22ND PLACE CHICAGO, IL 60608	04-3730980	501(C)(3)	71,448				SUPPORT EXEMPT MISSION
DEMOCRACY COLLABORATIVE FOUNDATION 1422 EUCLID AVE SUITE 1652 CLEVELAND, OH 44115	20-0387511	501(C)(3)	30,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNERS GROVE ECONOMIC 5159 MOCHEL DOWNERS GROVE, IL 60515	87-0772222	501(C)(3)	7,500				COMMUNITY SUPPORT
DUPAGE HEALTH COALITION 511 THORNHILL DRIVE SUITE M CAROL STREAM, IL 60188	36-4448208	501(C)(3)	212,953				SUPPORT EXEMPT MISSION



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECONOMIC DEVELOPMENT COUNCIL 200 W COLLEGE AVE SUITE 402 NORMAL, IL 61761	37-1169886	501(C)(3)	15,000				COMMUNITY SUPPORT
ERIE ELEMENTARY CHARTER SCHOOL 1405 N WASHTENAW CHICAGO, IL 60622	37-1504399	501(C)(3)	10,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITH LUTHERAN CHURCH 431 S ARLINGTON HEIGHTS RD ARLINGTON HEIGHTS, IL 60005	43-0658188	501(C)(3)	10,023				SUPPORT EXEMPT MISSION
FIRST CONGREGATIONAL UCC OF WESTERN SPRINGS 1106 CHESTNUT WESTERN SPRINGS, IL 60558	53-0196617	501(C)(3)	20,476				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PRESBYTERIAN SOCIETY 1427 CHICAGO AVE EVANSTON, IL 60201	23-6393377	501(C)(3)	9,826				SUPPORT EXEMPT MISSION
FOUNDATION FOR ANGELMAN PO BOX 608 DOWNERS GROVE, IL 60515	26-3160079	501(C)(3)	9,250				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE SPIRIT MEDIA 906 S HOMAN AVE FLOOR 5 CHICAGO, IL 60624	36-4456215	501(C)(3)	30,000				SUPPORT EXEMPT MISSION
GARDENERS 3414 W ROOSEVELT RD CHICAGO, IL 60624	46-4651665	501(C)(3)	15,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GILDA'S CLUB CHICAGO 205 WEST WACKER DRIVE SUITE 1400 CHICAGO, IL 60606	36-4115144	501(C)(3)	23,900				SPONSOR EVENTS
GIRLS IN THE GAME 1401 S SACRAMENTO DRIVE CHICAGO, IL 60623	36-4024533	501(C)(3)	20,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLORIA DEI LUTHERAN CHURCH 4501 MAIN ST DOWNERS GROVE, IL 60515	41-1568278	501(C)(3)	8,970				SUPPORT EXEMPT MISSION
GRACE LUTHERAN CHURCH 200 N CATHERINE LAGRANGE, IL 60525	36-2182031	501(C)(3)	14,728				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER WEST TOWN COMMUNITY DEVELOPMENT PROJECT 500 N SACRAMENTO BLVD CHICAGO, IL 60612	36-3657734	501(C)(3)	35,000				SUPPORT EXEMPT MISSION
HARPER COLLEGE EDUCATIONAL FOUNDATION 1200 WEST ALGONQUIN ROAD PALATINE, IL 60067	23-7348228	501(C)(3)	16,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEAD FOR THE CURE FOUNDATION 2020 BALTIMORE SUITE 201 KANSAS CITY, MO 64108	20-8345719	501(C)(3)	5,750				SPONSOR EVENTS
HEALTHY SCHOOLS CAMPAIGN 175 N FRANKLIN SUITE 300 CHICAGO, IL 60606	36-4308068	501(C)(3)	24,470				SPONSOR EVENTS



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
I AM ABLE CENTER FOR FAMILY DEVELOPMENT INC 3408 W ROOSEVELT RD CHICAGO, IL 60624	36-3861251	501(C)(3)	15,000				SUPPORT EXEMPT MISSION
IHREF 24676 NETWORK PLACE CHICAGO, IL 606731246	23-7421930	501(C)(3)	2,058,728				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS CHAMBER OF COMMERCE PO BOX 19258 SPRINGFIELD, IL 627949258	36-1254650	501(C)(3)	13,908				SPONSOR EVENTS
ILLINOIS MANUFACTURING EXCELLENCE CENTER 1501 W BRADLEY AVE 428 JOBST HALL PEORIA, IL 61625	37-1368934	501(C)(3)	15,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS STATE UNIV FOUNDATION CAMPUS BOX 5810 NORMAL, IL 617905810	37-6014070	501(C)(3)	9,500				SPONSOR EVENTS
ILLINOIS WESLEYAN UNIVERSITY PO BOX 2900 BLOOMINGTON, IL 617029845	37-0662594	501(C)(3)	40,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMMANUEL EVANGELICAL LUTHERAN 1500 W ELMDALE AVE CHICAGO, IL 60660	41-1568278	501(C)(3)	29,720				SUPPORT EXEMPT MISSION
INST FOR DIVERSITY IN HLTHMGMT 155 N WACKER DR SUITE 400 CHICAGO, IL 60606	58-2094118	501(C)(3)	9,575				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR NONVIOLENCE CHICAGO 4926 WEST CHICAGO AVENUE CHICAGO, IL 60651	81-1098722	501(C)(3)	20,000				SUPPORT EXEMPT MISSION
JOHN MARSHALL METROPOLITAN HIGH SCHOOL 3250 W ADAMS STREET CHICAGO, IL 60624	36-4263664	501(C)(3)	35,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIPP CHICAGO 2007 SOUTH HALSTED STREET CHICAGO, IL 60608	30-0135927	501(C)(3)	25,000				SUPPORT EXEMPT MISSION
KOHL CHILDRENS MUSEUM 2100 PATRIOT BOULEVARD GLENVIEW, IL 60026	36-3706878	501(C)(3)	5,384				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE VIEW PRESBYTERIAN CHURCH 716 W ADDISON CHICAGO, IL 60613	23-6393377	501(C)(3)	12,495				SUPPORT EXEMPT MISSION
LEGAL PREP CHARTER ACADEMIES 4319 W WASHINGTON BLVD CHICAGO, IL 60647	27-1071296	501(C)(3)	25,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SCHOOL OF THEOLOGY 1100 E 55TH STREET CHICAGO, IL 60615	36-2246704	501(C)(3)	5,151				SUPPORT EXEMPT MISSION
LUTHERAN SOCIAL SERVICES IL 1001 E TOUHY AVE DES PLAINES, IL 60018	36-2584799	501(C)(3)	17,000				SUPPORT EXEMPT MISSION



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE-A-WISH FOUNDATION 640 NORTH LASALLE STREET STE 280 CHICAGO, IL 60654	36-3422138	501(C)(3)	15,000				SPONSOR EVENTS
MARCH OF DIMES FOUNDATION 111 W JACKSON BLVD SUITE 1650 CHICAGO, IL 60604	13-1846366	501(C)(3)	123,750				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARILLAC ST VINCENT FAMILY SERVICES 212 S FRANCISCO AVE CHICAGO, IL 60612	36-2109717	501(C)(3)	25,000				SUPPORT EXEMPT MISSION
MIKVA CHALLENGE 322 S MICHIGAN AVE SUITE 400 CHICAGO, IL 60626	52-2033353	501(C)(3)	10,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSEUM OF SCIENCE & INDUSTRY 57TH STREET AND LAKE SHORE DRIVE CHICAGO, IL 60637	36-2167797	501(C)(3)	48,200				SUPPORT EXEMPT MISSION
NATL KIDNEY FOUNDATION OF IL 215 WEST ILLINOIS SUITE 1C CHICAGO, IL 60654	36-6009226	501(C)(3)	8,582				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW MOMS INC 5317 W CHICAGO AVE CHICAGO, IL 60651	36-3265804	501(C)(3)	40,000				SUPPORT EXEMPT MISSION
NORTH LAWDALE EMPLOYMENT NETWORK 3726 W FLOURNOY CHICAGO, IL 60624	36-4295189	501(C)(3)	40,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR LADY OF THE WAYSIDE 434 W PARK AVE ARLINGTON HEIGHTS, IL 60005	36-2275598	501(C)(3)	9,970				SUPPORT EXEMPT MISSION
OUR SAVIOUR'S LUTHERAN CHURCH 815 S WASHINGTON NAPERVILLE, IL 60540	36-2684454	501(C)(3)	19,666				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROACTIVE KIDS FOUNDATION 1101 BELTER DRIVE WHEATON, IL 60189	37-1556796	501(C)(3)	11,200				SUPPORT EXEMPT MISSION
PURDUE RESEARCH FOUNDATION 403 W STATE ST ROOM 134 WEST LAFAYETTE, IN 47907	35-1052049	501(C)(3)	60,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITY 1301 W 22ND STREET SUITE 905 OAK BROOK, IL 60523	36-3532553	501(C)(3)	7,916				SPONSOR EVENTS
SINAI HEALTH SYSTEMS 1500 S FAIRFIELD AVE F-125 CHICAGO, IL 60608	36-3166895	501(C)(3)	37,500				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS ILLINOIS 500 WATERS EDGE SUITE 100 LOMBARD, IL 60148	36-2922811	501(C)(3)	30,700				SPONSOR EVENTS
ST AGATHA PARISH 3147 WEST DOUGLAS BLVD CHICAGO, IL 60623	36-2170923	501(C)(3)	15,000				SUPPORT EXEMPT MISSION



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STROKE SURVIVORS EMPOWERING PO BOX 855 LOMBARD, IL 601480855	27-1925734	501(C)(3)	12,500				SUPPORT EXEMPT MISSION
SYRIAN AMERICAN MEDICAL SOCIETY FOUNDATION PO BOX 34115 WASHINGTON, DC 20043	16-1717058	501(C)(3)	25,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BOULEVARD OF CHICAGO 3456 WEST FRANKLIN BOULEVARD CHICAGO, IL 60624	36-4075641	501(C)(3)	30,000				SUPPORT EXEMPT MISSION
THE LEVERAGE NETWORK INC 200 SOUTH WACKER DRIVE SUITE 3100 CHICAGO, IL 60606	47-3517179	501(C)(3)	9,510				SPONSOR EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY UNITED CHURCH OF CHRIST 400 WEST 95TH STREET CHICAGO, IL 60628	36-2879787	501(C)(3)	9,146				SUPPORT EXEMPT MISSION
TURNING THE PAGE 906 SOUTH HOMAN AVENUE 6TH FLOOR CHICAGO, IL 60624	52-2081934	501(C)(3)	20,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UCAN 3605 W FILLMORE ST CHICAGO, IL 60624	36-2167937	501(C)(3)	30,000				SUPPORT EXEMPT MISSION
UNIV OF ILL AT CHICAGO 1603 WEST TAYLOR ST M/C 923 CHICAGO, IL 60612	37-6000511	501(C)(3)	69,859				GRANT FOR CURE VIOLENCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGE OF OAK LAWN 6451 WEST 93RD PLACE OAK LAWN, IL 60453	36-6006024	501(C)(3)	700,900				COMMUNITY SUPPORT
WEST TOWN BIKES 2459 W DIVISION CHICAGO, IL 60622	20-4767185	501(C)(3)	45,000				SUPPORT EXEMPT MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD BUSINESS CHICAGO 177 N STATE STREET SUITE 500 CHICAGO, IL 60601	36-4313685	501(C)(3)	50,000				SUPPORT EXEMPT MISSION
YOUNG MEN'S EDUCATIONAL NETWORK (YMEN) 1241 S PULASKI ROAD CHICAGO, IL 60623	36-4124098	501(C)(3)	35,000				SUPPORT EXEMPT MISSION

<b>Schedule J</b> (Form 990)	<b>Compensation Information</b>  For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <b>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</b> <b>▶ Attach to Form 990.</b> <b>▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.</b>		OMB No 1545-0047
			2018
			Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization ADVOCATE HEALTH AND HOSPITALS CORP	Employer identification number  36-2169147	

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

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

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

See Additional Data Table

**Schedule J (Form 990) 2018**



**Part III**   **Supplemental Information**

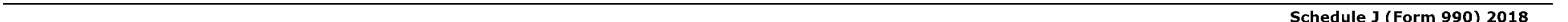
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	KATHIE S BENDER SCHWICH RECEIVED A HOUSING ALLOWANCE IN THE AMOUNT OF \$50,000

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	EARL J BARNES II, FORMER ASSISTANT SECRETARY, RECEIVED A SERVERANCE PAYMENT IN THE AMOUNT OF \$116,346 AND A LUMP SUM SEVERANCE PAYMENT OF \$507,308 SUSAN CAMPBELL, FORMER DIRECTOR, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$95,192 AND A LUMP SUM SEVERANCE PAYMENT OF \$273,658 RICHARD B FLOYD, FORMER PRESIDENT, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$270,000 KENNETH W LUKHARD, FORMER PRESIDENT, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$218,077 AND A LUMP SUM SEVERANCE PAYMENT OF \$683,456 LEE B SACKS, FORMER CHIEF MEDICAL OFFICER, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$52,885 AND A LUMP SUM SEVERANCE PAYMENT OF \$1,037,706 THESE PAYMENTS HAVE ALL BEEN REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III)

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	ADVOCATE PROVIDES A TARGET REPLACEMENT SENIOR EXECUTIVE RETIREMENT PLAN THE CONTRIBUTIONS TO THIS PLAN ARE VESTED AND TAXABLE AFTER FIVE YEARS OF SERVICE THE FOLLOWING EMPLOYEES ARE VESTED IN THE PLAN AND THEREFORE THE CONTRIBUTIONS ARE REPORTED AS COMPENSATION ON THE W-2 EARL J BARNES II \$161,281, KATHIE S BENDER SCHWICH \$96,607, KEVIN R BRADY \$193,428, VINCENT J BUFALINO \$201,425, SUSAN CAMPBELL 524,114, MICHAEL J FARRELL \$249,468, DAVID S FOX JR \$137,622, KELLY JO GOLSON \$129,294, RICHARD HEIM \$137,063, COLLEEN L KANNADAY \$139,882, KAREN A LAMBERT \$152,769, KENNETH W LUKHARD \$125,119, DOMINIC NAKIS \$281,176, SCOTT A POWDER \$149,513, MATTHEW PRIMACK \$23,478, LEE B SACKS \$266,143, WILLIAM P SANTULLI \$417,996, JAMES H SKOGSBERGH \$888,730, AND DOMINICA M TALLARICO \$151,451 THE FOLLOWING EMPLOYEES HAVE NOT YET VESTED AND THEREFORE THE CONTRIBUTIONS ARE REPORTED AS DEFERRED COMPENSATION EARL J BARNES II \$108,830, BARBARA P BYRNE \$104,100, SUSAN CAMPBELL \$36,733, TERIKA R MBANU \$89,472, GARY D STUCK \$18,342, AND NANCY M TINSLEY \$12,184

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	INCENTIVE PAYMENTS ARE BASED UPON A FORMULA THE AMOUNTS ARE CALCULATED AFTER CERTAIN PERFORMANCE AND OPERATING GOALS ARE ACHIEVED THE COMPENSATION COMMITTEE CAN EXERCISE DISCRETION OVER WHETHER INCENTIVE COMPENSATION IS PAID OUT ANNUALLY



Additional Data

Software ID:  
Software Version:  
EIN: 36-2169147  
Name: ADVOCATE HEALTH AND HOSPITALS CORP

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JAMES SKOGSBERGH PRESIDENT & CEO, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,755,408	4,987,464	1,720,302	25,167	23,314	8,511,655	0
GAIL D HASBROUCK DIRECTOR	(i)	0	420,963	0	0	46	421,009	0
	(ii)	0	0	10,000	0	0	10,000	0
GARY STUCK DO EVP, CHIEF MEDICAL OFFICER, DIRECTOR	(i)	201,923	0	17,050	18,342	3,654	240,969	0
	(ii)	0	0	0	0	0	0	0
WILLIAM P SANTULLI EVP, CHIEF OPERATING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	1,073,245	2,114,312	777,832	25,167	25,003	4,015,559	0
LEE B SACKS MD EVP, CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	536,909	1,344,960	1,606,740	33,417	16,871	3,538,897	0
JAMES DOHENY VP, CONTROLLER & ASST TREASURER	(i)	376,465	105,297	36,894	25,167	28,750	572,573	0
	(ii)	0	0	0	0	0	0	0
REV KATHIE BENDER SCHWICH SVP, MISSION & SPIRITUAL CARE	(i)	0	0	0	0	0	0	0
	(ii)	265,612	390,634	168,400	25,167	76,270	926,083	0
KEVIN BRADY SVP, CHIEF HUMAN RESOURCES OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	557,230	893,542	345,111	25,167	38,438	1,859,488	0
VINCENT BUFALINO MD PRESIDENT OF PHYS & AMB SVCS/ AMG	(i)	0	0	0	0	0	0	0
	(ii)	581,015	931,954	373,611	25,167	27,060	1,938,807	0
SUSAN CAMPBELL SVP OF PATIENT CARE, CHIEF NURSING O	(i)	202,493	803,366	1,058,351	67,400	16,108	2,147,718	0
	(ii)	0	0	0	0	0	0	0
KELLY JO GOLSON SVP, CHIEF MARKETING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	453,198	498,224	235,490	25,167	2,920	1,214,999	0
DOMINIC J NAKIS SVP, CFO & TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	786,099	1,330,444	519,433	25,167	28,698	2,689,841	0
SCOTT POWDER SVP, CHIEF STRATEGY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	503,510	610,805	265,409	25,167	25,265	1,430,156	0
EARL J BARNES II SVP, GENERAL COUNSEL & SECRETART	(i)	0	0	0	0	0	0	0
	(ii)	222,375	921,732	816,319	116,930	35,611	2,112,967	0
BARBARA BYRNE MD SVP, CHIEF INFORMATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	543,138	392,739	36,043	104,100	16,321	1,092,341	0
JAMES SLINKMAN ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	292,415	49,932	51,101	25,167	34,046	452,661	0
LESLIE LENZO ASSISTANT TREASURER	(i)	525,002	105,297	15,974	22,417	19,341	688,031	0
	(ii)	0	0	0	0	0	0	0
MICHAEL GREBE ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	534,832	279,350	181,220	90,670	0	1,086,072	39,171
MICHAEL KERNS ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	324,582	70,419	25,968	25,167	35,728	481,864	0
MICHAEL LAPPIN SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	724,919	856,997	345,262	123,330	20,010	2,070,518	106,199

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
NAN NELSON ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	456,961	346,675	116,406	83,023	1,092	1,004,157	62,829
RACHELLE HART ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	475,246	147,547	3,602	20,475	20,010	666,880	0
STEVE HUSER ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	289,104	45,426	3,004	31,275	13,147	381,956	0
MICHAEL FARRELL PRESIDENT OF ADVOCATE CHILDREN'S HOS	(i)	768,889	1,022,211	459,326	25,167	23,376	2,298,969	0
	(ii)	0	0	0	0	0	0	0
DAVID FOX JR PRESIDENT OF GOOD SAMARITAN	(i)	259,983	651,637	235,347	33,417	21,913	1,202,297	0
	(ii)	0	0	0	0	0	0	0
DOMINICA TALLARICO PRESIDENT OF LUTHERAN GENERAL (UNTIL	(i)	607,986	592,502	280,586	25,167	24,772	1,531,013	0
	(ii)	0	0	0	0	0	0	0
TERIKA R MBANU PRESIDENT OF LUTHERAN GENERAL, TRINI	(i)	412,649	330,803	54,052	111,890	22,884	932,278	0
	(ii)	0	0	0	0	0	0	0
RICHARD HEIM PSA OF S CHICAGO & SS, PRESIDENT OF	(i)	519,007	510,825	251,333	25,167	22,862	1,329,194	0
	(ii)	0	0	0	0	0	0	0
COLLEEN KANNADAY PRESIDENT OF BROMENN	(i)	461,354	531,128	242,409	25,167	24,307	1,284,365	0
	(ii)	0	0	0	0	0	0	0
KAREN LAMBERT PRESIDENT OF GOOD SHEPHERD & CONDELL	(i)	590,226	564,123	278,389	25,167	39,308	1,497,213	0
	(ii)	0	0	0	0	0	0	0
MATTHEW PRIMACK PRESIDENT OF CHRIST MEDICAL CENTER	(i)	348,012	75,204	50,558	25,167	19,338	518,279	0
	(ii)	0	0	0	0	0	0	0
NANCY M TINSLEY PRESIDENT OF GOOD SAMARITAN	(i)	118,753	0	75,816	12,184	4,051	210,804	0
	(ii)	0	0	0	0	0	0	0
HAMAD FARHAT MD NEUROSURGEON	(i)	1,751,750	0	-10,989	22,417	32,791	1,795,969	0
	(ii)	0	0	0	0	0	0	0
MICHEL ILBAWI MD PEDIATRIC CV SURGERY	(i)	1,090,000	153,440	-6,360	22,417	25,641	1,285,138	0
	(ii)	0	0	0	0	0	0	0
DEAN KARAHALIOS MD NEUROSURGEON	(i)	1,200,000	0	-13,722	22,417	34,370	1,243,065	0
	(ii)	0	0	0	0	0	0	0
EGON DOPPENBERG MD NEUROSURGEON	(i)	1,200,000	0	-11,157	22,417	32,624	1,243,884	0
	(ii)	0	0	0	0	0	0	0
ERIC TOWER VP, ASSOCIATE GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	124,175	79,386	1,169,116	25,167	24,794	1,422,638	0
BRUCE D SMITH SVP, FORMER CHIEF INFORMATION OFFICE	(i)	0	508,520	0	0	46	508,566	0
	(ii)	0	0	0	0	0	0	0
JAMES DAN MD FORMER PRES PHYS & AMB SVCS/ AMG	(i)	0	246,725	0	608	46	247,379	0
	(ii)	0	0	0	0	0	0	0
KENNETH LUKHARD FORMER PRESIDENT OF CHRIST MEDICAL C	(i)	22,729	812,198	1,052,774	33,417	34,065	1,955,183	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RICK FLOYD FORMER PRESIDENT OF LUTHERAN GENERAL	(i)	0	619,548	262,292	0	24,270	906,110	0
	(ii)	0	0	0	0	0	0	0
RYAN TROMBLY MD FORMER NEUROSURGEON	(i)	869,750	184,798	-9,213	0	35,120	1,080,455	0
	(ii)	0	0	0	0	0	0	0



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

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number  
36-2169147

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ILLINOIS HEALTH FACILITIES AUTHORITY	36-2780046	45200PXH5	10-29-2003	115,000,000	SEE SCHEDULE K PART VI		X		X		X
B ILLINOIS FINANCE AUTHORITY	86-1091967	45200FED7	01-24-2013	51,134,288	SEE SCHEDULE K PART VI		X		X		X
C ILLINOIS FINANCE AUTHORITY	86-1091967	45200FEE5	02-01-2013	43,219,722	SEE SCHEDULE K PART VI		X		X		X
D ILLINOIS FINANCE AUTHORITY	86-1091967	45200FEF2	05-01-2012	51,142,165	SEE SCHEDULE K PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	94,525,000							
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .								
4	Gross proceeds in reserve funds . . . . .	116,432,024		51,134,288		43,219,722		51,142,165	
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .	1,034,454							
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .	111,807,084							
11	Other spent proceeds . . . . .	3,590,486		51,134,288		43,219,722		51,142,165	
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2005		2009		2009		2009	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X	X		X		X	
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
16	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

Part III Private Business Use												
					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .					X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .				X		X		X		X	

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	0 100 %		0 110 %		0 110 %		0 110 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .								
<b>6</b> Total of lines 4 and 5 . . . . .	0 100 %		0 110 %		0 110 %		0 110 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .	X			X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .	0 600 %							
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .	X							
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

Part IV

Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X		X		X
<b>b</b> Exception to rebate? . . . . .		X	X		X		X	
<b>c</b> No rebate due? . . . . .	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X		X		X		X	
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART 1(F) (CUSIP # 45200PXH5)	PURPOSE OF BOND SERIES 2003 ISSUED 10/29/2003 THE PROCEEDS OF THE ILLINOIS HEALTH FACILITIES AUTHORITY REVENUE BONDS, SERIES 2003A, 2003B AND SERIES 2003C (ADVOCATE HEALTH CARE NETWORK) WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING CERTAIN CAPITAL EXPENDITURES OF CERTAIN OF THE HEALTH CARE FACILITIES OF THE ORGANIZATION AND ADVOCATE NORTH SIDE HEALTH NETWORK

Return Reference	Explanation
FORM SCHEDULE K, PART I (F) (CUSIP #45200FAZ2)	PURPOSE OF BOND SERIES 2008C ISSUED 10/10/2007 THE PROCEEDS OF THE ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2007B-1, SERIES 2007B-2 AND SERIES 2007B-3 (ADVOCATE HEALTH CARE NETWORK), WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING CERTAIN CAPITAL EXPENDITURES OF CERTAIN OF THE HEALTH CARE FACILITIES OF THE ORGANIZATION AND ADVOCATE NORTH SIDE HEALTH NETWORK, AND OF REFUNDING ALL OR A PORTION OF THE ORGANIZATION'S SERIES 1997ABONDS, SERIES 1997B BONDS, SERIES 2003B BONDS AND SERIES 2005 BONDS WHICH WERE ISSUED ON JANUARY 9, 1997, OCTOBER 23, 2003, AND JULY 7, 2005, RESPECTIVELY THE SERIES 2007B BONDS WERE EXCHANGED FOR THE ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2008C-1, SERIES 2008C-2A, SERIES 2008C-2B, SERIES 2008C-3A, AND SERIES 2008C-3B (ADVOCATE HEALTH CARE NETWORK) ON APRIL 25, 2008 BASED ON THE ADVICE OF BOND COUNSEL, THE ORGANIZATION IS TREATING THE SERIES 2008C BONDS AS THE SAME ISSUE AS THE SERIES 2007B BONDS FOR FEDERAL INCOME TAX PURPOSES

Return Reference	Explanation
FORM SCHEDULE K, PART I (F) (CUSIP # 45200FED7)	PURPOSE OF BOND SERIES 2008A-1 ISSUED 1/24/2013 THE SERIES 2008A-1 BONDS WERE REISSUED FOR FEDERAL INCOME TAX PURPOSES ON JANUARY 24, 2013

Return Reference	Explanation
FORM SCHEDULE K, PART I (F) (CUSIP # 45200FEE5)	PURPOSE OF BOND SERIES 2008A-2 ISSUED 2/1/2013 THE SERIES 2008A-2 BONDS WERE REISSUED FOR FEDERAL INCOME TAX PURPOSES ON FEBRUARY 1, 2013

Return Reference	Explanation
FORM SCHEDULE K, PART I (F) (CUSIP # 45200FEF2)	PURPOSE OF BOND SERIES 2008A-3 ISSUED 5/1/2012 THE SERIES 2008A-3 BONDS WERE REISSUED FOR FEDERAL INCOME TAX PURPOSES ON MAY 1, 2012

Return Reference	Explanation
FORM SCHEDULE K PART I (F) (CUSIP # 45200FK65),	PURPOSE OF BOND SERIES 2010 ISSUED 1/06/2010 THE PROCEEDS OF THE ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2010 (ADVOCATE HEALTH CARE NETWORK) WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF REFUNDING THE ORGANIZATION'S SERIES 2008B-1, SERIES 2008B-2, SERIES 2008B-3, SERIES 2008B-4 AND SERIES 2008B-5 BONDS, OF FINANCING THE COSTS RELATED TO THE MERGER WITH BROMENN HEALTHCARE SYSTEM AND THE COSTS RELATED TO THE CONSTRUCTING AND EQUIPPING A NEW PATIENT TOWER FOR ADVOCATE BROMENN MEDICAL CENTER AS WELL AS FINANCING CERTAIN CAPITAL EXPENDITURES AT OTHER HEALTH CARE FACILITIES OF THE ORGANIZATION THE MERGED ASSETS INCLUDE BROMENN REGIONAL MEDICAL CENTER, A 221-LICENSED BED ACUTE CARE HOSPITAL LOCATED IN BLOOMINGTON, ILLINOIS AND EUREKA COMMUNITY HOSPITAL, A 25-LICENSED BED GENERAL ACUTE CARE HOSPITAL LOCATED IN EUREKA, ILLINOIS



Return Reference	Explanation
FORM SCHEDULE K, PART I (F) (CUSIP # 45203HCA8)	PURPOSE OF BOND SERIES 2011 ISSUED 9/21/2011 THE PROCEEDS OF THE SERIES 2011A-2, SERIES 2011B, SERIES 2011C AND SERIES 2011D BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING THE COST OF CONSTRUCTING, RENOVATING AND EQUIPPING A NINE STORY AMBULATORY CARE FACILITY AT ADVOCATE CHRIST MEDICAL CENTER AND CERTAIN OTHER CAPITAL PROJECTS AT THE HEALTH CARE FACILITIES OF THE ORGANIZATION, ADVOCATE NORTH SIDE HEALTH NETWORK AND ADVOCATE CONDELL MEDICAL CENTER

Return Reference	Explanation
FORM SCHEDULE K, PART I (F) (CUSIP # 45203HNJ7)	PURPOSE OF BOND SERIES 2012 ISSUED 11/29/2012 THE PROCEEDS OF THE SERIES 2012 BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING THE COST OF CONSTRUCTING, RENOVATING AND EQUIPPING AN OUTPATIENT CENTER AT ADVOCATE ILLINOIS MASONIC MEDICAL CENTER, AN AMBULATORY CARE FACILITY AT ADVOCATE CHRIST MEDICAL CENTER AND CERTAIN OTHER CAPITAL PROJECTS AT THE HEALTH CARE FACILITIES OF THE ORGANIZATION, ADVOCATE NORTH SIDE HEALTH NETWORK AND ADVOCATE CONDELL MEDICAL CENTER

Return Reference	Explanation
FORM SCHEDULE K, PART I (F) (CUSIP # 45203HUC4)	PURPOSE OF BOND SERIES 2013A ISSUED 8/8/2013 THE PROCEEDS OF THE SERIES 2013A BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING THE COST OF CONSTRUCTING, RENOVATING AND EQUIPPING AN ICU EXPANSION PROJECT AT ADVOCATE TRINITY HOSPITAL, A CAMPUS MODERNIZATION PROJECT AT ADVOCATE GOOD SHEPHERD HOSPITAL, AN EMERGENCY DEPARTMENT/SURGERY EXPANSION PROJECT AT ADVOCATE LUTHERAN GENERAL HOSPITAL, AND CERTAIN OTHER CAPITAL PROJECTS AT THE HEALTH CARE FACILITIES OF THE ORGANIZATION, ADVOCATE NORTH SIDE HEALTH NETWORK AND ADVOCATE CONDELL MEDICAL CENTER

Return Reference	Explanation
FORM SCHEDULE K, PART I (F) (CUSIP # 45203HE40)	PURPOSE OF BOND SERIES 2014 ISSUED 12/18/2014 THE PROCEEDS OF THE SERIES 2014 BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF ADVANCE REFUNDING CERTAIN OF THE SERIES 2008D BONDS PREVIOUSLY ISSUED BY THE ILLINOIS FINANCE AUTHORITY FOR THE BENEFIT OF THE BORROWER AND ADVANCE REFUNDING THE SERIES 2007A BONDS PREVIOUSLY ISSUED BY THE ILLINOIS FINANCE AUTHORITY FOR THE BENEFIT OF ADVOCATE SHERMAN HOSPITAL

Return Reference	Explanation
FORM SCHEDULE K, PART I (F) (CUSIP # 45203H4J8)	PURPOSE OF BOND SERIES 2015 ISSUED 9/24/2015 THE PROCEEDS OF THE SERIES 2015 BONDS WERE USED FOR THE PURPOSE OF FINANCING THE COST OF CONSTRUCTING, RENOVATING AND EQUIPPING CERTAIN CAPITAL PROJECTS AT THE HEALTH CARE FACILITIES OF THE MEMBERS OF THE OBLIGATED GROUP INCLUDING WITHOUT LIMITATION A BED TOWER AT ADVOCATE GOOD SAMARITAN HOSPITAL AND RENOVATIONS AT ADVOCATE CHRIST MEDICAL CENTER

Return Reference	Explanation
FORM SCHEDULE K, PART I (F) (CUSIP # 45203H6T4)	PURPOSE OF BOND SERIES 2015B ISSUED 10/22/2015 THE PROCEEDS OF THE SERIES 2015B BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF ADVANCE REFUNDING A PORTION OF THE SERIES 2010A, SERIES 2010B, SERIES 2010C AND SERIES 2010D BONDS PREVIOUSLY ISSUED BY THE ILLINOIS FINANCE AUTHORITY FOR THE BENEFIT OF THE BORROWER

Return Reference	Explanation
FORM SCHEDULE K, PART 1 (F) (CUSIP # 97712DP34)	PURPOSE OF BOND SERIES 2018ABC ISSUED 8/16/2018 THE PROCEEDS OF THE SERIES 2018ABC BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF REFINANCING ALL OR A PORTION OF THE SERIES 2008A, SERIES 2008B, SERIES 2009A, SERIES 2010A, SERIES 2010B, SERIES 2012A, SERIES 2012B, SERIES 2012C, SERIES 2012D, SERIES 2013A AND SERIES 2015A BONDS PREVIOUSLY ISSUED BY THE WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY FOR THE BENEFIT OF AURORA HEALTH CARE, INC

Return Reference	Explanation
FORM SCHEDULE K, PART I (F) (CUSIP # 45203HCM2)	PURPOSE OF BOND SERIES 2011A-1 ISSUED 9/21/2011 THE PROCEEDS OF THE SERIES 2011A-1 BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF REFUNDING ALL OF THE ORGANIZATION'S SERIES 1998A AND SERIES 1998B BONDS



Return Reference	Explanation
FORM SCHEDULE K, PART II, LINE 3	FOR THOSE BOND ISSUES WHERE THE TOTAL PROCEEDS LISTED IN PART II, LINE 3 ARE NOT IDENTICAL TO THE ISSUE PRICE FOR THE RELATED BOND ISSUE SHOWN IN PART I, COLUMN (E), THE DIFFERENCE REPRESENTS INVESTMENT EARNINGS

Return Reference	Explanation
SCHEDULE K, PART III, LINE 3B, ALL BOND ISSUES	SERVICE CONTRACTS AND RESEARCH AGREEMENTS INTERNAL COUNSEL REVIEWS ALL MANAGEMENT OR SERVICE CONTRACTS AND RESEARCH AGREEMENTS THEREFORE, THE ORGANIZATION DOES NOT ROUTINELY ENGAGE OUTSIDE BOND COUNSEL TO REVIEW THE CONTRACTS BOND COUNSEL DOES REVIEW CONTRACTS RELATED TO THE FINANCED PROPERTY DURING DUE DILIGENCE PRIOR TO A BOND TRANSACTION

Return Reference	Explanation
SCHEDULE K, PART III, LINES 4-6, CERTAIN BOND ISSUES	PRIVATE BUSINESS USE PERCENTAGE PRIVATE BUSINESS USE PERCENTAGE WAS CALCULATED BASED ON NEW MONEY PORTION OF THE BOND ISSUE ONLY

Return Reference	Explanation
SCHEDULE K, PART III, LINE 7, ALL BOND ISSUES	PRIVATE SECURITY AND PAYMENT TEST ADVOCATE MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	ARBITRAGE REBATE COMPUTATION BOND SERIES 2003, CUSIP # 45200PXH5 THE REBATE COMPUTATION WAS PERFORMED AS OF OCTOBER 29, 2018 BOND SERIES 2008A-1, CUSIP # 45200FED7 THE REBATE COMPUTATION WAS PERFORMED AS OF JANUARY 24, 2018 BOND SERIES 2008A-2, CUSIP # 45200FEE5 THE REBATE COMPUTATION WAS PERFORMED AS OF JANUARY 24, 2018 BOND SERIES 2008A-3, CUSIP # 45200FEF2 THE REBATE COMPUTATION WAS PERFORMED AS OF MAY 1, 2017 BOND SERIES 2008C, CUSIP # 45200FAZ2 THE REBATE COMPUTATION WAS PERFORMED AS OF OCTOBER 10, 2017 BOND SERIES 2010, CUSIP # 45200FK65 THE REBATE COMPUTATION WAS PERFORMED AS OF JANUARY 6, 2015 BOND SERIES 2011A-1, CUSIP # 45203HCM2 THE REBATE COMPUTATION WAS PERFORMED AS OF SEPTEMBER 21, 2016 BOND SERIES 2011A-2, 2011BCD CUSIP # 45203HCA8 THE REBATE COMPUTATION WAS PERFORMED AS OF SEPTEMBER 21, 2016 BOND SERIES 2012, CUSIP # 45203HNJ7 THE REBATE COMPUTATION WAS PERFORMED AS OF NOVEMBER 29, 2017 BOND SERIES 2013A, CUSIP # 45203HUC4 THE REBATE COMPUTATION WAS PERFORMED AS OF AUGUST 8, 2018

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 4B	SWAP PROVIDERS ON DECEMBER 28, 2011 THE ORIGINAL SWAP RELATING TO THESE BONDS WITH CITIBANK N A WAS SEPARATED INTO TWO TRANCHES AND NOVATED (ASSIGNED TO) TWO SEPARATE SWAP COUNTERPARTIES, WELLS FARGO BANK, N A AND PNC BANK, NATIONAL ASSOCIATION

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 36-2169147  
**Name:** ADVOCATE HEALTH AND HOSPITALS CORP

Return Reference	Explanation
SCHEDULE K, PART 1(F) (CUSIP # 45200PXH5)	PURPOSE OF BOND SERIES 2003 ISSUED 10/29/2003 THE PROCEEDS OF THE ILLINOIS HEALTH FACILITIES AUTHORITY REVENUE BONDS, SERIES 2003A, 2003B AND SERIES 2003C (ADVOCATE HEALTH CARE NETWORK) WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING CERTAIN CAPITAL EXPENDITURES OF CERTAIN OF THE HEALTH CARE FACILITIES OF THE ORGANIZATION AND ADVOCATE NORTH SIDE HEALTH NETWORK
FORM SCHEDULE K, PART I (F) (CUSIP #45200FAZ2)	PURPOSE OF BOND SERIES 2008C ISSUED 10/10/2007 THE PROCEEDS OF THE ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2007B-1, SERIES 2007B-2 AND SERIES 2007B-3 (ADVOCATE HEALTH CARE NETWORK), WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING CERTAIN CAPITAL EXPENDITURES OF CERTAIN OF THE HEALTH CARE FACILITIES OF THE ORGANIZATION AND ADVOCATE NORTH SIDE HEALTH NETWORK, AND OF REFUNDING ALL OR A PORTION OF THE ORGANIZATION'S SERIES 1997ABONDS, SERIES 1997B BONDS, SERIES 2003B BONDS AND SERIES 2005 BONDS WHICH WERE ISSUED ON JANUARY 9, 1997, OCTOBER 23, 2003, AND JULY 7, 2005, RESPECTIVELY THE SERIES 2007B BONDS WERE EXCHANGED FOR THE ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2008C-1, SERIES 2008C-2A, SERIES 2008C-2B, SERIES 2008C-3A, AND SERIES 2008C-3B (ADVOCATE HEALTH CARE NETWORK) ON APRIL 25, 2008 BASED ON THE ADVICE OF BOND COUNSEL, THE ORGANIZATION IS TREATING THE SERIES 2008C BONDS AS THE SAME ISSUE AS THE SERIES 2007B BONDS FOR FEDERAL INCOME TAX PURPOSES
FORM SCHEDULE K, PART I (F) (CUSIP # 45200FED7)	PURPOSE OF BOND SERIES 2008A-1 ISSUED 1/24/2013 THE SERIES 2008A-1 BONDS WERE REISSUED FOR FEDERAL INCOME TAX PURPOSES ON JANUARY 24, 2013
FORM SCHEDULE K, PART I (F) (CUSIP # 45200FEE5)	PURPOSE OF BOND SERIES 2008A-2 ISSUED 2/1/2013 THE SERIES 2008A-2 BONDS WERE REISSUED FOR FEDERAL INCOME TAX PURPOSES ON FEBRUARY 1, 2013
FORM SCHEDULE K, PART I (F) (CUSIP # 45200FEF2)	PURPOSE OF BOND SERIES 2008A-3 ISSUED 5/1/2012 THE SERIES 2008A-3 BONDS WERE REISSUED FOR FEDERAL INCOME TAX PURPOSES ON MAY 1, 2012
FORM SCHEDULE K PART I (F) (CUSIP # 45200FK65),	PURPOSE OF BOND SERIES 2010 ISSUED 1/06/2010 THE PROCEEDS OF THE ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2010 (ADVOCATE HEALTH CARE NETWORK) WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF REFUNDING THE ORGANIZATION'S SERIES 2008B-1, SERIES 2008B-2, SERIES 2008B-3, SERIES 2008B-4 AND SERIES 2008B-5 BONDS, OF FINANCING THE COSTS RELATED TO THE MERGER WITH BROMENN HEALTHCARE SYSTEM AND THE COSTS RELATED TO THE CONSTRUCTING AND EQUIPPING A NEW PATIENT TOWER FOR ADVOCATE BROMENN MEDICAL CENTER AS WELL AS FINANCING CERTAIN CAPITAL EXPENDITURES AT OTHER HEALTH CARE FACILITIES OF THE ORGANIZATION THE MERGED ASSETS INCLUDE BROMENN REGIONAL MEDICAL CENTER, A 221-LICENSED BED ACUTE CARE HOSPITAL LOCATED IN BLOOMINGTON, ILLINOIS AND EUREKA COMMUNITY HOSPITAL, A 25-LICENSED BED GENERAL ACUTE CARE HOSPITAL LOCATED IN EUREKA, ILLINOIS
FORM SCHEDULE K, PART I (F) (CUSIP # 45203HCA8)	PURPOSE OF BOND SERIES 2011 ISSUED 9/21/2011 THE PROCEEDS OF THE SERIES 2011A-2, SERIES 2011B, SERIES 2011C AND SERIES 2011D BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING THE COST OF CONSTRUCTING, RENOVATING AND EQUIPPING A NINE STORY AMBULATORY CARE FACILITY AT ADVOCATE CHRIST MEDICAL CENTER AND CERTAIN OTHER CAPITAL PROJECTS AT THE HEALTH CARE FACILITIES OF THE ORGANIZATION, ADVOCATE NORTH SIDE HEALTH NETWORK AND ADVOCATE CONDELL MEDICAL CENTER
FORM SCHEDULE K, PART I (F) (CUSIP # 45203H NJ7)	PURPOSE OF BOND SERIES 2012 ISSUED 11/29/2012 THE PROCEEDS OF THE SERIES 2012 BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING THE COST OF CONSTRUCTING, RENOVATING AND EQUIPPING AN OUTPATIENT CENTER AT ADVOCATE ILLINOIS MASONIC MEDICAL CENTER, AN AMBULATORY CARE FACILITY AT ADVOCATE CHRIST MEDICAL CENTER AND CERTAIN OTHER CAPITAL PROJECTS AT THE HEALTH CARE FACILITIES OF THE ORGANIZATION, ADVOCATE NORTH SIDE HEALTH NETWORK AND ADVOCATE CONDELL MEDICAL CENTER
FORM SCHEDULE K, PART I (F) (CUSIP # 45203HUC4)	PURPOSE OF BOND SERIES 2013A ISSUED 8/8/2013 THE PROCEEDS OF THE SERIES 2013A BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF FINANCING THE COST OF CONSTRUCTING, RENOVATING AND EQUIPPING AN ICU EXPANSION PROJECT AT ADVOCATE TRINITY HOSPITAL, A CAMPUS MODERNIZATION PROJECT AT ADVOCATE GOOD SHEPHERD HOSPITAL, AN EMERGENCY DEPARTMENT/SURGERY EXPANSION PROJECT AT ADVOCATE LUTHERAN GENERAL HOSPITAL, AND CERTAIN OTHER CAPITAL PROJECTS AT THE HEALTH CARE FACILITIES OF THE ORGANIZATION, ADVOCATE NORTH SIDE HEALTH NETWORK AND ADVOCATE CONDELL MEDICAL CENTER
FORM SCHEDULE K, PART I (F) (CUSIP # 45203HE40)	PURPOSE OF BOND SERIES 2014 ISSUED 12/18/2014 THE PROCEEDS OF THE SERIES 2014 BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF ADVANCE REFUNDING CERTAIN OF THE SERIES 2008D BONDS PREVIOUSLY ISSUED BY THE ILLINOIS FINANCE AUTHORITY FOR THE BENEFIT OF THE BORROWER AND ADVANCE REFUNDING THE SERIES 2007A BONDS PREVIOUSLY ISSUED BY THE ILLINOIS FINANCE AUTHORITY FOR THE BENEFIT OF ADVOCATE SHERMAN HOSPITAL
FORM SCHEDULE K, PART I (F) (CUSIP # 45203H4J8)	PURPOSE OF BOND SERIES 2015 ISSUED 9/24/2015 THE PROCEEDS OF THE SERIES 2015 BONDS WERE USED FOR THE PURPOSE OF FINANCING THE COST OF CONSTRUCTING, RENOVATING AND EQUIPPING CERTAIN CAPITAL PROJECTS AT THE HEALTH CARE FACILITIES OF THE MEMBERS OF THE OBLIGATED GROUP INCLUDING WITHOUT LIMITATION A BED TOWER AT ADVOCATE GOOD SAMARITAN HOSPITAL AND RENOVATIONS AT ADVOCATE CHRIST MEDICAL CENTER
FORM SCHEDULE K, PART I (F) (CUSIP # 45203H6T4)	PURPOSE OF BOND SERIES 2015B ISSUED 10/22/2015 THE PROCEEDS OF THE SERIES 2015B BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF ADVANCE REFUNDING A PORTION OF THE SERIES 2010A, SERIES 2010B, SERIES 2010C AND SERIES 2010D BONDS PREVIOUSLY ISSUED BY THE ILLINOIS FINANCE AUTHORITY FOR THE BENEFIT OF THE BORROWER
FORM SCHEDULE K, PART 1 (F) (CUSIP # 97712DP34)	PURPOSE OF BOND SERIES 2018ABC ISSUED 8/16/2018 THE PROCEEDS OF THE SERIES 2018ABC BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF REFINANCING ALL OR A PORTION OF THE SERIES 2008A, SERIES 2008B, SERIES 2009A, SERIES 2010A, SERIES 2010B, SERIES 2012A, SERIES 2012B, SERIES 2012C, SERIES 2012D, SERIES 2013A AND SERIES 2015A BONDS PREVIOUSLY ISSUED BY THE WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY FOR THE BENEFIT OF AURORA HEALTH CARE, INC
FORM SCHEDULE K, PART I (F) (CUSIP # 45203HCM2)	PURPOSE OF BOND SERIES 2011A-1 ISSUED 9/21/2011 THE PROCEEDS OF THE SERIES 2011A-1 BONDS WERE USED FOR THE PURPOSE, TOGETHER WITH OTHER AVAILABLE FUNDS, OF REFUNDING ALL OF THE ORGANIZATION'S SERIES 1998A AND SERIES 1998B BONDS
FORM SCHEDULE K, PART II, LINE 3	FOR THOSE BOND ISSUES WHERE THE TOTAL PROCEEDS LISTED IN PART II, LINE 3 ARE NOT IDENTICAL TO THE ISSUE PRICE FOR THE RELATED BOND ISSUE SHOWN IN PART I, COLUMN (E), THE DIFFERENCE REPRESENTS INVESTMENT EARNINGS
SCHEDULE K, PART III, LINE 3B, ALL BOND ISSUES	SERVICE CONTRACTS AND RESEARCH AGREEMENTS INTERNAL COUNSEL REVIEWS ALL MANAGEMENT OR SERVICE CONTRACTS AND RESEARCH AGREEMENTS THEREFORE, THE ORGANIZATION DOES NOT ROUTINELY ENGAGE OUTSIDE BOND COUNSEL TO REVIEW THE CONTRACTS BOND COUNSEL DOES REVIEW CONTRACTS RELATED TO THE FINANCED PROPERTY DURING DUE DILIGENCE PRIOR TO A BOND TRANSACTION
SCHEDULE K, PART III, LINES 4-6, CERTAIN BOND ISSUES	PRIVATE BUSINESS USE PERCENTAGE PRIVATE BUSINESS USE PERCENTAGE WAS CALCULATED BASED ON NEW MONEY PORTION OF THE BOND ISSUE ONLY
SCHEDULE K, PART III, LINE 7, ALL BOND ISSUES	PRIVATE SECURITY AND PAYMENT TEST ADVOCATE MONITORS THE PRIVATE BUSINESS USE PERCENTAGE FOR EACH BOND ISSUE, AND THEREFORE, HAS NOT CALCULATED THE AMOUNT OF PRIVATE PAYMENTS
SCHEDULE K, PART IV, LINE 2C	ARBITRAGE REBATE COMPUTATION BOND SERIES 2003, CUSIP # 45200PXH5 THE REBATE COMPUTATION WAS PERFORMED AS OF OCTOBER 29, 2018 BOND SERIES 2008A-1, CUSIP # 45200FED7 THE REBATE COMPUTATION WAS PERFORMED AS OF JANUARY 24, 2018 BOND SERIES 2008A-2, CUSIP # 45200FEE5 THE REBATE COMPUTATION WAS PERFORMED AS OF JANUARY 24, 2018 BOND SERIES 2008A-3, CUSIP # 45200FEF2 THE REBATE COMPUTATION WAS PERFORMED AS OF MAY 1, 2017 BOND SERIES 2008C, CUSIP # 45200FAZ2 THE REBATE COMPUTATION WAS PERFORMED AS OF OCTOBER 10, 2017 BOND SERIES 2010, CUSIP # 45200FK65 THE REBATE COMPUTATION WAS PERFORMED AS OF JANUARY 6, 2015 BOND SERIES 2011A-1, CUSIP # 45203HCM2 THE REBATE COMPUTATION WAS PERFORMED AS OF SEPTEMBER 21, 2016 BOND SERIES 2011A-2, 2011BCD CUSIP # 45203HCA8 THE REBATE COMPUTATION WAS PERFORMED AS OF SEPTEMBER 21, 2016 BOND SERIES 2012, CUSIP # 45203H NJ7 THE REBATE COMPUTATION WAS PERFORMED AS OF NOVEMBER 29, 2017 BOND SERIES 2013A, CUSIP # 45203HUC4 THE REBATE COMPUTATION WAS PERFORMED AS OF AUGUST 8, 2018
SCHEDULE K, PART IV, LINE 4B	SWAP PROVIDERS ON DECEMBER 28, 2011 THE ORIGINAL SWAP RELATING TO THESE BONDS WITH CITIBANK N A WAS SEPARATED INTO TWO TRANCHES AND NOVATED (ASSIGNED TO) TWO SEPARATE SWAP COUNTERPARTIES, WELLS FARGO BANK, N A AND PNC BANK, NATIONAL ASSOCIATION

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Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

- Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
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- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Name of the organization

ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number

36-2169147

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ILLINOIS FINANCE AUTHORITY	86-1091967	45200FAZ2	10-10-2007	348,300,000	SEE SCHEDULE K PART VI		X		X		X
B ILLINOIS FINANCE AUTHORITY	86-1091967	45200FK65	01-06-2010	243,746,239	SEE SCHEDULE K PART VI	X			X		X
C ILLINOIS FINANCE AUTHORITY	86-1091967	45203HCM2	09-21-2011	12,453,367	SEE SCHEDULE K PART VI		X		X		X
D ILLINOIS FINANCE AUTHORITY	86-1091967	45203HCA8	09-21-2011	201,774,238	SEE SCHEDULE K PART VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .	27,005,000		54,255,000		10,805,000			
2	Amount of bonds legally defeased . . . . .			169,025,000					
3	Total proceeds of issue . . . . .	352,851,959		243,841,007		12,453,367		202,235,524	
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .	2,331,125		2,992,121		130,427		1,649,390	
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .	154,520,722		118,008,697				200,461,255	
11	Other spent proceeds . . . . .	192,581,505		122,840,189		12,322,940		124,879	
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2009		2012		2011		2013	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
16	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

Part III Private Business Use

				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .				X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .			X		X		X			



**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X			
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	0 090 %				0 010 %			
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .								
<b>6</b> Total of lines 4 and 5 . . . . .	0 090 %				0 010 %			
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X		X		X		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .	X			X		X		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .	1 500 %							
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .	X							
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .	X		X		X			

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X		X		X
<b>b</b> Exception to rebate? . . . . .	X			X		X		X
<b>c</b> No rebate due? . . . . .	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	X			X	X		X	
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
<b>b</b> Name of provider . . . . .	SEE PART VI							
<b>c</b> Term of hedge . . . . .	2680 0000000000 %							
<b>d</b> Was the hedge superintegrated? . . . . .		X						
<b>e</b> Was the hedge terminated? . . . . .		X						

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
<b>b</b> Name of provider . . . . .	TRINITY PLUS FUNDING							
<b>c</b> Term of GIC . . . . .	210 0000000000 %							
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .	X							
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

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Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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Name of the organization

ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number

36-2169147

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ILLINOIS FINANCE AUTHORITY	86-1091967	45203HNJ7	11-29-2012	150,003,863	SEE SCHEDULE K PART VI		X		X		X
B ILLINOIS FINANCE AUTHORITY	86-1091967	45203HUC4	08-08-2013	103,136,955	SEE SCHEDULE K PART VI		X		X		X
C ILLINOIS FINANCE AUTHORITY	86-1091967	45203HE40	12-18-2014	341,558,564	SEE SCHEDULE K PART VI		X		X		X
D ILLINOIS FINANCE AUTHORITY	86-1091967	45203H4J8	09-24-2015	104,517,375	SEE SCHEDULE K PART VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .			6,485,000					
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	150,184,694		103,146,877		353,041,187		104,528,531	
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .	1,646,514		1,285,192		2,627,651		1,436,749	
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .	148,493,974		101,849,526				103,068,646	
11	Other spent proceeds . . . . .	44,206		12,160		350,413,536		23,136	
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2014		2015		2015		2016	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X	X			X
16	Has the final allocation of proceeds been made? . . . . .	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

Part III Private Business Use

					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .					X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .				X		X		X		X	

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		X
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶			0 030 %		1 180 %		0 020 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .			0 030 %		1 180 %		0 020 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X		X		X		X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .	X		X		X		X	

Part IV

Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X	X		X	
<b>b</b> Exception to rebate? . . . . .		X		X		X		X
<b>c</b> No rebate due? . . . . .	X		X			X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X		X		X
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

<b>Return Reference</b>	<b>Explanation</b>

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(Form 990)

Supplemental Information on Tax-Exempt Bonds

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number  
36-2169147

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ILLINOIS FINANCE AUTHORITY	86-1091967	45203H6T4	10-22-2015	73,276,988	SEE SCHEDULE K PART VI		X		X		X
B WISCONSIN HEALTH & ED FACILI	39-1337855	97712DP34	08-16-2018	520,918,343	SEE SCHEDULE K PART VI		X		X		X

Part II	Proceeds								
		A		B		C		D	
1	Amount of bonds retired . . . . .								
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	76,683,054		520,918,477					
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .	65,840,510							
7	Issuance costs from proceeds . . . . .	715,867							
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .			520,892,291					
11	Other spent proceeds . . . . .	10,126,677		26,186					
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2016		2018					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X		X				
15	Were the bonds issued as part of an advance refunding issue? . . . . .	X			X				
16	Has the final allocation of proceeds been made? . . . . .	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X		X					

Part III

Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X	X					
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?				X				
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶			1 200 %					
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .			1 200 %					
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X					

Part IV

Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X				
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .	X		X					
<b>b</b> Exception to rebate? . . . . .		X		X				
<b>c</b> No rebate due? . . . . .		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X	X					
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X					

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation



Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number  
36-2169147

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2

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

3

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

Part II

Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III

Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

**Part V Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:  
Software Version:  
EIN: 36-2169147  
Name: ADVOCATE HEALTH AND HOSPITALS CORP

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JULIE NAKIS	FAMILY MEMBER - DOMINIC J NAKIS	107,926	EMPLOYMENT		No
MICHAEL MAHONEY	FAMILY MEMBER - DOMINIC J NAKIS	87,302	EMPLOYMENT		No

**Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons**

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ANNA KATZ	FAMILY MEMBER - LEE SACKS	370,146	EMPLOYMENT		No
JAMES RICHARDSON	FAMILY MEMBER - MICHELE BAKER-RICHARDSON	40,000	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DANIEL DOHERTY	FAMILY MEMBER - JAMES DAN, FORMER OFFICER	237,071	EMPLOYMENT		No
IBEAWUCHI MBANU	FAMILY MEMBER - TERIKA RICHARDSON	448,380	EMPLOYMENT		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
KRISTINE ARIAS	FAMILY MEMBER - JOHN TIMMER	13,435	EMPLOYMENT		No
RAFAEL ARIAS	FAMILY MEMBER - JOHN TIMMER	141,443	EMPLOYMENT		No

# SCHEDULE O

(Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

# 2018

**Open to Public  
Inspection**

Department of the Treasury

Name of the organization

ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number

36-2169147

### 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	OFFICER BUSINESS RELATIONSHIP AS JAMES DAN, M D , VINCENT BUFALINO, M D , GAIL D HASBROUC K, EARL BARNES II, JAMES DOHENY, AND DOMINIC J NAKIS ARE EITHER DIRECTORS OR OFFICERS OF WHOLLY OWNED ADVOCATE ENTITIES, THEY ARE DEEMED TO HAVE A BUSINESS RELATIONSHIP PURSUANT T O THE INSTRUCTIONS FOR FORM 990



**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS DIRECTORS OF THE BOARD ARE CORPORATE MEMBERS OF ADVOCATE HEALTH AND HOSPITAL BOARD, WHICH ELECTS THE BOARD OF DIRECTORS

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE FOLLOWING WEB SITES DACBOND COM (DIGITAL ASSURANCE CERTIFICATION LLC) EMMA MSRB ORG (ELECTRONIC MUNICIPAL MARKET ACCESS) THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CONTRIBUTIONS FROM SUBSIDIARIES 110,214,121 CONTRIBUTION FROM PARENT FASB 158 ADJUSTMENTS -75,497,807 ACL FIXED ASSET WRITEOFF -5,217,826



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
ADVOCATE HEALTH AND HOSPITALS CORP

Employer identification number  
36-2169147

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

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

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

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

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

See Additional Data Table

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

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

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

1

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

a

Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity . . . . .

b

Gift, grant, or capital contribution to related organization(s) . . . . .

c

Gift, grant, or capital contribution from related organization(s) . . . . .

d

Loans or loan guarantees to or for related organization(s) . . . . .

e

Loans or loan guarantees by related organization(s) . . . . .

f

Dividends from related organization(s) . . . . .

g

Sale of assets to related organization(s) . . . . .

h

Purchase of assets from related organization(s) . . . . .

i

Exchange of assets with related organization(s) . . . . .

j

Lease of facilities, equipment, or other assets to related organization(s) . . . . .

k

Lease of facilities, equipment, or other assets from related organization(s) . . . . .

l

Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

m

Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

o

Sharing of paid employees with related organization(s) . . . . .

p

Reimbursement paid to related organization(s) for expenses . . . . .

q

Reimbursement paid by related organization(s) for expenses . . . . .

r

Other transfer of cash or property to related organization(s) . . . . .

s

Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a

Yes

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

See Additional Data Table

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

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

[illegible]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:  
Software Version:  
EIN: 36-2169147  
Name: ADVOCATE HEALTH AND HOSPITALS CORP

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2167779	PARENT CORP	IL	501(C)(3)	LINE 12C, III-FI	N/A		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 26-2525968	HEALTH CARE	IL	501(C)(3)	LINE 3	AHHC	Yes	
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3196629	HEALTH CARE	IL	501(C)(3)	LINE 3	AHHC	Yes	
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3297360	FUNDRAISING	IL	501(C)(3)	LINE 7	AHCN		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2913108	HOME CARE	IL	501(C)(3)	LINE 10	AHHC	Yes	
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3158667	HOSPICE CARE	IL	501(C)(3)	LINE 10	EHSHC		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3606486	HEALTH CARE	IL	501(C)(3)	LINE 10	ANSHN		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3196628	FUNDRAISING	IL	501(C)(3)	LINE 12B, II	N/A		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-4397387	FUNDRAISING	IL	501(C)(3)	LINE 12A, I	MFHS		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2167920	HEALTH CARE	IL	501(C)(3)	LINE 3	AHCN		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3725580	NURSING CARE	IL	501(C)(3)	LINE 10	ASH		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 82-4184596	SUPPORT ORG	DE	501(C)(3)	LINE 12C, III-FI	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ADVOCATE HOME CARE PRODUCTS 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-3315416	HEALTH SERVICES	IL	N/A	C					No
(1) EVANGELICAL SERVICES CORPORATION 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-3208101	MGMT SERVICES	IL	N/A	C					No
(2) HIGH TECHNOLOGY INC 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-3368224	MEDICAL SERVICES	IL	N/A	C					No
(3) DREYER CLINIC INC 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-2690329	MEDICAL SERVICES	IL	N/A	C					No
(4) BROMENN PHYSICIAN MANAGEMENT CORPORATION 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 37-1313150	MEDICAL SERVICES	IL	N/A	C					No
(5) PARKSIDE CENTER CONDO ASSOCIATION 1775 WEST DEMPSTER STREET PARK RIDGE, IL 60068 36-3452486	PROPERTY MGMT	IL	N/A	C					No
(6) THE DELPHI GROUP IV INC 1425 N RANDALL ROAD ELGIN, IL 60123 36-4017279	HEALTH COST MGT	IL	N/A	C					No
(7) SHERMAN VENTURES INC 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-4292309	HOLDING COMPANY	IL	N/A	C					No
(8) ADVOCATE HPN NFP 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 81-0893878	HEALTH IMPRV MGMT	IL	N/A	C					No
(9) ADVOCATE INSURANCE SPC 878 WEST BAY ROAD PO BOX 1159 GRAND CAYMAN KY1-1102 CJ 98-0422925	INSURANCE	CJ	N/A	C	25,170,000	197,633,000	100 000 %	Yes	
(10) ADVOCATE HEALTH PARTNERS 1701 WEST GOLF ROAD ROLLING MEADOWS, IL 60008 36-4032117	HEALTH CARE MGT	IL	N/A	C					No
(11) ADVOCATE PHYSICIAN PARTNERS ACCOUNTABLE 1701 WEST GOLF ROAD ROLLING MEADOWS, IL 60008 45-5498384	HEALTH CARE MGT	IL	N/A	C					No
(12) ADVOCATE PHYSICIAN PTNRS RISK PURCHASE 1701 WEST GOLF ROAD ROLLING MEADOWS, IL 60008 38-3914173	GROUP MALPRACTICE	IL	N/A	C					No

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

<b>(a)</b> Name of related organization		<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	ADVOCATE NORTH SIDE HEALTH NETWORK	A	43,047	COST
<b>(1)</b>	ADVOCATE CONDELL MEDICAL CENTER	A	54,209	COST
<b>(2)</b>	EHS HOME HEALTH CARE SERVICE INC	A	14,297	COST
<b>(3)</b>	ADVOCATE CHARITABLE FOUNDATION	C	11,592,125	COST
<b>(4)</b>	ADVOCATE NORTH SIDE HEALTH NETWORK	K	887,757	COST
<b>(5)</b>	ADVOCATE CONDELL MEDICAL CENTER	K	267,638	COST
<b>(6)</b>	EHS HOME HEALTH CARE SERVICE INC	K	118,989	COST
<b>(7)</b>	ADVOCATE NORTH SIDE HEALTH NETWORK	L	70,059,756	COST
<b>(8)</b>	ADVOCATE CONDELL MEDICAL CENTER	L	58,493,249	COST
<b>(9)</b>	EHS HOME HEALTH CARE SERVICE INC	L	2,057,570	COST
<b>(10)</b>	ADVOCATE NORTH SIDE HEALTH NETWORK	M	1,053,612	COST
<b>(11)</b>	ADVOCATE CONDELL MEDICAL CENTER	M	1,038,861	COST
<b>(12)</b>	EHS HOME HEALTH CARE SERVICE INC	M	185,689	COST
<b>(13)</b>	ADVOCATE NORTH SIDE HEALTH NETWORK	P	43,728,028	COST
<b>(14)</b>	ADVOCATE CONDELL MEDICAL CENTER	P	22,222,799	COST
<b>(15)</b>	EHS HOME HEALTH CARE SERVICE INC	P	1,920,285	COST
<b>(16)</b>	ADVOCATE NORTH SIDE HEALTH NETWORK	Q	73,158,723	COST
<b>(17)</b>	ADVOCATE CONDELL MEDICAL CENTER	Q	54,150,889	COST
<b>(18)</b>	ADVOCATE INSURANCE SPC	Q	1,122,487	COST
<b>(19)</b>	EHS HOME HEALTH CARE SERVICE INC	Q	10,462,115	COST
<b>(20)</b>	ADVOCATE HEALTH CARE NETWORK	Q	128,482	COST
<b>(21)</b>	ADVOCATE NORTH SIDE HEALTH NETWORK	R	9,594,324	COST
<b>(22)</b>	ADVOCATE CONDELL MEDICAL CENTER	R	3,283,346	COST
<b>(23)</b>	ADVOCATE NORTH SIDE HEALTH NETWORK	S	11,791,426	COST
<b>(24)</b>	ADVOCATE CONDELL MEDICAL CENTER	S	3,630,214	COST