

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

**C** Name of organization  
Presence Chicago Hospitals Network

Doing business as  
SEE SCHEDULE O

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
C/O TAX DEPARTMENT PO BOX 45998

City or town, state or province, country, and ZIP or foreign postal code  
ST LOUIS, MO 631455998

**D** Employer identification number  
36-2235165

**E** Telephone number  
(314) 733-8000

**G** Gross receipts \$ 1,044,890,891

**F** Name and address of principal officer:  
KEITH PARROTT  
C/O TAX DEPARTMENT PO BOX 45998  
ST LOUIS, MO 631455998

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

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

**H(c)** Group exemption number ▶ 0928

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

**J** Website: ▶ SEE SCHEDULE O

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1949

**M** State of legal domicile: IL

## Part I Summary

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

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	6
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	5
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	0
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	577
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	2,968,426
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	463,046

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	2,988,700	35,170,386
<b>9</b> Program service revenue (Part VIII, line 2g)	1,070,492,646	999,015,885
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	182,266	204,466
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,867,092	10,136,421
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,086,530,704	1,044,527,158

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	394,000	1,747,981
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	412,000,711	0
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	638,445,912	1,126,719,208
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,050,840,623	1,128,467,189
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	35,690,081	-83,940,031

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	772,784,828	849,615,173
<b>21</b> Total liabilities (Part X, line 26)	144,897,870	468,831,603
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	627,886,958	380,783,570

## Part II Signature Block

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

**Sign Here**  
Signature of officer: \*\*\*\*\* Date: 2021-05-13  
TONYA MERSHON VICE PRESIDENT, TAX  
Type or print name and title

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

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

ROOTED IN THE LOVING MINISTRY OF JESUS AS HEALER, WE COMMIT OURSELVES TO SERVING ALL PERSONS WITH SPECIAL ATTENTION TO THOSE WHO ARE POOR AND VULNERABLE. OUR CATHOLIC HEALTH MINISTRY IS DEDICATED TO SPIRITUALLY-CENTERED, HOLISTIC CARE WHICH SUSTAINS AND IMPROVES THE HEALTH OF INDIVIDUALS AND COMMUNITIES. WE ARE ADVOCATES FOR A COMPASSIONATE AND JUST SOCIETY THROUGH OUR ACTIONS AND OUR WORDS.

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 723,779,833 including grants of \$ 1,747,981 ) (Revenue \$ 974,703,680 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 13,794,417 including grants of \$ ) (Revenue \$ 25,004,256 )  
See Additional Data

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

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

**4e Total program service expenses** ▶ 737,574,250

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	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		No
<b>4</b>	<b>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	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>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		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		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		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		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	Yes	
<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.	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		No
<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		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	Yes	
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	Yes	
<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		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	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<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		No
<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		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		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)		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		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		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 [ ]

Table with 3 columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (6), 1b (5), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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:

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

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK HANSON ESQ VICE CHAIR	1.0 ..... 2.0	X		X				0	0	0
(2) MARSHA LADENBURGER RN VICE CHAIR (END 7/2019)	1.0 ..... 1.0	X		X				0	0	0
(3) THOMAS HUBERTY MD CHAIR	1.0 ..... 1.0	X		X				0	0	0
(4) GARY R LIPINSKI MD DIRECTOR	0.0 ..... 50.0	X						0	414,668	9,161
(5) JAY BERGMAN DIRECTOR	1.0 ..... 1.0	X						0	0	0
(6) PATRICIA FOLTZ DIRECTOR	1.0 ..... 1.0	X						0	0	0
(7) THOMAS RUSSE DIRECTOR	1.0 ..... 1.0	X						0	0	0
(8) G THOR THORDARSON PRESIDENT (START 11/2019)	0.0 ..... 0.0			X				0	0	0
(9) JULIE P ROKNICH SECRETARY	0.0 ..... 50.0			X				0	243,411	18,059
(10) MARTIN H JUDD PRESIDENT (END 11/2019)	0.0 ..... 50.0			X				0	658,509	12,759
(11) PATRICIA EDDY TREASURER (END 6/2020)	0.0 ..... 50.0			X				0	288,479	28,586
(12) RICHARD D CARTER CFO, AMITA HEALTH (START 4/2020)	0.0 ..... 50.0			X				0	0	0
(13) BETTINA A JOHNSON FORMER OFFICER (END 12/2018)	0.0 ..... 50.0						X	0	316,363	17,045
(14) KENNETH P JONES FORMER KEY EMPLOYEE (END 12/2018)	0.0 ..... 50.0						X	0	415,529	30,257
(15) ROBERT M DAHL FORMER KEY EMPLOYEE (END 12/2018)	0.0 ..... 50.0						X	0	447,687	18,669
(16) ROBYN PARKER FORMER KEY EMPLOYEE (END 12/2015)	0.0 ..... 50.0						X	0	225,320	25,498
(17) THOMAS KOELBL FORMER KEY EMPLOYEE (END 12/2015)	0.0 ..... 50.0						X	0	417,293	4,029

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like ALVERNO CLINICAL LABORATORIES LLC and STREAMWOOD MGMT SERVICES.

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



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b>	661,017		
	<b>e</b> Government grants (contributions)	<b>1e</b>	34,492,530		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	16,839		
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>			
	<b>h Total.</b> Add lines 1a-1f . . . . .		35,170,386		

<b>Program Service Revenue</b>			(A)	(B)	(C)	(D)
		Business Code				
<b>2a</b> Net Patient Service Revenue		621990	957,434,906	957,434,906		
<b>b</b> Net Resident Revenue		623000	25,004,256	25,004,256		
<b>c</b> Pharmacy Revenue		446110	12,703,303	12,122,552	580,751	
<b>d</b> Rental Income from Affiliates		531120	2,520,781	2,520,781		
<b>e</b> Services to Affiliates		561000	635,022	635,022		
<b>f</b> All other program service revenue.			717,617	717,617	0	0
<b>g Total.</b> Add lines 2a-2f. . . . .			999,015,885			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			189,475		189,475		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .							
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents	(i) Real						
		<b>6a</b>	(ii) Personal					
			<b>6b</b> Less: rental expenses					2,110,051
			<b>6c</b> Rental income or (loss)					355,420
	<b>6c</b>	1,754,631	0					
	<b>d</b> Net rental income or (loss) . . . . .			1,754,631	530,307	1,224,324		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities						
		<b>7a</b>	(ii) Other					
			<b>7b</b> Less: cost or other basis and sales expenses					23,304
			<b>7c</b> Gain or (loss)					8,313
	<b>7c</b>	0	14,991					
	<b>d</b> Net gain or (loss) . . . . .			14,991		14,991		
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .		<b>8a</b>					
	<b>b</b> Less: direct expenses . . . . .		<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .							
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .		<b>9a</b>					
	<b>b</b> Less: direct expenses . . . . .		<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .								
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		<b>10a</b>						
<b>b</b> Less: cost of goods sold . . . . .		<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .								
Miscellaneous Revenue		Business Code						
<b>11a</b> Cafeteria/Vending Revenue		722514	3,774,543		3,774,543			
<b>b</b> Child Care Services		624410	2,299,301	1,689,408	609,893			
<b>c</b> Parking		812930	964,391	167,960	796,431			
<b>d</b> All other revenue . . . . .			1,343,555	692,051	651,504			
<b>e Total.</b> Add lines 11a-11d . . . . .			8,381,790					
<b>12 Total revenue.</b> See instructions . . . . .			1,044,527,158	999,127,185	2,968,426			
					7,261,161			

**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 . . . . .	1,722,981	1,722,981		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	25,000	25,000		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<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) . . . . .				
<b>7</b> Other salaries and wages . . . . .				
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	197,449	197,449		
<b>b</b> Legal . . . . .	239,134		239,134	
<b>c</b> Accounting . . . . .	4,050		4,050	
<b>d</b> Lobbying . . . . .	1,957		1,957	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	47,967,507	45,978,985	1,988,522	0
<b>12</b> Advertising and promotion . . . . .	649,372	570,293	79,079	
<b>13</b> Office expenses . . . . .	1,960,440	783,698	1,176,742	
<b>14</b> Information technology . . . . .	124,970	100,774	24,196	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	23,958,512	22,156,779	1,801,733	
<b>17</b> Travel . . . . .	730,957	445,229	285,728	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	781,146	731,004	50,142	
<b>20</b> Interest . . . . .	21,756,829	896,419	20,860,410	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	61,927,262	57,270,194	4,657,068	
<b>23</b> Insurance . . . . .	24,237,207		24,237,207	
<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> Wage & Benefit Allocation	388,442,957	312,065,621	76,377,336	
<b>b</b> Professional Fee to Affiliate	213,156,894	126,699	213,030,195	
<b>c</b> Medical Supplies	136,034,814	135,507,678	527,136	
<b>d</b> UBI Tax Expense	155,705		155,705	
<b>e</b> All other expenses	204,392,046	158,995,447	45,396,599	0
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,128,467,189	737,574,250	390,892,939	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 . . . . .	39,567	<b>1</b>	39,567
	<b>2</b> Savings and temporary cash investments . . . . .	2,748,996	<b>2</b>	44,445
	<b>3</b> Pledges and grants receivable, net . . . . .	5,982	<b>3</b>	11,343
	<b>4</b> Accounts receivable, net . . . . .	154,545,397	<b>4</b>	147,350,451
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	22,841,507	<b>8</b>	22,438,716
	<b>9</b> Prepaid expenses and deferred charges . . . . .	290,772	<b>9</b>	391,578
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 681,013,982		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 81,751,683	582,166,133	<b>10c</b> 599,262,299
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	2,718,179	<b>13</b>	2,908,906
	<b>14</b> Intangible assets . . . . .	592,384	<b>14</b>	604,614
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	6,835,911	<b>15</b>	76,563,254
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	772,784,828	<b>16</b>	849,615,173	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,440,366	<b>17</b>	61,062,110
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	8,213,091	<b>19</b>	934,627
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	13,633,678
	<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	133,244,413	<b>25</b>	393,201,188
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	144,897,870	<b>26</b>	468,831,603
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	627,886,958	<b>27</b>	380,783,570
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	627,886,958	<b>32</b>	380,783,570	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	772,784,828	<b>33</b>	849,615,173	

**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>	1,044,527,158
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,128,467,189
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-83,940,031
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	627,886,958
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<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>	-163,163,357
<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>	380,783,570

**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:** 19010655  
**Software Version:** 2019v5.0  
**EIN:** 36-2235165  
**Name:** Presence Chicago Hospitals Network

Form 990 (2019)

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

PRESENCE CHICAGO HOSPITALS NETWORK OPERATES 5 ACUTE CARE HOSPITALS AND 1 LONG TERM ACUTE CARE HOSPITAL. AMITA HEALTH RESURRECTION MEDICAL CENTER IS A 320-BED HOSPITAL CAMPUS PROVIDING SERVICES WITHOUT REGARD TO PATIENT RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY. DURING JULY 1, 2019 - JUNE 30, 2020, AMITA HEALTH RESURRECTION MEDICAL CENTER TREATED 11,947 ADULTS AND CHILDREN FOR A TOTAL OF 68,143 PATIENT DAYS OF SERVICE. THE HOSPITAL ALSO PROVIDED SERVICES FOR 200,818 OUTPATIENT VISITS, WHICH INCLUDED 3,096 OUTPATIENT SURGERIES AND 38,031 EMERGENCY ROOM VISITS. AMITA HEALTH HOLY FAMILY MEDICAL CENTER IS A 172-BED HOSPITAL CAMPUS PROVIDING SERVICES WITHOUT REGARD TO PATIENT RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY. DURING JULY 1, 2019 - JUNE 30, 2020, AMITA HEALTH HOLY FAMILY MEDICAL CENTER TREATED 1,572 ADULTS AND CHILDREN FOR A TOTAL OF 33,715 PATIENT DAYS OF SERVICE. THE HOSPITAL ALSO PROVIDED SERVICES FOR 19,219 OUTPATIENT VISITS, WHICH INCLUDED 608 OUTPATIENT SURGERIES. AMITA HEALTH ST FRANCIS HOSPITAL IS A 191-BED HOSPITAL CAMPUS PROVIDING SERVICES WITHOUT REGARD TO PATIENT RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY. DURING JULY 1, 2019 - JUNE 30, 2020, AMITA HEALTH ST FRANCIS HOSPITAL TREATED 6,610 ADULTS AND CHILDREN FOR A TOTAL OF 30,154 PATIENT DAYS OF SERVICE. THE HOSPITAL ALSO PROVIDED SERVICES FOR 137,581 OUTPATIENT VISITS, WHICH INCLUDED 2,329 OUTPATIENT SURGERIES AND 32,277 EMERGENCY ROOM VISITS. AMITA HEALTH SAINT JOSEPH HOSPITAL - CHICAGO IS A 329-BED HOSPITAL CAMPUS PROVIDING SERVICES WITHOUT REGARD TO PATIENT RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY. DURING JULY 1, 2019 - JUNE 30, 2020, AMITA HEALTH SAINT JOSEPH HOSPITAL - CHICAGO TREATED 9,270 ADULTS AND CHILDREN FOR A TOTAL OF 50,209 PATIENT DAYS OF SERVICE. THE HOSPITAL ALSO PROVIDED SERVICES FOR 115,169 OUTPATIENT VISITS, WHICH INCLUDED 4,643 OUTPATIENT SURGERIES AND 18,158 EMERGENCY ROOM VISITS. AMITA HEALTH ST MARY & ELIZABETH MEDICAL CENTER IS A 473-BED HOSPITAL CAMPUS PROVIDING SERVICES WITHOUT REGARD TO PATIENT RACE, CREED, NATIONAL ORIGIN, ECONOMIC STATUS, OR ABILITY TO PAY. DURING JULY 1, 2019 - JUNE 30, 2020, AMITA HEALTH ST MARY & ELIZABETH MEDICAL CENTER TREATED 15,508 ADULTS AND CHILDREN FOR A TOTAL OF 91,627 PATIENT DAYS OF SERVICE. THE HOSPITAL ALSO PROVIDED SERVICES FOR 249,057 OUTPATIENT VISITS, WHICH INCLUDED 3,597 OUTPATIENT SURGERIES AND 55,066 EMERGENCY ROOM VISITS. PRESENCE CHICAGO HOSPITALS NETWORK OPERATES OUTPATIENT PHARMACIES. THESE PHARMACIES ARE PRIMARILY FOR THE CONVENIENCE OF PATIENTS. SEE SCHEDULE H FOR A NON-EXHAUSTIVE LIST OF COMMUNITY BENEFIT PROGRAMS AND DESCRIPTIONS. As part of the Ascension Catholic health ministry, the filing organization served in support of Ascension's commitment to both care for patients and communities and support caregivers and other associates through the challenges of the COVID-19 global pandemic in FY20.

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

PRESENCE CHICAGO HOSPITALS NETWORK OPERATES 3 INDEPENDENT LIVING RETIREMENT COMMUNITIES - PRESENCE RESURRECTION RETIREMENT COMMUNITY IN CHICAGO, PRESENCE CASA SAN CARLO RETIREMENT COMMUNITY IN NORTHLAKE, AND PRESENCE BETHLEHEM WOODS RETIREMENT COMMUNITY IN LA GRANGE PARK .

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

**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 instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Presence Chicago Hospitals Network

**Employer identification number**  
36-2235165

**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		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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). . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<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**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</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 . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</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 . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</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 . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</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 . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<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 . . . . . ▶ <input type="checkbox"/>		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<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</b>	<b>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</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

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

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

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<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 Part VI 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 Part VI 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 Part VI 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 Part VI 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 Part VI 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 Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	<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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	<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 Part VI.</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 Part VI.</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 Part VI.</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 Part VI.</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>		

**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>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>		

**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>		

**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>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>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>		

**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>	Yes	No
<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>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>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>		

**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</b>	<b>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</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>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</b>	<b>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</b>	<b>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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:** 19010655

**Software Version:** 2019v5.0

**EIN:** 36-2235165

**Name:** Presence Chicago Hospitals Network

**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)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2019**

▶ **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.**

**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 Presence Chicago Hospitals Network	<b>Employer identification number</b> 36-2235165
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) .....
- b Total lobbying expenditures to influence a legislative body (direct lobbying) .....
- c Total lobbying expenditures (add lines 1a and 1b) .....
- d Other exempt purpose expenditures .....
- e Total exempt purpose expenditures (add lines 1c and 1d) .....
- f Lobbying nontaxable amount. Enter the amount from the following table in both columns.

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


- g Grassroots nontaxable amount (enter 25% of line 1f) .....
- h Subtract line 1g from line 1a. If zero or less, enter -0- .....
- i Subtract line 1f from line 1c. If zero or less, enter -0- .....
- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  Yes  No

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

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

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<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? .....		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b> Media advertisements? .....		No	
<b>d</b> Mailings to members, legislators, or the public? .....		No	
<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? .....		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b> Other activities? .....	Yes		1,957
<b>j</b> Total. Add lines 1c through 1i .....			1,957
<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>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</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>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LOBBYING EXPENSES REPRESENT THE PORTION OF DUES PAID TO THE NATIONAL LONG TERM HOSPITAL ASSOCIATION THAT IS SPECIFICALLY ALLOCABLE TO LOBBYING. PRESENCE CHICAGO HOSPITALS NETWORK DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OR STATEMENTS) ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE.

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ 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 instructions and the latest information.

**Name of the organization**  
Presence Chicago Hospitals Network

**Employer identification number**  
36-2235165

**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
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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
<b>1a</b> Beginning of year balance . . . . .	537,242	542,714	527,813	505,670	479,407
<b>b</b> Contributions . . . . .	39,127	103,437	54,928	112,843	112,191
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	521,762	108,909	40,027	90,700	85,928
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	54,607	537,242	542,714	527,813	505,670

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

- a** Board designated or quasi-endowment ▶ 0 %
  - b** Permanent endowment ▶ 0 %
  - c** Temporarily restricted endowment ▶ 100 %
- 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 . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>	Yes	
<b>3b</b>	Yes	

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

- 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
<b>1a</b> Land . . . . .		137,380,000		137,380,000
<b>b</b> Buildings . . . . .		423,698,462	45,675,342	378,023,120
<b>c</b> Leasehold improvements		2,484,822	331,310	2,153,512
<b>d</b> Equipment . . . . .		83,947,462	34,126,323	49,821,139
<b>e</b> Other . . . . .		33,503,236	1,618,708	31,884,528
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				599,262,299

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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) Other Receivables	1,695,836
(2) Physician Guarantee Asset	92,944
(3) Estimated 3rd Party Payor Settlements	7,156,692
(4) Due from Affiliates	40,058,380
(5) Right of Use Operating Lease Asset	23,867,351
(6) Third Party Receivables	2,735,022
(7) Assets Held for Sale	825,000
(8) Security Deposits	132,029
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	76,563,254

**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)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	393,201,188

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
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:** 19010655  
**Software Version:** 2019v5.0  
**EIN:** 36-2235165  
**Name:** Presence Chicago Hospitals Network

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

1. (a) Description of Liability	(b) Book Value
Other Liabilities	11,583,317
Estimated 3rd Party Payor Settlement	86,974,070
Physician Guarantee Liability	
Recovery Tail Liability	7,710,711
Accrued Tax Liability	
DEFERRED ACCOMMODATION FEES SHORT TERM	
Due to Affiliates	114,076,893
Savings Plan Liability	43,847
Long Term Operating Lease Liability	23,867,351
Medicare Advance Payments	136,506,774

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

<b>1.</b> <b>(a) Description of Liability</b>	<b>(b) Book Value</b>
CARES Relief Funds	12,438,225



## Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	TEMPORARILY RESTRICTED FUNDS ARE IN POSSESSION OF PRESENCE CARE TRANSFORMATION CORPORATION TO BE ADMINISTERED AT THE CORPORATE LEVEL FOR THE BENEFIT OF THE SYSTEM'S CHAPELS WITHIN EACH HOSPITAL.

## Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS BY APPLYING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SYSTEM HAS DETERMINED THAT NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF JUNE 30, 2020.

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

# Hospitals

OMB No. 1545-0047  
**2019**  
 Open to Public Inspection

▶ **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.**

**Name of the organization**  
 Presence Chicago Hospitals Network

**Employer identification number**  
 36-2235165

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	Yes	
<b>1b</b> If "Yes," was it a written policy? . . . . .	Yes	
<b>2</b> 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		
<b>3</b> 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. <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> 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	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> 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 %	Yes	
<b>c</b> 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.		
<b>4</b> 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	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	Yes	
<b>c</b> 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
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	Yes	
<b>b</b> 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**

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			28,371,657		28,371,657	2.51 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			280,345,155	248,097,010	32,248,145	2.86 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .					0	0 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .	0	0	308,716,812	248,097,010	60,619,802	5.37 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	78	13,823	685,967	4,854	681,113	0.06 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .	28	3,489	63,211,562	21,274,603	41,936,959	3.72 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .	2	657	101,696		101,696	0.01 %
<b>h</b> Research (from Worksheet 7) . . . . .					0	0 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	22	8,419	1,779,409		1,779,409	0.16 %
<b>j Total.</b> Other Benefits . . . . .	130	26,388	65,778,634	21,279,457	44,499,177	3.94 %
<b>k Total.</b> Add lines 7d and 7j . . . . .	130	26,388	374,495,446	269,376,467	105,118,979	9.32 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	3	44	9,859		9,859	0 %
2 Economic development	2	15	8,361		8,361	0 %
3 Community support	5	632	7,677		7,677	0 %
4 Environmental improvements	1		87		87	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building	6	83	11,253	2,106	9,147	0 %
7 Community health improvement advocacy	1		102		102	0 %
8 Workforce development	8	425	126,905		126,905	0.01 %
9 Other					0	0 %
<b>10 Total</b>	<b>26</b>	<b>1,199</b>	<b>164,244</b>	<b>2,106</b>	<b>162,138</b>	<b>0.01 %</b>

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

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2 9,941,177	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3 0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME)	5 418,194,191
6 Enter Medicare allowable costs of care relating to payments on line 5	6 473,683,188
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 -55,488,997
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other	

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 PRESENCE LAKESHORE GASTROENTEROLOGY LLC	ENDOSCOPY SERVICES	51 %	0 %	49 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

6

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)

	See Additional Data Table	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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<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? . . . . .		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. . . . .		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):	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>18</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 . . . . .	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 . . . . .	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. . . . .	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):	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.amitahealth.org/about-us/community-benefit/</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. . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>https://www.amitahealth.org/about-us/community-benefit/</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<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)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<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)**

A

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:			
<b>13</b>	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:	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>600.0</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input checked="" type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	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):	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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):	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u><a href="https://www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/">https://www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/</a></u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u><a href="https://www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/">https://www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/</a></u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u><a href="https://www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/">https://www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/</a></u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

A

**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? . . . . .	17	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? . . . . . 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)	19	No
<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 checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input 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? . . . . . 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)	21	Yes
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**Part V Facility Information** *(continued)*

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

A

**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>23</b>		No
<b>24</b>		No



**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? 6

Name and address	Type of Facility (describe)
<b>1</b> LABOURE CLINIC 2913 N COMMONWEALTH CHICAGO, IL 60657	MEDICAL CARE CLINIC
<b>2</b> St Francis Retail Pharmacy 800 Austin Street Evanston, IL 60202	OUTPATIENT PHARMACY
<b>3</b> Nazareth Family Center Retail Pharmacy 1127 N OAKLEY BLVD Chicago, IL 60622	OUTPATIENT PHARMACY
<b>4</b> The Apothecary Chicago 7447 W Talcott Avenue Chicago, IL 60631	OUTPATIENT PHARMACY
<b>5</b> Seton Family Health Center 711 North Ave Chicago, IL 60610	Medical Care Clinic
<b>6</b> Lakeview Internal Medicine 2913 N COMMONWEALTH CHICAGO, IL 60657	MEDICAL CARE CLINIC
<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.

Form and Line Reference	Explanation
<p>Schedule H, Part I, Line 3c PART 1, LINE 3C</p>	<p>IN ADDITION TO THE FEDERAL POVERTY GUIDELINES (FPG), WITH FPG FAMILY INCOME LIMIT FOR ELIGIBILITY OF FREE CARE OF 200% AND FPG FAMILY INCOME LIMIT FOR ELIGIBILITY FOR DISCOUNTED CARE OF 600% THE FOLLOWING ELIGIBILITY CRITERIA ARE EXPLAINED IN THE FINANCIAL ASSISTANCE POLICY. PRESUMPTIVE ELIGIBILITY CRITERIA ANY PATIENT MEETING ANY OF THE CRITERIA SET FORTH BELOW WILL BE CONSIDERED PRESUMPTIVELY ELIGIBLE FOR FINANCIAL ASSISTANCE WITHOUT FURTHER DOCUMENTATION REQUIREMENTS. IN SUCH SITUATIONS, THE PATIENT IS DEEMED TO HAVE A FAMILY INCOME OF 200% OR LESS OF THE FEDERAL POVERTY LEVEL, AND THEREFORE ELIGIBLE FOR A 100% REDUCTION FROM MEDICALLY NECESSARY HOSPITAL CHARGES (I.E. FULL CHARITY WRITE OFF). PATIENTS WILL RECEIVE A MINIMUM OF ONE (1) STATEMENT TO PROVIDE A SUMMARY OF SERVICES AND ACCOUNT INFORMATION. PRESUMPTIVE ELIGIBILITY FOR 100% FINANCIAL ASSISTANCE WILL BE MADE FOR PATIENTS MEETING ANY OF THE FOLLOWING CRITERIA: A. PATIENT IS HOMELESS (WITH SUCH STATUS VERIFIED AFTER REVIEW OF AVAILABLE FACTS). B. PATIENT IS DECEASED WITH NO ESTATE. C. PATIENT IS MENTALLY OR PHYSICALLY INCAPACITATED AND HAS NO ONE TO ACT ON HIS/HER BEHALF. D. PATIENT IS CURRENTLY ELIGIBLE FOR MEDICAID, BUT WAS NOT ON A PRIOR DATE OF SERVICE OR FOR NON-COVERED SERVICES. E. PATIENT IS ENROLLED OR COVERED BY THE WOMEN, INFANTS AND CHILDREN NUTRITION PROGRAM (WIC). F. PATIENT IS ENROLLED OR COVERED BY THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR FOOD STAMP ELIGIBILITY (LINK). G. PATIENT IS ENROLLED OR COVERED BY THE ILLINOIS FREE LUNCH AND BREAKFAST PROGRAM (ELIGIBLE FOR FREE AND REDUCED PRICE SCHOOL MEALS). H. PATIENT IS ENROLLED OR COVERED BY THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP). I. PATIENT OR FAMILY IS A QUALIFIED PARTICIPANT IN AN ORGANIZED COMMUNITY-BASED PROGRAM FOR PROVIDING ACCESS TO MEDICAL CARE THAT ACCESSES AND DOCUMENTS LIMITED LOW-INCOME FINANCIAL STATUS CRITERIA. J. PATIENT RECEIVES OR QUALIFIES FOR FREE CARE FROM A COMMUNITY CLINIC AFFILIATED WITH THE HOSPITAL OR KNOWN TO HAVE ELIGIBILITY STANDARDS SUBSTANTIALLY EQUIVALENT TO THAT OF THE HOSPITAL UNDER THIS POLICY, AND THE COMMUNITY CLINIC REFERS THE PATIENT TO THE HOSPITAL FOR TREATMENT OR FOR A PROCEDURE. K. PATIENT IS A RECIPIENT OF GRANT ASSISTANCE FOR MEDICAL SERVICES. L. PATIENT PARTICIPATES IN STATE-FUNDED PRESCRIPTION PROGRAMS. M. PATIENT OR PATIENT'S FAMILY IS ENROLLED IN ILLINOIS HOUSING DEVELOPMENT AUTHORITY'S RENTAL HOUSING SUPPORT PROGRAM. N. PATIENT OR PATIENT'S FAMILY HAS BEEN DETERMINED BY AN INDEPENDENT THIRD-PARTY REPORTING AGENCY TO HAVE FAMILY INCOME OF 200% OR LESS THAN THE FEDERAL POVERTY LEVEL. O. PATIENT OR PATIENT'S FAMILY'S INABILITY TO PAY ANY PORTION OF PATIENT-LIABILITY AMOUNT HAS BEEN VERIFIED BY AN INDEPENDENT THIRD-PARTY AGENCY. APPLICATION OF CATASTROPHIC DISCOUNT THE CATASTROPHIC DISCOUNT WILL BE AVAILABLE TO PATIENTS WHO HAVE MEDICAL EXPENSES OVER A 12-MONTH PERIOD FOR MEDICALLY NECESSARY SERVICES FROM A PRESENCE HEALTH HOSPITAL THAT EXCEED 15% OF THE PATIENT'S FAMILY'S ANNUAL GROSS INCOME, EVEN AFTER PAYMENT BY THIRD-PARTY PAYERS. ANY PATIENT RESPONSIBILITY IN EXCESS OF 15% WILL BE WRITTEN OFF TO CHARITY. SERVICES THAT ARE NOT MEDICALLY NECESSARY WILL NOT BE ELIGIBLE FOR THIS DISCOUNT. UNINSURED SELF-PAY DISCOUNT 1. THERE IS NO APPLICATION PROCESS FOR THE PATIENT TO RECEIVE THE UNINSURED SELF-PAY DISCOUNT. THE DISCOUNT IS APPLIED BASED ON THE ACCOUNT'S SELF-PAY/UNINSURED STATUS. 2. PATIENTS RECEIVING PRE-NEGOTIATED DISCOUNTS (PACKAGE PRICING) FOR HOSPITAL SERVICES WILL NOT BE ELIGIBLE FOR THE UNINSURED SELF-PAY DISCOUNT. 3. IF A PATIENT IS SUBSEQUENTLY APPROVED FOR FINANCIAL ASSISTANCE, THE UNINSURED SELF-PAY DISCOUNT WILL BE REVERSED SO THAT THE FULL AMOUNT CAN BE RECOGNIZED AS A CHARITY DISCOUNT. FINANCIAL ASSISTANCE FOR CERTAIN CRIME VICTIMS INDIVIDUALS WHO ARE DEEMED ELIGIBLE BY THE STATE OF ILLINOIS TO RECEIVE ASSISTANCE UNDER THE VIOLENT CRIME VICTIMS COMPENSATION ACT OR THE SEXUAL ASSAULT VICTIMS COMPENSATION ACT SHALL FIRST BE EVALUATED FOR ELIGIBILITY FOR FINANCIAL ASSISTANCE BASED ON THE FINANCIAL ASSISTANCE GUIDELINES AND THE ELIGIBILITY CRITERIA. APPLICATIONS FOR REIMBURSEMENT UNDER SUCH CRIME VICTIMS FUNDS WILL BE MADE ONLY TO THE EXTENT OF ANY REMAINING PATIENT LIABILITY AFTER THE FINANCIAL ASSISTANCE ELIGIBILITY DETERMINATION IS MADE. FINANCIAL ASSISTANCE FOR INSURED PATIENTS FINANCIAL ASSISTANCE IN THE FORM OF 100% DISCOUNTS (FREE CARE) ARE AVAILABLE FOR PATIENT-LIABILITY AMOUNTS REMAINING AFTER INSURANCE PAYMENTS, FOR INSURED PATIENTS WHO ARE ILLINOIS RESIDENTS WITH FAMILY GROSS INCOME LESS THAN OR UP TO 200% OF THE FEDERAL POVERTY GUIDELINES. FOR INSURED PATIENTS WITH FAMILY GROSS INCOME BETWEEN 200% AND 400% OF THE FEDERAL POVERTY GUIDELINES, THE EXPECTED PATIENT PAYMENT WILL BE THE LESSER OF PATIENT'S OUT OF POCKET (OOP) LIABILITY REDUCED BY 100% OF THE HOSPITAL'S MEDICARE COST-TO-CHARGE RATIO OR THE AMOUNT THE PATIENT WOULD HAVE BEEN RESPONSIBLE FOR HAD THEY BEEN UNINSURED. THE AMOUNT 0</p>

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c PART 1, LINE 3C	F FINANCIAL ASSISTANCE WILL BE DETERMINED ONCE ALL THIRD-PARTY PAYMENT AMOUNTS HAVE BEEN IDENTIFIED. IN ADDITION, INSURED PATIENTS WITH HIGH HOSPITAL BILLS MAY RECEIVE A CATASTROPHIC DISCOUNT. FINANCIAL ASSISTANCE FOR STUDENTS FINANCIAL ASSISTANCE FOR VERIFIED FULL-TIME ENROLLED STUDENTS WITH INCOME OF 200% OR LESS OF THE FEDERAL POVERTY LEVEL WILL BE ELIGIBLE FOR A 100% REDUCTION FROM CHARGES (I.E., FULL CHARITY WRITE-OFF).

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 4 COMMUNITY INFORMATION - Part II</p>	<p>AMITA HEALTH SAINT FRANCIS HOSPITAL THE TOTAL POPULATION IN THIS SERVICE AREA IN 2018 IS 333,852 WITH AN AVERAGE MEDIAN AGE OF 38.8, WHICH IS SIMILAR TO THE STATE OF ILLINOIS. THE AVERAGE FAMILY INCOME IS \$70,601 WHICH IS ALSO SIMILAR TO THE STATE, BUT THERE ARE GEOGRAPHICAL INEQUITIES IN INCOME IN THIS AREA. SIMILARLY, THE POVERTY RATE IS 13.75% BUT THERE ARE ALSO GEOGRAPHICAL INEQUITIES WITH SOME ZIP CODES VERY LOW (60203 WITH 1.3%) AND VERY HIGH (60626 WITH 24.8%). FIFTY-ONE PERCENT OF THE POPULATION IN THIS SERVICE AREA IS WHITE, FOLLOWED BY ASIAN AT 16.9% WITH 13.3% HISPANIC OR LATINO. PRIMARY SERVICE AREA: 60626 CHICAGO - ROGERS PARK 60645 CHICAGO - WEST ROGERS PARK 60202 EVANSTON 60660 CHICAGO - EDGEWATER 60076 SKOKIE 60201 EVANSTON 60659 CHICAGO - NORTHTOWN 60077 SKOKIE 60712 LINCOLNWOOD 60203 EVANSTON AMITA HEALTH SAINTS MARY AND SAINT ELIZABETH HOSPITAL THE TOTAL POPULATION FOR THIS SERVICE AREA IN 2018 WAS 721,589 WITH THE MEDIAN AGE OF 31.9 WHICH IS LOWER THAN THE ILLINOIS MEDIAN. THE MEDIAN FAMILY INCOME WAS \$57,173 WHICH IS SIMILAR TO THE STATE, BUT THERE ARE GEOGRAPHICAL INEQUITIES THAT EXIST. THE HIGHEST MEDIAN INCOME IS IN THE 60642 WITH \$101,939 AND THE LOWEST IN THE 60624 WITH \$22,922. THE POVERTY RATE FOR THIS SERVICE AREA IS 23.8% AGAIN WITH GEOGRAPHICAL INEQUITIES. THE HIGHEST POVERTY IS IN THE 60624 ZIP CODE AT 44.2%. THE WHITE POPULATION MAKES UP 27.4% OF THE POPULATION. THE BLACK POPULATION IS AT 33.3% AND ASIAN POPULATION OF 4.9%. THE HISPANIC/LATINO POPULATION IS 32.9% IN THIS AREA, WITH THE 60639 (78%) AND 60623 (66%) HAVING THE HIGHEST PERCENTAGES. 60647 CHICAGO - LOGAN SQUARE 60622 CHICAGO - WICKER PARK 60639 CHICAGO - CRAGIN 60651 CHICAGO - HUMBOLDT PARK 60618 CHICAGO - AVONDALE/NORTH CENTER 60641 CHICAGO - IRVING PARK 60624 CHICAGO - GARFIELD PARK 60644 CHICAGO - AUSTIN 60612 CHICAGO - MEDICAL DISTRICT 60623 CHICAGO - LAWNDALE 60634 CHICAGO - DUNNING 60608 CHICAGO - PILSEN 60642 CHICAGO - RIVER WEST 60607 CHICAGO - WEST LOOP AMITA HEALTH HOLY FAMILY MEDICAL CENTER AMITA HEALTH HOLY FAMILY MEDICAL CENTER (HFMC): AMITA HEALTH HOLY FAMILY MEDICAL CENTER SERVICE AREA INCLUDES THE ZIP CODES 60016 AND 60018, WHICH CORRESPOND TO THE COMMUNITIES OF DES PLAINES CITY AND UNINCORPORATED MAINE TOWNSHIP. THE TOTAL POPULATION OF ZIP CODES 60016 AND 60018 IN 2018 WAS 90,023, MAKING UP THE SERVICE AREA OF HFMC. COMBINED MEDIAN AGE FOR THIS POPULATION IS 40 YEARS WHICH IS SIMILAR TO THE ILLINOIS. THE RACIAL AND ETHNICITY STATISTICS INCLUDE 53% WHITE FOLLOWED BY 17.5% ASIAN WITH 24.5% HISPANIC/LATINO ETHNICITY. THE MEDIAN HOUSEHOLD INCOME IS \$62,597, WHICH IS LOWER THAN THE STATE MEDIAN. POVERTY IN THIS AREA IS 11.5%. AMITA HEALTH HOLY FAMILY MEDICAL CENTER (HFMC) IS A LONG-TERM ACUTE CARE HOSPITAL, SERVING A SPECIALTY POPULATION OF MEDICALLY-COMPLEX PATIENTS. HFMC SPECIALIZES IN PROVIDING CARE FOR PATIENTS WHO ARE CRITICALLY ILL WITH COMPLEX CONDITIONS AND MUST BE HOSPITALIZED FOR AN EXTENDED PERIOD. IT IS THE ONLY SUCH HOSPITAL IN NORTHWEST CHICAGOLAND.</p>

## 990 Schedule H, Supplemental Information

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



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	<p>COMMUNITY BUILDING ACTIVITIES INCLUDE PROGRAMS THAT IMPROVE THE COMMUNITY'S HEALTH AND SAFETY BY ADDRESSING THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL HAZARDS. PARTICIPATION IN COLLABORATIVE COMMUNITY EFFORTS TO PROMOTE PUBLIC HEALTH INITIATIVES IS ALSO INCLUDED, SUCH AS ENGAGEMENT IN COALITIONS AND ADVOCACY FOR HEALTH IMPROVEMENT. THESE ACTIVITIES STRENGTHEN THE COMMUNITY'S CAPACITY TO PROMOTE THE HEALTH AND WELL-BEING OF ITS RESIDENTS BY OFFERING THE EXPERTISE AND RESOURCES OF THE HEALTH CARE ORGANIZATION. PRESENCE HEALTH HOSPITAL MINISTRIES ENGAGE IN A VARIETY OF COMMUNITY-BUILDING ACTIVITIES WHICH ULTIMATELY IMPROVE THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE ARE PRIVILEGED TO SERVE, EVEN THOUGH THEY ARE NOT SPECIFIC HEALTH ACTIVITIES. EXAMPLES OF COMMUNITY BUILDING ACTIVITIES INCLUDE: -THE WORK OF ALL OF OUR HOSPITALS IN SUPPORT OF DISASTER READINESS AND EMERGENCY PREPAREDNESS. THIS WORK GOES ABOVE AND BEYOND ANY LICENSURE REQUIREMENTS TO PROACTIVELY ENSURE THAT OUR COMMUNITIES ARE SAFE AND PREPARED IF A DISASTER SHOULD PRESENT ITSELF. -COMMUNITY SUPPORT: DONATIONS FROM OUR MINISTRIES TO ORGANIZATIONS ADDRESSING THE ROOT CAUSES OF HEALTH PROBLEMS. -COALITION BUILDING: LEADING COMMUNITY VISIONING ACTIVITIES, INVITING COMMUNITY STAKEHOLDERS AND RESIDENTS TO HELP THE HOSPITALS IMAGINE THE HEALTHY FUTURE OF THE HOSPITAL CAMPUS AND NEIGHBORHOODS. -WORKFORCE DEVELOPMENT: PARTNERING WITH LOCAL SCHOOLS TO PROVIDE INTERNSHIP OPPORTUNITIES IN HEALTHCARE CAREERS AND STRENGTHEN THE SCHOOL-TO-JOB PIPELINE.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITHIN COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES. AFTER APPLYING THE COST-TO-CHARGE RATIO, THE SHARE OF THE BAD DEBT EXPENSE FOR SHORT YEAR JULY 1, 2019 THROUGH JUNE 30, 2020 WAS \$47,069,031 AT CHARGES, (\$9,941,177 AT COST).

## 990 Schedule H, Supplemental Information

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

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	THE ORGANIZATION IS PART OF THE ASCENSION HEALTH ALLIANCE'S CONSOLIDATED AUDIT IN WHICH THE FOOTNOTE THAT DISCUSSES THE BAD DEBT (IMPLICIT PRICE CONCESSIONS) EXPENSE IS LOCATED IN FOOTNOTE #2, PAGES 16-18.

## 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

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

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	A - AMITA HEALTH SAINT JOSEPH HOSPITAL: Line 16a URL: <a href="https://www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/">https://www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/</a> ;

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - AMITA HEALTH SAINT JOSEPH HOSPITAL: Line 16b URL: <a href="https://www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/">https://www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/</a> ;



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - AMITA HEALTH SAINT JOSEPH HOSPITAL: Line 16c URL: <a href="https://www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/">https://www.amitahealth.org/patient-resources/pay-your-bill/financial-assistance/</a> ;

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

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

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 4 Community information</p>	<p>PRESENCE CHICAGO HOSPITALS NETWORK HAS IDENTIFIED A SEPARATE SERVICE AREA FOR EACH OF ITS ACUTE CARE HOSPITALS UTILIZING A CONSISTENT METHODOLOGY AND REFLECTING A COMBINATION OF GEOGRAPHIC LOCATION AND MARKET SHARE CRITERIA. THE TOTAL SERVICE AREA OF EACH MINISTRY REPRESENTS APPROXIMATELY 80% TO 90% OF THE TOTAL INPATIENT DISCHARGES FROM THAT FACILITY. THE PRIMARY SERVICE AREA (THE "PRIMARY SERVICE AREA") OF EACH FACILITY REPRESENTS APPROXIMATELY 65 TO 75% OF SUCH DISCHARGES AND THE SECONDARY SERVICE AREA (THE "SECONDARY SERVICE AREA") OF EACH FACILITY REPRESENTS APPROXIMATELY 15 TO 25% OF SUCH DISCHARGES. THE PRIMARY SERVICE AREAS AND SECONDARY SERVICE AREAS HAVE BEEN DETERMINED BY UTILIZING A PATIENT ORIGIN ANALYSIS TO IDENTIFY THOSE ZIP CODES THAT REPRESENT INPATIENT DISCHARGES. THESE ZIP CODES ARE THEN MAPPED TO IDENTIFY GEOGRAPHIC COVERAGE OF THE PRIMARY SERVICE AREAS AND SECONDARY SERVICE AREAS. ALL OF THE REPORTING HOSPITALS RESIDE WITHIN COOK COUNTY INCLUDING THOSE HOSPITALS THAT ARE IN THE CITY OF CHICAGO. Age and gender U.S. Census Bureau population estimates for 2017 indicate that approximately 22% of the population in Cook County is under 18 years old and 14% is age 65 or older (U.S. Census Bureau, 2017). The percentage of individuals identifying as male or female in Cook County is approximately equal (U.S. Census Bureau, 2017). Data for the transgender and gender non-conforming populations in Cook County is limited. Based on preliminary analyses of Healthy Chicago Survey data, the Chicago Department of Public Health estimates that 10,500 adults living in Chicago identify as transgender or gender non-conforming. Race and ethnicity In 2017, the U.S. Census Bureau estimated that 42% of the population in Cook County identified as non-Hispanic white, 24% identified as non-Hispanic African American/black, 8% identified as non-Hispanic Asian, 2% identified as two or more races, and 26% identified as Hispanic/Latino (U.S. Census Bureau, 2017). Immigration An estimated 21% of Chicago residents and 20% of Suburban Cook County residents are foreign-born (U.S. Census Bureau, American Community Survey, 2012-2016). In 2016, 1.6 million Illinois residents were native born Americans who had at least one immigrant parent (American Immigration Council, 2017). In 2015, the top countries of origin for foreign-born individuals living in Illinois were Mexico (38.2% of immigrants), India (8.1%), Poland (7%), the Philippines (5%), and China (4.3%) (American Immigration Council, 2017). Population density The most densely populated communities are on the North, West, Southwest, and Southeast Sides of Chicago and West suburban communities directly adjacent to the city (Cicero, Berwyn, Oak Park, and Elmwood Park). Population shifts Since 2000, Cook County as a whole has continued to experience a loss in population. However, the majority of population loss occurred in Chicago, while suburban Cook County's population has grown by almost one percent. While growth has been modest, the racial and ethnic make-up of Cook County has changed drastically. Overall, there has been a 10% decrease in the white population of Cook County. However, the population loss is not consistent across the area. Suburban Cook County had more than double the decrease in non-Hispanic white populations (14%) compared to Chicago (6%). Between 2000 and 2010, the African American/black population in Chicago has decreased by over 15% and increased 18% in Suburban Cook County. Along with most of the nation, Cook County experienced an increase in the Hispanic/Latino populations between 2000 and 2010. However, the increase was greatest in Suburban Cook County (47%). Other demographic shifts are not only increasing the size of priority populations in Suburban Cook County, but also shifting the distribution of the social determinants of health geographically. For example, poverty is increasing in the suburbs and decreasing in Chicago. While Chicago saw very little change in poverty and even experienced a 3% decrease in child poverty, Suburban Cook County saw dramatic rises in its poverty levels with child poverty increasing by over 75% between 2000 and 2010. Additional priority populations In addition to marginalized racial and ethnic groups, the following priority populations have been identified in Cook County including: homeless individuals and families; justice-involved youth and adults; people living with mental health conditions and/or substance use disorders; Alliance for Health Equity/13; people living with disabilities; older adults; immigrants and refugees; LGBTQ+; unemployed and underemployed; uninsured; veterans and former military; and children, adolescents, and young adults. Poverty Overall, the percentage of individuals living in poverty in Chicago and Suburban Cook County (16%) is higher than the state (14%) and national averages (15%). However, people of color experience higher rates of poverty than non-Hispanic whites. African Americans ex</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>perience the highest rate with nearly a third of the population living in poverty. In addition, African Americans and Hispanic/Latinos have the lowest median household incomes. There are inequities in the geographic distribution of poverty as well. Communities with the highest poverty rates are primarily concentrated in the West and South regions of the city and county. AMITA HEALTH SAINT JOSEPH HOSPITAL THE TOTAL POPULATION OF THIS SERVICE AREA IN 2018 WAS 1,112,049 WITH THE MEDIAN AGE OF 33.67 YEARS WHICH IS LOWER THAN ILLINOIS. THE AVERAGE MEDIAN FAMILY INCOME WAS \$67,741 WHICH IS SIMILAR TO THE STATE, BUT THERE ARE GEOGRAPHICAL INEQUITIES THAT EXIST IN INCOME. THE 60614 &amp; 60642 ZIP CODES HAD THE HIGHEST MEDIAN INCOME OVER SIX-FIGURES WHILE THE LOWEST INCOME WAS \$28,785 IN THE 60634 ZIP CODE. THE AVERAGE POVERTY RATE IN THIS SERVICE AREA WAS 16.2% AGAIN WITH GEOGRAPHICAL INEQUITIES WITH THE 60634 ZIP CODE WITH 36.4% IN POVERTY WHILE THE 60614, 60657 &amp; 60630 HAS LESS THAN 10% POVERTY. THE WHITE POPULATION WAS THE HIGHEST RACE IN THIS SERVICE AREA AT 51%, FOLLOWED BY BLACK POPULATION AT 12.85 AND ASIAN POPULATION AT 9.3%. THE HISPANIC/LATINO POPULATION IS 23.6% IN THIS SERVICE AREA, WITH THE HIGHEST ZIP CODES WITH THIS POPULATION BEING 60641 (54%) &amp; 60647 (45%). PRIMARY SERVICE AREA: 60657 CHICAGO - LAKEVIEW 60614 CHICAGO - LINCOLN PARK 60640 CHICAGO - UPTOWN 60626 CHICAGO - ROGERS PARK 60618 CHICAGO - AVONDALE/NORTH CENTER 60660 CHICAGO - EDGEWATER 60613 CHICAGO - LAKEVIEW 60641 CHICAGO - IRVING PARK 60647 CHICAGO - LOGAN SQUARE 60625 CHICAGO - ALBANY PARK/LINCOLN SQ 60645 CHICAGO - WEST ROGERS PARK 60610 CHICAGO - OLD TOWN 60639 CHICAGO - CRAGIN 60634 CHICAGO - DUNNING 60659 CHICAGO - NORTHTOWN 60630 CHICAGO - JEFFERSON PARK 60622 CHICAGO - WICKER PARK 60607 CHICAGO - WEST LOOP 60642 CHICAGO - RIVER WEST AMITA HEALTH RESURRECTION MEDICAL CENTER THE TOTAL POPULATION OF AMITA HEALTH RESURRECTION MEDICAL CENTER'S IN 2018 WAS 519,927. THE PERCENTAGE OF WHITE POPULATION REMAINS OVER 80% IN EDISON PARK/NORWOOD PARK (60631), DUNNING (60634), FOREST GLEN (60646), ORIOLE PARK/O'HARE (60656), HARWOOD HEIGHTS (60706), NORRIDGE (60706), AND PARK RIDGE (60068). THE GREATEST PROPORTION OF HISPANIC RESIDENTS IS IN IRVING PARK/PORTAGE PARK (60641), ELMWOOD PARK (60707), BELMONT-CRAGIN/DUNNING/MONTCLARE (60634), ROSEMONT (60018) AND SCHILLER PARK (60176). IN DES PLAINES (60016), 23.8% OF THE RESIDENTS IDENTIFIED AS ASIAN, 17.7% IN NILES (60714) AND 12% IN JEFFERSON PARK (60630). THE POVERTY RATE FOR THIS PRIMARY SERVICE AREA IS 8.3%. THE MEDIAN FAMILY INCOME IS \$43,987 WHICH IS LOWER THAN THE STATE, BUT THERE ARE GEOGRAPHICAL INEQUITIES IN INCOME. THE MEDIAN AGE IS 42, WHICH IS SLIGHTLY HIGHER THAN THE STATE MEDIAN. PRIMARY SERVICE AREA: 60631 CHICAGO - NORWOOD PARK 60634 CHICAGO - DUNNING 60706 HARWOOD HEIGHTS/NORRIDGE 60656 CHICAGO - ORIOLE PARK/O'HARE 60630 CHICAGO - JEFFERSON PARK 60068 PARK RIDGE 60714 NILES 60646 CHICAGO - EDGEBROOK 60641 CHICAGO - IRVING PARK 60016 DES PLAINES</p>

**990 Schedule H, Supplemental Information**

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

## 990 Schedule H, Supplemental Information

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

## 990 Schedule H, Supplemental Information

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



**Additional Data**

**Software ID:** 19010655  
**Software Version:** 2019v5.0  
**EIN:** 36-2235165  
**Name:** Presence Chicago Hospitals Network

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

<b>Section A. Hospital Facilities</b> <small>(list in order of size from largest to smallest—see instructions)</small> How many hospital facilities did the organization operate during the tax year? <b>6</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
1	AMITA HEALTH SAINT JOSEPH HOSPITAL 2900 NORTH LAKE SHORE DRIVE CHICAGO, IL 60657 <a href="https://www.amitahealth.org/our-locations/hospitals/amita-health-saint-joseph-hospital-chicago/">https://www.amitahealth.org/our-locations/hospitals/amita-health-saint-joseph-hospital-chicago/</a> 0005983	X	X		X			X			A
2	AMITA HEALTH RESURRECTION MEDICAL CENTER 7435 W TALCOTT AVENUE CHICAGO, IL 60631 <a href="https://www.amitahealth.org/our-locations/hospitals/amita-health-resurrection-medical-center-chicago/">https://www.amitahealth.org/our-locations/hospitals/amita-health-resurrection-medical-center-chicago</a> 0006031	X	X		X			X			A
3	AMITA HEALTH SAINT FRANCIS HOSPITAL 355 RIDGE AVENUE EVANSTON, IL 60202 <a href="https://www.amitahealth.org/our-locations/hospitals/amita-health-saint-francis-hospital-evanston/">https://www.amitahealth.org/our-locations/hospitals/amita-health-saint-francis-hospital-evanston/</a> 0005991	X	X		X			X		LEVEL I TRAUMA CNTR	A
4	AMITA HEALTH SAINT MARY OF NAZARETH HOSPITAL 2233 W DIVISION ST CHICAGO, IL 60622 <a href="https://www.amitahealth.org/our-locations/hospitals/amita-health-saints-mary-and-elizabeth-medical-c/">https://www.amitahealth.org/our-locations/hospitals/amita-health-saints-mary-and-elizabeth-medical-c</a> 000607	X	X		X			X			A
5	AMITA HEALTH SAINT ELIZABETH HOSPITAL 1431 N CLAREMONT CHICAGO, IL 60622 <a href="https://www.amitahealth.org/our-locations/hospitals/amita-health-saints-mary-and-elizabeth-medical-c/">https://www.amitahealth.org/our-locations/hospitals/amita-health-saints-mary-and-elizabeth-medical-c</a> 0006015	X	X		X			X			A

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

<b>Section A. Hospital Facilities</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	<b>Other (Describe)</b>	<b>Facility reporting group</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>6</b>											Name, address, primary website address, and state license number
6	AMITA HEALTH HOLY FAMILY MEDICAL CENTER 100 NORTH RIVER ROAD DES PLAINES, IL 60016 <a href="https://www.amitahealth.org/our-locations/hospitals/amita-health-holy-family-medical-center-des-plai">https://www.amitahealth.org/our-locations/hospitals/amita-health-holy-family-medical-center-des-plai</a> 0006023	X								LT ACUTE CARE HOSPITAL	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
Schedule H, Part V, Section B, Line 3E	To better target community resources on the service area's most pressing health needs, the hospital participated in a group discussion with organizational decision makers and community leaders to prioritize the significant community health needs while considering several criteria: alignment with Ascension Health strategies of healthcare that leaves no one behind; care for the poor and vulnerable; opportunities for partnership; availability of existing programs and resources; opportunities for partnership; addressing disparities of subgroups; availability of evidence-based practices; and community input. The significant health needs are a prioritized description of the significant health needs of the community as identified through the CHNA. See Schedule H, Part V, Line 7 for the link to the CHNA and Schedule H, Part V, Line 11 for how those needs are being addressed.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	<p>Facility A, 1 - AMITA HEALTH SAINT JOSEPH HOSPITAL. AMITA Health and members of the Alliance for Health Equity, a collaborative of over 30 hospitals, 6 health departments, and 100 community partners, worked together over the 12 months (March 2018-March 2019) to build a comprehensive Community Health Needs Assessment (CHNA) in Chicago and Cook County. Using the Mobilizing for Action through Planning and Partnerships (MAPP) model for the CHNA, the Alliance engaged diverse groups of community residents and stakeholders for surveys and focus groups as well as gathered robust data from various perspectives about health status and health behaviors. Primary data for the CHNA was collected through four methods: community input surveys; community resident focus groups and learning map sessions; health care and social service provider focus groups; and two stakeholder assessments led by partner health departments-Forces of Change Assessment and Health Equity Capacity Assessment. Secondary data was collected from the following sources: Peer-reviewed literature and white papers; Existing assessments and plans focused on key topic areas; Localized data compiled by several agencies including Chicago Department of Planning and Development, Chicago Metropolitan Agency for Planning, Housing Authority of Cook County, and state and local police departments; Localized data compiled by community-based organizations including Greater Chicago Food Depository and Voices of Child Health in Chicago; Hospitalization and emergency department rates (COMPdata) provided by Illinois Health and Hospital Association and analyzed by the Conduent Healthy Communities Institute; Data compiled by state agencies including Illinois Environmental Protection Agency, Illinois Department of Healthcare and Family Services, Illinois Department of Human Services, Illinois State Board of Education, and Illinois Department of Public Health; Data from federal sources including U.S. Census Bureau American Community Survey data compiled by Chicago Department of Public Health and Cook County Department of Health; Centers for Disease Control and Prevention; Centers for Medicare and Medicaid Services data accessed through the Dartmouth Atlas of HealthCare; Health Resources and Services Administration; and United States Department of Agriculture. Partners from the Saint Joseph Hospital service area that provided input and engaged underserved, low-income or minority populations include: AIDS FOUNDATION OF CHICAGO AMERICAN CANCER SOCIETY ANSHE AMET SYNAGOGUE ASIAN HUMAN SERVICES AVONDALE NEIGHBORHOOD ASSOCIATION CJE SENIOR LIFE CATHOLIC CHARITIES CHICAGO HISPANIC HEALTH COALITION CHICAGO PUBLIC SCHOOLS COMMON PANTRY DEPAUL UNIVERSITY GILDA'S CLUB - CHICAGO HEALTHY SCHOOLS CAMPAIGN LAKEVIEW CHAMBER OF COMMERCE LAKEVIEW EAST CHAMBER OF COMMERCE LAKEVIEW PANTRY LINCOLN PARK CHAMBER OF COMMERCE NORTHSIDE LATIN PROGRESS OUR LADY OF MOUNT CARMEL ACADEMY SAINT BENEDICT PARISH SOUTH EAST CHAMBER OF COMMERCE THE N</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	IGHT MINISTRY THRESHOLDS UNITE HERE HEALTH

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 2	<p>Facility A, 2 - AMITA HEALTH RESURRECTION MEDICAL CENTER. AMITA Health and members of the Alliance for Health Equity, a collaborative of over 30 hospitals, 6 health departments, and 100 community partners, worked together over the 12 months (March 2018-March 2019) to build a comprehensive Community Health Needs Assessment (CHNA) in Chicago and Cook County. Using the Mobilizing for Action through Planning and Partnerships (MAPPP) model for the CHNA, the Alliance engaged diverse groups of community residents and stakeholders for surveys and focus groups as well as gathered robust data from various perspectives about health status and health behaviors. Primary data for the CHNA was collected through four methods: community input surveys; community resident focus groups and learning map sessions; health care and social service provider focus groups; and two stakeholder assessments led by partner health departments-Forces of Change Assessment and Health Equity Capacity Assessment. Secondary data was collected from the following sources: Peer-reviewed literature and white papers; Existing assessments and plans focused on key topic areas; Localized data compiled by several agencies including Chicago Department of Planning and Development, Chicago Metropolitan Agency for Planning, Housing Authority of Cook County, and state and local police departments; Localized data compiled by community-based organizations including Greater Chicago Food Depository and Voices of Child Health in Chicago; Hospitalization and emergency department rates (COMPdata) provided by Illinois Health and Hospital Association and analyzed by the Conduent Healthy Communities Institute; Data compiled by state agencies including Illinois Environmental Protection Agency, Illinois Department of Healthcare and Family Services, Illinois Department of Human Services, Illinois State Board of Education, and Illinois Department of Public Health; Data from federal sources including U.S. Census Bureau American Community Survey data compiled by Chicago Department of Public Health and Cook County Department of Health; Centers for Disease Control and Prevention; Centers for Medicare and Medicaid Services data accessed through the Dartmouth Atlas of HealthCare; Health Resources and Services Administration; and United States Department of Agriculture. Partners from the Resurrection Medical Center service area that provided input and engaged underserved, low-income or minority populations include: A-ABIDING CARE NORTHSIDE LEARNING CENTER (CPS HIGH SCHOOL) ADVOCATE LUTHERAN GENERAL HOSPITAL NORWOOD CROSSING ALDERMAN ANTHONY NAPOLITANO NORWOOD LIFE SOCIETY AMERICAN CANCER SOCIETY NORWOOD SENIOR CENTER AMERICAN HEART ASSOCIATION NORWOOD PARK CHAMBER OF COMMERCE AMERICAN MEDICAL ASSOCIATION NORWOOD PARK FIRE DEPARTMENT ASCENSION LIVING - PRESENCE RESURRECTION NURSING &amp; REHABILITATION CENTER OAK STREET HEALTH ASCENSION LIVING - PRESENCE RESURRECTION RETIREMENT COMMUNITY OUR LADY, MOTHER OF THE CHURCH AUNT BE</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 2	RTHA PARK RIDGE FIRE DEPARTMENT BOY SCOUT TROOP 626 RAINBOW HOSPICE AND PALLIATIVE CARE CA THOLIC CHARITIES REPRESENTATIVE MICHAEL MCAULIFFE THE CENTER OF CONCERN RESURRECTION COLLE GE PREP CHICAGO FIRE DEPARTMENT ROSEMONT PARK DISTRICT CHICAGO POLICE DEPARTMENT - 16TH DI STRICT ROSEMONT PUBLIC SAFETY COMMISSIONER PETER SILVESTRI SALVATION ARMY EDISON PARK CHAM BER OF COMMERCE STATE SENATOR JOHN MULROE FRISBIE SENIOR CENTER SCHILLER PARK FIRE DEPARTM ENT GREATER CHICAGO FOOD DEPOSITORY SCHOOL DISTRICT 207 IRVING PARK FOOD PANTRY ST. CORNEL IUS PARISH MARY, SEAT OF WISDOM PARISH ST. JULIANA PARISH MAINE COMMUNITY YOUTH ASSISTANCE FOUNDATION (MCYAF) ST. MARIA GORETTI PARISH NEW HOPE COMMUNITY FOOD PANTRY ST. THOMAS ORT HODOX CHURCH, CHICAGO NILES FAMILY SERVICES UNION RIDGE ELEMENTARY SCHOOL DISTRICT #86 NIL ES FIRE DEPARTMENT STATE SENATOR

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 3	<p>Facility A, 3 - AMITA HEALTH SAINT FRANCIS HOSPITAL. AMITA Health and members of the Alliance for Health Equity, a collaborative of over 30 hospitals, 6 health departments, and 100 community partners, worked together over the 12 months (March 2018-March 2019) to build a comprehensive Community Health Needs Assessment (CHNA) in Chicago and Cook County. Using the Mobilizing for Action through Planning and Partnerships (MAPP) model for the CHNA, the Alliance engaged diverse groups of community residents and stakeholders for surveys and focus groups as well as gathered robust data from various perspectives about health status and health behaviors. Primary data for the CHNA was collected through four methods: community input surveys; community resident focus groups and learning map sessions; health care and social service provider focus groups; and two stakeholder assessments led by partner health departments-Forces of Change Assessment and Health Equity Capacity Assessment. Secondary data was collected from the following sources: Peer-reviewed literature and white papers; Existing assessments and plans focused on key topic areas; Localized data compiled by several agencies including Chicago Department of Planning and Development, Chicago Metropolitan Agency for Planning, Housing Authority of Cook County, and state and local police departments; Localized data compiled by community-based organizations including Greater Chicago Food Depository and Voices of Child Health in Chicago; Hospitalization and emergency department rates (COMPdata) provided by Illinois Health and Hospital Association and analyzed by the Conduent Healthy Communities Institute; Data compiled by state agencies including Illinois Environmental Protection Agency, Illinois Department of Healthcare and Family Services, Illinois Department of Human Services, Illinois State Board of Education, and Illinois Department of Public Health; Data from federal sources including U.S. Census Bureau American Community Survey data compiled by Chicago Department of Public Health and Cook County Department of Health; Centers for Disease Control and Prevention; Centers for Medicare and Medicaid Services data accessed through the Dartmouth Atlas of HealthCare; Health Resources and Services Administration; and United States Department of Agriculture. Partners from the Saint Francis Hospital service area that provided input and engaged underserved, low-income or minority populations include: PS CAREER AND TECHNICAL EDUCATION PROGRAM CP S-SULLIVAN HIGH SCHOOL MICHAEL REESE HEALTH TRUST BETWEEN FRIENDS ROGERS PARK BUSINESS ALLIANCE LOYOLA UNIVERSITY CATHOLIC PARISHES FAMILY FOCUS OF EVANSTON CRADLE TO CAREER SEVENTH DAY ADVENTIST OF EVANSTON BETHEL AFRICAN METHODIST EPISCOPAL CHURCH CALM CLASSROOMS MENTAL HEALTH AMERICA NORTHSORE NORTHWESTERN UNIVERSITY SAINT NICHOLAS CHURCH MOBILE CARE FOUNDATION PEER SERVICES ASIAN HUMAN SERVICES EVANSTON PUBLIC LIBRARY NAOMI RUTH COHEN INSTITUTE FOR MENTAL HEALTH CITY OF</p>



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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 3	EVANSTON-DEPARTMENT OF HEALTH & HUMAN SERVICES

**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
<p>Schedule H, Part V, Section B, Line 5 Facility A, 4</p>	<p>Facility A, 4 - AMITA HEALTH SAINT MARY OF NAZARETH HOSPITAL. AMITA Health and members of the Alliance for Health Equity, a collaborative of over 30 hospitals, 6 health departments, and 100 community partners, worked together over the 12 months (March 2018-March 2019) to build a comprehensive Community Health Needs Assessment (CHNA) in Chicago and Cook County. Using the Mobilizing for Action through Planning and Partnerships (MAPP) model for the CHNA, the Alliance engaged diverse groups of community residents and stakeholders for surveys and focus groups as well as gathered robust data from various perspectives about health status and health behaviors. Primary data for the CHNA was collected through four methods: community input surveys; community resident focus groups and learning map sessions; health care and social service provider focus groups; and two stakeholder assessments led by partner health departments-Forces of Change Assessment and Health Equity Capacity Assessment. Secondary data was collected from the following sources: Peer-reviewed literature and white papers; Existing assessments and plans focused on key topic areas; Localized data compiled by several agencies including Chicago Department of Planning and Development, Chicago Metropolitan Agency for Planning, Housing Authority of Cook County, and state and local police departments; Localized data compiled by community-based organizations including Greater Chicago Food Depository and Voices of Child Health in Chicago; Hospitalization and emergency department rates (COMPdata) provided by Illinois Health and Hospital Association and analyzed by the Conduent Healthy Communities Institute; Data compiled by state agencies including Illinois Environmental Protection Agency, Illinois Department of Healthcare and Family Services, Illinois Department of Human Services, Illinois State Board of Education, and Illinois Department of Public Health; Data from federal sources including U.S. Census Bureau American Community Survey data compiled by Chicago Department of Public Health and Cook County Department of Health; Centers for Disease Control and Prevention; Centers for Medicare and Medicaid Services data accessed through the Dartmouth Atlas of HealthCare; Health Resources and Services Administration; and United States Department of Agriculture. Partners from the Saints Mary &amp; Elizabeth Medical Center service area that provided input and engaged underserved, low-income or minority populations include: AIDS FOUNDATION OF CHICAGO AMERICAN CANCER SOCIETY ANSHE AMET SYNAGOGUE CATHOLIC CHARITIES EL RINCON ASIAN HUMAN SERVICES HAS NAMI WEST TOWN BIKES CRISTO REY ROBERTO CLEMENTE ACADEMY LA CASA NORTE BICKERDIKE REDEVELOPMENT CORPORATION CATHOLIC CHARITIES GREATER HUMBOLDT PARK DIABETES PUERTO RICAN CULTURAL CENTER EMPOWERMENT CENTER CHICAGO WHITE SOX COMMUNITY FUND ELEVATE PRIME CARE SUSAN G. KOMEN JOSEPHINUM ACADEMY MCCORMICK TRIBUNE YWCA ERIE FAMILY HEALTH CENTERS</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
<p>Schedule H, Part V, Section B, Line 5 Facility A, 5</p>	<p>Facility A, 5 - AMITA HEALTH SAINT ELIZABETH HOSPITAL. AMITA Health and members of the Alliance for Health Equity, a collaborative of over 30 hospitals, 6 health departments, and 100 community partners, worked together over the 12 months (March 2018-March 2019) to build a comprehensive Community Health Needs Assessment (CHNA) in Chicago and Cook County. Using the Mobilizing for Action through Planning and Partnerships (MAPP) model for the CHNA, the Alliance engaged diverse groups of community residents and stakeholders for surveys and focus groups as well as gathered robust data from various perspectives about health status and health behaviors. Primary data for the CHNA was collected through four methods: community input surveys; community resident focus groups and learning map sessions; health care and social service provider focus groups; and two stakeholder assessments led by partner health departments-Forces of Change Assessment and Health Equity Capacity Assessment. Secondary data was collected from the following sources: Peer-reviewed literature and white papers; Existing assessments and plans focused on key topic areas; Localized data compiled by several agencies including Chicago Department of Planning and Development, Chicago Metropolitan Agency for Planning, Housing Authority of Cook County, and state and local police departments; Localized data compiled by community-based organizations including Greater Chicago Food Depository and Voices of Child Health in Chicago; Hospitalization and emergency department rates (COMPdata) provided by Illinois Health and Hospital Association and analyzed by the Conduent Healthy Communities Institute; Data compiled by state agencies including Illinois Environmental Protection Agency, Illinois Department of Healthcare and Family Services, Illinois Department of Human Services, Illinois State Board of Education, and Illinois Department of Public Health; Data from federal sources including U.S. Census Bureau American Community Survey data compiled by Chicago Department of Public Health and Cook County Department of Health; Centers for Disease Control and Prevention; Centers for Medicare and Medicaid Services data accessed through the Dartmouth Atlas of HealthCare; Health Resources and Services Administration; and United States Department of Agriculture. Partners from the Saints Mary &amp; Elizabeth Medical Center service area that provided input and engaged underserved, low-income or minority populations include: AIDS FOUNDATION OF CHICAGO AMERICAN CANCER SOCIETY ANSHE AMET SYNAGOGUE CATHOLIC CHARITIES EL RINCON ASIAN HUMAN SERVICES HAS NAMI WEST TOWN BIKES CRISTO REY ROBERTO CLEMENTE ACADEMY LA CASA NORTE BICKERDIKE REDEVELOPMENT CORPORATION CATHOLIC CHARITIES GREATER HUMBOLDT PARK DIABETES PUERTO RICAN CULTURAL CENTER EMPOWERMENT CENTER CHICAGO WHITE SOX COMMUNITY FUND ELEVATE PRIME CARE SUSAN G. KOMEN JOSEPHINUM ACADEMY MCCORMICK TRIBUNE YWCA ERIE FAMILY HEALTH CENTERS</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 6	<p>Facility A, 6 - AMITA HEALTH HOLY FAMILY MEDICAL CENTER. AMITA Health and members of the Alliance for Health Equity, a collaborative of over 30 hospitals, 6 health departments, and 100 community partners, worked together over the 12 months (March 2018-March 2019) to build a comprehensive Community Health Needs Assessment (CHNA) in Chicago and Cook County. Using the Mobilizing for Action through Planning and Partnerships (MAPP) model for the CHNA, the Alliance engaged diverse groups of community residents and stakeholders for surveys and focus groups as well as gathered robust data from various perspectives about health status and health behaviors. Primary data for the CHNA was collected through four methods: community input surveys; community resident focus groups and learning map sessions; health care and social service provider focus groups; and two stakeholder assessments led by partner health departments-Forces of Change Assessment and Health Equity Capacity Assessment. Secondary data was collected from the following sources: Peer-reviewed literature and white papers; Existing assessments and plans focused on key topic areas; Localized data compiled by several agencies including Chicago Department of Planning and Development, Chicago Metropolitan Agency for Planning, Housing Authority of Cook County, and state and local police departments; Localized data compiled by community-based organizations including Greater Chicago Food Depository and Voices of Child Health in Chicago; Hospitalization and emergency department rates (COMPdata) provided by Illinois Health and Hospital Association and analyzed by the Conduent Healthy Communities Institute; Data compiled by state agencies including Illinois Environmental Protection Agency, Illinois Department of Healthcare and Family Services, Illinois Department of Human Services, Illinois State Board of Education, and Illinois Department of Public Health; Data from federal sources including U.S. Census Bureau American Community Survey data compiled by Chicago Department of Public Health and Cook County Department of Health; Centers for Disease Control and Prevention; Centers for Medicare and Medicaid Services data accessed through the Dartmouth Atlas of HealthCare; Health Resources and Services Administration; and United States Department of Agriculture. Partners from the Holy Family Medical Center service area that provided input and engaged underserved, low-income or minority populations include: ABBOTT MOLECULAR DIAGNOSTICS ACCESS COMMUNITY HEALTH GENESIS CENTER ACCESS TO CARE ADVOCATE LUTHERAN GENERAL HOSPITAL BESSIE'S TABLE/FIRST UNITED METHODIST CHURCH BETHESDA WORSHIP CENTER CATHOLIC CHARITIES CITY OF DES PLAINES CITY HALL AND CITY SERVICES CONGRESSMAN BOB DOLD CONGRESSWOMAN JAN SCHAKOWSKY DAILEY HERALD DES PLAINES COMMUNITY FOUNDATION DES PLAINES HEALTH AND HUMAN SERVICES DES PLAINES AMERICAN LEGION POST 36 DES PLAINES CHAMBER OF COMMERCE DES PLAINES ELKS LODGE #5126 DES PLAINES FIRE DEPARTMENT DES</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 6	PLAINES HISTORY CENTER DES PLAINES PARK DISTRICT DES PLAINES POLICE DEPARTMENT DES PLAINE S PUBLIC LIBRARY DES PLAINES ROTARY CLUB DUI SERVICES/COUNSELING CENTER FELDCO WINDOWS, SI DING & DOORS FRISBIE SENIOR CENTER KIWANIS CLUB OF DES PLAINES GENERATIONS HEALTH CARE NET WORK GOODWILL STORE & DONATION CENTER HART SCHAFFNER & MARX JOURNAL & TOPICS NEWSPAPER JUS TRITE MANUFACTURING COMPANY KEYS TO RECOVERY TREATMENT CENTER LATTOF YMCA LSG SKY CHEFS MA INE COMMUNITY YOUTH ASSISTANCE FOUNDATION (MCYAF) MAINE TOWNSHIP CITY OFFICES MAINESTAY YO UTH AND FAMILY SERVICES MARYVILLE ACADEMY MARYVILLE FAMILY BEHAVIORAL HEALTH CLINIC MAYOR MATTHEW J. BOGUSZ MCDONALDS #1 STORE MUSEUM METRA TRAIN NORTSHORE UNIVERSITY MEDICAL GROU P OAKTON COMMUNITY COLLEGE PACE BUS RAINBOW HOSPICE RIVERS CASINO SALVATION ARMY SCHOOL DI STRICT 207

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - FACILITY REPORTING GROUP A. For the Tax Year 2018 collaborative Cook County CHNA, hospital and health system partners included: Nonprofit Hospital Members: Advocate Aurora Children's Hospital, Loyola Medicine- Loyola University Medical Center, Advocate Aurora Christ Medical Center, Loyola Medicine- MacNeal Hospital, Advocate Aurora Illinois Masonic Medical Center, Mercy Hospital & Medical Center, Advocate Aurora Lutheran General Hospital, Northwestern Memorial Hospital, Advocate Aurora South Suburban Hospital, Norwegian American Hospital, Advocate Aurora Trinity Hospital, Palos Community Hospital, AMITA Adventist Medical Center La Grange, Roseland Community Hospital, AMITA Alexian Brothers Medical Center, Rush Oak Park, Rush University Medical Center, Sinai Health System- Holy Cross Hospital, AMITA St. Alexius Medical Center and Alexian Brothers Behavioral Health Hospital, Sinai Health System- Mount Sinai Hospital, Sinai Health System- Schwab Rehabilitation Hospital, South Shore Hospital, Swedish Covenant Hospital, Ann & Robert H. Lurie Children's Hospital of Chicago, University of Chicago Medicine, The Loretto Hospital, University of Chicago Medicine-Ingalls Memorial Hospital, Loyola Medicine- Gottlieb Memorial Hospital Public Hospital Partners: Cook County Health- Stroger Hospital, Cook County Health- Provident Hospital, University of Illinois Hospital and Health Sciences System

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility A, 1	Facility A, 1 - FACILITY REPORTING GROUP A. For the Tax Year 2018 collaborative Cook County CHNA, collaborating health departments were: Chicago Department of Public Health, Evanston Health and Human Services Department, Cook County Department of Public Health, Village of Skokie 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
Schedule H, Part V, Section B, Line 7 Facility A, 1	Facility A, 1 - facility reporting group a. COPIES OF THE CHNA REPORT WERE MAILED AND/OR E-MAILED TO COMMUNITY PARTNERS WHO PARTICIPATED IN THE CHNA PROCESS. PARTNERS WERE ALSO PROVIDED LINKS TO THE WEBSITE FOR DISSEMINATION TO INDIVIDUALS ON THEIR MAILING LISTS AND RESPECTIVE CONSTITUENTS.



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

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility A, 1</p>	<p>Facility A, 1 - AMITA HEALTH SAINT JOSEPH HOSPITAL. TOGETHER, AMITA HEALTH SAINT JOSEPH HO SPITAL CHICAGO AND ITS COLLABORATIVE PARTNERS AND STAKEHOLDERS HAVE IDENTIFIED THE FOLLOWI NG PRIORITIZED HEALTH NEEDS IN OUR COMMUNITY ON THE TAX YEAR 2018 COMMUNITY HEALTH NEEDS A SSESSMENT: SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH, INCLUDING POLICIES THAT ADVANCE E QUITY AND PROMOTE PHYSICAL AND MENTAL WELL-BEING, AND CONDITIONS THAT SUPPORT HEALTHY EATI NG AND ACTIVE LIVING. ACCESS TO CARE, COMMUNITY RESOURCES, AND SYSTEMS IMPROVEMENTS, CONSI STING OF TIMELY LINKAGE TO APPROPRIATE CARE, AND RESOURCES, REFERRALS, COORDINATION, AND C ONNECTION TO COMMUNITY-BASED SERVICES. MENTAL HEALTH AND SUBSTANCE USE DISORDERS, ESPECIAL LY REDUCING STIGMA, INCREASING THE REACH AND COORDINATION OF BEHAVIORAL HEALTH SERVICES, A ND ADDRESSING THE OPIOID EPIDEMIC. CHRONIC CONDITION PREVENTION AND MANAGEMENT, FOCUSING E SPECIALY ON METABOLIC DISEASES SUCH AS DIABETES, HEART DISEASE, AND HYPERTENSION, AND ON ASTHMA, CANCER, AND COMPLEX CHRONIC CONDITIONS. SUMMARY OF IMPLEMENTATION STRATEGY SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH STRATEGY: COMMON PANTRY FINANCIAL COUNSELOR: PROVIDE AN EMBEDDED COUNSELOR TO HELP COMMON PANTRY CLIENTS LINK TO HEALTH CARE SERVICES AS WELL AS OTHER SOCIAL SERVICES USING THE AUNT BERTHA PLATFORM. RESOURCES &amp; COLLABORATION: COMMON PANTRY; LABOURE CLINIC; GREATER CHICAGO FOOD DEPOSITORY; AMITA FINANCIAL COUNSELOR ANTICI PATED IMPACT: INCREASE THE NUMBER OF DIRECT REFERRALS BETWEEN PATIENTS AND COMMUNITY ORGAN IZATIONS TO REDUCE PATIENT/COMMUNITY SOCIAL DETERMINANTS OF HEALTH. ACCESS TO CARE COMMUNI TY RESOURCES AND SYSTEMS IMPROVEMENTS STRATEGY: AUNT BERTHA (SEARCH &amp; CONNECT): THROUGH TH IS PUBLIC DIRECTORY PROVIDERS, STAFF, THE PUBLIC AND COMMUNITY PARTNERS ARE ABLE TO SEARCH A VETTED AND UPDATED DIRECTORY OF SOCIAL SERVICES ON OUR WEBSITE, CONNECTING TO (I.E. FOO D, HOUSING, TRANSPORTATION, HEALTH, ETC.). THIS DIRECTORY PROVIDES A NEED BASED CUSTOMIZED LIST OF SERVICES FOR PATIENTS AND PROVIDE THE HOSPITALS WITH VARIOUS REPORTS RELATED TO T HE NEEDS. ADDITIONALLY, THE TOOL HELPS TO ADDRESS THE SOCIAL AND STRUCTURAL DETERMINANTS O F HEALTH SUCH AS POVERTY, ACCESS TO COMMUNITY RESOURCES, EDUCATION AND HOUSING THAT ARE UN DERLYING ROOT CAUSES OF HEALTH INEQUITIES. RESOURCES &amp; COLLABORATION: AMITA HEALTH COMMUNI TY RESOURCE DIRECTORY; AUNT BERTHA, COMMUNITY BASED ORGANIZATION, FAITH BASED ORGANIZATION S, FRONT LINE ASSOCIATES ANTICIPATED IMPACT: INCREASE THE NUMBER OF DIRECT REFERRALS BETWE EN PATIENTS AND COMMUNITY ORGANIZATIONS TO REDUCE PATIENT/COMMUNITY SOCIAL DETERMINANTS OF HEALTH. MENTAL HEALTH AND SUBSTANCE USE DISORDERS STRATEGY: MENTAL HEALTH FIRST AID: IN R ESPONSE TO A DEMONSTRATED SYSTEM AND STATE-WIDE NEED OF ADDRESSING BARRIERS TO ACCESSING A ND UTILIZING MENTAL HEALTH SERVICES, AMITA HEALTH SAINT JOSEPH HOSPITAL CHICAGO AND ITS CO MMUNITY PARTNERS IMPLEMENTED AN EVIDENCE BASED PROGRAM, MENTAL HEALTH FIRST AID (MHFA), TO REDUCE THE STIGMA ASSOCIATED</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	<p>WITH MENTAL ILLNESS AND IMPROVE THE COORDINATION OF MENTAL HEALTH CARE. MHFA TRAINS COMMUNITY RESIDENTS AND FIRST RESPONDERS TO RECOGNIZE, RESPOND, AND SEEK ASSISTANCE FOR SIGNS OF MENTAL ILLNESS AND SUBSTANCE ABUSE. RESOURCES &amp; COLLABORATION: AMERICORPS, COMMUNITY-BASED ORGANIZATIONS (CBOS), FAITH-BASED ORGANIZATIONS (FBOS), FIRST RESPONDERS/LAW ENFORCEMENT, MENTAL HEALTH FIRST AID USA, TRILOGY ANTICIPATED IMPACT: A REDUCTION IN SELF-REPORTED POOR MENTAL HEALTH DAYS AS A RESULT OF GREATER IDENTIFICATION OF THOSE IN NEED OF HELP. CHRONIC CONDITION PREVENTION AND MANAGEMENT STRATEGY: DIABETIC PROGRAMS (SELF-MANAGEMENT &amp; PREVENTION): IN RESPONSE TO CONTINUED NEED TO REDUCE THE NUMBER OF INDIVIDUALS WITH TYPE II DIABETES AS WELL AS TO LOWER THE HOSPITALIZATION RATE OF THOSE DIAGNOSED WITH TYPE II DIABETES, AMITA HEALTH IS COMMITTED TO PROVIDING ADDITIONAL PROGRAMMING FOR DIABETIC PROGRAMMING IN THE COMMUNITY. RESOURCES &amp; COLLABORATION: COMMUNITY-BASED ORGANIZATIONS (CBOS), FAITH-BASED ORGANIZATIONS (FBOS), TOUCHPOINT, YMCAS ANTICIPATED IMPACT: DECREASE PREVALENCE OF TYPE 2 DIABETES; DECREASE THOSE WITH UNMANAGED DIABETES. NEEDS THAT WILL NOT BE ADDRESSED AMITA HEALTH SAINT JOSEPH HOSPITAL CHICAGO WILL NOT DIRECTLY ADDRESS THE FOLLOWING FOCUS AREAS/PRIORITIES IDENTIFIED IN THE TAX YEAR 2018 CHNA: -ECONOMIC VITALITY AND WORKFORCE DEVELOPMENT -EDUCATION AND YOUTH DEVELOPMENT -HOUSING, TRANSPORTATION, AND NEIGHBORHOOD ENVIRONMENT -VIOLENCE AND COMMUNITY SAFETY, INJURY, INCLUDING VIOLENCE-RELATED INJURY -TRAUMA- INFORMED CARE -MATERNAL AND CHILD HEALTH WHILE CRITICALLY IMPORTANT TO OVERALL COMMUNITY HEALTH, THESE SPECIFIC PRIORITIES DID NOT MEET INTERNALLY DETERMINED CRITERIA THAT PRIORITIZED ADDRESSING NEEDS BY EITHER CONTINUING OR EXPANDING CURRENT PROGRAMS, SERVICES, AND INITIATIVES TO STEWARD RESOURCES AND ACHIEVE THE GREATEST COMMUNITY IMPACT. FOR THESE AREAS NOT CHOSEN, THERE ARE SERVICE PROVIDERS IN THE COMMUNITY BETTER RESOURCED TO ADDRESS THESE PRIORITIES. AMITA HEALTH WILL WORK COLLABORATIVELY WITH AND SUPPORT THESE ORGANIZATIONS AS APPROPRIATE TO ENSURE SERVICE COORDINATION AND UTILIZATION. Summary of Progress FY20: In FY20, the following indicates the progress made on programming conducted to address the identified health needs of the hospital, based on the most recent CHNA findings. In addition to the strategic initiatives below, each hospital provided many additional health education initiatives, health focused events, in-kind services and cash donations to support and respond to the needs of the community. Prioritized Community. Prioritized Health Need: Social &amp; Structural Determinants of Health SJH took steps in FY20 to develop a partnership between their Cancer Center and the Lakeview Food Pantry to provide onsite food to both patients and community members that are food insecure. This included assessing internal and external stakeholders. The hospital began offering the program in early FY21 based on their planning in FY20. The program w</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	<p>as postponed due to the pandemic, but plans are in place to begin in FY21. SJH collaborate d with the Common Pantry (Lakeview Community Pantry). A financial counselor would visit th e common pantry once a week and assisted its participants with financial assistance applic ations and provided information on government assistance programs as applicable. This was put on hold in Spring of 2020 due to the pandemic. SJH continued to host local youth from Chicago Public Schools for workforce development education in the 2019-20 school year. Twe nty-nine students shadowed health professionals and participated in paid internship progra mming at the hospital in the 2019-20 school year. Prioritized Health Need: Access to Care, Community Resources and System Improvement</p> <p>Through a commitment throughout AMITA Health, SJH associates utilized the social determinant of health software, Aunt Bertha, to connect and refer patients to local resources such as food pantry, health clinics, utilities supp ort and more. This systemic software is utilized at the patient's bedside as social needs arise that affect their health. Additionally, AMITA Health hosts Aunt Bertha on our extern al consumer website for community benefits members to search for their own resources. In F Y20, additional community partners were added to the resource portal and as well as additi onal associates were trained on the platform. Prioritized Health Need: Mental Health and S ubstance Use Disorders</p> <p>AMITA Health has committed to providing free mental health first ai d training and workshops in all our hospital communities. In FY20, SJH provided trainings to 41 community members. Due to the COVID-19 pandemic, additional in-person trainings were put on hold.</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
<p>Schedule H, Part V, Section B, Line 11 Facility A, 2</p>	<p>Facility A, 2 - AMITA HEALTH RESURRECTION MEDICAL CENTER. TOGETHER, AMITA HEALTH RESURRECT ION MEDICAL CENTER AND ITS COLLABORATIVE PARTNERS AND STAKEHOLDERS HAVE IDENTIFIED THE FOL LOWING PRIORITIZED HEALTH NEEDS IN OUR COMMUNITY ON THE TAX YEAR 2018 COMMUNITY HEALTH NEE DS ASSESSMENT: SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH, INCLUDING POLICIES THAT ADVAN CE EQUITY AND PROMOTE PHYSICAL AND MENTAL WELL-BEING, AND CONDITIONS THAT SUPPORT HEALTHY EATING AND ACTIVE LIVING. ACCESS TO CARE, COMMUNITY RESOURCES, AND SYSTEMS IMPROVEMENTS, C ONSISTING OF TIMELY LINKAGE TO APPROPRIATE CARE, AND RESOURCES, REFERRALS, COORDINATION, A ND CONNECTION TO COMMUNITY-BASED SERVICES. MENTAL HEALTH AND SUBSTANCE USE DISORDERS, ESPE CIALY REDUCING STIGMA, INCREASING THE REACH AND COORDINATION OF BEHAVIORAL HEALTH SERVICE S, AND ADDRESSING THE OPIOID EPIDEMIC. CHRONIC CONDITION PREVENTION AND MANAGEMENT, FOCUSI NG ESPECIALLY ON METABOLIC DISEASES SUCH AS DIABETES, HEART DISEASE, AND HYPERTENSION, AND ON ASTHMA, CANCER, AND COMPLEX CHRONIC CONDITIONS. SUMMARY OF IMPLEMENTATION STRATEGY SOC IAL AND STRUCTURAL DETERMINANTS OF HEALTH STRATEGY #1: COMMUNITY GARDEN: THE DEVELOPMENT O F A COMMUNITY GARDEN ON THE HOSPITAL CAMPUS TO ASSIST IN THE PROVISION OF ADDITIONAL FRESH VEGETABLES TO AT-RISK COMMUNITIES. RESOURCES &amp; COLLABORATION: BOY SCOUTS OF AMERICA, RMC COMMUNITY LEADER BOARD (CLB), NEW HOPE HOUSE NORTHWEST, AKA NEW HOPE COMMUNITY FOOD PANTRY , UNFORGETTABLE EDIBLES ANTICIPATED IMPACT: INCREASE AVAILABILITY AND ACCESS TO FRESH VEGE TABLES FOR THOSE IN NEED THROUGH OUR COMMUNITY GARDEN. STRATEGY #2: SUMMER MEALS &amp; BACKPAC K PROGRAM: IMPROVE ACCESS TO HEALTHY MEALS FOR CHILDREN BY PROVIDING THE KIDS SUMMER MEALS PROGRAM. INCREASE ACCESS FOR NEEDY FAMILIES TO NUTRITIOUS AND EASY-TO-PREPARE FOOD FOR TH E WEEKEND WITH THE WEEKEND BACKPACK FOOD RESCUE PROGRAM. RESOURCES &amp; COLLABORATION: GREATE R CHICAGO FOOD DEPOSITORY (GCFD), NEW HOPE HOUSE NORTHWEST, AKA NEW HOPE COMMUNITY FOOD PA NTRY, UNION RIDGE SCHOOL ANTICIPATED IMPACT: TO REDUCE THE NUMBER OF CHILDREN FOOD INSECUR E IN THE HOSPITAL'S SERVICE AREA. ACCESS TO CARE COMMUNITY RESOURCES AND SYSTEMS IMPROVEME NTS STRATEGY: AUNT BERTHA (SEARCH &amp; CONNECT): THROUGH THIS PUBLIC DIRECTORY PROVIDERS, STA FF, THE PUBLIC AND COMMUNITY PARTNERS ARE ABLE TO SEARCH A VETTED AND UPDATED DIRECTORY OF SOCIAL SERVICES ON OUR WEBSITE, CONNECTING TO (I.E. FOOD, HOUSING, TRANSPORTATION, HEALTH , ETC.). THIS DIRECTORY PROVIDES A NEED BASED CUSTOMIZED LIST OF SERVICES FOR PATIENTS AND PROVIDE THE HOSPITALS WITH VARIOUS REPORTS RELATED TO THE NEEDS. ADDITIONALLY, THE TOOL H ELPS TO ADDRESS THE SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH SUCH AS POVERTY, ACCESS T O COMMUNITY RESOURCES, EDUCATION AND HOUSING THAT ARE UNDERLYING ROOT CAUSES OF HEALTH INE QUIITIES. RESOURCES &amp; COLLABORATION: AMITA HEALTH COMMUNITY RESOURCE DIRECTORY; AUNT BERTHA , COMMUNITY BASED ORGANIZATION, FAITH BASED ORGANIZATIONS, FRONT LINE ASSOCIATES ANTICIPAT ED IMPACT: INCREASE THE NUMBER</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	<p>OF DIRECT REFERRALS BETWEEN PATIENTS AND COMMUNITY ORGANIZATIONS TO REDUCE PATIENT/COMMUNITY SOCIAL DETERMINANTS OF HEALTH. MENTAL HEALTH AND SUBSTANCE USE DISORDERS STRATEGY: MENTAL HEALTH FIRST AID: IN RESPONSE TO A DEMONSTRATED SYSTEM AND STATE-WIDE NEED OF ADDRESSING BARRIERS TO ACCESSING AND UTILIZING MENTAL HEALTH SERVICES, AMITA HEALTH RESURRECTION MEDICAL CENTER AND ITS COMMUNITY PARTNERS IMPLEMENTED AN EVIDENCE BASED PROGRAM, MENTAL HEALTH FIRST AID (MHFA), TO REDUCE THE STIGMA ASSOCIATED WITH MENTAL ILLNESS AND IMPROVE THE COORDINATION OF MENTAL HEALTH CARE. MHFA TRAINS COMMUNITY RESIDENTS AND FIRST RESPONDERS TO RECOGNIZE, RESPOND, AND SEEK ASSISTANCE FOR SIGNS OF MENTAL ILLNESS AND SUBSTANCE ABUSE. RESOURCES &amp; COLLABORATION: AMERICORPS, COMMUNITY-BASED ORGANIZATIONS (CBOS), FAITH-BASED ORGANIZATIONS (FBOS), FIRST RESPONDERS/LAW ENFORCEMENT, MENTAL HEALTH FIRST AID USA, TRILOGY, ANTICIPATED IMPACT: A REDUCTION IN SELF-REPORTER POOR MENTAL HEALTH DAYS AS A RESULT OF GREATER IDENTIFICATION OF THOSE IN NEED OF HELP. CHRONIC CONDITION PREVENTION AND MANAGEMENT STRATEGY#1: FLU/FECAL OCCULT BLOOD TEST SCREENINGS: THE PROVISION OF FLU/FECAL OCCULT BLOOD TEST (FOBT) SCREENINGS IN THE COMMUNITY RESOURCES &amp; COLLABORATION: AMERICAN CANCER SOCIETY, COMMUNITY-BASED ORGANIZATIONS (CBOS), FAITH-BASED ORGANIZATIONS (FBOS), AMITA NURSE NAVIGATORS ANTICIPATED IMPACT: TO INCREASE THE NUMBER OF COMMUNITY RESIDENTS WHO KNOW THE RISKS FOR COLON CANCER AND TO PROVIDE THOSE AT RISK WITH THE FLU/FECAL OCCULT BLOOD TEST (FOBT) SCREENING. STRATEGY #2: DIABETIC PROGRAMS (SELF-MANAGEMENT &amp; PREVENTION): IN RESPONSE TO CONTINUED NEED TO REDUCE THE NUMBER OF INDIVIDUALS WITH TYPE II DIABETES AS WELL AS TO LOWER THE HOSPITALIZATION RATE OF THOSE DIAGNOSED WITH TYPE II DIABETES, AMITA HEALTH IS COMMITTED TO PROVIDING ADDITIONAL PROGRAMMING FOR DIABETIC PROGRAMMING IN THE COMMUNITY. RESOURCES &amp; COLLABORATION: COMMUNITY-BASED ORGANIZATIONS (CBOS), FAITH-BASED ORGANIZATIONS (FBOS), TOUCHPOINT, YMCAS ANTICIPATED IMPACT: DECREASE PREVALENCE OF TYPE 2 DIABETES; DECREASE THOSE WITH UNMANAGED DIABETES. NEEDS THAT WILL NOT BE ADDRESSED AMITA HEALTH RESURRECTION MEDICAL CENTER WILL NOT DIRECTLY ADDRESS THE FOLLOWING FOCUS AREAS/PRIORITIES IDENTIFIED IN THE TAX YEAR 2018 CHNA: -ECONOMIC VITALITY AND WORKFORCE DEVELOPMENT -EDUCATION AND YOUTH DEVELOPMENT -HOUSING, TRANSPORTATION, AND NEIGHBORHOOD ENVIRONMENT -VIOLENCE AND COMMUNITY SAFETY, INJURY, INCLUDING VIOLENCE-RELATED INJURY -TRAUMA-INFORMED CARE -MATERNAL AND CHILD HEALTH WHILE CRITICALLY IMPORTANT TO OVERALL COMMUNITY HEALTH, THESE SPECIFIC PRIORITIES DID NOT MEET INTERNALLY DETERMINED CRITERIA THAT PRIORITIZED ADDRESSING NEEDS BY EITHER CONTINUING OR EXPANDING CURRENT PROGRAMS, SERVICES, AND INITIATIVES TO STEWARD RESOURCES AND ACHIEVE THE GREATEST COMMUNITY IMPACT. FOR THESE AREAS NOT CHOSEN, THERE ARE SERVICE PROVIDERS IN THE COMMUNITY BETTER RESOURCED TO ADDRESS THESE PRIORITIES. AMITA HEALTH WILL WORK COLLABORATIVELY</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	<p>WITH AND SUPPORT THESE ORGANIZATIONS AS APPROPRIATE TO ENSURE SERVICE COORDINATION AND UTILIZATION. Summary of Progress FY20: In FY20, the following indicates the progress made on programming conducted to address the identified health needs of the hospital, based on the most recent CHNA findings. In addition to the strategic initiatives below, each hospital provided many additional health education initiatives, health focused events, in-kind services and cash donations to support and respond to the needs of the community. Prioritized Community. Prioritized Health Need: Social &amp; Structural Determinants of Health RMC continued to provide a community garden on their campus that yields produce and herbs that are donated to a local food pantry for distribution. Over 4,500 pounds of produce was provided to the New Hope Food Pantry in FY20. RMC served as a summer meal hosting site that provided meals for children without access to food that typically are served by free and reduced lunches during the summer months that typically are served by free and reduced lunches. At the peak of programming (June 2020) over 700 meals were provided each week to students in need. RMC provided 15 weekly backpacks of food during the 2019-20 school year to students in need of a routine food source over the weekends. Prioritized Health Need: Access to Care, Community Resources and System Improvement Through a commitment throughout AMITA Health, RMC associates utilized the social determinant of health software, Aunt Bertha, to connect and refer patients to local resources such as food pantry, health clinics, utilities support and more. This systemic software is utilized at the patient's bedside as social needs arise that affect their health. Additionally, AMITA Health hosts Aunt Bertha on our external consumer website for community benefits members to search for their own resources. In FY20, additional community partners were added to the resource portal and as well as additional associates were trained on the platform. Prioritized Health Need: Mental Health and Substance Use Disorders AMITA Health has committed to providing free mental health first aid training and workshops in all our hospital communities. In FY20, RMC provided training to 23 community members. Due to the COVID-19 pandemic, additional in-person trainings were put on hold. Prioritized Health Need: Chronic Condition Prevention and Management In FY20, RMC continued to provide free diabetes prevention program to the community. Twenty-eight persons participated with programming having to cease in the spring of 2020 due to COVID-19 restrictions. RMC continued to provide the Faith Community Nursing program to local churches and parishes to improve the health of the local community. In FY20, RMC provided 3,032 health visits in partnership with 3 parishes and churches.</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 3	<p>Facility A, 3 - AMITA HEALTH SAINT FRANCIS HOSPITAL. TOGETHER, AMITA HEALTH SAINT FRANCIS AND ITS COLLABORATIVE PARTNERS AND STAKEHOLDERS HAVE IDENTIFIED THE FOLLOWING PRIORITIZED HEALTH NEEDS IN OUR COMMUNITY ON THE TAX YEAR 2018 COMMUNITY HEALTH NEEDS ASSESSMENT: SOCI AL AND STRUCTURAL DETERMINANTS OF HEALTH, INCLUDING POLICIES THAT ADVANCE EQUITY AND PROMOTE PHYSICAL AND MENTAL WELL-BEING, AND CONDITIONS THAT SUPPORT HEALTHY EATING AND ACTIVE LIVING. ACCESS TO CARE, COMMUNITY RESOURCES, AND SYSTEMS IMPROVEMENTS, CONSISTING OF TIMELY LINKAGE TO APPROPRIATE CARE, AND RESOURCES, REFERRALS, COORDINATION, AND CONNECTION TO COMMUNITY-BASED SERVICES. MENTAL HEALTH AND SUBSTANCE USE DISORDERS, ESPECIALLY REDUCING STIGMA, INCREASING THE REACH AND COORDINATION OF BEHAVIORAL HEALTH SERVICES, AND ADDRESSING THE OPIOID EPIDEMIC. CHRONIC CONDITION PREVENTION AND MANAGEMENT, FOCUSING ESPECIALLY ON METABOLIC DISEASES SUCH AS DIABETES, HEART DISEASE, AND HYPERTENSION, AND ON ASTHMA, CANCER, AND COMPLEX CHRONIC CONDITIONS. SUMMARY OF IMPLEMENTATION STRATEGY SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH AND ACCESS TO CARE COMMUNITY RESOURCES AND SYSTEMS IMPROVEMENTS STRATEGY: AUNT BERTHA (SEARCH &amp; CONNECT): THROUGH THIS PUBLIC DIRECTORY PROVIDERS, STAFF, THE PUBLIC AND COMMUNITY PARTNERS ARE ABLE TO SEARCH A VETTED AND UPDATED DIRECTORY OF SOCIAL SERVICES ON OUR WEBSITE, CONNECTING TO (I.E. FOOD, HOUSING, TRANSPORTATION, HEALTH, ETC.) . THIS DIRECTORY PROVIDES A NEED BASED CUSTOMIZED LIST OF SERVICES FOR PATIENTS AND PROVIDE THE HOSPITALS WITH VARIOUS REPORTS RELATED TO THE NEEDS. ADDITIONALLY, THE TOOL HELPS TO ADDRESS THE SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH SUCH AS POVERTY, ACCESS TO COMMUNITY RESOURCES, EDUCATION AND HOUSING THAT ARE UNDERLYING ROOT CAUSES OF HEALTH INEQUITIES . RESOURCES &amp; COLLABORATION: AMITA HEALTH COMMUNITY RESOURCE DIRECTORY; AUNT BERTHA, COMMUNITY BASED ORGANIZATION, FAITH BASED ORGANIZATIONS, FRONT LINE ASSOCIATES ANTICIPATED IMPACT: INCREASE THE NUMBER OF DIRECT REFERRALS BETWEEN PATIENTS AND COMMUNITY ORGANIZATIONS TO REDUCE PATIENT/COMMUNITY SOCIAL DETERMINANTS OF HEALTH. MENTAL HEALTH AND SUBSTANCE USE DISORDERS STRATEGY #1: MENTAL HEALTH FIRST AID: IN RESPONSE TO A DEMONSTRATED SYSTEM AND STATE-WIDE NEED OF ADDRESSING BARRIERS TO ACCESSING AND UTILIZING MENTAL HEALTH SERVICES, AMITA HEALTH SAINT FRANCIS HOSPITAL EVANSTON ITS COMMUNITY PARTNERS IMPLEMENTED AN EVIDENCE BASED PROGRAM, MENTAL HEALTH FIRST AID (MHFA), TO REDUCE THE STIGMA ASSOCIATED WITH MENTAL ILLNESS AND IMPROVE THE COORDINATION OF MENTAL HEALTH CARE. MHFA TRAINS COMMUNITY RESIDENTS AND FIRST RESPONDERS TO RECOGNIZE, RESPOND, AND SEEK ASSISTANCE FOR SIGNS OF MENTAL ILLNESS AND SUBSTANCE ABUSE. RESOURCES &amp; COLLABORATION: AMERICORPS, COMMUNITY-BASED ORGANIZATIONS (CBOS), FAITH-BASED ORGANIZATIONS (FBOS), FIRST RESPONDERS/LAW ENFORCEMENT, MENTAL HEALTH FIRST AID USA, TRILOGY ANTICIPATED IMPACT: A REDUCTION IN SELF-REPORTED POOR MENTAL HEALTH DAYS AS A RESULT OF GRE</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 3	<p>ATER IDENTIFICATION OF THOSE IN NEED OF HELP. STRATEGY #2: TRILOGY PROGRAM LINKAGE PROGRAM : AN EMBEDDED MENTAL HEALTH WORKER PROVIDES INSTANT REFERRALS AND CASE MANAGEMENT OF PATIENTS OR COMMUNITY MEMBERS WHO PRESENT TO AHSFH NEEDING CONNECTION TO MENTAL HEALTH OR OTHER SOCIAL SERVICES. RESOURCES &amp; COLLABORATION: TRILOGY, CASE MANAGEMENT, EMERGENCY DEPARTMENT ASSOCIATES; PHYSICIANS, GRANT FUNDING, COMMUNITY-BASED ORGANIZATIONS (CBOS). ANTICIPATED IMPACT: A REDUCTION IN THE PERSONS IN A MENTAL HEALTH CRISIS. CHRONIC CONDITION PREVENTION AND MANAGEMENT STRATEGY: DIABETIC PROGRAMS (SELF-MANAGEMENT &amp; PREVENTION): IN RESPONSE TO CONTINUED NEED TO REDUCE THE NUMBER OF INDIVIDUALS WITH TYPE II DIABETES AS WELL AS TO LOWER THE HOSPITALIZATION RATE OF THOSE DIAGNOSED WITH TYPE II DIABETES, AMITA HEALTH IS COMMITTED TO PROVIDING ADDITIONAL PROGRAMMING FOR DIABETIC PROGRAMMING IN THE COMMUNITY. RESOURCES &amp; COLLABORATION: COMMUNITY-BASED ORGANIZATIONS (CBOS), FAITH-BASED ORGANIZATIONS (FBOS), TOUCHPOINT, YMCAS ANTICIPATED IMPACT: DECREASE PREVALENCE OF TYPE 2 DIABETES; DECREASE THOSE WITH UNMANAGED DIABETES. NEEDS THAT WILL NOT BE ADDRESSED AMITA HEALTH SAINT FRANCIS HOSPITAL WILL NOT DIRECTLY ADDRESS THE FOLLOWING FOCUS AREAS/PRIORITIES IDENTIFIED IN THE TAX YEAR 2018 CHNA: -ECONOMIC VITALITY AND WORKFORCE DEVELOPMENT -EDUCATION AND YOUTH DEVELOPMENT -HOUSING, TRANSPORTATION, AND NEIGHBORHOOD ENVIRONMENT -VIOLENCE AND COMMUNITY SAFETY, INJURY, INCLUDING VIOLENCE-RELATED INJURY -TRAUMA-INFORMED CARE -MATERNAL AND CHILD HEALTH WHILE CRITICALLY IMPORTANT TO OVERALL COMMUNITY HEALTH, THESE SPECIFIC PRIORITIES DID NOT MEET INTERNALLY DETERMINED CRITERIA THAT PRIORITIZED ADDRESSING NEEDS BY EITHER CONTINUING OR EXPANDING CURRENT PROGRAMS, SERVICES, AND INITIATIVES TO STEWARD RESOURCES AND ACHIEVE THE GREATEST COMMUNITY IMPACT. FOR THESE AREAS NOT CHOSEN, THERE ARE SERVICE PROVIDERS IN THE COMMUNITY BETTER RESOURCED TO ADDRESS THESE PRIORITIES. AMITA HEALTH WILL WORK COLLABORATIVELY WITH AND SUPPORT THESE ORGANIZATIONS AS APPROPRIATE TO ENSURE SERVICE COORDINATION AND UTILIZATION. Summary of Progress FY20: In FY20, the following indicates the progress made on programming conducted to address the identified health needs of the hospital, based on the most recent CHNA findings. In addition to the strategic initiatives below, each hospital provided many additional health education initiatives, health focused events, in-kind services and cash donations to support and respond to the needs of the community. Prioritized Health Need: Social &amp; Structural Determinants of Health SFH reinvigorated an existing partnership with the local Meals on Wheels chapter to ensure funding was provided to extend meal coverage for seniors in need. SFH continued to host local youth from Chicago Public Schools and Evanston Public Schools for workforce development education in the 2019-20 school year. Sixty-four students shadowed health professionals and participated in paid internship program</p>



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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 3	<p>ming at the hospital. Prioritized Health Need: Access to Care, Community Resources and System Improvement Through a commitment throughout AMITA Health, SFH associates utilized the social determinant of health software, Aunt Bertha, to connect and refer patients to local resources such as food pantry, health clinics, utilities support and more. This systemic software is utilized at the patient's bedside as social needs arise that affect their health. Additionally, AMITA Health hosts Aunt Bertha on our external consumer website for community benefits members to search for their own resources. In FY20, additional community partners were added to the resource portal and additional associates were trained on the platform. SFH continued the provisioning of a Mobile Integrated Health program for those patients with high chronic needs to be seen by the local EMS mobile unit to stabilize their care.</p> <p>Prioritized Health Need: Mental Health and Substance Use Disorders SFH continued a linkage program with Trilogy and PEER organizations to ensure patients seen in the SFH emergency department are routed to and scheduled for appropriate follow-up care if they present with a mental health and/or substance use disorder. AMITA Health has committed to providing free mental health first aid training and workshops in all our hospital communities. In FY20, SFH provided workshops to 30 students. Due to the COVID-19 pandemic, additional in-person trainings were put on hold.</p> <p>Prioritized Health Need: Chronic Condition Prevention and Management SFH took steps in FY20 to determine the needs and readiness of hosting a diabetes prevention program for free to the community. This included assessing internal and external stakeholders. The hospital is looking to finalize details of their programming in FY21.</p>

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 4	<p>Facility A, 4 - AMITA HEALTH SAINT MARY OF NAZARETH HOSPITAL. TOGETHER, AMITA HEALTH SAINT S MARY AND ELIZABETH MEDICAL CENTER AND ITS COLLABORATIVE PARTNERS AND STAKEHOLDERS HAVE I DENTIFIED THE FOLLOWING PRIORITIZED HEALTH NEEDS IN OUR COMMUNITY ON THE TAX YEAR 2018 COM MUNITY HEALTH NEEDS ASSESSMENT: SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH, INCLUDING PO LICIES THAT ADVANCE EQUITY AND PROMOTE PHYSICAL AND MENTAL WELL-BEING, AND CONDITIONS THAT SUPPORT HEALTHY EATING AND ACTIVE LIVING. ACCESS TO CARE, COMMUNITY RESOURCES, AND SYSTEM S IMPROVEMENTS, CONSISTING OF TIMELY LINKAGE TO APPROPRIATE CARE, AND RESOURCES, REFERRALS , COORDINATION, AND CONNECTION TO COMMUNITY-BASED SERVICES. MENTAL HEALTH AND SUBSTANCE US E DISORDERS, ESPECIALLY REDUCING STIGMA, INCREASING THE REACH AND COORDINATION OF BEHAVIOR AL HEALTH SERVICES, AND ADDRESSING THE OPIOID EPIDEMIC. CHRONIC CONDITION PREVENTION AND M ANAGEMENT, FOCUSING ESPECIALLY ON METABOLIC DISEASES SUCH AS DIABETES, HEART DISEASE, AND HYPERTENSION, AND ON ASTHMA, CANCER, AND COMPLEX CHRONIC CONDITIONS. SUMMARY OF IMPLEMENTA TION STRATEGY SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH STRATEGY: TO INCREASE THE CONSU MPTION OF AND ACCESS TO REGIONALLY PRODUCED FRUITS AND VEGETABLES TO THE COMMUNITY BY INCR EASING USAGE AND EXPANDING THE WEST TOWN HEALTH MARKET. RESOURCES &amp; COLLABORATION: COMMUNI TY BASED ORGANIZATION, FAITH BASED ORGANIZATIONS, LOCAL BUSINESSES/OWNERS; GRANT FUNDS; GR EATER CHICAGO FOOD DEPOSITORY; GREATER WEST TOWN COMMUNITY DEVELOPMENT; WEST TOWN BIKES AN TICIPATED IMPACT: INCREASE IN THE AVAILABILITY OF AND ACCESS TO FRUITS AND VEGETABLES AMON G LOW INCOME POPULATIONS. ACCESS TO CARE COMMUNITY RESOURCES AND SYSTEMS IMPROVEMENTS STRA TEGY: AUNT BERTHA (SEARCH &amp; CONNECT): THROUGH THIS PUBLIC DIRECTORY PROVIDERS, STAFF, THE PUBLIC AND COMMUNITY PARTNERS ARE ABLE TO SEARCH A VETTED AND UPDATED DIRECTORY OF SOCIAL SERVICES ON OUR WEBSITE, CONNECTING TO (I.E. FOOD, HOUSING, TRANSPORTATION, HEALTH, ETC.). THIS DIRECTORY PROVIDES A NEED BASED CUSTOMIZED LIST OF SERVICES FOR PATIENTS AND PROVIDE THE HOSPITALS WITH VARIOUS REPORTS RELATED TO THE NEEDS. ADDITIONALLY, THE TOOL HELPS TO ADDRESS THE SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH SUCH AS POVERTY, ACCESS TO COMMUN ITY RESOURCES, EDUCATION AND HOUSING THAT ARE UNDERLYING ROOT CAUSES OF HEALTH INEQUITIES. RESOURCES &amp; COLLABORATION: AMITA HEALTH COMMUNITY RESOURCE DIRECTORY; AUNT BERTHA, COMMUN ITY BASED ORGANIZATION, FAITH BASED ORGANIZATIONS, FRONT LINE ASSOCIATES ANTICIPATED IMPAC T: INCREASE THE NUMBER OF DIRECT REFERRALS BETWEEN PATIENTS AND COMMUNITY ORGANIZATIONS TO REDUCE PATIENT/COMMUNITY SOCIAL DETERMINANTS OF HEALTH. MENTAL HEALTH AND SUBSTANCE USE D ISORDERS STRATEGY: MENTAL HEALTH FIRST AID: IN RESPONSE TO A DEMONSTRATED SYSTEM AND STATE -WIDE NEED OF ADDRESSING BARRIERS TO ACCESSING AND UTILIZING MENTAL HEALTH SERVICES, AMITA HEALTH SAINTS MARY AND ELIZABETH MEDICAL CENTER AND ITS COMMUNITY PARTNERS IMPLEMENTED AN EVIDENCE-BASED PROGRAM, MENTA</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility A, 4</p>	<p>L HEALTH FIRST AID (MHFA), TO REDUCE THE STIGMA ASSOCIATED WITH MENTAL ILLNESS AND IMPROVE THE COORDINATION OF MENTAL HEALTH CARE. MHFA TRAINS COMMUNITY RESIDENTS AND FIRST RESPONDERS TO RECOGNIZE, RESPOND, AND SEEK ASSISTANCE FOR SIGNS OF MENTAL ILLNESS AND SUBSTANCE ABUSE. RESOURCES &amp; COLLABORATION: AMERICORPS, COMMUNITY-BASED ORGANIZATIONS (CBOS), FAITH-BASED ORGANIZATIONS (FBOS), FIRST RESPONDERS/LAW ENFORCEMENT, MENTAL HEALTH FIRST AID USA, TRILOGY ANTICIPATED IMPACT: A REDUCTION IN SELF-REPORTED POOR MENTAL HEALTH DAYS AS A RESULT OF GREATER IDENTIFICATION OF THOSE IN NEED OF HELP. CHRONIC CONDITION PREVENTION AND MANAGEMENT STRATEGY #1: CANDO CAMP: THE CANDO CAMP IS A THREE-WEEK PROGRAM THAT TARGETS CHILDREN (AGES 11-14) TO TEACH THEM HOW TO LIVE HEALTHIER LIFESTYLES. THE FOLLOWING TOPICS ARE COVERED IN THE PROGRAM: OBESITY, HEALTH AND NUTRITION, ABSTINENCE, BULLYING AND EDUCATION. RESOURCES &amp; COLLABORATION: LOCAL SCHOOLS; SMC EDUCATOR STAFF; GRANT FUNDS; ANTICIPATED IMPACT: REDUCTION IN OBESITY AMONG LOCAL YOUTH AGES 11-14. STRATEGY #2: DIABETIC PROGRAMS (SELF-MANAGEMENT &amp; PREVENTION): IN RESPONSE TO CONTINUED NEED TO REDUCE THE NUMBER OF INDIVIDUALS WITH TYPE II DIABETES AS WELL AS TO LOWER THE HOSPITALIZATION RATE OF THOSE DIAGNOSED WITH TYPE II DIABETES, AMITA HEALTH IS COMMITTED TO PROVIDING ADDITIONAL PROGRAMMING FOR DIABETIC PROGRAMMING IN THE COMMUNITY. RESOURCES &amp; COLLABORATION: COMMUNITY-BASED ORGANIZATIONS (CBOS), FAITH-BASED ORGANIZATIONS (FBOS), TOUCHPOINT, YMCAS ANTICIPATED IMPACT: DECREASE PREVALENCE OF TYPE 2 DIABETES; DECREASE THOSE WITH UNMANAGED DIABETES. NEEDS THAT WILL NOT BE ADDRESSED AMITA HEALTH SAINT MARY OF NAZARETH HOSPITAL WILL NOT DIRECTLY ADDRESS THE FOLLOWING FOCUS AREAS/PRIORITIES IDENTIFIED IN THE TAX YEAR 2018 CHNA: -ECONOMIC VIABILITY AND WORKFORCE DEVELOPMENT -EDUCATION AND YOUTH DEVELOPMENT -HOUSING, TRANSPORTATION, AND NEIGHBORHOOD ENVIRONMENT -VIOLENCE AND COMMUNITY SAFETY, INJURY, INCLUDING VIOLENCE -RELATED INJURY -TRAUMA-INFORMED CARE -MATERNAL AND CHILD HEALTH WHILE CRITICALLY IMPORTANT TO OVERALL COMMUNITY HEALTH, THESE SPECIFIC PRIORITIES DID NOT MEET INTERNALLY DETERMINED CRITERIA THAT PRIORITIZED ADDRESSING NEEDS BY EITHER CONTINUING OR EXPANDING CURRENT PROGRAMS, SERVICES, AND INITIATIVES TO STEWARD RESOURCES AND ACHIEVE THE GREATEST COMMUNITY IMPACT. FOR THESE AREAS NOT CHOSEN, THERE ARE SERVICE PROVIDERS IN THE COMMUNITY BETTER RESOURCED TO ADDRESS THESE PRIORITIES. AMITA HEALTH WILL WORK COLLABORATIVELY WITH AND SUPPORT THESE ORGANIZATIONS AS APPROPRIATE TO ENSURE SERVICE COORDINATION AND UTILIZATION. Summary of Progress FY20: In FY20, the following indicates the progress made on programming conducted to address the identified health needs of the hospital, based on the most recent CHNA findings. In addition to the strategic initiatives below, each hospital provided many additional health education initiatives, health focused events, in-kind services and cash donations to support and respond</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
<p>Schedule H, Part V, Section B, Line 11 Facility A, 4</p>	<p>d to the needs of the community. Prioritized Health Need: Social &amp; Structural Determinants of Health SMEMC provided the West Town Health Market from May-November 2019 to the community with the goal to increase the availability of free produce to SNAP recipients. During the 2019 market season, over 4,000 SNAP recipients were provided with vouchers for free fruit and produce. Due to the COVID-19 pandemic, the start of the 2020 season was delayed to July 2020. SMEMC continued to host 50 local youth from Chicago Public Schools for workforce development education in the 2019-20 school year. Students shadowed health professionals and participated in paid internship programming at the hospital. Prioritized Health Need : Access to Care, Community Resources and System Improvement Through a commitment throughout AMITA Health, SMEMC associates utilized the social determinant of health software, Aunt Bertha, to connect and refer patients to local resources such as food pantry, health clinics, utilities support and more. This systemic software is utilized at the patient's bedside as social needs arise that affect their health. Additionally, AMITA Health hosts Aunt Bertha on our external consumer website for community benefits members to search for their own resources. In FY20, additional community partners were added to the resource portal and as well as additional associates were trained on the platform. Prioritized Health Need: Mental Health and Substance Use Disorders AMITA Health has committed to providing free mental health first aid training and workshops in all our hospital communities. In FY20, SMEMC provided trainings to 39 community members. Due to the COVID-19 pandemic, additional in-person trainings were put on hold. In FY20, SMEMC began offering a warm hand-off program in the emergency department and on inpatient units. This helped to identify patients with substance use disorder, assess and navigate to local treatment options. In FY20, over 4,500 persons were screened and/or provided with free naloxone to prevent future overdoses. Prioritized Health Need: Chronic Condition Prevention and Management In FY20, SMEMC began offering free diabetes prevention program to the community. Sixty-one persons participated until spring of 2020 when programming had to cease due to the COVID-19 pandemic. In FY20, SMEMC continued to offer the annual CANDO camp to low income youth that focuses on nutrition education and physical activity. Forty-four students participated in the camp in July-August 2019.</p>

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Schedule H, Part V, Section B, Line 11 Facility A, 5	<p>Facility A, 5 - AMITA HEALTH SAINT ELIZABETH HOSPITAL. TOGETHER, AMITA HEALTH SAINTS MARY AND ELIZABETH MEDICAL CENTER AND ITS COLLABORATIVE PARTNERS AND STAKEHOLDERS HAVE IDENTIFIED THE FOLLOWING PRIORITIZED HEALTH NEEDS IN OUR COMMUNITY ON THE TAX YEAR 2018 COMMUNITY HEALTH NEEDS ASSESSMENT: SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH, INCLUDING POLICIES THAT ADVANCE EQUITY AND PROMOTE PHYSICAL AND MENTAL WELL-BEING, AND CONDITIONS THAT SUPPORT HEALTHY EATING AND ACTIVE LIVING. ACCESS TO CARE, COMMUNITY RESOURCES, AND SYSTEMS IMPROVEMENTS, CONSISTING OF TIMELY LINKAGE TO APPROPRIATE CARE, AND RESOURCES, REFERRALS, COORDINATION, AND CONNECTION TO COMMUNITY-BASED SERVICES. MENTAL HEALTH AND SUBSTANCE USE DISORDERS, ESPECIALLY REDUCING STIGMA, INCREASING THE REACH AND COORDINATION OF BEHAVIORAL HEALTH SERVICES, AND ADDRESSING THE OPIOID EPIDEMIC. CHRONIC CONDITION PREVENTION AND MANAGEMENT, FOCUSING ESPECIALLY ON METABOLIC DISEASES SUCH AS DIABETES, HEART DISEASE, AND HYPERTENSION, AND ON ASTHMA, CANCER, AND COMPLEX CHRONIC CONDITIONS. SUMMARY OF IMPLEMENTATION STRATEGY SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH STRATEGY: TO INCREASE THE CONSUMPTION OF AND ACCESS TO REGIONALLY PRODUCED FRUITS AND VEGETABLES TO THE COMMUNITY BY INCREASING USAGE AND EXPANDING THE WEST TOWN HEALTH MARKET. RESOURCES &amp; COLLABORATION: COMMUNITY BASED ORGANIZATION, FAITH BASED ORGANIZATIONS, LOCAL BUSINESSES/OWNERS; GRANT FUNDS; GREATER CHICAGO FOOD DEPOSITORY; GREATER WEST TOWN COMMUNITY DEVELOPMENT; WEST TOWN BIKES ANTICIPATED IMPACT: INCREASE IN THE AVAILABILITY OF AND ACCESS TO FRUITS AND VEGETABLES AMONG LOW INCOME POPULATIONS. ACCESS TO CARE COMMUNITY RESOURCES AND SYSTEMS IMPROVEMENTS STRATEGY: AUNT BERTHA (SEARCH &amp; CONNECT): THROUGH THIS PUBLIC DIRECTORY PROVIDERS, STAFF, THE PUBLIC AND COMMUNITY PARTNERS ARE ABLE TO SEARCH A VETTED AND UPDATED DIRECTORY OF SOCIAL SERVICES ON OUR WEBSITE, CONNECTING TO (I.E. FOOD, HOUSING, TRANSPORTATION, HEALTH, ETC.). THIS DIRECTORY PROVIDES A NEED BASED CUSTOMIZED LIST OF SERVICES FOR PATIENTS AND PROVIDE THE HOSPITALS WITH VARIOUS REPORTS RELATED TO THE NEEDS. ADDITIONALLY, THE TOOL HELPS TO ADDRESS THE SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH SUCH AS POVERTY, ACCESS TO COMMUNITY RESOURCES, EDUCATION AND HOUSING THAT ARE UNDERLYING ROOT CAUSES OF HEALTH INEQUITIES. RESOURCES &amp; COLLABORATION: AMITA HEALTH COMMUNITY RESOURCE DIRECTORY; AUNT BERTHA, COMMUNITY BASED ORGANIZATION, FAITH BASED ORGANIZATIONS, FRONT LINE ASSOCIATES ANTICIPATED IMPACT: INCREASE THE NUMBER OF DIRECT REFERRALS BETWEEN PATIENTS AND COMMUNITY ORGANIZATIONS TO REDUCE PATIENT/COMMUNITY SOCIAL DETERMINANTS OF HEALTH. MENTAL HEALTH AND SUBSTANCE USE DISORDERS STRATEGY: MENTAL HEALTH FIRST AID: IN RESPONSE TO A DEMONSTRATED SYSTEM AND STATE-WIDE NEED OF ADDRESSING BARRIERS TO ACCESSING AND UTILIZING MENTAL HEALTH SERVICES, AMITA HEALTH SAINTS MARY AND ELIZABETH MEDICAL CENTER AND ITS COMMUNITY PARTNERS IMPLEMENTED AN EVIDENCE-BASED PROGRAM, MENTAL HEALTH</p>

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<p>Schedule H, Part V, Section B, Line 11 Facility A, 5</p>	<p>H FIRST AID (MHFA), TO REDUCE THE STIGMA ASSOCIATED WITH MENTAL ILLNESS AND IMPROVE THE CO ORDINATION OF MENTAL HEALTH CARE. MHFA TRAINS COMMUNITY RESIDENTS AND FIRST RESPONDERS TO RECOGNIZE, RESPOND, AND SEEK ASSISTANCE FOR SIGNS OF MENTAL ILLNESS AND SUBSTANCE ABUSE. R ESOURCES &amp; COLLABORATION: AMERICORPS, COMMUNITY-BASED ORGANIZATIONS (CBOS), FAITH-BASED OR GANIZATIONS (FBOS), FIRST RESPONDERS/LAW ENFORCEMENT, MENTAL HEALTH FIRST AID USA, TRILOGY ANTICIPATED IMPACT: A REDUCTION IN SELF-REPORTER POOR MENTAL HEALTH DAYS AS A RESULT OF G REATER IDENTIFICATION OF THOSE IN NEED OF HELP. CHRONIC CONDITION PREVENTION AND MANAGEMEN T STRATEGY #1: CANDO CAMP: THE CANDO CAMP IS A THREE-WEEK PROGRAM THAT TARGETS CHILDREN (A GES 11-14) TO TEACH THEM HOW TO LIVE HEALTHIER LIFESTYLES. THE FOLLOWING TOPICS ARE COVERE D IN THE PROGRAM: OBESITY, HEALTH AND NUTRITION, ABSTINENCE, BULLYING AND EDUCATION. RESOU RCES &amp; COLLABORATION: LOCAL SCHOOLS; SMEMC EDUCATOR STAFF; GRANT FUNDS; ANTICIPATED IMPACT : REDUCTION IN OBESITY AMONG LOCAL YOUTH AGES 11-14. STRATEGY #2: DIABETIC PROGRAMS (SELF- MANAGEMENT &amp; PREVENTION): IN RESPONSE TO CONTINUED NEED TO REDUCE THE NUMBER OF INDIVIDUAL S WITH TYPE II DIABETES AS WELL AS TO LOWER THE HOSPITALIZATION RATE OF THOSE DIAGNOSED WI TH TYPE II DIABETES, AMITA HEALTH IS COMMITTED TO PROVIDING ADDITIONAL PROGRAMMING FOR DIA BETIC PROGRAMMING IN THE COMMUNITY. RESOURCES &amp; COLLABORATION: COMMUNITY-BASED ORGANIZATIO NS (CBOS), FAITH-BASED ORGANIZATIONS (FBOS), TOUCHPOINT, YMCAS ANTICIPATED IMPACT: DECREAS E PREVALENCE OF TYPE 2 DIABETES; DECREASE THOSE WITH UNMANAGED DIABETES. NEEDS THAT WILL N OT BE ADDRESSED AMITA HEALTH SAINT ELIZABETH HOSPITAL WILL NOT DIRECTLY ADDRESS THE FOLLOW ING FOCUS AREAS/PRIORITIES IDENTIFIED IN THE TAX YEAR 2018 CHNA: -ECONOMIC VITALITY AND WO RKFORCE DEVELOPMENT -EDUCATION AND YOUTH DEVELOPMENT -HOUSING, TRANSPORTATION, AND NEIGHBO RHOD ENVIRONMENT -VIOLENCE AND COMMUNITY SAFETY, INJURY, INCLUDING VIOLENCE-RELATED INJUR Y -TRAUMA-INFORMED CARE -MATERNAL AND CHILD HEALTH WHILE CRITICALLY IMPORTANT TO OVERALL C OMMUNITY HEALTH, THESE SPECIFIC PRIORITIES DID NOT MEET INTERNALLY DETERMINED CRITERIA THA T PRIORITIZED ADDRESSING NEEDS BY EITHER CONTINUING OR EXPANDING CURRENT PROGRAMS, SERVICE S, AND INITIATIVES TO STEWARD RESOURCES AND ACHIEVE THE GREATEST COMMUNITY IMPACT. FOR THE SE AREAS NOT CHOSEN, THERE ARE SERVICE PROVIDERS IN THE COMMUNITY BETTER RESOURCED TO ADDR ESS THESE PRIORITIES. AMITA HEALTH WILL WORK COLLABORATIVELY WITH AND SUPPORT THESE ORGANI ZATIONS AS APPROPRIATE TO ENSURE SERVICE COORDINATION AND UTILIZATION. Summary of Progress FY20: In FY20, the following indicates the progress made on programming conducted to addr ess the identified health needs of the hospital, based on the most recent CHNA findings. I n addition to the strategic initiatives below, each hospital provided many additional heal th education initiatives, health focused events, in-kind services and cash donations to su pport and respond to the needs</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
<p>Schedule H, Part V, Section B, Line 11 Facility A, 5</p>	<p>of the community. Prioritized Health Need: Social &amp; Structural Determinants of Health SME MC provided the West Town Health Market from May-November 2019 to the community with the goal to increase the availability of free produce to SNAP recipients. During the 2019 market season, over 4,000 SNAP recipients were provided with vouchers for free fruit and produce. Due to the COVID-19 pandemic, the start of the 2020 season was delayed to July 2020. SM EMC continued to host 50 local youth from Chicago Public Schools for workforce development education in the 2019-20 school year. Students shadowed health professionals and participated in paid internship programming at the hospital. Prioritized Health Need: Access to Care, Community Resources and System Improvement Through a commitment throughout AMITA Health, SMEMC associates utilized the social determinant of health software, Aunt Bertha, to connect and refer patients to local resources such as food pantry, health clinics, utilities support and more. This systemic software is utilized at the patient's bedside as social needs arise that affect their health. Additionally, AMITA Health hosts Aunt Bertha on our external consumer website for community benefits members to search for their own resources. In FY20, additional community partners were added to the resource portal and as well as additional associates were trained on the platform. Prioritized Health Need: Mental Health and Substance Use Disorders AMITA Health has committed to providing free mental health first aid training and workshops in all our hospital communities. In FY20, SMEMC provided trainings to 39 community members. Due to the COVID-19 pandemic, additional in-person trainings were put on hold. In FY20, SMEMC began offering a warm hand-off program in the emergency department and on inpatient units. This helped to identify patients with substance use disorder, assess and navigate to local treatment options. In FY20, over 4,500 persons were screened and/or provided with free naloxone to prevent future overdoses. Prioritized Health Need: Chronic Condition Prevention and Management In FY20, SMEMC began offering free diabetes prevention program to the community. Sixty-one persons participated until spring of 2020 when programming had to cease due to the COVID-19 pandemic. In FY20, SMEMC continued to offer the annual CANDO camp to low income youth that focuses on nutrition education and physical activity. Forty-four students participated in the camp in July-August 2019.</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 6	<p>Facility A, 6 - AMITA HEALTH HOLY FAMILY MEDICAL CENTER. TOGETHER, AMITA HEALTH SAINTS MAR Y AND ELIZABETH MEDICAL CENTER AND ITS COLLABORATIVE PARTNERS AND STAKEHOLDERS HAVE IDENTIFIED THE FOLLOWING PRIORITIZED HEALTH NEEDS IN OUR COMMUNITY ON THE TAX YEAR 2018 COMMUNITY HEALTH NEEDS ASSESSMENT: SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH, INCLUDING POLICIES THAT ADVANCE EQUITY AND PROMOTE PHYSICAL AND MENTAL WELL-BEING, AND CONDITIONS THAT SUPPORT HEALTHY EATING AND ACTIVE LIVING. ACCESS TO CARE, COMMUNITY RESOURCES, AND SYSTEMS IMPROVEMENTS, CONSISTING OF TIMELY LINKAGE TO APPROPRIATE CARE, AND RESOURCES, REFERRALS, COORDINATION, AND CONNECTION TO COMMUNITY-BASED SERVICES. MENTAL HEALTH AND SUBSTANCE USE DISORDERS, ESPECIALLY REDUCING STIGMA, INCREASING THE REACH AND COORDINATION OF BEHAVIORAL HEALTH SERVICES, AND ADDRESSING THE OPIOID EPIDEMIC. CHRONIC CONDITION PREVENTION AND MANAGEMENT, FOCUSING ESPECIALLY ON METABOLIC DISEASES SUCH AS DIABETES, HEART DISEASE, AND HYPERTENSION, AND ON ASTHMA, CANCER, AND COMPLEX CHRONIC CONDITIONS. SUMMARY OF IMPLEMENTATION STRATEGY SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH STRATEGY: TO INCREASE THE CONSUMPTION OF AND ACCESS TO REGIONALLY PRODUCED FRUITS AND VEGETABLES TO THE COMMUNITY BY INCREASING USAGE AND EXPANDING THE WEST TOWN HEALTH MARKET. RESOURCES &amp; COLLABORATION: COMMUNITY BASED ORGANIZATION, FAITH BASED ORGANIZATIONS, LOCAL BUSINESSES/OWNERS; GRANT FUNDS; GREATER CHICAGO FOOD DEPOSITORY; GREATER WEST TOWN COMMUNITY DEVELOPMENT; WEST TOWN BIKES ANTICIPATED IMPACT: INCREASE IN THE AVAILABILITY OF AND ACCESS TO FRUITS AND VEGETABLES AMONG LOW INCOME POPULATIONS. ACCESS TO CARE COMMUNITY RESOURCES AND SYSTEMS IMPROVEMENTS STRATEGY: AUNT BERTHA (SEARCH &amp; CONNECT): THROUGH THIS PUBLIC DIRECTORY PROVIDERS, STAFF, THE PUBLIC AND COMMUNITY PARTNERS ARE ABLE TO SEARCH A VETTED AND UPDATED DIRECTORY OF SOCIAL SERVICES ON OUR WEBSITE, CONNECTING TO (I.E. FOOD, HOUSING, TRANSPORTATION, HEALTH, ETC.). THIS DIRECTORY PROVIDES A NEED BASED CUSTOMIZED LIST OF SERVICES FOR PATIENTS AND PROVIDE THE HOSPITALS WITH VARIOUS REPORTS RELATED TO THE NEEDS. ADDITIONALLY, THE TOOL HELPS TO ADDRESS THE SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH SUCH AS POVERTY, ACCESS TO COMMUNITY RESOURCES, EDUCATION AND HOUSING THAT ARE UNDERLYING ROOT CAUSES OF HEALTH INEQUITIES. RESOURCES &amp; COLLABORATION: AMITA HEALTH COMMUNITY RESOURCE DIRECTORY; AUNT BERTHA, COMMUNITY BASED ORGANIZATION, FAITH BASED ORGANIZATIONS, FRONT LINE ASSOCIATES ANTICIPATED IMPACT: INCREASE THE NUMBER OF DIRECT REFERRALS BETWEEN PATIENTS AND COMMUNITY ORGANIZATIONS TO REDUCE PATIENT/COMMUNITY SOCIAL DETERMINANTS OF HEALTH. MENTAL HEALTH AND SUBSTANCE USE DISORDERS STRATEGY: MENTAL HEALTH FIRST AID: IN RESPONSE TO A DEMONSTRATED SYSTEM AND STATE-WIDE NEED OF ADDRESSING BARRIERS TO ACCESSING AND UTILIZING MENTAL HEALTH SERVICES, AMITA HEALTH SAINTS MARY AND ELIZABETH MEDICAL CENTER AND ITS COMMUNITY PARTNERS IMPLEMENTED AN EVIDENCE-BASED PROGRAM, MENTAL HEALTH</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
<p>Schedule H, Part V, Section B, Line 11 Facility A, 6</p>	<p>LTH FIRST AID (MHFA), TO REDUCE THE STIGMA ASSOCIATED WITH MENTAL ILLNESS AND IMPROVE THE COORDINATION OF MENTAL HEALTH CARE. MHFA TRAINS COMMUNITY RESIDENTS AND FIRST RESPONDERS TO RECOGNIZE, RESPOND, AND SEEK ASSISTANCE FOR SIGNS OF MENTAL ILLNESS AND SUBSTANCE ABUSE. RESOURCES &amp; COLLABORATION: AMERICORPS, COMMUNITY-BASED ORGANIZATIONS (CBOS), FAITH-BASED ORGANIZATIONS (FBOS), FIRST RESPONDERS/LAW ENFORCEMENT, MENTAL HEALTH FIRST AID USA, TRILOGY ANTICIPATED IMPACT: A REDUCTION IN SELF-REPORTER POOR MENTAL HEALTH DAYS AS A RESULT OF GREATER IDENTIFICATION OF THOSE IN NEED OF HELP. CHRONIC CONDITION PREVENTION AND MANAGEMENT STRATEGY #1: CANDO CAMP: THE CANDO CAMP IS A THREE-WEEK PROGRAM THAT TARGETS CHILDREN (AGES 11-14) TO TEACH THEM HOW TO LIVE HEALTHIER LIFESTYLES. THE FOLLOWING TOPICS ARE COVERED IN THE PROGRAM: OBESITY, HEALTH AND NUTRITION, ABSTINENCE, BULLYING AND EDUCATION. RESOURCES &amp; COLLABORATION: LOCAL SCHOOLS; SMC MC EDUCATOR STAFF; GRANT FUNDS; ANTICIPATED IMPACT: REDUCTION IN OBESITY AMONG LOCAL YOUTH AGES 11-14. STRATEGY #2: DIABETIC PROGRAMS (SELF-MANAGEMENT &amp; PREVENTION): IN RESPONSE TO CONTINUED NEED TO REDUCE THE NUMBER OF INDIVIDUALS WITH TYPE II DIABETES AS WELL AS TO LOWER THE HOSPITALIZATION RATE OF THOSE DIAGNOSED WITH TYPE II DIABETES, AMITA HEALTH IS COMMITTED TO PROVIDING ADDITIONAL PROGRAMMING FOR DIABETIC PROGRAMMING IN THE COMMUNITY. RESOURCES &amp; COLLABORATION: COMMUNITY-BASED ORGANIZATIONS (CBOS), FAITH-BASED ORGANIZATIONS (FBOS), TOUCHPOINT, YMCAS ANTICIPATED IMPACT: DECREASE PREVALENCE OF TYPE 2 DIABETES; DECREASE THOSE WITH UNMANAGED DIABETES. NEEDS THAT WILL NOT BE ADDRESSED AMITA HEALTH HOLY FAMILY MEDICAL CENTER WILL NOT DIRECTLY ADDRESS THE FOLLOWING FOCUS AREAS/PRIORITIES IDENTIFIED IN THE TAX YEAR 2018 CHNA: -ECONOMIC VITALITY AND WORKFORCE DEVELOPMENT -EDUCATION AND YOUTH DEVELOPMENT -HOUSING, TRANSPORTATION, AND NEIGHBORHOOD ENVIRONMENT -VIOLENCE AND COMMUNITY SAFETY, INJURY, INCLUDING VIOLENCE-RELATED INJURY -TRAUMA-INFORMED CARE -MATERNAL AND CHILD HEALTH WHILE CRITICALLY IMPORTANT TO OVERALL COMMUNITY HEALTH, THESE SPECIFIC PRIORITIES DID NOT MEET INTERNALLY DETERMINED CRITERIA THAT PRIORITIZED ADDRESSING NEEDS BY EITHER CONTINUING OR EXPANDING CURRENT PROGRAMS, SERVICES, AND INITIATIVES TO STEWARD RESOURCES AND ACHIEVE THE GREATEST COMMUNITY IMPACT. FOR THESE AREAS NOT CHOSEN, THERE ARE SERVICE PROVIDERS IN THE COMMUNITY BETTER RESOURCED TO ADDRESS THESE PRIORITIES. AMITA HEALTH WILL WORK COLLABORATIVELY WITH AND SUPPORT THESE ORGANIZATIONS AS APPROPRIATE TO ENSURE SERVICE COORDINATION AND UTILIZATION. Summary of Progress FY20: In FY20, the following indicates the progress made on programming conducted to address the identified health needs of the hospital, based on the most recent CHNA findings. In addition to the strategic initiatives below, each hospital provided many additional health education initiatives, health focused events, in-kind services and cash donations to support and respond to the n</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 6	<p>needs of the community. Prioritized Health Need: Social &amp; Structural Determinants of Health During the 2019-2020 school year, HFMC provided 50 weekly backpacks of food for students in need to use over the weekends when food is scarce during the 2019-20 school year. In continued partnership with Maryville Academy, the 124 unaccompanied minors were provided with health care services by HFMC in FY20. Prioritized Health Need: Access to Care, Community Resources and System Improvement Through a commitment throughout AMITA Health, HFMC associates utilized the social determinant of health software, Aunt Bertha, to connect and refer patients to local resources such as food pantry, health clinics, utilities support and more. This systemic software is utilized at the patient's bedside as social needs arise that affect their health. Additionally, AMITA Health hosts Aunt Bertha on our external consumer website for community benefits members to search for their own resources. In FY20, additional community partners were added to the resource portal and as well as additional associates were trained on the platform. HFMC continued to provide in FY20 the New Beginnings Prenatal Program to 540 high risk and low-income women in the primary service area of the medical center. Prioritized Health Need: Mental Health and Substance Use Disorders AMITA Health has committed to providing free mental health first aid training and workshops in all our hospital communities. In FY20, HFMC provided workshops and trainings to 70 community members. Due to the COVID-19 pandemic, additional in-person trainings were put on hold. HFMC continued to provide the Keys to Recovery program for law enforcement and first responders to obtain confidential access to substance abuse disorder treatment.</p>

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**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

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.

Name of the organization  
Presence Chicago Hospitals Network

Employer identification number

36-2235165

**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) PRIMECARE COMMUNITY HEALTH INC 2211 N Elston Ave STE 301 Chicago, IL 606149278	36-3845253	501(C)(3)	1,722,981				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Grocery Store Gift Cards	213	25,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Presence Chicago Hospitals Network

Employer identification number  
36-2235165

**Part I Questions Regarding Compensation**

	Yes	No								
<p><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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>									
<p><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 on Line 1a?</p>	<b>2</b>									
<p><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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p><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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	Yes								
	<b>4b</b>	Yes								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	No								
	<b>6b</b>	No								
<p><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.</p>	<b>7</b>	No								
<p><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.</p>	<b>8</b>	No								
<p><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)?</p>	<b>9</b>									

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

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

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

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

**Part III Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	A RELATED ORGANIZATION OF THE FILING ORGANIZATION, USES ONE OR MORE OF THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL: - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY, AND - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE PLEASE REFER TO THE FORM 990, PART VI, LINE 15A DISCLOSURE IN SCHEDULE O FOR ADDITIONAL DETAILS ON HOW COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL IS ESTABLISHED.
Schedule J, Part I, Line 4a Severance or change-of-control payment	THE FOLLOWING INDIVIDUAL(S) RECEIVED SEVERANCE PAYMENTS FROM THE ORGANIZATION OR A RELATED ORGANIZATION DURING CALENDAR YEAR 2019: MARTIN H JUDD - \$109,949 THOMAS KOELBL - \$301,498
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	ELIGIBLE EXECUTIVES PARTICIPATE IN A PROGRAM THAT PROVIDES FOR SUPPLEMENTAL RETIREMENT BENEFITS. THE PAYMENT OF BENEFITS UNDER THE PROGRAM, IF ANY, IS ENTIRELY DEPENDENT UPON THE FACTS AND CIRCUMSTANCES UNDER WHICH THE EXECUTIVE TERMINATES EMPLOYMENT WITH THE ORGANIZATION. BENEFITS UNDER THE PROGRAM ARE UNFUNDED AND NON-VESTED. DUE TO THE SUBSTANTIAL RISK OF FORFEITURE PROVISION, THERE IS NO GUARANTEE THAT THESE EXECUTIVES WILL EVER RECEIVE ANY BENEFIT UNDER THE PROGRAM. ANY AMOUNT ULTIMATELY PAID UNDER THE PROGRAM TO THE EXECUTIVE IS REPORTED AS COMPENSATION ON FORM 990, SCHEDULE J, PART II, COLUMN B IN THE YEAR PAID. NO INDIVIDUALS RECEIVED PAYMENT FROM THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING CALENDAR YEAR 2019.

# Additional Data

**Software ID:** 19010655  
**Software Version:** 2019v5.0  
**EIN:** 36-2235165  
**Name:** Presence Chicago Hospitals Network

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1GARY R LIPINSKI MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	412,843	0	1,825	0	9,161	423,829	0
1BETTINA A JOHNSON FORMER OFFICER (END 12/2018)	(i)	0	0	0	0	0	0	0
	(ii)	252,122	50,000	14,241	0	17,045	333,408	0
2JULIE P ROKNICH SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	225,904	0	17,507	0	18,059	261,470	0
3PATRICIA EDDY TREASURER (END 6/2020)	(i)	0	0	0	0	0	0	0
	(ii)	263,583	4,932	19,964	0	28,586	317,065	0
4MARTIN H JUDD PRESIDENT (END 11/2019)	(i)	0	0	0	0	0	0	0
	(ii)	392,709	60,262	205,538	0	12,759	671,268	0
5ROBYN PARKER FORMER KEY EMPLOYEE (END 12/2015)	(i)	0	0	0	0	0	0	0
	(ii)	208,210	0	17,110	0	25,498	250,818	0
6YOLANDE D WILSON-STUBBS FORMER KEY EMPLOYEE (END 12/2018)	(i)	0	0	0	0	0	0	0
	(ii)	286,078	56,614	30,872	0	18,831	392,395	0
7KENNETH P JONES FORMER KEY EMPLOYEE (END 12/2018)	(i)	0	0	0	0	0	0	0
	(ii)	354,147	23,092	38,290	0	30,257	445,786	0
8THOMAS KOELBL FORMER KEY EMPLOYEE (END 12/2015)	(i)	0	0	0	0	0	0	0
	(ii)	75,864	0	341,429	0	4,029	421,322	0
9ROBERT M DAHL FORMER KEY EMPLOYEE (END 12/2018)	(i)	0	0	0	0	0	0	0
	(ii)	381,666	24,479	41,542	0	18,669	466,356	0



Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization Presence Chicago Hospitals Network

Employer identification number 36-2235165

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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.

Table with 5 columns: (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 the 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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (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
(1) Susan Puchalla	Mother to Julie Roknich	47,996	Employment		No

**Part V Supplemental Information**

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

Return Reference	Explanation

**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

**2019**

**Open to Public Inspection**

Department of the Treasury

Name of the organization

Presence Chicago Hospitals Network

Employer identification number

36-2235165

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15a Process for Determining Compensation of Top Management Official	THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, AS WELL AS THAT OF ANY OTHER OFFICERS OR SENIOR EXECUTIVES (IF A NY), IS DIRECTED BY A RELATED ORGANIZATION. THE RELATED ORGANIZATION'S BOARD COMMITTEE RESPONSIBLE FOR COMPENSATION OVERSEES THE PROCESS, UTILIZING INDEPENDENT DELEGES WITHIN THE ORGANIZATION AS APPROPRIATE, DEPENDING ON THE ROLE. IN SOME CASES, THE PROCESS MAY UTILIZE COMPARABILITY DATA AND ANALYSIS FROM A NATIONAL THIRD-PARTY COMPENSATION FIRM; OR, IF MORE APPROPRIATE FOR THE ROLE, IT MAY INSTEAD UTILIZE OTHER APPLICABLE SOURCES OF MARKET COMPARABILITY DATA AS NEEDED TO VERIFY REASONABLENESS. THE PROCESS ALSO INCLUDES CONTEMPORANEOUS SUBSTANTIATION OF THE ANALYSIS AND DECISION REGARDING THE COMPENSATION ARRANGEMENT. COMPENSATION IS REVIEWED AT LEAST ANNUALLY AND THE PROCESS IS ADMINISTERED TO ASSURE INDEPENDENCE, AVOID CONFLICTS OF INTEREST, ENSURE REASONABLENESS AND MARKET COMPARABILITY OF TOTAL COMPENSATION, AND TO OTHERWISE ABIDE BY PERTINENT LAWS AND REGULATIONS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15b PROCESS FOR DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, AS WELL AS THAT OF ANY OTHER OFFICERS OR SENIOR EXECUTIVES (IF ANY), IS DIRECTED BY A RELATED ORGANIZATION. THE RELATED ORGANIZATION'S BOARD COMMITTEE RESPONSIBLE FOR COMPENSATION OVERSEES THE PROCESS, UTILIZING INDEPENDENT DELEGATES WITHIN THE ORGANIZATION AS APPROPRIATE, DEPENDING ON THE ROLE. IN SOME CASES, THE PROCESS MAY UTILIZE COMPARABILITY DATA AND ANALYSIS FROM A NATIONAL THIRD-PARTY COMPENSATION FIRM; OR, IF MORE APPROPRIATE FOR THE ROLE, IT MAY INSTEAD UTILIZE OTHER APPLICABLE SOURCES OF MARKET COMPARABILITY DATA AS NEEDED TO VERIFY REASONABLENESS. THE PROCESS ALSO INCLUDES CONTEMPORANEOUS SUBSTANTIATION OF THE ANALYSIS AND DECISION REGARDING THE COMPENSATION ARRANGEMENT. COMPENSATION IS REVIEWED AT LEAST ANNUALLY AND THE PROCESS IS ADMINISTERED TO ASSURE INDEPENDENCE, AVOID CONFLICTS OF INTEREST, ENSURE REASONABLENESS AND MARKET COMPARABILITY OF TOTAL COMPENSATION, AND TO OTHERWISE ABIDE BY PERTINENT LAWS AND REGULATIONS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 6 Classes of members or stockholders	PRESENCE CHICAGO HOSPITALS NETWORK HAS ONE MEMBER, PRESENCE CARE TRANSFORMATION CORPORATION.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	Subject to the AMITA Affiliation Agreement and the decision making authority of Ascension and Ascension Health, the Ascension Class directors of the Corporate member shall decide the appointment and removal of members of the Board of Corporation of PRESENCE CHICAGO HOSPITALS NETWORK.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	Subject to the AMITA affiliation agreement and the decision making authority of Ascension and Ascension Health, the Ascension Class Directors of the Corporate member shall decide all decisions that have a material impact on PRESENCE CHICAGO HOSPITALS NETWORK.



**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A RELATED ENTITIES	THE ORGANIZATION UTILIZES AN AFFILIATE AS THE COMMON PAY AGENT. EMPLOYEES REPORTED IN PART VII MAY HAVE DUTIES THAT IMPACT MULTIPLE RELATED ENTITIES. TOTAL AVERAGE HOURS WORKED AND COMPENSATION AND BENEFITS PAID ARE REPORTED. IN DOING SO, IF AVAILABLE, A COMMON LAW EMPLOYER ANALYSIS IS USED TO DETERMINE WHETHER THE HOURS AND COMPENSATION/BENEFITS ARE REPORTABLE AS ATTRIBUTABLE DIRECTLY TO THE FILING ORGANIZATION OR ANOTHER ENTITY; OTHERWISE, THE BEST AVAILABLE INFORMATION HAS BEEN USED AS THE BASIS FOR ALLOCATIONS UTILIZED IN THE REPORTING.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VIII, Line 2f Other Program Service Revenue	Income from Joint Ventures - Total Revenue: 440628, Related or Exempt Function Revenue: 440628, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Management Fees - Total Revenue: -5700, Related or Exempt Function Revenue: -5700, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Revenues From External Parties - Total Revenue: 1240, Related or Exempt Function Revenue: 1240, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Accommodation Fees - Lifecare & EPP - Total Revenue: 281449, Related or Exempt Function Revenue: 281449, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Education - Total Revenue: 160915, Related or Exempt Function Revenue: 160915, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Miscellaneous Revenue - Total Revenue: 1199805, Related or Exempt Function Revenue: 531136, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 668669; Telephone Revenues - Total Revenue: -8726, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: -8726; Late Penalty Fees - Total Revenue: 961, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 961; Medical Staff Dues - Total Revenue: -9400, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: -9400;

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Expenses	<p>Other Miscellaneous Operating Expense - Total Expense: 1604337, Program Service Expense: 490619, Management and General Expenses: 1113718, Fundraising Expenses: ; Physician Fees to Affiliate - Total Expense: 6926779, Program Service Expense: 6888779, Management and General Expenses: 38000, Fundraising Expenses: ; Minor Equipment - Total Expense: 2459264, Program Service Expense: 2102030, Management and General Expenses: 357234, Fundraising Expenses: ; Equipment Lease - Total Expense: 5018655, Program Service Expense: 4926868, Management and General Expenses: 91787, Fundraising Expenses: ; Non Recurring Expenses - Total Expense: 265000, Program Service Expense: , Management and General Expenses: 265000, Fundraising Expenses: ; Provider Tax - Total Expense: 54876898, Program Service Expense: 54876898, Management and General Expenses: , Fundraising Expenses: ; Other Non Medical Supplies - Total Expense: 9897772, Program Service Expense: 5340438, Management and General Expenses: 4557334, Fundraising Expenses: ; Dues - Total Expense: 223132, Program Service Expense: 97532, Management and General Expenses: 125600, Fundraising Expenses: ; Maintenance &amp; Repairs - Total Expense: 1961325, Program Service Expense: 1422397, Management and General Expenses: 538928, Fundraising Expenses: ; Licenses &amp; Permits - Total Expense: 808394, Program Service Expense: 170897, Management and General Expenses: 637497, Fundraising Expenses: ; Books &amp; Subscriptions - Total Expense: 353650, Program Service Expense: 301641, Management and General Expenses: 52009, Fundraising Expenses: ; Management Fee to Affiliate - Total Expense: 1272268, Program Service Expense: , Management and General Expenses: 1272268, Fundraising Expenses: ; Charitable Expense - Total Expense: 632, Program Service Expense: 632, Management and General Expenses: , Fundraising Expenses: ; Purchased Services - Total Expense: 118723940, Program Service Expense: 82376716, Management and General Expenses: 36347224, Fundraising Expenses: ;</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfers with Affiliates - -163163357;



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XII, Line 3a PART XII, LINES 3A AND 3B	ASCENSION HEALTH ALLIANCE COMPLETES A CONSOLIDATED SINGLE AUDIT (FORMERLY KNOWN AS A-133 A UDIT) WHICH INCLUDES ALL ENTITIES FOR WHICH IT IS THE ULTIMATE PARENT ORGANIZATION WHETHER THEY EXPENDED FEDERAL FUNDS DURING THE YEAR OR NOT.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XII, Line 2c Change of oversight process or selection process	PRESENCE CHICAGO HOSPITALS NETWORK is included in the consolidated financial statements of Ascension Health Alliance. The Finance and Audit committee of Ascension Health Alliance's Board assumes responsibility for the consolidated organization as a whole.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Page 1, Box C d/b/a NAMES	PRESENCE CHICAGO HOSPITALS NETWORK ALSO OPERATES UNDER THE FOLLOWING ASSUMED NAMES: - Cana Health - New Beginnings Prenatal Program - Programma Prenatal Nueva Vida - Presence Resurrection Retirement Community - Presence Answering Service - Presence Infusion Care-Evanston - Presence Infusion Care-Park Ridge - Harborview Recovery Center - Keys to Recovery - SF H Prof Bldg Pharmacy - Presence Nazareth Family Center Pharmacy - The Apothecary-Chicago - Presence Saint Elizabeth Hospital - Presence Saints Mary and Elizabeth Hospital - Presence Saint Mary of Nazareth Hospital - Presence Saints Mary and Elizabeth Medical Center - Presence Saint Joseph Hospital-Chicago - Presence Saint Francis Hospital - Presence Resurrection Medical Center - PSMEMC Center for Cancer and Specialty Care Pharmacy - PSMEMC Infusion - AMITA Health Holy Family Medical Center Des Plaines - AMITA Health Resurrection Medical Center Chicago - AMITA Health Saint Francis Hospitals Evanston - AMITA Health Saints Mary and Elizabeth Medical Center Chicago - RMC Cardiology

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Page 1 Box J - Website	Presence Chicago Hospitals Network does not have its own direct website; however, Presence Chicago Hospitals Network operates the following hospitals which have their own websites as follows: Presence Saint Joseph Hospital Chicago- <a href="https://www.amitahealth.org/our-locations/hospitals/amita-health-saint-joseph-hospital-chicago/">https://www.amitahealth.org/our-locations/hospitals/amita-health-saint-joseph-hospital-chicago/</a> Presence Resurrection Medical Center- <a href="https://www.amitahealth.org/our-locations/hospitals/amita-health-resurrection-medical-center-chicago/">https://www.amitahealth.org/our-locations/hospitals/amita-health-resurrection-medical-center-chicago/</a> Presence Saint Francis Hospital- <a href="https://www.amitahealth.org/our-locations/hospitals/amita-health-saint-francis-hospital-evanston/">https://www.amitahealth.org/our-locations/hospitals/amita-health-saint-francis-hospital-evanston/</a> Presence Saint Mary of Nazareth Hospital- <a href="https://www.amitahealth.org/our-locations/hospitals/amita-health-saints-mary-and-elizabeth-medical-center-chicago/">https://www.amitahealth.org/our-locations/hospitals/amita-health-saints-mary-and-elizabeth-medical-center-chicago/</a> Presence Saint Elizabeth Hospital- <a href="https://www.amitahealth.org/our-locations/hospitals/amita-health-saints-mary-and-elizabeth-medical-center-chicago/">https://www.amitahealth.org/our-locations/hospitals/amita-health-saints-mary-and-elizabeth-medical-center-chicago/</a> Presence Holy Family Medical Center- <a href="https://www.amitahealth.org/our-locations/hospitals/amita-health-holy-family-medical-center-des-plaines/">https://www.amitahealth.org/our-locations/hospitals/amita-health-holy-family-medical-center-des-plaines/</a>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1 PHYSICAL ADDRESS	THE PHYSICAL ADDRESS FOR THIS ENTITY IS 200 South Wacker Drive, Suite 1200, Chicago, Illinois 60606. THE ADDRESS ON PAGE 1 IS FOR MAILING PURPOSES ONLY.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

▶ **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.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Presence Chicago Hospitals Network

**Employer identification number**

36-2235165

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

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

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

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

See Additional Data Table

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





**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:** 19010655  
**Software Version:** 2019v5.0  
**EIN:** 36-2235165  
**Name:** Presence Chicago Hospitals Network

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1568866	HEALTH SYSTEM	IL	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-2847744	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	10	GULF COAST HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 47-2360513	JOINT OPERATING COMPANY	IL	501(c)(3)	Type II	NA		No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4336931	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4251848	Behavioral health hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3527899	Housing and supportive care services for persons with HIV/AIDS	IL	501(c)(3)	10	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3045007	Outpatient community mental health services	IL	501(c)(3)	10	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4344423	PACE- Comprehensive & Coordinated Community Based Services	IL	501(c)(3)	10	Ascension Health Senior Care	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3260495	Supports the provision of healthcare services for related corporations for which it is a member	IL	501(c)(3)	Type III-FI	Ascension Health	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3276552	Supports the provision of healthcare services for related corporations	IL	501(c)(3)	Type III-FI	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1470362	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 47-1930457	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2596381	Acute care hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 81-1110738	SPECIALTY PHYSICIAN PRACTICE GROUP	IL	501(c)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 94-1530037	Acute care hospital (sold in 1998)	TX	501(c)(3)	Type I	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4484290	Supports the provision of healthcare for related corporations	IL	501(c)(3)	Type II	Alexian Brothers Health System	Yes	
3040 W Salt Creek Ln Arlington Heights, IL 60005 43-1295333	HUD housing	MO	501(c)(3)	10	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1592502	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 80-0710751	Specialty physician practice group	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1351584	CONTINUING CARE RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1136742	CONTINUING CARE RETIREMENT COMMUNITY	TN	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
2434 Interstate Plaza Drive Hammond, IN 46234 20-3238867	HEALTH CARE	IN	501(c)(3)	3	Presence Central & Suburban Hospitals Network AND PRESENCE CHICAGO HOSPITALS NETWORK	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0952490	SPORTS MEDICINE	AL	501(c)(3)	7	ST VINCENT'S BIRMINGHAM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2841358	RETIREMENT COMMUNITY	IL	501(c)(3)	10	PRESENCE LIFE CONNECTIONS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1570877	FOUNDATION	WI	501(c)(3)	7	ASCENSION ALL SAINTS HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1264986	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2802463	FUNDRAISING	MI	501(c)(3)	Type I	ASCENSION ALLEGAN HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1359180	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-5800012	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 86-0455920	HOSPITAL	AZ	501(c)(3)	3	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7222558	FUNDRAISING	MI	501(c)(3)	Type I	ASCENSION BORGESS HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1360526	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2860459	FUNDRAISING	MI	501(c)(3)	Type III-FI	ASCENSION BORGESS-LEE HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1490190	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1576680	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0905385	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-1121862	Health care	MO	501(c)(3)	Type I	Ascension Care Management LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2734755	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0985690	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1958763	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3591148	FOUNDATION	MI	501(c)(3)	Type II	GENESYS HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2377821	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1627755	FOUNDATION	WI	501(c)(3)	Type II	ASCENSION GOOD SAMARITAN HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0808503	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 65-1257719	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
RUST C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-7046706	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 65-1205990	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1227406	PARENT COMPANY	MO	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 82-4710412	RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3322109	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 83-1617112	HEALTH CARE	MI	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3494637	HEALTH CARE	MI	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3193801	HEALTHCARE SERVICES	MI	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1127163	CLINICAL HEALTHCARE SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1965593	MEDICAL GROUP	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1791586	MEDICAL GROUP	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2631907	HEALTH CARE	MI	501(c)(3)	10	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2601348	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-3174701	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0816818	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0807065	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-1109636	HEALTHCARE SERVICES	TX	501(c)(3)	3	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3526629	FUNDRAISING	MI	501(c)(3)	7	ST JOHN PROVIDENCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1358212	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2627336	SUPPORTING	MI	501(c)(3)	Type I	ASCENSION PROVIDENCE ROCHESTER HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1359247	GENERAL HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3160564	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1390638	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0816857	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-1109643	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	3	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2262856	HEALTH CARE	MI	501(c)(3)	3	ST JOHN PROVIDENCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 72-1531917	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1256677	FOUNDATION	WI	501(c)(3)	7	AFFINITY HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0907740	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-2961579	FUNDRAISING	MI	501(c)(3)	7	ST JOHN PROVIDENCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1359063	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 01-0790428	FUNDRAISING	MI	501(c)(3)	Type I	ASCENSION ST JOSEPH'S HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1443395	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2246366	FUNDRAISING	MI	501(c)(3)	Type III-FI	ASCENSION ST MARY'S HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-0997730	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1657410	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST MICHAEL'S HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0808443	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-1671120	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-4364243	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0958974	MANAGEMENT COMPANY	KS	501(c)(3)	10	ASCENSION VIA CHRISTI HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1172107	HEALTH SYSTEM PARENT	KS	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1186704	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0543778	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-1965272	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1172106	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0948571	PROPERTY MANAGEMENT	KS	501(c)(4)		ASCENSION VIA CHRISTI HOSPITALS WICHITA INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1158274	REHABILITATION HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HOSPITALS WICHITA INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1601369	VEBA	MO	501(c)(9)		ASCENSION HEALTH ALLIANCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1494981	FOUNDATION	WI	501(c)(3)	7	COLUMBIA ST MARY'S INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1701402	LABORATORY	WI	501(c)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1613624	PHARMACY	WI	501(c)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1509251	COMMUNITY HEALTH PROMOTION	TN	501(c)(3)	Type I	SAINT THOMAS NETWORK	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1861378	INACTIVE	TN	501(c)(3)	Type I	SAINT THOMAS MIDTOWN HOSPITAL	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2971975	OWN OIL AND MINERAL RIGHTS, REAL ESTATE	TX	501(c)(3)	Type III-FI	SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2468823	HOLDING COMPANY	MI	501(c)(3)	3	BORGESS HEALTH ALLIANCE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2335286	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2555589	SKILLED NURSING FACILITY	MI	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 86-0749574	FOUNDATION	AZ	501(c)(3)	Type I	ASCENSION ARIZONA	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1276738	HEALTH SYSTEM PARENT	MO	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2505427	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 81-4769136	MEDICAL GROUP	NY	501(c)(3)	3	ST MARY'S HEALTHCARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 83-2068871	SKILLED NURSING FACILITY	DC	501(c)(3)	10	Ascension Health Senior Care	Yes	
N4642 COUNTY N APPLETON, WI 54914 45-4681563	BEHAVIORAL HEALTH SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2514708	ADULT DAY CARE	MI	501(c)(3)	Type II	Ascension Health Senior Care	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1869951	FREESTANDING OUTPATIENT CENTER	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-0468031	FUNDRAISING	TX	501(c)(3)	Type II	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1596986	COLLEGE	WI	501(c)(3)	2	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0806315	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0807063	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1834639	HEALTH SYSTEM	WI	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1241079	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2800601	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1357365	NURSING/ASSISTED LIVING SERVICES	WI	501(c)(3)	10	HOWARD YOUNG HEALTH CARE INC	Yes	



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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2790703	MEDICAL RESEARCH ORGANIZATION	MI	501(c)(3)	10	ASCENSION ST MARY'S HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 75-3193633	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST CLARE'S HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1684957	FOUNDATION	WI	501(c)(3)	Type II	SAINTE JOSEPH'S HOSPITAL OF MARSHFIELD INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2371754	HEALTH SRVCS/STAFFING/PROP MNGT	MI	501(c)(3)	Type II	GENESYS HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2317364	CONVALESCENT CENTER	MI	501(c)(3)	3	GENESYS AMBULATORY HEALTH SERVICES	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3339703	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type II	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0934712	HEALTH SYSTEM	AL	501(c)(3)	Type III-FI	ST VINCENT'S HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-3620346	NURSING HOME	FL	501(c)(3)	10	SACRED HEART HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-3220767	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1499115	HOME OFFICE	WI	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-0606129	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1440267	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
18927 HICKORY CREEK DRIVE SUITE 300 MOKENA, IL 60448 36-3438977	LOW INCOME HOUSING FOR ELDERLY AND HANDICAPPED INDIVIDUALS	IL	501(c)(3)	10	PRESENCE LIFE CONNECTIONS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 91-1528577	FUNDRAISING	WA	501(c)(3)	Type I	OUR LADY OF LOURDES HOSPITAL AT PASCO	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 22-2873637	Rental of Health Care Facilities	NY	501(c)(2)		Our Lady of Lourdes Memorial Hospital Inc	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 14-1776546	MEDICAL OFFICE BUILDING	NY	501(c)(25)		ST MARY'S HEALTHCARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3495969	HEALTH CARE	IL	501(c)(3)	10	Presence Health Partners Services	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7140261	FOUNDATION	WI	501(c)(3)	10	AFFINITY HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 94-3436893	Medical Group	WI	501(c)(3)	3	ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1490371	PARENT CORPORATION	WI	501(c)(3)	Type I	ASCENSION HEALTH	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 91-0349750	HEALTHCARE	WA	501(c)(3)	3	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 15-0532221	HOSPITAL	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 16-1608735	SKILLED NURSING FACILITY	NY	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-3700131	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4286236	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2709982	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-0483587	HEALTH CARE	IL	501(c)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3366652	MGMT SUPPORT	IL	501(c)(3)	Type III-FI	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4195126	HEALTH CARE	IL	501(c)(3)	3	Presence Care Transformation Corporation	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-2644178	HEALTH CARE	IL	501(c)(3)	Type II	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3330928	HEALTH CARE	IL	501(c)(3)	3	Presence Care Transformation Corporation	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-0483581	HEALTH CARE	IL	501(c)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 37-1127787	RETIREMENT COMMUNITY	IL	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7061646	RETIREMENT COMMUNITY	IL	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-8775914	DORMANT	IN	501(c)(3)	10	ST MARY'S HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0914564	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(2)		GULF COAST HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0915493	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	7	GULF COAST HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2683112	SUPPORT CHARITABLE PURPOSE OF ASCENSION PROVIDENCE	TX	501(c)(3)	Type I	ASCENSION PROVIDENCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2696970	PHYSICIAN PRACTICES	TX	501(c)(3)	3	ASCENSION PROVIDENCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1275583	FUNDRAISING ORGANIZATION	DC	501(c)(3)	Type I	PROVIDENCE HOSPITAL	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1275587	PHYSICIAN PRACTICES	DC	501(c)(3)	Type I	PROVIDENCE HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0288861	HOSPITAL	AL	501(c)(3)	3	GULF COAST HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 53-0196636	HOSPITAL	DC	501(c)(3)	3	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 61-1759304	SKILLED NURSING FACILITY	TX	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3296367	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-2436597	FOUNDATION	FL	501(c)(3)	7	SACRED HEART HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-0634434	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 57-1183283	INVESTMENT	FL	501(c)(3)	Type I	SACRED HEART HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0902199	REHAB SERVICES	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 41-0693877	HOSPITAL	MN	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0847631	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1716804	SYSTEM PARENT	TN	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1663055	OPERATES FOUNDATION	TN	501(c)(3)	7	SAINT THOMAS NETWORK	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 58-1737573	HOSPITAL	TN	501(c)(3)	3	BAPTIST HEALTH CARE AFFILIATES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1836937	HOME HEALTH CARE	TN	501(c)(3)	10	SAINT THOMAS HICKMAN HOSPITAL	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1529858	HEALTHCARE PROVIDER	TN	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1869474	ACUTE CARE HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1284994	HEALTH INVESTMENT ENTITY	TN	501(c)(3)	10	SAINT THOMAS HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 47-4063046	HOSPITALS	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-1167917	FOUNDATION	TN	501(c)(3)	Type I	SAINT THOMAS RUTHERFORD HOSPITAL	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-0475842	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 62-0347580	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1948057	MEDICAL EQUIPMENT	KS	501(c)(3)	10	ASCENSION VIA CHRISTI HEALTH PARTNERS INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-3308965	Owns or leases properties where healthcare services are delivered	IL	501(c)(2)		Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-4364681	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-4562522	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-1311790	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2212968	FUNDRAISING	TX	501(c)(3)	Type II	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-2842608	FUNDRAISING	TX	501(c)(3)	Type II	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2820107	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-2498998	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	ASCENSION SETON	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-4364813	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type II	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-2960726	SKILLED NURSING FACILITY	PA	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-2064992	PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY	MD	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0937704	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	Type II	GULF COAST HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 42-1670843	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7326976	REAL ESTATE	AL	501(c)(2)		ST VINCENT'S HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-5330986	FUNDRAISING	TX	501(c)(3)	Type II	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2869762	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 82-0204264	HOSPITAL	ID	501(c)(3)	3	ASCENSION HEALTH	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 82-1103087	HEALTHCARE	NY	501(c)(3)	3	OUR LADY OF LOURDES MEMORIAL HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1415083	FUNDRAISING	MD	501(c)(3)	Type I	ST AGNES HEALTHCARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-0591657	HOSPITAL	MD	501(c)(3)	3	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4251846	Acute care hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-1878316	SKILLED NURSING FACILITY	FL	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-0999759	HEALTH CARE	OK	501(c)(3)	10	ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-3833117	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 61-1659782	REAL ESTATE	OK	501(c)(2)		ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1133139	FUNDRAISING	OK	501(c)(3)	7	ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1215174	SYSTEM PARENT	OK	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-0579286	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2244034	PARENT	MI	501(c)(3)	Type II	ASCENSION MICHIGAN	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-0662663	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1077367	NURSING HOME	OK	501(c)(3)	10	ST JOHN HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7313206	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST JOSEPH HOSPITAL & HEALTH CENTER INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0992717	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1388461	FUNDRAISING	MO	501(c)(3)	Type I	CARONDELET HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 51-0168321	FUNDRAISING	ID	501(c)(3)	Type I	SJRC Inc	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 52-1835288	SKILLED NURSING FACILITY	MD	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-0479484	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1899560	DME/HOME CARE	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7248362	REAL ESTATE HOLDING COMPANY	IN	501(c)(2)		ST MARY'S HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 23-7045370	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1679526	INVESTMENT SERVICES	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0869065	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 14-1347719	HOSPITAL	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 43-1918107	FUNDRAISING	MO	501(c)(3)	Type I	CARONDELET HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-1356310	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	10	ST VINCENT MEDICAL GROUP INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-3474697	DORMANT	IN	501(c)(3)	Type I	ST MARY'S MEDICAL GROUP LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-5342518	AMBULANCE SERVICES	IN	501(c)(4)		ST MARY'S HEALTH SERVICES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1343019	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2053693	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT ANDERSON REGIONAL HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-0877261	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-3107055	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2112529	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-2192831	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 45-4243702	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1531734	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT FRANKFORT HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2099320	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2052591	PARENT COMPANY	IN	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-1227327	HEALTH AND WELLNESS SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0869066	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-6088862	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	Yes	
301 HENRY STREET NORTH VERNON, IN 47265 84-1703732	DORMANT	IN	501(c)(3)	1	ST VINCENT JENNINGS HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1841606	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0876389	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-2039417	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	10	ST VINCENT CARMEL HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 31-1066871	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2133006	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT RANDOLPH HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-2103153	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 47-1289091	RETAIL AMBULATORY SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 27-0847538	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-1712001	LONG TERM CARE HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-3130159	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT WILLIAMSPORT HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 35-0784551	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-2292041	PHYSICIAN PRACTICE	FL	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0288864	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0909073	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 06-1331677	INACTIVE	CT	501(c)(3)	10	STVINCENT'S MEDICAL CENTER	Yes	
95 MERRITT BOULEVARD TRUMBULL, CT 06611 22-2554128	REAL ESTATE HOLDINGS	CT	501(c)(25)		ST VINCENT'S HEALTH SERVICES CORP	Yes	

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						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0578923	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0868066	FUNDRAISING	AL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-2219923	FUND RAISING	FL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM INC	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558134	HOLDING COMPANY	CT	501(c)(3)	Type I	ST VINCENT'S MEDICAL CENTER	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0931008	HEALTH SYSTEM	AL	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-3650609	PARENT ENTITY	FL	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 06-0646886	HOSPITAL AND SYSTEM PARENT	CT	501(c)(3)	3	ASCENSION HEALTH	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 22-2558132	FUNDRAISING	CT	501(c)(3)	7	ST VINCENT'S MEDICAL CENTER	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 59-0624449	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 46-1523194	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 80-0458769	PHYSICIAN PRACTICES	CT	501(c)(3)	Type I	ST VINCENT'S MEDICAL CENTER	Yes	
95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-0702617	PROGRAMS FOR SPECIAL NEEDS INDIVIDUALS	CT	501(c)(3)	10	ST VINCENT'S HEALTH SERVICES CORP	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-5002285	REAL ESTATE HOLDING COMPANY	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 38-2427678	PRG RELATED INVESTMENTS	MI	501(c)(3)	Type II	GENESYS HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-0873606	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2727509	SPIRITUALITY CENTER	TX	501(c)(3)	Type II	ASCENSION TEXAS	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 26-4562712	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-2855201	TO HOLD TITLE TO REAL PROPERTY	TX	501(c)(25)		SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 63-0932323	PHYSICIAN GROUP	AL	501(c)(3)	Type II	ST VINCENT'S HEALTH SYSTEM	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 36-4943550	FOUNDATION	KS	501(c)(3)	7	ASCENSION VIA CHRISTI HEALTH INC	Yes	



Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1236589	PACE (SNF)	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1129325	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 20-2828680	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1078862	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-1247723	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 74-3070971	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 73-1153337	RETIREMENT COMMUNITY	OK	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 48-0559086	MANAGEMENT COMPANY	KS	501(c)(3)	Type III-FI	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 93-0838390	FOUNDATION	WI	501(c)(3)	10	ASCENSION ALL SAINTS HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 72-1526400	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HOSPITAL MANHATTAN INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-2028808	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1636804	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-6068950	AUXILIARY	WI	501(c)(3)	Type III-FI	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 32-0135258	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST FRANCIS HOSPITAL INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1486775	RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 56-2426294	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION WISCONSIN PHARMACY INC	Yes	
C/O TAX DEPARTMENT PO BOX 45998 ST LOUIS, MO 631455998 39-1568865	PARENT CORPORATION	IL	501(c)(3)	Type I	ASCENSION HEALTH	Yes	









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
ADVANTAGE HEALTHCO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2698151	HEALTH SERVICES	TX	NA	C Corporation				Yes	
AFFILIATED HEALTH SERVICES INC 28000 DEQUINDRE WARREN, MI 48092 38-2292922	MEDICAL SERVICES	MI	NA	C Corporation				Yes	
AFFILIATED MEDICAL SERVICES LABORATORY INC 2916 E CENTRAL WICHITA, KS 67214 48-1239522	MEDICAL LABORATORY	KS	NA	C Corporation				Yes	
AH INCUBATIONS ACCELERATOR INC 101 SOUTH HANLEY ROAD SUITE 450 ST LOUIS, MO 63105 45-5078523	MEDICAL SERVICE	MO	NA	C Corporation				Yes	
ALEXIAN BROTHERS CORPUS CHRISTI HOUSING PROJECT LLC 3900 SOUTH GRAND ST LOUIS, MO 63118 94-3465394	HOUSING	MO	NA	C Corporation				Yes	
Alexian Brothers Health Providers Association Inc 2601 Navistar Drive Lisle, IL 60532 36-3853286	Messenger model IPA	IL	NA	C Corporation				Yes	
Alexian Village of Elk Grove 3040 W Salt Creek Ln Arlington Heights, IL 60005 35-2211303	Tax credit financed housing	IL	NA	C Corporation				Yes	
AMITA HEALTH CLINICALLY INTEGRATED NETWORK LLC 2601 NAVISTAR DRIVE LISLE, IL 60532 80-0967178	MANAGED CARE	IL	NA	C Corporation				Yes	
ASCENSION CAPITAL UK LIMITED FOUNTAIN HOUSE 130 FENCHURCH STREET LONDON, ENGLAND EC3M5DJ UK	INSURANCE	UK	NA	C Corporation				Yes	
Ascension Care Management Health Partners Tennessee 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 45-2958482	ACCOUNTABLE CARE ORGANIZATION	TN	NA	C Corporation				Yes	
ASCENSION CARE MANAGEMENT HEALTH PARTNERS INC 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-4413419	MEDICAL SERVICE	MO	NA	C Corporation				Yes	
ASCENSION CARE MANAGEMENT HOLDINGS LTD AND SUBSIDIARIES 8220 IRVING STERLING HEIGHTS, MI 48312 38-3269272	INSURANCE AND TPA	MI	NA	C Corporation				Yes	
ASCENSION HEALTH INSURANCE LIMITED PO BOX 1159 GRAND CAYMAN, Bahamas KY11102 CJ	INSURANCE	CJ	NA	C Corporation				Yes	
ASCENSION HEALTH RISK PURCHASING GROUP 101 SOUTH HANLEY ROAD SUITE 450 ST LOUIS, MO 63105 27-4176480	SUPPORTING ORGANIZATION	MO	NA	C Corporation				Yes	
ASCENSION MEDICAL GROUP VIA CHRISTI PA 3311 EAST MURDOCK WICHITA, KS 67208 48-0993446	PROFESSIONAL ASSOCIATION	KS	NA	C Corporation				Yes	

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(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
ASCENSION VENTURES CORPORATION 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1217059	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	
BAPTIST HEALTH CARE VENTURES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-0469214	HOLDING COMPANY	TN	NA	C Corporation				Yes	
BAYLEY CONDOMINIUM ASSOCIATION 2121 HIGHLAND AVENUE SOUTH BIRMINGHAM, AL 35205 63-1209915	CONDOMINIUM ASSOCIATION	AL	NA	C Corporation				Yes	
BEECHER BALLENGER SERVICES INC AND SUBSIDIARIES ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2497922	HOLDING COMPANY	MI	NA	C Corporation				Yes	
CARONDELET MEDICAL GROUP INC 101 South Hanley Road ST LOUIS, MO 63105 86-0836126	MEDICAL GROUP	AZ	NA	C Corporation				Yes	
CARONDELET SPECIALIST GROUP INC 101 South Hanley Road ST LOUIS, MO 63105 26-1558773	PHYSICIAN PRACTICE	AZ	NA	C Corporation				Yes	
CLINICAL HOLDINGS CORP 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-3802297	HOLDING COMPANY	MO	NA	C Corporation				Yes	
CONSOLIDATED PHARMACY SERVICES INC AND SUBSIDIARIES 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3398033	RETAIL PHARMACY & PATIENT TRANSPORT	FL	NA	C Corporation				Yes	
Corbett Corporation 169 Riverside Drive Binghamton, NY 13905 16-1268267	Property Management	NY	NA	C Corporation				Yes	
CRITTENTON DEVELOPMENT CORPORATION AND SUBSIDIARIES 2251 N SQUIRREL RD STE 310 AUBURN HILLS, MI 48326 38-2594115	REAL ESTATE	MI	NA	C Corporation				Yes	
DELL CHILDREN'S HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 27-1311909	HEALTH SERVICES	TX	NA	C Corporation				Yes	
FAMILY MEDICINE CENTER CONDOMINIUM ASSOCIATION INC 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204 26-1983355	CONDOMINIUM ASSOCIATION	FL	NA	C Corporation				Yes	
FRANKLIN MEDICAL OFFICE BUILDING CONDOMINIUM ASSOCIATION INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 34-1983857	CONDO ASSOCIATION	WI	NA	C Corporation				Yes	
GULF COAST DIVERSIFIED INC 5154 NORTH 9TH AVENUE PENSACOLA, FL 32507 59-2432798	INVESTMENT	FL	NA	C Corporation				Yes	
INDIAN CREEK CENTER INC 101 South Hanley Road St Louis, MO 63105 48-0956627	MANAGEMENT	MO	NA	C Corporation				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
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								Yes	No
INTEGRATED HEALTHCARE SYSTEMS INC 3311 EAST MURDOCK WICHITA, KS 67208 48-0941549	CLINIC SERVICES	KS	NA	C Corporation				Yes	
L GILBRAITH INSURANCE SPC LTD C/O Strategic Risk Solutions PO BOX 1159 GRAND CAYMAN KY11102 CJ	INSURANCE	CJ	NA	C Corporation				Yes	
MADISON MEDICAL AFFILIATES INC 4425 N PORT WASHINGTON RD GLENDALE, WI 53212 39-1855720	HEALTHCARE	WI	NA	C Corporation				Yes	
MID-STATE PROPERTIES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-1232018	INACTIVE	TN	NA	C Corporation				Yes	
MISSISSIPPI PROVIDENCE HEALTHCARE SERVICES INC 6801 AIRPORT BLVD MOBILE, AL 36608 46-1130426	HEALTHCARE SERVICES	MS	NA	C Corporation				Yes	
PRESENCE SERVICE CORPORATION 2380 E DEMPSTER STREET DES PLAINES, IL 60016 36-4314354	MEDICAL	IL	NA	C Corporation				Yes	
PRESENCE VENTURES INC and SUBSIDIARY 100 NORTH RIVER ROAD DES PLAINES, IL 60016 37-1168085	MEDICAL	IL	NA	C Corporation				Yes	
PROVIDENCE PARK Inc PO BOX 850429 MOBILE, AL 36685 63-0886846	REAL ESTATE	AL	NA	C Corporation				Yes	
RESOURCE PHARMACIES INC 1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1410076	RETAIL PHARMACY	DC	NA	C Corporation				Yes	
SETON INSURANCE COMPANY 1345 PHILOMENA STREET AUSTIN, TX 78723 47-5395483	HEALTH SERVICES	TX	NA	C Corporation				Yes	
SETON HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 45-3047469	HEALTH SERVICES	TX	NA	C Corporation				Yes	
SETON HEALTH PLAN INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2725348	HMO	TX	NA	C Corporation				Yes	
SETON MSO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2870455	HEALTH SERVICES	TX	NA	C Corporation				Yes	
SETON PHYSICIAN HOSPITAL NETWORK AND SUBSIDIARIES 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2643825	HEALTH SERVICES	TX	NA	C Corporation				Yes	
SOVA INC 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 26-1319638	HEALTH SERVICES	TN	NA	C Corporation				Yes	



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								Yes	No
ST AGNES HEALTH VENTURES INC 900 CATON AVENUE BALTIMORE, MD 21229 52-1733632	HOLDING COMPANY	MD	NA	C Corporation				Yes	
ST JOSEPH HEALTH ENTERPRISES 200 HEMLOCK ROAD TAWAS CITY, MI 48764 38-2686747	OTHER MEDICAL	MI	NA	C Corporation				Yes	
St Mary's Health 800 S Washington Avenue Saginaw, MI 48601 38-3477017	Dormant	MI	NA	C Corporation				Yes	
ST MARY'S MEDICAL GROUP INC 3700 WASHINGTON AVE EVANSVILLE, IN 47750 35-2076827	INVESTMENT	IN	NA	C Corporation				Yes	
SUNFLOWER ASSURANCE LTD PO BOX 1085 GRAND CAYMAN, Bahamas KY11102 CJ	INSURANCE	CJ	NA	C Corporation				Yes	
TEXTILE SYSTEMS INC 817 WALBRIDGE KALAMAZOO, MI 49007 38-2705047	LAUNDRY SERVICES	MI	NA	C Corporation				Yes	
THE PROSPECT MEDICAL COMMONS CONDOMINIUM ASSOCIATION INC 4425 N PORT WASHINGTON RD GLENDALE, WI 53212 20-8042108	CONDO ASSOCIATION	WI	NA	C Corporation				Yes	
Thelen Corporation 3040 Salt Creek Lane Arlington Heights, IL 60005 36-3266316	Owns/ leases property; joint venture partner	IL	NA	C Corporation				Yes	
TRAVEL SERVICES CORPORATION PO BOX 45998 ST LOUIS, MO 631455998 26-3764978	TRAVEL SERVICES	MO	NA	C Corporation				Yes	
UTICA SERVICES INC AND SUBSIDIARIES 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1057650	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
VCH IOWA PC 8200 E THORN DRIVE WICHITA, KS 67226 27-3983977	PROFESSIONAL ASSOCIATION	IA	NA	C Corporation				Yes	
VCH IOWA PC TRUST 8200 E THORN DRIVE WICHITA, KS 67226 27-6937322	BENEFICIARY TRUST	IA	NA	Trust				Yes	
VIA CHRISTI CLINIC SERVICES INC 8200 E THORN DRIVE WICHITA, KS 67226 27-3984287	CLINIC SERVICES	KS	NA	C Corporation				Yes	
VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE INC 8200 E THORN DRIVE WICHITA, KS 67226 46-2872857	ACO	KS	NA	C Corporation				Yes	
VINCENTIAN VENTURES OF NORTH ALABAMA INC AND SUBSIDIARIES 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0965456	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	

**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
VINCENTURES INC 95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-1211417	INACTIVE	CT	NA	C Corporation				Yes	
WHEATON FRANCISCAN HOLDINGS INC AND SUBSIDIARIES 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1836357	HOLDING CO	WI	NA	C Corporation				Yes	
WHEATON FRANCISCAN PROVIDER NETWORK INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1952140	PROVIDER CONTRACT	WI	NA	C Corporation				Yes	
WHEATON WAY CONDOMINIUM OWNERS ASSOCIATION INC 10101 SOUTH 27TH STREET FRANKLIN, WI 53212 30-0659830	CONDO ASSOCIATION	WI	NA	C Corporation				Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Alexian Brothers Health System	C	661,017	FAIR MARKET VALUE
Alexian Brothers Health System	P	55,917,456	FAIR MARKET VALUE
Alexian Brothers Health System	Q	2,773,447	FAIR MARKET VALUE
Alexian Brothers Medical Center	P	414,785	FAIR MARKET VALUE
Alexian Brothers Medical Center	Q	367,986	FAIR MARKET VALUE
Alexian Brothers Specialty Group	P	177,684	FAIR MARKET VALUE
AMITA Health Clinically Integrated Network LLC	P	486,766	FAIR MARKET VALUE
AMITA Health Clinically Integrated Network LLC	Q	328,271	FAIR MARKET VALUE
Ascension Health Alliance Professional and General Liability Self Insurance Trust	P	22,794,151	FAIR MARKET VALUE
Ascension Health-IS Inc	P	270,189	FAIR MARKET VALUE
Ascension Seton	P	82,903	FAIR MARKET VALUE
Presence Ambulatory Services	J	383,102	FAIR MARKET VALUE
Presence Ambulatory Services	P	431,431	FAIR MARKET VALUE
Presence Behavioral Health	J	193,434	FAIR MARKET VALUE
Presence Behavioral Health	P	4,001,102	FAIR MARKET VALUE
Presence Care Transformation Corporation	J	877,906	FAIR MARKET VALUE
Presence Care Transformation Corporation	P	360,113,186	FAIR MARKET VALUE
Presence Care Transformation Corporation	Q	11,323,580	FAIR MARKET VALUE
Presence Care Transformation Corporation	S	777,137,987	FAIR MARKET VALUE
Presence Healthcare Services	J	90,437	FAIR MARKET VALUE
Presence Healthcare Services	K	974,277	FAIR MARKET VALUE
Presence Healthcare Services	P	8,473,167	FAIR MARKET VALUE
Presence Healthcare Services	Q	1,514,579	FAIR MARKET VALUE
RAINBOW HOSPICE AND PALLIATIVE CARE	J	237,096	FAIR MARKET VALUE
RAINBOW HOSPICE AND PALLIATIVE CARE	P	2,223,427	FAIR MARKET VALUE

**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
St Alexius Medical Center	Q	65,223	FAIR MARKET VALUE
St Vincent Hospital and Health Care Center Inc	P	83,799	FAIR MARKET VALUE
Saint Thomas Health	P	100,562	FAIR MARKET VALUE
Saint Thomas West Hospital	P	67,123	FAIR MARKET VALUE
Via Christi Hospitals Wichita	P	126,144	FAIR MARKET VALUE
Medicare Value Partners	S	650,817	FAIR MARKET VALUE