

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

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

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

C Name of organization: ADVOCATE NORTH SIDE HEALTH NETWORK
 Doing business as:
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 3075 HIGHLAND PARKWAY NO 600
 City or town, state or province, country, and ZIP or foreign postal code: DOWNERS GROVE, IL 60515

D Employer identification number: 36-3196629
E Telephone number: (630) 929-5543
G Gross receipts \$ 839,266,851

F Name and address of principal officer: SUSAN NORDSTROM LOPEZ, 3075 HIGHLAND PKWY, DOWNERS GROVE, IL 60515

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.ADVOCATEHEALTH.COM

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1983 **M** State of legal domicile: IL

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	9
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	3,089
6 Total number of volunteers (estimate if necessary)	342
7a Total unrelated business revenue from Part VIII, column (C), line 12	337,414
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	7,884,473	5,708,140
9 Program service revenue (Part VIII, line 2g)	722,197,413	700,642,695
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,387,945	12,744,293
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,864,501	6,991,386
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	758,334,332	726,086,514
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	264,336	93,825
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	197,317,861	194,927,056
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	443,869,923	468,498,656
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	641,452,120	663,519,537
19 Revenue less expenses Subtract line 18 from line 12	116,882,212	62,566,977

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	698,453,909	752,207,461
21 Total liabilities (Part X, line 26)	82,854,437	85,386,598
22 Net assets or fund balances Subtract line 21 from line 20	615,599,472	666,820,863

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: 2019-11-15

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

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: Check if self-employed PTIN:

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no:

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 568,036,755 including grants of \$ 93,825) (Revenue \$ 680,002,860)
See Additional Data

4b (Code) (Expenses \$ 27,669,625 including grants of \$) (Revenue \$ 6,628,297)
See Additional Data

4c (Code) (Expenses \$ 13,978,898 including grants of \$) (Revenue \$ 14,091,574)
See Additional Data

See Additional Data Table

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

4e Total program service expenses ▶ 609,685,278

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	3,089		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Yes	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b		Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a			No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

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



Section A. Governing Body and Management

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (IL); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ADVOCATE AURORA HEALTH INC 3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 (630) 929-6057

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

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

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

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

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

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

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

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

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

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

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	4,162,509	38,757,090	1,841,362

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 ▶ **7**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KRALOVEC JAMBOIS AND SCHWARTZ 60 W RANDOLPH ST 4TH FLOOR CHICAGO, IL 60601	LEGAL SERVICES	13,865,070
POWER ROGERS & SMITH LLP 70 W MADISON ST 5500 CHICAGO, IL 60602	LEGAL SERVICES	10,992,425
UNIVERSITY OF IL AT CHICAGO 1200 W HARRISON ST CHICAGO, IL 60607	UNIVERSITY	8,930,798
NEW YORK LIFE INSURANCE CO 51 MADISON AVE NEW YORK, NY 10010	LIFE INSURANCE	2,500,000
CUSTOM CONTRACTING LTD 21020 N RAND ROAD SUITE D LAKE ZURICH, IL 60047	CONSTRUCTION SVCS	2,327,240

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 ▶ **58**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	3,540,137		
	e Government grants (contributions)	1e	2,168,003		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$ _____				
h Total. Add lines 1a-1f		5,708,140			

Program Service Revenue			Business Code				
	2a PATIENT SVC REVENUE		622110	264,326,354	264,326,354		
	b MEDICARE/MEDICAID		622110	175,931,485	175,931,485		
	c BLUE CROSS/MGD CARE		622110	159,758,832	159,758,832		
	d PHARMACY		446110	66,967,638	66,967,638		
	e LABORATORY		621511	33,658,386	33,658,386		
	f All other program service revenue						
g Total. Add lines 2a-2f			700,642,695				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			7,761,990			7,761,990	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
		3,289,483	105					
		b Less rental expenses	0	0				
		c Rental income or (loss)	3,289,483	105				
	d Net rental income or (loss)			3,289,588		337,414	2,952,174	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		117,802,702	359,938					
		b Less cost or other basis and sales expenses	112,803,920	376,417				
		c Gain or (loss)	4,998,782	-16,479				
	d Net gain or (loss)			4,982,303			4,982,303	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a						
	b Less direct expenses	b						
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities See Part IV, line 19	a							
b Less direct expenses	b							
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	a							
b Less cost of goods sold	b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue		Business Code						
11a PARKING		812930	2,123,311				2,123,311	
b CAFETERIA REVENUE		722514	1,498,451				1,498,451	
c MISCELLANEOUS		900099	80,036	80,036				
d All other revenue								
e Total. Add lines 11a-11d			3,701,798					
12 Total revenue. See Instructions			726,086,514	700,722,731	337,414		19,318,229	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	93,825	93,825		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,554,027	1,554,027		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	172,213	172,213		
7 Other salaries and wages	158,211,226	155,798,076	2,413,150	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,949,085	3,949,085		
9 Other employee benefits	20,837,834	20,789,943	47,891	
10 Payroll taxes	10,202,671	10,074,653	128,018	
11 Fees for services (non-employees)				
a Management				
b Legal	67,830		67,830	
c Accounting	20,433		20,433	
d Lobbying	9,431		9,431	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	978,267		978,267	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,994,996		13,994,996	
12 Advertising and promotion	169,741	152,990	16,751	
13 Office expenses	2,978,629	2,964,792	13,837	
14 Information technology	16,817,616	457,402	16,360,214	
15 Royalties				
16 Occupancy	4,736,641	4,736,419	222	
17 Travel	805,010	770,841	34,169	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	574,248	561,913	12,335	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,478,849	20,414,321	64,528	
23 Insurance	-1,197,128	-1,197,128		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER INTERCOMPANY	274,846,218	274,832,230	13,988	
b MEDICAL SUPPLIES	62,410,937	62,404,573	6,364	
c OTHER	23,403,517	3,792,266	19,611,251	
d INCOME TAXES	-9,809	-9,809		
e All other expenses	47,413,230	47,372,646	40,584	
25 Total functional expenses. Add lines 1 through 24e	663,519,537	609,685,278	53,834,259	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	50,430,857	1	53,091,805
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	664,439	3	760,641
	4 Accounts receivable, net	74,229,211	4	68,897,468
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	10,125,446	8	9,877,951
	9 Prepaid expenses and deferred charges	210,117	9	164,629
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 400,694,801		
	b Less accumulated depreciation	10b 171,931,895	235,381,150	10c 228,762,906
	11 Investments—publicly traded securities	213,570,298	11	288,673,922
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	89,841,497	13	83,374,797
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	24,000,894	15	18,603,342
16 Total assets. Add lines 1 through 15 (must equal line 34)	698,453,909	16	752,207,461	
Liabilities	17 Accounts payable and accrued expenses	47,257,485	17	49,293,326
	18 Grants payable		18	
	19 Deferred revenue	0	19	13,716
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	35,596,952	25	36,079,556
	26 Total liabilities. Add lines 17 through 25	82,854,437	26	85,386,598
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	610,847,213	27	662,068,604
	28 Temporarily restricted net assets	4,752,259	28	4,752,259
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	615,599,472	33	666,820,863	
34 Total liabilities and net assets/fund balances	698,453,909	34	752,207,461	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	726,086,514
2	Total expenses (must equal Part IX, column (A), line 25)	2	663,519,537
3	Revenue less expenses Subtract line 2 from line 1	3	62,566,977
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	615,599,472
5	Net unrealized gains (losses) on investments	5	-11,382,670
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	37,084
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	666,820,863

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
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 36-3196629

Name: ADVOCATE NORTH SIDE HEALTH NETWORK

Form 990 (2018)

Form 990, Part III, Line 4a:

CHARITY CARE AND TRAUMA CARE PROVIDING INPATIENT AND OUTPATIENT HEALTH CARE SERVICES TO THE COMMUNITY REGARDLESS OF THE PATIENTS' ABILITY TO PAY AS PART OF ADVOCATE ILLINOIS MASONIC MEDICAL CENTER'S (ADVOCATE ILLINOIS MASONIC) COMMUNITY BENEFITS COMMITMENT AND ITS VISION AND VALUES, THE MEDICAL CENTER IS COMMITTED TO PROMOTING INITIATIVES THAT ENHANCE ACCESS TO HEALTH CARE FOR THE UNINSURED AND UNDERINSURED AN EXAMPLE OF THIS IS THE PROVISION OF CHARITY CARE ADVOCATE ILLINOIS MASONIC OFFERS A VERY GENEROUS CHARITY CARE PROGRAM--REQUIRING NO PAYMENTS FROM THE PATIENTS MOST IN NEED, PROVIDING DISCOUNTS TO UNINSURED PATIENTS EARNING UP TO SIX TIMES THE FEDERAL POVERTY LEVEL AND TO INSURED PATIENTS EARNING UP TO FOUR TIMES THE FEDERAL POVERTY LEVEL THE MEDICAL CENTER ALSO CONSIDERS A PATIENT'S EXTENUATING CIRCUMSTANCES TO QUALIFY PATIENTS FOR CHARITY CARE FOR UNINSURED PATIENTS, THE MEDICAL CENTER WILL PRESUMPTIVELY PROVIDE CHARITY CARE IF THE FINANCIAL STATUS HAS BEEN VERIFIED BY A THIRD PARTY AND, IN SOME CASES, THE PATIENT IS NOT REQUIRED TO SUBMIT A SEPARATE CHARITY APPLICATION IF PRESUMPTIVE CRITERIA IS NOT AVAILABLE FOR UNINSURED PATIENTS, THEN FINANCIAL ASSISTANCE ELIGIBILITY IS AVAILABLE USING AN INCOME-BASED SCREENING ADVOCATE ILLINOIS MASONIC EXTENDS ITS INCOME-BASED FINANCIAL ASSISTANCE POLICY TO ITS INSURED PATIENTS AS WELL, ALSO TAKING INTO CONSIDERATION THE INSURED PATIENT'S EXTENUATING CIRCUMSTANCES ALTHOUGH THE MEDICAL CENTER'S CHARITY CARE POLICY IS VERY GENEROUS, ADVOCATE ILLINOIS MASONIC CONTINUES TO REVIEW AND REFINES ITS POLICY IN AN ONGOING EFFORT TO ENSURE THAT FINANCIAL ASSISTANCE IS AVAILABLE TO THOSE WHO NEED ASSISTANCE THE MEDICAL CENTER MAINTAINS HIGHLY VISIBLE SIGNAGE AND BROCHURES IN MULTIPLE LANGUAGES TO INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL HELP AND FINANCIAL COUNSELORS INFORMATION ABOUT THE CHARITY CARE PROGRAM AND THE CHARITY APPLICATION IS PROVIDED TO ALL UNINSURED PATIENTS DURING REGISTRATION AND IS MAILED TO THEM IN ADVANCE OF THE FIRST PATIENT BILLING AFTER THAT, EACH UNINSURED PATIENT'S BILL INCLUDES SUMMARY INFORMATION REGARDING THE CHARITY CARE PROGRAM ADVOCATE ILLINOIS MASONIC IS DEDICATED TO PROVIDING EXPERT EMERGENCY AND TRAUMA CARE THE MEDICAL CENTER'S LEVEL I TRAUMA CENTER, ONE OF ONLY FOUR IN CHICAGO, CARES FOR THE MOST SERIOUSLY INJURED PEOPLE WITHIN ITS SERVICE AREA EMERGENCY AND TRAUMA SERVICES ARE PROVIDED REGARDLESS OF ABILITY TO PAY IN 2018, THE MEDICAL CENTER EXPERIENCED 42,646 EMERGENCY ROOM VISITS, OF WHICH 1,199 WERE TRAUMA PATIENTS

Form 990, Part III, Line 4b:

HEALTH CARE SERVICES PROVIDED BY PHYSICIANS EMPLOYED BY THE ORGANIZATION HEALTH CARE SERVICES PROVIDED BY PHYSICIANS EMPLOYED BY THE HOSPITAL
ARE FOCUSED ON IMPACTING THE HEALTH OF THE COMMUNITY THE DIGESTIVE HEALTH TEAM HAS BEEN WORKING ACTIVELY TO INCREASE COLON CANCER
SCREENINGS EMERGENCY MEDICINE PHYSICIANS HAVE BEEN TRAINING LOCAL EMERGENCY MEDICAL TECHNICIANS (EMTS) AS WELL AS PROVIDING TRAINING IN
CARDIO PULMONARY RESUSCITATION (CPR), BLEEDING CONTROL AND APPROPRIATE BIKE HELMET USAGE A RANGE OF PHYSICIANS AND ASSOCIATES PROVIDE HEALTH
EDUCATION, LECTURES AND SCREENINGS AT COMMUNITY HEALTH EVENTS THROUGHOUT THE YEAR

Form 990, Part III, Line 4c:

GRADUATE MEDICAL EDUCATION ADVOCATE ILLINOIS MASONIC IS COMMITTED TO TRAINING HEALTH CARE PROVIDERS IN A BROAD RANGE OF SPECIALTIES IN 2018, THE MEDICAL CENTER TRAINED 225 RESIDENTS AND 499 MEDICAL STUDENTS IN THE FOLLOWING SERVICES ANESTHESIOLOGY, CARDIOLOGY, EMERGENCY MEDICINE, FAMILY MEDICINE, INTERNAL MEDICINE, OBSTETRICS/ GYNECOLOGY, ORTHOPEDIC SURGERY, PODIATRY, RADIOLOGY, GENERAL SURGERY, SURGICAL CRITICAL CARE AND UROLOGY THE MEDICAL CENTER ALSO HAS TRAINING PROGRAMS FOR OTHER HEALTHCARE PROFESSIONALS, INCLUDING PHARMACY, NURSING, PSYCHOLOGY, SOCIAL WORK AND REHABILITATION A LIMITED NUMBER OF DENTAL STUDENTS RECEIVE SPECIALIZED TRAINING IN PROGRAMS FOR SPECIAL NEEDS DENTISTRY AND SERVE PATIENTS ON THE MOBILE DENTAL VAN THE MEDICAL CENTER ALSO PROVIDES ACCREDITED CHAPLAINCY TRAINING THROUGH THE MEDICAL CENTER'S ACCREDITED CLINICAL PASTORAL EDUCATION PROGRAM

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

(Code)	(Expenses \$ including grants of \$)	(Revenue \$)
	<p>DESCRIPTION OF ADVOCATE ILLINOIS MASONIC ADVOCATE ILLINOIS MASONIC IS A 397-BED TEACHING MEDICAL CENTER LOCATED ON CHICAGO'S NORTH SIDE AND IS ONE OF 28 ACUTE CARE HOSPITALS IN THE ADVOCATE AURORA HEALTH SYSTEM ADVOCATE HEALTH CARE BASED IN ILLINOIS AND ADVOCATE AURORA HEALTH CARE BASED IN WISCONSIN MERGED TO BECOME ADVOCATE AURORA HEALTH IN APRIL 2018 THE MEDICAL CENTER, ONE OF ONLY FOUR LEVEL I TRAUMA CENTERS IN CHICAGO, ILLINOIS, TREATED 1,199 TRAUMA PATIENTS IN 2018 ADVOCATE ILLINOIS MASONIC ALSO HAS ONE OF CHICAGO'S MOST ACTIVE EMERGENCY DEPARTMENTS (EDS) THERE WAS A TOTAL OF 42,646 (INCLUDING TRAUMA) EMERGENCY VISITS TO THE MEDICAL CENTER IN 2018 THE MEDICAL CENTER'S LEVEL III NEONATAL INTENSIVE CARE UNIT (NICU) HOLDS THE STATE'S HIGHEST DESIGNATION THE MEDICAL CENTER HAD 388 NICU ADMITS AND 1,888 INFANTS DELIVERED (LIVE BIRTHS) IN 2018 ADVOCATE ILLINOIS MASONIC IS FULLY ACCREDITED BY DET NORSEK VERITAS (NORWAY) AND GERMANISCHER LLOYD (GERMANY) (DNU-GL), WITH THE EXCEPTION OF OUTPATIENT BEHAVIORAL HEALTH, WHICH IS ACCREDITED BY THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) AND LABORATORY POINT OF SERVICE TESTING, WHICH IS ACCREDITED BY THE JOINT COMMISSION ADVOCATE ILLINOIS MASONIC HAS MORE THAN 1,000 ACTIVE PHYSICIANS ON STAFF REPRESENTING 43 MEDICAL SPECIALTIES IT EMPLOYS ALMOST 800 REGISTERED NURSES THE MEDICAL CENTER OFFERS A WIDE RANGE OF MEDICAL SERVICES AND IS NATIONALLY RECOGNIZED FOR ITS MEDICAL EXPERTISE, INNOVATIVE TECHNOLOGIES AND DEDICATION TO PATIENT SAFETY, QUALITY AND SERVICE ADVOCATE ILLINOIS MASONIC'S MAJOR SERVICES INCLUDE BEHAVIORAL HEALTH, COMPREHENSIVE SURGICAL SERVICES, EMERGENCY AND TRAUMA SERVICES, CANCER CARE, OPHTHALMOLOGY, CARDIOVASCULAR SERVICES, DIGESTIVE DISEASE SERVICES, OBSTETRICS, GYNECOLOGY, MIDWIFERY AND PEDIATRIC SERVICES, ORTHOPEDIC AND NEUROSCIENCE SERVICES AMBULATORY AND COMMUNITY HEALTH SERVICES INCLUDE PRIMARY CARE, A DENTISTRY PROGRAM, INCLUDING A MOBILE DENTAL VAN, VISION SERVICES, A DEAF AND HARD OF HEARING PROGRAM, THE PEDIATRIC DEVELOPMENTAL CENTER, EAR, NOSE AND THROAT SERVICES, UROLOGY AND UROGYNECOLOGY, PHYSICAL REHABILITATIVE SERVICES, DIAGNOSTIC IMAGING SERVICES, INFUSION THERAPY, PAIN MANAGEMENT, RHEUMATOLOGY, AND A UNIQUE RELATIONSHIP WITH SCHOOL-BASED HEALTH CENTERS CURRENTLY, THE MEDICAL CENTER EMPLOYS OVER 2,300 ASSOCIATES AND HAS 279 VOLUNTEERS ADVOCATE ILLINOIS MASONIC TRAINS 225 RESIDENTS AND 499 MEDICAL STUDENTS EACH YEAR THE MEDICAL CENTER IS ONE OF ILLINOIS' LARGEST NON-UNIVERSITY MEDICAL TEACHING HOSPITALS AND IS AFFILIATED WITH THE UNIVERSITY OF ILLINOIS AT CHICAGO HEALTH SCIENCES CENTER, ROSALIND FRANKLIN UNIVERSITY AND MIDWESTERN UNIVERSITY THE MEDICAL CENTER ALSO PROVIDES COMMUNITY HEALTH DATA-DRIVEN HEALTH AND WELLNESS PROGRAMS, EVIDENCE-BASED STRATEGIES TO MEASURE COMMUNITY HEALTH OUTCOMES, COMMUNITY LECTURES AND OTHER SERVICES IN SUPPORT OF ITS VISION "WE HELP PEOPLE LIVE WELL AND TO FULFILL ITS VALUES OF EXCELLENCE - WE ARE A TOP PERFORMER IN ALL THAT WE DO, COMPASSION - WE UNSELFISHLY CARE FOR OTHERS, AND RESPECT - WE VALUE THE UNIQUE NEEDS AND PREFERENCES OF ALL PEOPLE POPULATION SERVED ADVOCATE ILLINOIS MASONIC PROVIDES QUALITY HEALTH CARE TO INDIVIDUALS REGARDLESS OF RACE, GENDER, CREED, NATIONAL ORIGIN, AGE OR ABILITY TO PAY IN 2018, THE MEDICAL CENTER'S PHYSICIANS AND ASSOCIATES PROVIDED 14,834 INPATIENT ADMISSIONS, INCLUDING 1,888 DELIVERIES, AND HANDLED 215,463 OUTPATIENT VISITS AS A LEVEL I TRAUMA CENTER, ADVOCATE ILLINOIS MASONIC EXPERIENCED 1,199 TRAUMA VISITS AND A TOTAL OF 42,646 (TRAUMA VISITS INCLUDED) EMERGENCY DEPARTMENT VISITS IN 2018 (FOR A DESCRIPTION OF THE MEDICAL CENTER'S SERVICE AREA, PLEASE SEE SUMMARY PROVIDED IN SCHEDULE H, PART VI SUPPLEMENTAL INFORMATION, LINE 4) COMMITMENT TO THE COMMUNITY ADVOCATE ILLINOIS MASONIC IS DEDICATED TO MAINTAINING A STRONG PRESENCE WITHIN ITS COMMUNITY AND CONTINUES TO MONITOR EXPENDITURES TO MAKE CERTAIN THAT THE PROGRAMS AND SERVICES SUPPORTED ARE IN DIRECT RESPONSE TO COMMUNITY NEED IN 2018, THE MEDICAL CENTER PROVIDED OVER \$49.9 MILLION IN COMMUNITY BENEFIT PROGRAMS AND SERVICES THESE BENEFITS INCLUDED NOT ONLY THE COST OF CHARITY CARE AND UNREIMBURSED MEDICAID AND MEDICARE, FOR EXAMPLE, BUT ALSO THE COST FOR IMPLEMENTING AND SUSTAINING PROGRAMS SPECIFICALLY DESIGNED TO MEET THE HEALTH CARE NEEDS OF THE COMMUNITY COMMUNITY BENEFITS PLAN GOALS AND EXAMPLES OF PROGRAM SERVICE ACCOMPLISHMENTS AS ONE OF ELEVEN ADVOCATE AURORA HEALTH HOSPITALS LOCATED IN ILLINOIS, ADVOCATE ILLINOIS MASONIC'S COMMUNITY BENEFITS EFFORTS ARE ALIGNED WITH THE ORGANIZATION'S VISION AND VALUES WHILE COMMUNITY HEALTH AND COMMUNITY BENEFITS INTEGRATION EFFORTS CONTINUE IN THE NEWLY MERGED ENTITY, IN 2018 THE MEDICAL CENTER'S COMMUNITY EFFORTS ALIGNED WITH ADVOCATE HEALTH CARE'S COMMUNITY BENEFITS PLAN THAT WERE IN PLACE PRIOR TO THE MERGER AND THAT FOCUSED ON COMMUNITY HEALTH IMPROVEMENT EFFORTS SPECIFIC TO THE ILLINOIS HOSPITALS' COMMUNITIES THE COMMUNITY BENEFITS PLAN WAS DEVELOPED TO ESTABLISH STRATEGIES FOR IMPROVING ACCESS TO CARE AND POSITIVELY AFFECTING THE HEALTH OF THE COMMUNITIES SERVED BY THE HOSPITAL THE COMMUNITY BENEFITS PLAN INCLUDES PLANNED GOALS AND OBJECTIVES FOCUSED ON ADDRESSING NEEDS AS IDENTIFIED THROUGH A HOSPITAL-SPECIFIC COMMUNITY HEALTH NEEDS ASSESSMENT, AS WELL AS OTHER COMMUNITY BENEFITS, SUCH AS CHARITY CARE, UNREIMBURSED MEDICAID AND MEDICARE THE COMMUNITY BENEFITS PLAN SETS THE COURSE FOR STRENGTHENING EXISTING PARTNERSHIPS AND BUILDING NEW ONES WITH INDIVIDUALS AND ORGANIZATIONS WITHIN ADVOCATE ILLINOIS MASONIC'S SERVICE AREA IN ORDER TO LEVERAGE AND MAXIMIZE THE IMPACT OF ITS PROGRAMS THE COMMUNITY BENEFITS PLAN GOALS AND SPECIFIC EXAMPLES OF ADVOCATE ILLINOIS MASONIC'S PROGRAMS AND SERVICES THAT ADDRESS THESE GOALS ARE AS FOLLOWS GOAL A OPTIMIZE ADVOCATE'S CAPACITY TO MANAGE AN EFFECTIVE COMMUNITY HEALTH STRATEGY BY IMPLEMENTING REGULAR COMMUNITY HEALTH ASSESSMENTS (CHNAs) AND USING DATA FROM THESE ASSESSMENTS TO GUIDE PROGRAM DEVELOPMENT COMMUNITY HEALTH COUNCIL (CHC) THE MEDICAL CENTER'S CHC SERVES AS A DECISION-MAKING AND ADVISORY BODY TO HOSPITAL LEADERSHIP AND THE HOSPITAL GOVERNING COUNCIL REGARDING THE COMMUNITY HEALTH NEEDS ASSESSMENT, COMMUNITY HEALTH IMPROVEMENT STRATEGIES AND PROGRAMS THE GOAL OF THE CHC IS TO IMPROVE THE HEALTH EQUITY AND THE OVERALL HEALTH STATUS OF THE COMMUNITIES THAT THE HOSPITAL SERVES A PRINCIPAL RESPONSIBILITY OF THE CHC IS PARTICIPATION IN THE HOSPITAL'S CHNA PROCESS THE 2018 CHC CONSISTED OF TWENTY-THREE MEMBERS-60 PERCENT OF WHOM WERE REPRESENTATIVES FROM THE COMMUNITY AND/OR PUBLIC HEALTH ORGANIZATIONS FOR THE COMMUNITY/PUBLIC HEALTH REPRESENTATION, SPECIAL CONSIDERATION WAS GIVEN TO THE GEOGRAPHIC DISTRIBUTION OF COUNCIL MEMBERS, AS WELL AS REPRESENTATION OF UNIQUE/UNDERSERVED POPULATION GROUPS IN THE REGION THE COMMUNITY HEALTH COUNCIL WAS INSTRUMENTAL IN SHAPING THE ASSESSMENT FINDINGS AND PRIORITIZING HEALTH ISSUES THAT WERE IDENTIFIED IN THE CHNA PARTICIPATION IN THE ALLIANCE FOR HEALTH EQUITY ADVOCATE HEALTH CARE AND ITS FIVE HOSPITALS THAT PRINCIPALLY SERVE COOK COUNTY, INCLUDING ADVOCATE ILLINOIS MASONIC, CONTRIBUTE FINANCIALLY AND PROVIDE IN-KIND RESOURCES TO THE ALLIANCE FOR HEALTH EQUITY (AHE) AHE IS A PROJECT INVOLVING 26 HOSPITALS, 7 HEALTH DEPARTMENTS AND NEARLY 100 COMMUNITY-BASED ORGANIZATIONS THAT OPTED TO WORK COLLABORATIVELY ON A COUNTY-WIDE CHNA AND COMMUNITY HEALTH IMPROVEMENT PLAN ONCE PRIORITIES WERE IDENTIFIED IN MID-2017, THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY MERGED WITH THE HEALTHY CHICAGO HOSPITAL COLLABORATIVE TO FORM THE ALLIANCE FOR HEALTH EQUITY AHE IS FULLY SUPPORTED BY HOSPITAL FEES WHICH PAY FOR THE FACILITATION SERVICES OF THE ILLINOIS PUBLIC HEALTH INSTITUTE COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN THE MEDICAL CENTER CONDUCTED A COMPREHENSIVE CHNA AND POSTED THE FINAL REPORT IN DECEMBER 2016 PLANNING FOR A COMMUNITY HEALTH IMPROVEMENT PLAN TO ADDRESS THE IDENTIFIED PRIORITIES ALSO TOOK PLACE IN 2016 AND EARLY 2017, UNDER THE LEADERSHIP OF THE COMMUNITY HEALTH DEPARTMENT AND THE COMMUNITY HEALTH COUNCIL THE HIGH-LEVEL IMPROVEMENT STRATEGIES DEVELOPED IN 2016 ARE AS FOLLOWS OBESITY AS OBESITY WAS A HIGH PRIORITY FOR THE 2014-2016 CHNA, WORK BEGAN IN LATE 2016 TO IDENTIFY A SCHOOL IN THE MEDICAL CENTER'S SERVICE AREA WITH WHICH TO COLLABORATE TO DEVELOP A COMPREHENSIVE OBESITY PREVENTION PROGRAM ADVOCATE ILLINOIS MASONIC HAS PARTNERED WITH ADVOCATE CHILDREN'S HOSPITAL TO DEVELOP A MULTI-COMPONENT, SUSTAINABLE SCHOOL-BASED OBESITY PREVENTION PROGRAM THAT WILL LEVERAGE SEVERAL PARTNERSHIPS WORK WITH A SCHOOL IN THE CHICAGO PUBLIC SCHOOLS BEGAN IN 2017 THE SCHOOL WAS SELECTED THROUGH ASSESSING A COMMUNITY WITH A HIGH SOCIO-NEEDS INDEX (HEALTHY COMMUNITIES INSTITUTE PROPRIETARY INDEX CORRELATING SOCIAL DEMOGRAPHICS WITH POOR HEALTH OUTCOMES)</p>	

(Code)	(Expenses \$ including grants of \$)	(Revenue \$)
	<p>CHRONIC DISEASE THE HOSPITAL IMPLEMENTS THE TRANSITION SUPPORT PROGRAM, A PROGRAM THAT FOLLOWS-UP WITH DISCHARGED PATIENTS EXPERIENCING CHRONIC DISEASES AND FREQUENT READMISSION HISTORIES (READMITTED WITHIN 30 DAYS AFTER DISCHARGE FOR ALL CAUSES) THE PROGRAM UTILIZES VOLUNTEERS TO SUPPORT PATIENTS IN KEEPING FOLLOW-UP APPOINTMENTS AFTER DISCHARGE AS A FIRST STEP IN CHRONIC DISEASE MANAGEMENT HOSPITAL VOLUNTEERS MEET WITH PATIENTS, ASSIST WITH MAKING A FOLLOW-UP APPOINTMENT AND MAKE REMINDER CALLS THE PROGRAM, WHICH BEGAN IN 2017, HAS NOW SERVED 4,416 INPATIENTS AND OUTPATIENTS, INCLUDING PROVIDING REFERRALS MENTAL HEALTH FIRST AID (MHFA) MHFA IS AN EVIDENCE-BASED 8-HOUR TRAINING PROGRAM DESIGNED TO PROVIDE EDUCATION, REDUCE STIGMA AND PROVIDE TRAINEES WITH TOOLS AND RESOURCES TO ASSIST SOMEONE EXPERIENCING MENTAL HEALTH ISSUES OR A CRISIS THE PROGRAM IS BEING OFFERED TO TARGETED COMMUNITY MEMBERS WITHIN THE PRIMARY SERVICE AREA COMMUNITIES TARGETED FOR THIS INTERVENTION WERE SELECTED BY USING 2015 HEALTHY COMMUNITIES INSTITUTE DATA THAT IDENTIFIES ZIP CODES WITH HIGHER UTILIZATION OF MENTAL HEALTH SERVICES THE TRAININGS WILL FOCUS ON LEADERS IN THOSE COMMUNITIES, INCLUDING FAITH LEADERS, TEACHERS AND COACHES TWO HIGH NEED AREAS HAVE BEEN IDENTIFIED AND FIVE, EIGHT-HOUR TRAININGS WERE OFFERED IN 2018 EMPLOYMENT ADVOCATE ILLINOIS MASONIC SERVES AS A SITE FOR THE HEALTHCARE WORKFORCE COLLABORATIVE THIS PROJECT RECRUITS, TRAINS AND HIRES COMMUNITY MEMBERS SEEKING EMPLOYMENT OPPORTUNITIES IN THE HEALTHCARE INDUSTRY EMPLOYMENT OPPORTUNITIES FOCUS ON ADVOCATE ILLINOIS MASONIC, OTHER ADVOCATE HEALTH CARE LOCATIONS AND HEALTH CARE PROVIDERS IN THE COMMUNITY AN INCUMBENT WORKER STRATEGY (NAVIGATE) IS OFFERED TO THE FRONT-LINE WORKFORCE AT ADVOCATE ILLINOIS MASONIC WHICH INCLUDES SOFT-SKILLS TRAINING, TOOLS AND RESOURCES TO HELP EXISTING STAFF DEVELOP A CAREER LADDER PATH ADVOCATE ILLINOIS MASONIC COLLABORATES WITH COMMUNITY ORGANIZATIONS TO RECRUIT AND TRAIN COMMUNITY MEMBERS BOTH PROGRAMS FOCUS ON IMPROVING CAREER OPPORTUNITIES FOR INDIVIDUALS FROM LOW-INCOME ZIP CODES WITHIN THE MEDICAL CENTER'S SERVICE AREA GOAL B UNDERTAKE OR SUPPORT INITIATIVES THAT ENHANCE ACCESS TO HEALTH CARE, PREVENTION AND WELLNESS SERVICES ACROSS THE LIFESPAN AND WITHIN THE DIVERSE COMMUNITIES ADVOCATE SERVES IN ADDITION TO ADVOCATE ILLINOIS MASONIC'S VERY GENEROUS CHARITY CARE PROGRAM AS PREVIOUSLY DESCRIBED IN PART III, PROGRAM SERVICE ACCOMPLISHMENTS, LINE 4 A, THE MEDICAL CENTER HAS MANY PROGRAMS AND SERVICES DEVOTED TO PREVENTION AND WELLNESS, AND THAT IMPROVE ACCESS TO CARE, FOR WHICH SOME SPECIFIC EXAMPLES FOLLOW FIRST ACCESS GIVEN THE HIGH NUMBER OF ADMISSIONS AND EMERGENCY DEPARTMENT (ED) VISITS FOR BEHAVIORAL HEALTH CONDITIONS AT ADVOCATE ILLINOIS MASONIC AND THE HIGH NUMBER OF DISCHARGED PATIENTS THAT WERE NOT KEEPING THEIR OUTPATIENT FOLLOW-UP APPOINTMENTS, THE HOSPITAL'S BEHAVIORAL HEALTH SERVICES DEPARTMENT CREATED THE FIRST ACCESS PROGRAM IN 2013 THE GOAL OF FIRST ACCESS IS TO PROVIDE IMMEDIATE ACCESS TO FOLLOW-UP BEHAVIORAL HEALTH SERVICES TO SUPPORT RECOVERY AND PREVENT RELAPSES THROUGH FIRST ACCESS, BEHAVIORAL HEALTH ED PATIENTS, AS WELL AS PATIENTS REFERRED BY THE HOSPITAL'S INPATIENT PSYCHIATRIC UNIT, MEDICAL FLOORS AND PHYSICIANS, ARE LITERALLY WALKED OVER TO OUTPATIENT CARE BY A STAFF MEMBER TO ENSURE SAME DAY FOLLOW-UP FOR OUTPATIENT APPOINTMENTS SINCE ITS IMPLEMENTATION, FIRST ACCESS HAS CONSISTENTLY INCREASED BEHAVIORAL HEALTH PATIENTS' APPOINTMENT FOLLOW-THROUGH RATES FROM 40 PERCENT IN 2013 TO OVER 90 PERCENT IN 2018 IN A 2018 SAMPLE REPRESENTATIVE POPULATION, 91 PERCENT SHOWED DECREASED ED UTILIZATION FROM PRE-FIRST ACCESS TO POST-FIRST ACCESS IN 2018, FIRST ACCESS INTERVENTIONS DEMONSTRATED AT LEAST AN 80% DECREASE IN DEPRESSION SYMPTOMS AMONG THE FIRST ACCESS POPULATION LANGUAGE ASSISTANCE/INTERPRETER SERVICES ADVOCATE ILLINOIS MASONIC PROVIDES CARE FOR PATIENTS FROM MANY DIFFERENT ETHNIC AND CULTURAL BACKGROUNDS IN ORDER TO MEET THE UNIQUE COMMUNICATION NEEDS OF POPULATIONS ACCESSING CARE AT THE MEDICAL CENTER, ADVOCATE ILLINOIS MASONIC EMPLOYS SPANISH, POLISH AND AMERICAN SIGN LANGUAGE INTERPRETERS TO PROVIDE INTERPRETING SERVICES AS NEEDED IN ADDITION, AS WITH ALL HOSPITALS IN THE SYSTEM, ADVOCATE ILLINOIS MASONIC OFFERS TELEPHONIC AND/OR VIDEO INTERPRETING IN MORE THAN 200 LANGUAGES MEDICATION ASSISTANCE PROGRAM THE MEDICATION ASSISTANCE PROGRAM PROVIDES FINANCIAL AS WELL AS RESOURCE NAVIGATION HELP TO PATIENTS WHO ARE UNABLE TO AFFORD THEIR MEDICATION MEDICAL CENTER STAFF WORK WITH PHARMACEUTICAL COMPANIES TO OBTAIN MEDICATIONS AT NO OR LOW COSTS FOR PATIENTS AS WELL AS FINANCIALLY SUPPORTING THE PURCHASE OF SOME MEDICATIONS IN 2018, ADVOCATE ILLINOIS MASONIC ASSISTED 750 PATIENTS THROUGH THIS PROGRAM DISASTER COORDINATION ADVOCATE ILLINOIS MASONIC'S EMERGENCY MEDICAL SERVICES STAFF TRAIN CITY AND PRIVATE AMBULANCE AND FIRE DEPARTMENT PARAMEDICS AS ONE OF ONLY ELEVEN HOSPITALS IN ILLINOIS DESIGNATED AS A RESOURCE HOSPITAL COORDINATOR CENTER (RHCC), THE MEDICAL CENTER IS RESPONSIBLE FOR COORDINATING MEDICAL RESPONSE WITHIN A DENSELY POPULATED REGION OF CHICAGO THIS INCLUDES COORDINATING EMERGENCY MEDICAL RESPONSE EFFORTS AT MAJOR EVENTS, SUCH AS THE CHICAGO MARATHON AND DURING VISITS OF NATIONAL AND INTERNATIONAL LEADERS THE HOSPITAL ALSO SERVES AS THE LEAD HOSPITAL FOR DISASTERS OCCURRING IN CHICAGO, INCLUDING O'HARE AIRPORT SPECIAL NEEDS DENTISTRY PROGRAM THE GOAL OF THE SPECIAL NEEDS DENTISTRY PROGRAM AT ADVOCATE ILLINOIS MASONIC IS TO IMPROVE ACCESS TO ORAL HEALTH FOR CHILDREN AND ADULTS WITH SPECIAL NEEDS THE PROGRAM PROVIDES ORAL HEALTH CARE TO PATIENTS WITH DEVELOPMENTAL DISABILITIES INCLUDING DOWN SYNDROME, CEREBRAL PALSY AND SEIZURE DISORDER SPECIAL NEEDS PATIENTS AND THEIR FAMILIES MAY OVERLOOK ESSENTIAL DENTAL CARE IN THE FACE OF MORE URGENT HEALTH NEEDS MANY DENTISTS LACK THE TRAINING, RESOURCES AND/OR SUPPLIES NEEDED TO EFFECTIVELY SERVE SPECIAL NEEDS PATIENTS AND, AS A RESULT, MANY PEOPLE WITH DISABILITIES LACK ACCESS TO EVEN BASIC ROUTINE DENTAL CARE PATIENTS WITH SPECIAL NEEDS ALSO MAY NOT UNDERSTAND THE NEED FOR DENTAL CARE OR COOPERATE WHILE A DENTIST TRIES TO EXAMINE THE MOUTH AND TEETH IN ADDITION, TO TREATING PATIENTS IN THE DENTAL CENTER, THE SPECIAL NEEDS DENTISTRY PROGRAM PROVIDES OUTREACH SCREENING SERVICES AT SITES THAT SUPPORT PERSONS WITH DEVELOPMENTAL DISABILITIES IN 2018, THERE WERE 2,589 PATIENT VISITS THAT SERVED 187 CHILDREN AND 2,402 ADULTS WITH SPECIAL NEEDS MORE THAN 300 INDIVIDUALS WITH SPECIAL NEEDS WERE SCREENED AT SHORE TRAINING CENTER, CHICAGO LIGHTHOUSE FOR THE BLIND, SHORE LOIS LLOYD CENTER AND VICTOR C NEUMANN ASSOCIATION GOAL C POSITIVELY AFFECT THE HEALTH STATUS AND QUALITY OF LIFE OF INDIVIDUALS AND POPULATIONS IN COMMUNITIES SERVED BY ADVOCATE THROUGH EVIDENCE-BASED PROGRAMS, ADDRESSING IDENTIFIED NEEDS AND A COMMITMENT TO HEALTH EQUITY BABY FRIENDLY HOSPITAL ADVOCATE ILLINOIS MASONIC IS CERTIFIED AS BABY FRIENDLY, A DESIGNATION FROM THE WORLD HEALTH ORGANIZATION RECOGNIZING THE HIGHEST LEVEL OF SUPPORT FOR BREASTFEEDING MOTHERS AND BABIES THIS DESIGNATION AND RELATED PRACTICES ARE A STRONG STEP FORWARD IN ADDRESSING THE CITY'S CHILDHOOD OBESITY EPIDEMIC PROVIDING INFANTS WITH HUMAN MILK GIVES THEM THE MOST COMPLETE NUTRITION POSSIBLE BECAUSE IT PROVIDES THE BEST MIX OF NUTRIENTS FOR EACH BABY TO THRIVE THE BABY FRIENDLY DESIGNATION, WHICH IS GRANTED BY BABY-FRIENDLY USA, RECOGNIZES THE MEDICAL CENTER'S SUCCESS AT PROVIDING AN OPTIMAL LEVEL OF SUPPORT FOR BREASTFEEDING MOTHERS AND BABIES THE DESIGNATION WAS ACHIEVED AFTER A RIGOROUS FOUR-PHASE PROCESS CULMINATING WITH COMPREHENSIVE ON-SITE EVALUATION SCIENTIFIC STUDIES HAVE SHOWN THAT BREASTFED CHILDREN HAVE FAR FEWER AND LESS SERIOUS ILLNESS THAN THOSE WHO NEVER RECEIVED BREAST MILK, INCLUDING A REDUCED RISK OF SIDS, CHILDHOOD CANCER AND DIABETES DEAF AND HARD OF HEARING PROGRAM THROUGH A SPECIAL PROGRAM IN 2018, ADVOCATE ILLINOIS MASONIC PROVIDED MENTAL HEALTH CARE IN AMERICAN SIGN LANGUAGE TO 87 PATIENTS THAT ARE DEAF, HARD OF HEARING OR DEAF-BLIND CHILDREN, ADOLESCENTS OR ADULTS THE MEDICALLY INTEGRATED CRISIS COMMUNITY SUPPORT (MICCS) PROGRAM THE MICCS PROGRAM IS A SERVICE WHICH FOLLOWS ACUTELY BEHAVIORALLY ILL PATIENTS, A PORTION OF WHOM ARE HOMELESS, WHO HAVE A COMORBID PHYSICAL ILLNESS OR ADDICTION, AND A PATTERN OF SEEKING PRIMARY AND BEHAVIORAL HEALTH CARE IN THE ED, INPATIENT PSYCHIATRIC UNIT OR MEDICAL UNIT OF COMMUNITY HOSPITALS THE MULTIDISCIPLINARY TEAM WORKING WITH THE CLIENTS IS COMPRISED OF CLINICIANS, CLERGY AND OTHER ASSOCIATES WHO ARE IN DAILY CONTACT WITH THE CLIENTS IN 2018, THE TEAM ASSISTED 165 CLIENTS WITH THEIR INDIVIDUAL NEEDS SUCH AS HOUSING AND MEDICATION STABILIZATION THE PROGRAM HAS CONSISTENTLY DECREASED EMERGENCY DEPARTMENT UTILIZATION FOR THE CLIENTS SERVED</p>	

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

(Code)	(Expenses \$ including grants of \$)	(Revenue \$)
	<p>MOBILE DENTAL VAN THE MOBILE DENTAL VAN PROGRAM AT ADVOCATE ILLINOIS MASONIC MEDICAL CENTER PROVIDES ACCESS TO ORAL HEALTH SERVICES FOR UNDERSERVED AND UNINSURED INDIVIDUALS THE GOAL OF THE MOBILE DENTAL VAN IS TO IMPROVE THE ORAL HEALTH OF VULNERABLE POPULATIONS, SUCH AS LOW-INCOME CHILDREN AND FAMILIES, HOMELESS INDIVIDUALS, OLDER ADULTS AND PERSONS WITH SPECIAL NEEDS SERVICES PROVIDED INCLUDE PREVENTIVE CARE, RESTORATIVE TREATMENT AND ORAL SURGERY THE MOBILE DENTAL VAN SEES PATIENTS FIVE DAYS PER WEEK IN 2018, THE PROGRAM SERVED 18 SITES INCLUDING HIGH SCHOOLS, ELEMENTARY SCHOOLS, ORGANIZATIONS THAT SERVE THE HOMELESS, COMMUNITY HEALTH CENTERS, AS WELL AS ORGANIZATIONS THAT SERVE INDIVIDUALS WITH MENTAL ILLNESS, DEVELOPMENTAL DISABILITIES, AND SENIORS IN 2018, THE PROGRAM SERVED 654 UNIQUE PATIENTS, PROVIDING 1,558 PATIENT VISITS AND PROVIDING 3,428 SERVICES PEDIATRIC DEVELOPMENT CENTER APPROPRIATE DIAGNOSIS OF DEVELOPMENTAL CHALLENGES IS CRITICAL TO ASSISTING THESE INDIVIDUALS IN LIVING THEIR "BEST", MOST HEALTHY LIFE THIS PROGRAM DIAGNOSES CHILDREN AND ADOLESCENTS FROM BIRTH TO AGE 18 WHO FACE DEVELOPMENTAL CHALLENGES POST-DIAGNOSIS, THE PROGRAM PROVIDES SPECIALIZED TREATMENT PROGRAMS AS WELL AS TRAINING, EDUCATION AND SUPPORT FOR THE ENTIRE FAMILY, INCLUDING "SIBSHOPS" FOR SIBLINGS OF DEVELOPMENTALLY DISABLED CHILDREN SCHOOL-BASED HEALTH CENTERS ADVOCATE ILLINOIS MASONIC PROVIDES CLINICAL PSYCHOLOGISTS TO SCHOOL-BASED HEALTH CENTERS AT AMUNDSEN AND LAKEVIEW HIGH SCHOOLS IN CHICAGO TO ASSIST IN SUPPORTING THE MENTAL HEALTH OF STUDENTS THERE WERE 3,334 GROUP ENCOUNTERS AND AN ADDITIONAL 1,223 INDIVIDUAL MEETINGS WITH STUDENTS IN 2018 THE STAFF OF THE HEALTH CENTER WORKS WITH THE CHICAGO PUBLIC SCHOOL STAFF SO THE STUDENT DOES NOT HAVE TO MISS A HALF DAY OF SCHOOL FOR AN APPOINTMENT WITH A CLINICIAN OUTSIDE OF SCHOOL NAVIGATION SUPPORT FOR PATIENTS WITH CHALLENGES NAVIGATING HEALTH SERVICES THE TRANSITION SUPPORT PROGRAM (TSP) IS A NAVIGATION SERVICE THAT ASSISTS WITH THE COORDINATION OF FOLLOW-UP CARE PRIOR TO THE PROJECT, ADVOCATE ILLINOIS MASONIC'S COMMUNITY HEALTH COUNCIL IDENTIFIED CHRONIC DISEASE MANAGEMENT AS A KEY HEALTH DISPARITY FOR ITS PRIMARY SERVICE AREA THE COMMUNITY HEALTH NEEDS ASSESSMENT CONCLUDED THAT PATIENTS IN THE MEDICAL CENTER'S PRIMARY SERVICE AREA WITH CHRONIC ILLNESSES EXPERIENCE SIGNIFICANT BARRIERS NAVIGATING THE HEALTH CARE SYSTEM, INCLUDING BARRIERS RELATED TO REFERRALS, APPOINTMENTS, INSURANCE, TRANSPORTATION, LANGUAGE AND MEDICATION ACCESS BY PROVIDING STRENGTH-BUILDING AND CULTURALLY- AND LINGUISTICALLY-COMPETENT NAVIGATION OF A COMPLEX HEALTH CARE SYSTEM, THE TSP AIMS TO REDUCE READMISSIONS AND EMERGENCY ROOM VISITS AND IMPROVE CARE TRANSITIONS ACROSS THE CONTINUUM FOR PATIENTS AND FAMILIES, REGARDLESS OF INSURANCE OR CIRCUMSTANCE THE PROGRAM, WHICH BEGAN IN 2017, HAS NOW SERVED 2,446 PATIENTS IN 2018, INCLUDING PROVIDING REFERRALS FIRST EPISODE PSYCHOSIS (FEP) FIRST EPISODE PSYCHOSIS WORKS WITH YOUNGER PEOPLE SUFFERING FROM THE ONSET OF PSYCHOSIS IT IS OF SIGNIFICANT BENEFIT TO THESE INDIVIDUALS BECAUSE ITS GOAL IS TO ENSURE THAT THE PSYCHOSIS DISEASE IS CAUGHT AND MANAGED EARLY, SO THAT THE PATIENTS CAN LEAD NORMAL LIVES INSTEAD OF BECOMING DISABLED AND RELYING ON ER/INPATIENT PSYCH IN THE FUTURE THERE WERE 49 PATIENTS SERVED IN 2018 GOAL D EXAMINE AND ADDRESS IN PARTNERSHIP WITH OTHERS THE ROOT CAUSES OF HEALTH INEQUITIES IN ADVOCATE COMMUNITIES INCLUDING, BUT NOT LIMITED TO, UNEMPLOYMENT, LACK OF EDUCATION, POVERTY, ENVIRONMENTAL INJUSTICE AND RACISM SERVICES FOR THE LGBTQ COMMUNITY PROVIDING A SAFE, WELCOMING (COMFORTABLE) AND LGBTQ-AFFIRMING (FRIENDLY) HEALTH CARE ENVIRONMENT IS PART OF THE EMBRACING CULTURE AT ADVOCATE ILLINOIS MASONIC, LOCATED IN THE HEART OF CHICAGO'S LAKEVIEW NEIGHBORHOOD, ONE OF THE LARGEST LGBTQ COMMUNITIES IN THE MIDWEST THE MEDICAL CENTER'S PROACTIVE PUSH FOR EQUALITY IS HELPING TO CLOSE THE HEALTH CARE DISPARITIES FACED BY THE LGBTQ COMMUNITY ACROSS CHICAGO AND BEYOND ADVOCATE ILLINOIS MASONIC HAS BEEN NAMED A LEADER IN LGBTQ HEALTH CARE EQUALITY BY THE HUMAN RIGHTS CAMPAIGN'S HEALTHCARE EQUALITY INDEX FOR 12 YEARS, BEGINNING IN 2008 NONDISCRIMINATORY HEALTH CARE IS A RIGHT, AND THE MEDICAL CENTER STRIVES TO DELIVER EQUAL TREATMENT TO ALL PEOPLE, NO MATTER THEIR SEXUAL ORIENTATION OR GENDER PREFERENCES COMPREHENSIVE, COMPASSIONATE CARE FOR LGBTQ PATIENTS IS GUARANTEED AT THE MEDICAL CENTER BY ALL OF THE MEDICAL CENTER'S PHYSICIANS, MANY OF WHOM HAVE RECEIVED SPECIAL TRAINING IN CARING SPECIFICALLY FOR THE LGBTQ COMMUNITY AND THE UNIQUE ISSUES IT FACES PARTNERSHIP WITH HOWARD BROWN/SEXUAL HARM RESPONSE PROJECT ADVOCATE ILLINOIS MASONIC'S EMERGENCY DEPARTMENT PARTNERED WITH HOWARD BROWN HEALTH CLINIC TO DEVELOP AND OFFER THE FIRST LGBTQ SPECIFIC SEXUAL ASSAULT RESPONSE PROGRAM IN THE NATION THE ED STAFF HAVE BEEN TRAINED BY HOWARD BROWN AND PROVIDE THE EMERGENCY CARE HOWARD BROWN PROVIDES COUNSELING AND CREATES A LINKAGE TO THE HOSPITAL SO THAT ALL VICTIMS FEEL SAFE GOAL E LEVERAGE RESOURCES AND MAXIMIZE COMMUNITY ENGAGEMENT BY BUILDING AND STRENGTHENING COMMUNITY PARTNERSHIPS WITH HEALTH DEPARTMENTS AND OTHER DIVERSE COMMUNITY ORGANIZATIONS PARTNERSHIP WITH THE MEDICAL ORGANIZATION FOR LATINO ADVANCEMENT (MOLA) TARGETING LATINO AT-RISK YOUTH, ADVOCATE ILLINOIS MASONIC IN PARTNERSHIP WITH MOLA PROVIDES OUTREACH IN HEALTH EDUCATION AND SCREENING IN UNDERSERVED AREAS OF CHICAGO THE MEDICAL CENTER ALSO IN PARTNERING WITH MOLA PROVIDES MEDICAL EDUCATION OPPORTUNITIES FOR UNDERREPRESENTED LATINO/LATINA STUDENTS INTERESTED IN HEALTH CARE CAREERS, AS WELL AS OPPORTUNITIES FOR INTERNATIONAL MEDICAL GRADUATES TO GAIN VALUABLE USA HOSPITAL EXPERIENCE THROUGH VARIOUS RESOURCE AND VOLUNTEER PROGRAMS (I E , TRANSITION SUPPORT PROGRAM) GOAL F PROMOTE ACCOUNTABILITY FOR SYSTEM AND SITE ALIGNMENT BY INCREASING PROGRAM COORDINATION AND DEVELOPING STRONG GOVERNANCE RELATIONSHIPS STRENGTHENED GOVERNANCE RELATIONSHIPS COMMUNITY HEALTH COUNCIL ADVOCATE ILLINOIS MASONIC'S COMMUNITY HEALTH PROGRAMMING IS OVERSEEN BY A COMMUNITY HEALTH COUNCIL MADE UP OF DIVERSE PARTNERS FROM THE COMMUNITY AS DESCRIBED EARLIER UNDER GOAL A THE COUNCIL OVERSEES THE ONGOING COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, WHICH INVOLVES EXAMINATION OF HOSPITAL AND COMMUNITY DATA AND SURVEYS TO IDENTIFY AND ANALYZE COMMUNITY HEALTH NEEDS GOVERNING COUNCIL AS WITH THE OTHER HOSPITALS IN THE ADVOCATE HEALTH CARE SYSTEM, THE ADVOCATE ILLINOIS MASONIC CHNA REPORT, AND ITS COMMUNITY HEALTH IMPLEMENTATION PLAN STRATEGY, IS ENDORSED BY ITS GOVERNING COUNCIL HOSPITAL PLANS ARE ALSO SHARED PERIODICALLY WITH THE MEDICAL CENTER'S LEADERSHIP TEAM, THE SYSTEM LEVEL EXECUTIVE MANAGEMENT TEAM AND WITH ADVOCATE HEALTH CARE'S MISSION AND SPIRITUAL CARE COMMITTEE OF THE BOARD ALIGNMENT OF SITE AND SYSTEM COMMUNITY HEALTH STRATEGY COMMUNITY HEALTH DEPARTMENT WITH DEVELOPMENT OF A SYSTEM-LEVEL COMMUNITY HEALTH DEPARTMENT FOR ADVOCATE HEALTH CARE IN 2016, ADVOCATE ILLINOIS MASONIC'S COMMUNITY HEALTH STAFF NOW REPORT TO ADVOCATE'S VICE PRESIDENT OF COMMUNITY HEALTH AND FAITH OUTREACH COMMUNITY HEALTH STAFF FROM ALL ADVOCATE HOSPITALS ALSO MEET MONTHLY TO PLAN COMMUNITY HEALTH STRATEGIES THE FOCUS OF THE NEW DEPARTMENT WAS TO COMPLETE AND POST THE HOSPITAL CHNA'S IN 2016, INCLUDING GAINING APPROVAL OF STRATEGIES TO ADDRESS IDENTIFIED HEALTH PRIORITY NEEDS MOVING FORWARD WITH A FOCUS ON HEALTH INEQUITY THIS IS THE FOUNDATION ON WHICH THE HOSPITALS' IMPLEMENTATION PLANS WERE DEVELOPED GOAL G PROMOTE THE TRAINING OF FUTURE HEALTH PROFESSIONALS NURSING EDUCATION ADVOCATE ILLINOIS MASONIC'S NURSE RESIDENCY PROGRAM IS AN EVIDENCE-BASED, 15-WEEK PRECEPTED ORIENTATION AND A 12-MONTH RESIDENCY PROGRAM FOR NEWLY LICENSED REGISTERED NURSES (NLRN) THE GOAL OF THE PROGRAM IS TO ENHANCE NLRN PROFESSIONAL DEVELOPMENT AND INCREASE ORGANIZATIONAL ENGAGEMENT SO THAT THE NLRN PROVIDES SAFE AND CONFIDENT CARE TO PATIENTS THE MEDICAL CENTER PROVIDED 3 CLASSES (COHORTS) IN 2018 ALTHOUGH THIS PROGRAM IS NOT INCLUDED IN THE FINANCIAL NUMBERS FOR HEALTH PROFESSIONAL'S EDUCATION, THIS PROGRAM INCREASES ADVOCATE NURSES' PROFICIENCY AND SKILLS FOR CURRENT AND FUTURE NURSING ROLES IN ADDITION TO THE NURSE RESIDENCY PROGRAM, THE MEDICAL CENTER TRAINS NURSING STUDENTS (NON-RESIDENT) FROM FIVE AREA COLLEGES/UNIVERSITIES FOR WHICH STAFF TEACHING TIME IS REPORTED AS COMMUNITY BENEFIT</p>	

(Code)	(Expenses \$ including grants of \$)	(Revenue \$)
	<p>HEALTHY FAMILIES THE ADVOCATE ILLINOIS MASONIC HEALTHY FAMILIES PROGRAM IS A SUPPORT PROGRAM FOR YOUNG PARENTS, PROVIDING INTENSIVE HOME VISITING SERVICES FOR AT-RISK FAMILIES THE PROGRAM MODEL IS ROOTED IN THE BELIEF THAT EARLY, NURTURING RELATIONSHIPS ARE THE FOUNDATION FOR LIFE-LONG, HEALTHY DEVELOPMENT THE PROGRAM PROVIDES THREE KEY SERVICES 1) FREE PRENATAL CLASSES OPEN TO THE COMMUNITY, 2) DOULA SERVICES PROVIDING HOME VISITS AND ON-CALL LABOR/DELIVERY SUPPORT, AND 3) PARENT COACHING HOME VISITATION FOR UP TO THE FIRST THREE YEARS OF A CHILD'S LIFE ALL SERVICES ARE GRANT-FUNDED, FREE TO THE COMMUNITY AND AVAILABLE IN ENGLISH/SPANISH IN ADDITION TO THE MANY PROGRAMS AND SERVICES LISTED ABOVE, THE MEDICAL CENTER OFFERS A MYRIAD OF OTHER COMMUNITY SERVICES INCLUDING HUMAN BREAST MILK DEPOT, BIKE HELMET FITTING EVENTS, THE BETTER BROTHERS CLUB (ASSISTS COMMUNITY MEMBERS WITH RESPIRATORY ISSUES), QUARTERLY BLOOD DRIVES, CAR SEAT SAFETY CHECKS, PROVISION OF MEETING SPACE FOR COMMUNITY ORGANIZATIONS, CPR, CHOKING AND BLEEDING CONTROL TRAININGS FOR THE COMMUNITY, INCONTINENCE SEMINARS, CONTENT TARGETED GOLDEN AGE SENIOR SEMINARS, SEMINARS FOR CHICAGO HOUSING AUTHORITY RESIDENTS ON VARIOUS HEALTH ISSUES, STROKE EDUCATION SEMINARS, AND MULTIPLE DISEASE SPECIFIC SUPPORT GROUPS THE MEDICAL CENTER ALSO CONTINUES TO ADDRESS THE FOLLOWING KEY HEALTH ISSUES HEART DISEASE GIVEN THAT HEART DISEASE IS THE SECOND LEADING CAUSE OF DEATH IN THE HOSPITAL'S PRIMARY SERVICE AREA, ADVOCATE ILLINOIS MASONIC ESTABLISHED A HEART AND VASCULAR INSTITUTE AS ONE OF THE AREA'S FIRST MEDICAL CENTERS TO PERFORM OPEN HEART SURGERY, ADVOCATE ILLINOIS MASONIC OFFERS A COMPLETE RANGE OF STATE-OF-THE-ART CARDIAC SERVICES MEDICAL CENTER STAFF ALSO PARTICIPATE IN ILLINOIS HEART RESCUE, A PROGRAM THAT SEEKS TO IMPROVE OUT-OF-HOSPITAL SURVIVAL RATES RELATED TO CARDIAC ARREST CANCER THE CRETICOS CANCER CENTER, LOCATED ON THE ADVOCATE ILLINOIS MASONIC CAMPUS, UNITES ALL CANCER CARE AND RESEARCH UNDER ONE ROOF FOR MORE EFFICIENT AND PERSONALIZED PLANNING AND TREATMENT THE CENTER OFFERS A WEALTH OF SERVICES TO ADDRESS THE UNIQUE NEEDS OF CANCER PATIENTS THROUGHOUT THE CONTINUUM OF CARE THE CENTER FOR ADVANCED CARE, WHICH OPENED IN 2015, ENABLED ADVOCATE ILLINOIS MASONIC TO EXPAND AND CENTRALIZE OUTPATIENT SURGERY, DIGESTIVE HEALTH AND CANCER SERVICES INTO ONE LOCATION, CREATING IMPROVED ACCESS TO CARE, CONTINUITY AMONG DISCIPLINES, ENHANCED EFFICIENCIES AND A BETTER OVERALL EXPERIENCE FOR PATIENTS AND THEIR FAMILIES AT ADVOCATE ILLINOIS MASONIC, THERE IS AN EXTENSIVE RANGE OF CANCER SUPPORT SERVICES, INCLUDING BILINGUAL SPANISH/ENGLISH PSYCHOSOCIAL SUPPORT, COUNSELING AND FINANCIAL NAVIGATION NURSE NAVIGATORS PROVIDE LINKAGE WITH COMMUNITY PROGRAMS, PHYSICAL MEDICINE, REHABILITATION, PAIN MANAGEMENT SERVICES, PALLIATIVE CARE, HOSPICE AND HOME CARE PROGRAMS THE CENTER HOSTS THE AMERICAN CANCER SOCIETY'S LOOK GOOD, FEEL BETTER PROGRAM EACH YEAR AT THE MEDICAL CENTER, THE AMBER FOUNDATION FACILITATES THE SPONSORSHIP OF FREE MAMMOGRAMS, COUNSELING AND EDUCATION REGARDING BREAST CANCER TARGETING THE POLISH COMMUNITY IN CHICAGO THE CANCER CENTER PROVIDES A LUNG SCREENING PROGRAM AND A DIRECT ACCESS SCREENING PROGRAM FOR COLORECTAL CANCER THE DIRECT ACCESS PROGRAM ALLOWS PATIENTS TO SCHEDULE COLONOSCOPIES WITHOUT FIRST HAVING A FACE-TO-FACE CONSULTATION WITH A GASTROENTEROLOGIST PRIMARY STROKE CENTER COMMUNITY ENGAGEMENT WITHIN THE STROKE PROGRAM IS A KEY INITIATIVE ADVOCATE ILLINOIS MASONIC PARTNERS WITH MANY ORGANIZATIONS TO ENSURE OUTREACH EDUCATION IS PROVIDED FOR ALL AGES AS STROKE CAN HAPPEN AT ANY AGE OUR PARTNERSHIPS INCLUDE NURSING HOMES, ASSISTED LIVING COMMUNITIES, CHICAGO HOUSING AUTHORITY COMMUNITIES (>50 AT RISK POPULATIONS), HEALTH FAIRS, AND EDUCATION DAYS WITH THE CHICAGO FIRE DEPARTMENT AND THE CHICAGO POLICE DEPARTMENT A FEW EVENTS THAT THE MEDICAL CENTER ATTENDED ARE AHA/ASA CYCLE NATION, AHA HEART AND STROKE WALK, BLACK WOMEN'S EXPO, LATINO GAY FESTIVAL AND MANY OTHERS IN 2018, APPROXIMATELY 1,100 INDIVIDUALS WERE REACHED THROUGH ADVOCATE ILLINOIS MASONIC'S PRIMARY STROKE CENTER PROGRAMS THE OUTREACH AND EDUCATION PROGRAMS INCLUDE STROKE RISK SCREENING, STROKE IDENTIFICATION AND TREATMENT EDUCATION, AND WELLNESS SCREENINGS/TALKS (BLOOD PRESSURE, DIET, MANAGING OBESITY, SMOKING CESSATION) CANCER SUPPORT PROGRAMS THE MEDICAL CENTER WORKS CLOSELY WITH THE ILLINOIS BREAST AND CERVICAL CANCER PROGRAM TO ENSURE THAT UNINSURED WOMEN HAVE ACCESS TO SCREENING AND TREATMENT FOR BREAST OR CERVICAL CANCER ADVOCATE ILLINOIS MASONIC ALSO HAS A BREAST CANCER SUPPORT GROUP FOR LATINAS AND IS DEVELOPING A CANCER SUPPORT GROUP FOR THE LGBTQ COMMUNITY</p>	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES SKOGSBERGH PRESIDENT & CEO, DIRECTOR	1 00 55 00	X		X				0	8,463,174	48,481
MICHELE BAKER RICHARDSON CHAIRPERSON, DIRECTOR	1 00 1 00	X		X				0	90,966	0
JOHN TIMMER DIRECTOR	1 00 1 00	X						0	74,966	0
GAIL D HASBROUCK DIRECTOR	1 00 1 00	X						0	430,963	46
DAVID ANDERSON DIRECTOR	1 00 1 00	X						0	84,966	0
REV DR NATHANIEL EDMOND DIRECTOR	1 00 1 00	X						0	4,000	0
RON GREENE DIRECTOR	1 00 1 00	X						0	11,500	0
MARK HARRIS DIRECTOR	1 00 1 00	X						0	42,700	0
K RICHARD JAKLE DIRECTOR	1 00 1 00	X		X				0	78,966	0
LYNN CRUMP-CAINE DIRECTOR	1 00 1 00	X						0	62,300	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CLARENCE NIXON JR PHD DIRECTOR	1 00 1 00	X						0	10,000	0
GARY STUCK DO EVP, CHIEF MEDICAL OFFICER, DIRECTOR	1 00 55 00	X		X				0	372,428	21,996
WILLIAM P SANTULLI PRESIDENT	1 00 55 00			X				0	3,965,389	50,170
LEE B SACKS MD EVP, CHIEF MEDICAL OFFICER	1 00 55 00			X				0	3,488,609	50,288
JAMES DOHENY SVP, CONTROLLER, & ASST TREASURER	1 00 55 00			X				0	518,656	53,917
EARL J BARNES II SVP, GENERAL COUNSEL & SECRETARY	1 00 55 00			X				0	1,960,426	152,541
VINCENT BUFALINO MD PRESIDENT OF PHYS & AMB SVCS/ AMG	1 00 55 00			X				0	1,886,580	52,227
REV KATHIE B SCHWICH SVP, MISSION & SPIRITUAL CARE	1 00 55 00			X				0	824,646	101,437
KEVIN BRADY SVP, CHIEF HUMAN RESOURCES OFFICER	1 00 55 00			X				0	1,795,883	63,605
SUSAN CAMPBELL SVP OF PATIENT CARE, CHIEF NURSING OFFICER	1 00 55 00			X				0	2,064,210	83,508

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KELLY JO GOLSON SVP CHIEF MARKETING OFFICER	1 00 55 00			X				0	518,656	53,917
DOMINIC J NAKIS SVP, CFO & TREASURER	1 00 55 00			X				0	2,635,976	53,865
SCOTT POWDER SVP, CHIEF STRATEGY OFFICER	1 00 55 00			X				0	1,379,724	50,432
BARBARA BYRNE MD SVP, CHIEF INFORMATION OFFICER	1 00 55 00			X				0	971,920	120,421
JAMES SLINKMAN ASSISTANT SECRETARY	1 00 55 00			X				0	393,448	59,213
LESLIE LENZO ASSISTANT SECRETARY	1 00 55 00			X				0	646,273	41,758
MICHAEL GREBE ASSISTANT SECRETARY	1 00 55 00			X				0	995,402	90,670
MICHAEL KERNS ASSISTANT SECRETARY	1 00 55 00			X				0	420,969	60,895
MIKE LAPPIN SECRETARY	1 00 55 00			X				0	1,927,178	143,340
NAN NELSON ASSISTANT SECRETARY	1 00 55 00			X				0	920,042	84,115

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RACHELLE HART ASSISTANT SECRETARY	1 00 55 00			X				0	623,395	40,485
STEVE HUSER ASSISTANT SECRETARY	1 00 55 00			X				0	337,534	44,422
SUSAN NORDSTROM LOPEZ PRESIDENT OF ADVOCATE IMMC	55 00 1 00				X			1,554,027	0	62,749
VIJAY MAKER CHAIR SURGERY DEPARTMENT	55 00 0 00					X		373,391	0	47,037
STEPHEN LOCHER CHAIR OBSTETRICS/GYNECOLOG	55 00 0 00					X		476,756	0	56,563
DONNA KING VP CLINICAL OPERATIONS	55 00 0 00					X		380,864	0	36,743
BARRY ROSEN MEDICAL DIRECTOR	55 00 0 00					X		536,442	0	56,563
CLIFTON CLARKE VP MEDICAL MANAGEMENT	55 00 0 00					X		468,263	0	22,463
BRUCE D SMITH SVP, FORMER CHIEF INFORMATION OFFICER	0 00 0 00						X	0	508,520	46
JAMES DAN MD FORMER OFFICER	0 00 55 00						X	0	246,725	654

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA LEE CHAIR EMERGENCY MEDICINE	55 00 0 00						X	372,766	0	36,795

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 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ADVOCATE NORTH SIDE HEALTH NETWORK

Employer identification number

36-3196629

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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	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>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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

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

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

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 36-3196629

Name: ADVOCATE NORTH SIDE HEALTH 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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No 1545-0047

2018
Open to Public Inspection

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

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

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

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

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

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

Name of the organization ADVOCATE NORTH SIDE HEALTH NETWORK	Employer identification number 36-3196629
--	--

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

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

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

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

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

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

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

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

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

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

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

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

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		9,431
j Total. Add lines 1c through 1i			9,431
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
ADVOCATE NORTH SIDE HEALTH NETWORK

Employer identification number
36-3196629

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| 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
1a Land		45,827,825		45,827,825
b Buildings		265,942,954	115,333,000	150,609,954
c Leasehold improvements		2,072,163	1,750,173	321,990
d Equipment		83,502,703	54,848,722	28,653,981
e Other		3,349,156		3,349,156
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				228,762,906

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) MASONIC FAMILY HEALTH FDN	81,865,000	F
(2) CHICAGO NORTHSIDE MRI	1,462,654	F
(3) REHAB INSTITUTE OF CHICAGO	47,143	F
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	83,374,797	

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
THIRD PARTY SETTLEMENTS	35,419,800
REMEDIATION COST LIABILITY	659,756
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	36,079,556

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2018

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 for instructions and the latest information.**

Department of the Treasury

Name of the organization
 ADVOCATE NORTH SIDE HEALTH NETWORK

Employer identification number
 36-3196629

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <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 _____ %	3a Yes	
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 0000000000 %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			8,883,795	92,025	8,791,770	1 360 %
b Medicaid (from Worksheet 3, column a)			82,444,185	91,427,012	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			91,327,980	91,519,037	8,791,770	1 360 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,240,593		6,240,593	0 970 %
f Health professions education (from Worksheet 5)			31,706,810	6,628,297	25,078,513	3 890 %
g Subsidized health services (from Worksheet 6)			34,104,544	30,398,759	3,705,785	0 570 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			971,938		971,938	0 150 %
j Total. Other Benefits			73,023,885	37,027,056	35,996,829	5 580 %
k Total. Add lines 7d and 7j			164,351,865	128,546,093	44,788,599	6 940 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		No
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		
			18,865,135
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.		
			366,863
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	109,918,965
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	99,478,205
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	10,440,760
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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

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

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

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

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

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

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

ADVOCATE ILLINOIS MASONIC MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

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

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

ADVOCATE ILLINOIS MASONIC MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

ADVOCATE ILLINOIS MASONIC MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 7

Name and address	Type of Facility (describe)
1 1 - EDUCATION CENTER 814 W NELSON ST CHICAGO, IL 60657	OTHER
2 2 - AMBULATORY PAVILION 836 W WELLINGTON AVE CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
3 3 - CANCER CENTER 901 W WELLINGTON AVE CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
4 4 - MEDICAL OFFICE BUILDING 3000 N HALSTED ST CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
5 5 - OFFICES 836 W NELSON ST CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
6 6 - PRIMARY CARE CENTER 3048 N WILTON CHICAGO, IL 60657	PATIENT CARE - OUT PATIENT
7 7 - IMMC-PAIN CLINIC 3000 N HALSTED STE 823 CHICAGO, IL 60098	PATIENT CARE - OUT PATIENT
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G	<p>SCHEDULE H, PART VI, LINE 1 - 7ADVOCATE NORTHSIDE HEALTH NETWORK PROVIDES COMMUNITY HEALTH IMPROVEMENTSERVICES THAT TARGET IDENTIFIED COMMUNITY NEEDS, INCLUDING ACCESS, TO IMPROVE THE HEALTH OF INDIVIDUALS AND FAMILIES WITHIN THE COMMUNITIES IT SERVES THESE SERVICES AND PROGRAMS DO NOT GENERATE PATIENT BILLS, HOWEVER, THEY MAY HAVE NOMINAL FEES FOR PARTICIPATION, OR ARE ONLY PARTIALLY PAID THROUGH GRANTS, FOR WHICH THE REMAINING COST IS SUBSIDIZED BY ADVOCATE NORTHSIDE HEALTH NETWORK COMMUNITY MEMBERS ARE INVITED TO ATTEND SUPPORT GROUPS HELD THROUGHOUT THE YEAR TO ASSIST INDIVIDUALS IN MANAGING THEIR DISEASE, SUCH AS CANCER OR STROKE, TO IMPROVE THEIR QUALITY OF LIFE "SIBSHOPS" SUPPORT GROUPS ARE PROVIDED FOCUSING ON CHILDREN THAT HAVE A SIBLING WITH A DISABILITY COMMUNITY MEMBERS MAY ALSO ATTEND EDUCATIONAL CLASSES FOR WOMEN AND BABY, BREASTFEEDING, MULTIPLES, CHILDBIRTH AND PARENTING CLASSES MANY EDUCATIONAL PROGRAMS RAISE AWARENESS OF HEART DISEASE, STROKE, MENTAL ILLNESS/DEPRESSION, DIABETES, KIDNEY DISEASE, VARIOUS TYPES OF CANCER, INCONTINENCE, DIGESTIVE HEALTH, AND PROPER SELECTION AND INSTALLATION OF INFANT AND CHILD CAR SEATS, INCLUDING SAFETY CHECKS, AND FOOD LABEL READING TO IMPROVE NUTRITION SOME CLASSES ARE OFFERED IN LANGUAGES OTHER THAN ENGLISH TO PROVIDE ACCESS TO THIS INFORMATION BY NON-ENGLISH-SPEAKING COMMUNITY MEMBERS IN ADDITION TO EDUCATION, MANY CLASSES INCLUDE HEALTH SCREENINGS TO DETERMINE AT-RISK INDIVIDUALS, INCLUDING REFERRALS TO PHYSICIANS FOR FOLLOW-UP CARE FOR THOSE WITH POOR TEST RESULTS CPR TRAINING IS ALSO OFFERED TO THE COMMUNITY TO TEACH INDIVIDUALS TO RESPOND QUICKLY TO FAMILY MEMBERS AND OTHERS EXPERIENCING A HEALTH CRISIS THERE ARE MANY ADDITIONAL PROGRAMS PROVIDED BY THE ANSHN FOR WHICH COSTS ARE SUBSIDIZED BUT THAT ARE ALREADY DESCRIBED ELSEWHERE IN THIS DOCUMENT, SUCH AS THE SPECIAL NEEDS DENTISTRY PROGRAMS FOR LOW-INCOME, HOMELESS AND/OR DISABLED INDIVIDUALS, THE MEDICATION ASSISTANCE PROGRAM FOR LOW-INCOME UNINSURED, MENTAL HEALTH FIRST AID TO ENABLE COMMUNITY MEMBERS TO IDENTIFY SIGNS OF MENTAL ILLNESS IN OTHERS, SCHOOL-BASED HEALTH CENTERS, THE DEAF AND HARD OF HEARING PROGRAM PROVIDING ACCESS TO PSYCHIATRISTS, THE PEDIATRIC DEVELOPMENT CENTER FOR DEVELOPMENTALLY CHALLENGED CHILDREN AND ADOLESCENTS, AND THE MEDICALLY INTEGRATED CRISIS COMMUNITY SUPPORT PROGRAM PROVIDING THERAPEUTIC COMMUNITY-BASED CONTACTS TO ACUTELY-ILL BEHAVIORAL HEALTH PATIENTS PART VI, LINE 1 - DESCRIPTION FOR PART I, LINE 7GANSHN PROVIDES SUBSIDIZED HEALTH SERVICES TO THE COMMUNITY THESE SERVICES ARE PROVIDED DESPITE CREATING A FINANCIAL LOSS FOR ANSHN THESE SERVICES ARE PROVIDED BECAUSE THEY MEET AN IDENTIFIED COMMUNITY NEED IF ANSHN DID NOT PROVIDE THE CLINICAL SERVICE, IT IS REASONABLE TO CONCLUDE THAT THESE SERVICES WOULD NOT BE AVAILABLE TO THE COMMUNITY THE SERVICES INCLUDED ARE BOTH INPATIENT AND OUTPATIENT PROGRAMS FOR PEDIATRICS AND REHABILITATION SERVICES PART VI, LINE 1 - DESCRIPTION FOR PART I, LINE 7HANSHN CONDUCTS NUMEROUS RESEARCH ACTIVITIES FOR THE ADVANCEMENT OF MEDICAL AND HEALTH CARE SERVICES HOWEVER, THE UNREIMBURSED COST OF SUCH RESEARCH ACTIVITIES IS NOT READILY DETERMINABLE AND NO AMOUNT IS BEING REPORTED FOR PURPOSES OF THE 2018 FORM 990, SCHEDULE H</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	<p>SCHEDULE H, PART VI, LINE 7 COL (F)ADVOCATE MAKES EVERY EFFORT TO IDENTIFY THOSE PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE BY STRICTLY ADHERING TO ITS FINANCIAL ASSISTANCE POLICY WE BELIEVE THAT ADVOCATE HAS A POPULATION OF PATIENTS WHO ARE UNINSURED OR UNDERINSURED BUT WHO DO NOT COMPLETE THE FINANCIAL ASSISTANCE APPLICATION THE ESTIMATED AMOUNT OF BAD DEBT EXPENSE (AT COST) WHICH COULD BE REASONABLY ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, IF SUFFICIENT INFORMATION HAD BEEN AVAILABLE TO MAKE A DETERMINATION OF THEIR ELIGIBILITY, WAS BASED UPON SELF PAY PATIENT ACCOUNTS WHICH HAD AMOUNTS WRITTEN OFF TO BAD DEBTS OUR METHOD WAS TO BEGIN WITH THE SELF-PAY PORTION OF BAD DEBT EXPENSE PROVISION THE SELF PAY PORTION EXCLUDES THOSE PATIENTS WHO HAD FINANCIAL ASSISTANCE APPLICATIONS PENDING AT THE TIME OF SERVICE THIS COST WAS THEN REDUCED BY CHARGES IDENTIFIED AS TRUE BAD DEBT EXPENSE, INCLUDING COPAYS FOR PATIENTS WHO QUALIFIED FOR LESS THAN 100% FINANCIAL ASSISTANCE THE COST TO CHARGE RATIO WAS THEN APPLIED TO THE REMAINING CHARGES, TO DETERMINE THE VALUE (AT COST) OF PATIENT ACCOUNTS THAT DID NOT COMPLETE FINANCIAL COUNSELING AND WERE ASSIGNED TO BAD DEBT WE BELIEVE THIS PROCESS IS A REASONABLE BASIS FOR OUR ESTIMATE AS WE ARE ONLY CONSIDERING SELF-PAY ACCOUNTS WRITTEN OFF TO BAD DEBT FOR THIS ESTIMATE, THIS ESTIMATE DOES NOT INCLUDE THE IMMEDIATE 25% DISCOUNT TO CHARGES WHICH IS APPLIED TO ALL SELF-PAY PATIENTS IT ALSO DOES NOT INCLUDE ACCOUNT BALANCES OR CO-PAYS OF NON-SELF PAY ACCOUNTS WHICH ARE WRITTEN OFF TO BAD DEBT WHEN THE PATIENT HAS NO OTHER FINANCIAL RESOURCES TO PAY THESE AMOUNTS AND THE PATIENT DOES NOT APPLY FOR FINANCIAL ASSISTANCE BAD DEBT AMOUNTS HAVE BEEN EXCLUDED FROM OTHER COMMUNITY BENEFIT AMOUNTS REPORTED THROUGHOUT SCHEDULE H</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>ENVIRONMENTAL IMPROVEMENTS ADVOCATE HEALTH CARE IS COMMITTED TO GREENING HEALTH CARE BECAUSE IT IS DEEPLY CONNECTED TO OUR CORE MISSION - HEALTH AND HEALING. WE UNDERSTAND THAT THE HEALTH OF THE ENVIRONMENT AND THE HEALTH OF THE PATIENTS AND COMMUNITIES WE SERVE IS INEXTRICABLY LINKED - AND THAT A HEALTHY PLANET SUPPORTS HEALTHY PEOPLE. REDUCING WASTE, CONSERVING ENERGY AND WATER, MINIMIZING USE OF TOXIC CHEMICALS, AND CONSTRUCTING ECO-FRIENDLY BUILDINGS FOR TODAY AND TOMORROW - ALL OF THESE EFFORTS HAVE A DIRECT BENEFIT ON THE HEALTH OF LOCAL COMMUNITIES VIA CLEANER COMMUNITIES, HEALTHIER AIR QUALITY, REDUCED GREENHOUSE GASES, AND PRESERVATION OF NATURAL RESOURCES. AS WE WORK TO REDUCE THE ENVIRONMENTAL AND HEALTH IMPACT OF HEALTH CARE, OUR ENVIRONMENTAL STEWARDSHIP PRACTICES HELP EASE THE BURDEN OF HEALTH CARE COSTS BOTH DIRECTLY (LOWER ENERGY COSTS) AND INDIRECTLY (LOWER ENVIRONMENTALLY-RELATED DISEASE BURDEN).</p> <p>1. MENTORING AND EDUCATION: AS WE WORK TO SERVE THE HEALTH NEEDS OF TODAY'S PATIENTS AND FAMILIES WITHOUT COMPROMISING THE NEEDS OF FUTURE GENERATIONS, ADVOCATE HAS COMMITTED RESOURCES TO SHARING LESSONS LEARNED AND BEST PRACTICES WITH OTHER HOSPITALS AND HEALTH SYSTEMS, BOTH LOCALLY AND NATIONALLY, AND WE DO SO IN A VARIETY OF WAYS. ADVOCATE HEALTH CARE WAS ONE OF 12 FOUNDING AND SPONSORING HEALTH SYSTEMS OF THE NATIONAL HEALTHIER HOSPITALS INITIATIVE, WHICH HAS NOW BECOME A PERMANENT PROGRAM OF PRACTICE GREENHEALTH. THE HEALTHIER HOSPITALS PROGRAM ENGAGES OVER 1,300 HOSPITALS IN SIX KEY CATEGORIES OF HEALTH CARE SUSTAINABILITY: ENGAGED LEADERSHIP, HEALTHIER FOODS, LESS WASTE, LEANER ENERGY, SAFER CHEMICALS, AND SMARTER PURCHASING. ENROLLED HOSPITALS HAVE ACCOMPLISHED REDUCTIONS IN MEAT PURCHASING, INCREASED PURCHASING OF LOCAL AND SUSTAINABLE FOOD, REDUCED EXPOSURE TO TOXIC CHEMICALS THROUGH GREEN CLEANING PROGRAMS AND CONVERSION OF MEDICAL PRODUCTS FREE FROM PVC AND DEHP, AND DECREASED ENERGY AND WASTE. ADVOCATE IS PROUD TO JOIN WITH THIS GROWING MASS OF HOSPITALS THROUGH ITS OWN INVOLVEMENT AND LEADERSHIP IN THE HEALTHIER HOSPITALS CHALLENGE. ADVOCATE CONTINUES ITS LEADERSHIP, ADVOCACY AND MENTORING ROLE NATIONALLY THROUGH PARTICIPATION IN SEVERAL HEALTHCARE SUSTAINABILITY LEADERSHIP GROUPS AND ADVISORY BOARDS, ADDRESSING ANTIBIOTIC OVERUSE IN AGRICULTURE, SAFER CHEMICALS IN FURNISHING AND MEDICAL PRODUCTS, CLIMATE CHANGE, PLASTICS RECYCLING, AND ENVIRONMENTALLY-PREFERABLE PURCHASING.</p> <p>"PRACTICE GREENHEALTH MARKET TRANSFORMATION GROUP - LESS MEAT, BETTER MEAT" PRACTICE GREENHEALTH MARKET TRANSFORMATION GROUP - SAFER CHEMICALS" HEALTH CARE CLIMATE COUNCIL "HEALTHCARE PLASTICS RECYCLING COALITION - HEALTHCARE FACILITY ADVISORY BOARD" VIZI ENT ENVIRONMENTAL ADVISORY COUNCIL "SIGNATORY OF THE CHEMICAL FOOTPRINT PROJECT" ADVOCATE ALSO COMMONLY PROVIDES MENTORING TO HEALTH CARE COMMUNITY ON SUSTAINABILITY BEST PRACTICES THROUGH PRESENTATIONS AND WEBINARS, AS WELL AS TO INDIVIDUAL HEALTH CARE INSTITUTIONS ON A CASE-BY-CASE BASIS.</p> <p>2. ADVOCATE HEALTH CARE SYSTEM - 2018 ENVIRONMENTAL INITIATIVES "REDUCED CUMULATIVE (ELEVEN HOSPITALS) HOSPITAL ENERGY CONSUMPTION BY 0.5 PERCENT IN TWELVE MONTHS ENDING 11/30/18. OUR 2018 ENERGY REDUCTIONS SAVED ADVOCATE \$490,000 IN ENERGY COSTS" AVOIDED 2,811 MT CO₂E OF GREENHOUSE GASES (EQUIVALENT TO 6.8 MILLION MILES OF DRIVING) THROUGH ECO-FRIENDLY MANAGEMENT OF ANESTHETIC GASES "RECYCLED 2,760 TONS OF WASTE FROM HOSPITAL OPERATIONS " RECYCLED 74 PERCENT, OR 1,370 TONS, OF CONSTRUCTION AND DEMOLITION DEBRIS " SAVED 56 TONS OF WASTE FROM LANDFILL AND SAVED OVER \$2 MILLION VIA OUR SURGICAL AND MEDICAL DEVICE REPROCESSING PROGRAMS " CONTINUED OUR DONATION PROGRAM WITH PROJECT CURE, A NON-PROFIT ORGANIZATION THAT WILL RESPONSIBLY REDISTRIBUTE DONATED MEDICAL SUPPLIES AND EQUIPMENT TO UNDER-RESOURCED AREAS AROUND THE GLOBE, FOR ALL ADVOCATE HEALTH CARE FACILITIES. ADVOCATE DONATED A TOTAL OF 91 PALLETS OF MISCELLANEOUS MEDICAL SUPPLIES AND 13 PIECES OF MEDICAL EQUIPMENT TO PROJECT CURE IN 2018, ALL OF WHICH MAY HAVE OTHERWISE BEEN LANDFILLED.</p> <p>"PURCHASED 7,134 FEWER REAMS OF PAPER IN 2018 VERSUS 2017 EVEN THOUGH PATIENT VOLUMES ROSE - TRANSLATING INTO AN OVER 3% YEAR-OVER-YEAR REDUCTION IN PAPER USAGE " SPENT 78% OF ADVOCATE'S EXPENSES IN SELECT CLEANING PRODUCT CATEGORIES (WINDOW, FLOOR, CARPET, BATHROOM, AND GENERAL-PURPOSE CLEANERS) ON THIRD-PARTY CERTIFIED "GREEN" CLEANERS " INCREASED THE PURCHASE OF HEALTHIER HOSPITALS-APPROVED FURNITURE, MADE WITHOUT SELECT CHEMICALS OF CONCERN, INCLUDING PERFLUORINATED COMPOUNDS, PVC (VINYL), FORMALDEHYDE, FLAME RETARDANTS (WHERE CODE PERMISSIBLE) AND ANTIMICROBIALS, TO 78% OF TOTAL PURCHASES " PURCHASED 24% OF TOTAL MEAT PRODUCTS FROM LIVESTOCK AND POULTRY RAISED WITHOUT THE ROUTINE USE OF ANTIBIOTICS, SUPPORTING THE JUDICIOUS AND RESPONSIBLE USE OF ANTIBIOTICS IN AGRICULTURE WHICH CAN HELP SLOW THE EMERGENCE OF ANTIBIOTIC-RESISTANT BACTERIA " PLEASE SEE ADVOCATE HEALTH CARE'S PUBLICLY-FACING SUSTAINABILITY & WELLNESS WEBSITE FOR MORE.</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p> MORE INFORMATION 3 HOSPITAL-BASED ENVIRONMENTAL IMPROVEMENTS IN 2018 ADVOCATE ILLINOIS MASONIC MEDICAL CENTER" ILLINOIS MASONIC WAS THE FIRST HOSPITAL IN THE CHICAGO LAND AREA TO BECOME ENERGY STAR CERTIFIED, AND ONLY ONE OF THREE HOSPITALS IN ILLINOIS TO BE ENERGY STAR CERTIFIED IN 2018 " DIVERTED OVER 617,000 POUNDS OF OPERATING WASTE FROM THE LANDFILL THROUGH ITS VARIOUS RECYCLING PROGRAMS " AVOIDED 10,200 POUNDS OF MEDICAL AND SOLID WASTE THROUGH ITS DEVICE REPROCESSING PROGRAMS " 73% OF FURNITURE PURCHASES WERE FREE OF FIVE KEY CHEMICALS OF CONCERN " PURCHASED 4,570 FEWER REAMS OF PAPER IN 2018 VERSUS 2017, TRANSLATING INTO A 13.8% YEAR OVER YEAR REDUCTION IN PAPER USAGE " IN 2018, ILLINOIS MASONIC DONATED 7 PALLETS OF VARIOUS MEDICAL SUPPLIES TO PROJECT CURE FOR USE IN RESOURCE-LIMITED AREAS AROUND THE WORLD </p>

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Form and Line Reference	Explanation
PART III, LINE 4	THE FOOTNOTES TO ANSHN AND SUBSIDIARIES' AUDITED FINANCIAL STATEMENTS DO NOT SPECIFICALLY ADDRESS BAD DEBT EXPENSE, RATHER, THE FOOTNOTE DESCRIBES ADVOCATE'S PATIENT ACCOUNTS RECEIVABLE POLICY AND THE PERCENTAGE OF ACCOUNTS RECEIVABLE THAT THE ALLOWANCE FOR DOUBTFUL ACCOUNTS COVERS (SEE PAGES 10-11 OF THE AUDITED FINANCIAL STATEMENTS) FOR 2018, FOR ANSHN, THE ALLOWANCE FOR DOUBTFUL ACCOUNTS COVERED 25 23% OF NET PATIENT ACCOUNTS RECEIVABLE PATIENT ACCOUNTS RECEIVABLE ARE STATED AT NET REALIZABLE VALUE ANSHN EVALUATES THE COLLECTABILITY OF ITS ACCOUNTS RECEIVABLE BASED ON THE LENGTH OF TIME THE RECEIVABLE IS OUTSTANDING, PAYER CLASS, HISTORICAL COLLECTION EXPERIENCE, AND TRENDS IN HEALTH CARE INSURANCE PROGRAMS ACCOUNTS RECEIVABLE ARE CHARGED TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS WHEN THEY ARE DEEMED UNCOLLECTIBLE

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Form and Line Reference	Explanation
PART III, LINE 8	PART VI, LINE 1 - DESCRIPTION FOR PART III, LINE 8 IN 2018, NO SHORTFALL WAS REPORTED ON PART III, LINE 7 FOR ADVOCATE NORTHSIDE'S OPERATIONS, THE UNREIMBURSED COST OF MEDICARE WAS CALCULATED BY APPLYING THE ORGANIZATION'S COST TO CHARGE RATIO FROM THE MEDICARE COST REPORTS (CMS 2252-96 WORKSHEET C, PART 1, PPS INPATIENT RATIOS) AND FOR NON-HOSPITAL OPERATIONS THE COST TO CHARGE RATIO CALCULATED ON WORKSHEET 2 RATIO OF PATIENT CARE COST TO CHARGES TO THE ORGANIZATION'S MEDICARE, LESS ANY PATIENT OR THIRD PARTY PAYOR PAYMENTS AND/OR CONTRIBUTIONS RECEIVED THAT WERE DESIGNATED FOR THE PAYMENT OF MEDICARE PATIENT BILLS

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

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Form and Line Reference	Explanation
PART VI, LINE 2	PART VI, LINE 2 NEEDS ASSESSMENT N/A

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

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Form and Line Reference	Explanation
PART VI, LINE 4	<p>ADVOCATE ILLINOIS MASONIC IS A 397-BED TEACHING HOSPITAL LOCATED ON CHICAGO'S NORTH SIDE THE TOTAL POPULATION OF THE MEDICAL CENTER'S PSA IS 1,198,692 LOCATED IN A VERY DIVERSE URBAN AREA THE COMMUNITIES WITHIN THE PSA RANGE FROM WEALTHY RESIDENTS ALONG CHICAGO'S LAKEFRONT TO AREAS WHERE OVER 20 PERCENT OF THE POPULATION IS LIVING BELOW THE POVERTY LEVEL THERE ARE COMMUNITIES OF LONG-TIME MIDDLE AND WORKING-CLASS CAUCASIANS AS WELL AS SEVERAL AREAS THAT ARE HOME TO FINANCIALLY CHALLENGED IMMIGRANTS THE MEDICAL CENTER RESIDES IN THE NATION'S FIRST MUNICIPALLY RECOGNIZED GAY NEIGHBORHOOD THE PSA ALSO INCLUDES A COMMUNITY AREA WHERE IT IS ESTIMATED THAT RESIDENTS ARE THREE TIMES MORE LIKELY TO EXPERIENCE A MENTAL HEALTH DISORDER COMPARED TO OTHER CHICAGO COMMUNITY AREAS (NATIONAL HEALTH CORPS CHICAGO, FACING MENTAL ILLNESS IN UPTOWN, CAROLINE SACKO, BLOG, FEBRUARY 14, 2014) THE PERCENT OF THE PSA POPULATION THAT IS HISPANIC IS ALMOST TWICE THE PERCENT OF HISPANICS THAT LIVE IN THE U S POPULATION AS A WHOLE THE NON-HISPANIC AFRICAN AMERICAN POPULATION IS ONLY 9.9 PERCENT OF THE PSA, YET 18.93 PERCENT OF THE MEDICAL CENTER'S 2015 INPATIENT POPULATION THE ASIAN AND PACIFIC ISLANDER (NON-HISPANIC) POPULATION IN THE MEDICAL CENTER'S PSA (7.3 PERCENT) IS LARGER THAN THE PERCENT OF ASIAN AND PACIFIC ISLANDERS THAT LIVE IN THE U S AS A WHOLE (5.4 PERCENT) CURRENTLY, 10.7 PERCENT OF THE PSA POPULATION IS OVER THE AGE OF 65 NEARLY 17% OF THE PSA POPULATION OVER 65 ARE LIVING BELOW THE POVERTY LEVEL IN 2016, 6.9 PERCENT OF THE PSA POPULATION IS UNINSURED (IN THE U S , 8.4 PERCENT OF THE POPULATION IS UNINSURED) 25.3 PERCENT OF THE POPULATION WITHIN THE PSA HAS MEDICAID AND 10.2 PERCENT OF THE POPULATION WITHIN THE PSA HAS MEDICARE ACCORDING TO THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY, THERE ARE CURRENTLY 39 FEDERALLY QUALIFIED HEALTH CENTER (FQHC) SITES AND 21 HOSPITALS IN THE PSA</p>

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Form and Line Reference	Explanation
PART VI, LINE 5	<p>THE GOVERNING COUNCIL AT ADVOCATE ILLINOIS MASONIC IS COMPRISED OF LOCAL COMMUNITY LEADERS AND PHYSICIANS GOVERNING COUNCIL MEMBERS SUPPORT MEDICAL CENTER LEADERSHIP IN THEIR PURSUIT OF THE MEDICAL CENTER'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE MEDICAL CENTER AND SERVE AS AMBASSADORS IN THE COMMUNITY FORTY-SEVEN PERCENT OF THE CURRENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL OF ITS DEPARTMENTS AND SPECIALTIES NIV IS A PROGRAM SPONSORED BY THE ALLIANCE OF INDEPENDENT ACADEMIC MEDICAL CENTERS TO IMPROVE PATIENT CARE THROUGH QUALITY IMPROVEMENT EFFORTS BY MEDICAL RESIDENTS LAUNCHED IN THE SUMMER OF 2017 AND CONCLUDED IN APRIL 2019, NIV FOCUSED ON EXAMINING THE IMPACT OF SUPPORT GROUPS ON BURNOUT AND RESILIENCE IN GRADUATE MEDICAL EDUCATION TRAINEES RESIDENTS AND FACULTY AT ADVOCATE ILLINOIS MASONIC PARTICIPATED IN THIS INITIATIVE THE MEDICAL CENTER INITIATED THREE PROJECTS-SUPPORT GROUPS FOR FAMILY MEDICINE RESIDENTS, POSTER PRESENTATIONS, AND ABSTRACTS AND ORAL PRESENTATIONS THE SUPPORT GROUPS, FOR EXAMPLE, DREW 127 FAMILY RESIDENTS OVER 12 MONTHS AND 203 SURVEYS WERE COMPLETED TO MEASURE THE PROGRAM'S IMPACT THIS WORK WAS DONE IN EFFORTS TO ENSURE QUALITY CARE IS PROVIDED TO PATIENTS AND THE COMMUNITY ADVOCATE ILLINOIS MASONIC HAS A LONG-STANDING COMMITMENT TO SERVING ITS COMMUNITY IN ADDITION TO THE PROGRAMS DISCUSSED ABOVE, THE MEDICAL CENTER PROVIDES THESE ADDITIONAL PROGRAMS - BETTER BREATHERS CLUB (ASSISTS COMMUNITY MEMBERS WITH RESPIRATORY ISSUES)- QUARTERLY BLOOD DRIVES- CAR SEAT CHECKS- PROVISION OF MEETING SPACE FOR COMMUNITY ORGANIZATIONS- CPR, CHOKING AND BLEEDING CONTROL TRAININGS FOR THE COMMUNITY- SEMINARS ON INCONTINENCE- DISASTER PREPAREDNESS PLANNING FOR CHICAGO- EMERGENCY MEDICAL TECH TRAINING FOR THE CITY OF CHICAGO AND PRIVATE COMPANIES- HEALTHY FAMILIES (TEEN PARENTING PROGRAM)- HUMAN MILK DEPOT- BABY FRIENDLY HOSPITAL- GOLDEN AGE SENIOR PROGRAM- LGBTQ OUTREACH AND EDUCATION- MEDICALLY INTEGRATED COMMUNITY SUPPORT FOR BEHAVIORAL HEALTH PATIENTS- MEDICATION ASSISTANCE PROGRAM- SCHOOL-BASED HEALTH CENTER PSYCHOLOGY SERVICES- SEMINARS FOR CHICAGO HOUSING AUTHORITY RESIDENTS- "SIBSHOPS" FOR SIBLINGS OF DEVELOPMENTALLY DISABLED CHILDREN- STROKE EDUCATION SEMINAR- BIKE HELMET-FITTING EVENTS- ADVOCATE WORKS INITIATIVE - FOOD PANTRY</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>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 ALTHOUGH ADVOCATE HEALTH CARE (ILLINOIS) AND AURORA HEALTH CARE (WISCONSIN) MERGED IN 2018 TO BECOME ADVOCATE AURORA HEALTH AND WORK CONTINUES TO ALIGN THE COMMUNITY STRATEGY OF BOTH PREDECESSOR ORGANIZATIONS, ADVOCATE HEALTH CARE (ADVOCATE), IN SERVICE OF ITS MISSION, CONTINUES TO SUPPORT SYSTEM-WIDE PROGRAMS THAT ADDRESS THE HEALTH NEEDS OF PATIENTS, FAMILIES AND THE COMMUNITIES IT SERVES ADVOCATE'S BOARD, LEADERSHIP AND TEAM MEMBERS (STAFF/EMPLOYEES) ARE COMMITTED TO POSITIVELY AFFECTING THE HEALTH STATUS AND QUALITY OF LIFE OF INDIVIDUALS AND POPULATIONS IN COMMUNITIES SERVED BY A DVOCATE THROUGH PROGRAMS AND PRACTICES THAT REFLECT THIS MISSION THE ORGANIZATION CONTINU ES TO DEVELOP AND SUPPORT INITIATIVES THAT ENHANCE ACCESS TO HEALTH AND WELLNESS SERVICES AS SUCH, SYSTEM LEADERSHIP DIRECTS AND SUPPORTS THE HOSPITALS IN THEIR EFFORTS TO ADDRESS IDENTIFIED COMMUNITY HEALTH NEEDS IN 2016, ADVOCATE CREATED A COMMUNITY HEALTH DEPARTMENT THAT IS LED BY A SYSTEM EXECUTIVE AND STAFFED WITH PUBLIC/COMMUNITY HEALTH SPECIALISTS TO EXECUTE COMMUNITY NEEDS ASSESSMENTS, EVIDENCE-BASED PROGRAM DEVELOPMENT AND COLLABORATIVE PARTNERSHIPS WITHIN THE COMMUNITIES SERVED BY ADVOCATE PRIOR TO THIS TIME, THE COMMUNITY FACING FUNCTION WAS LED BY A TEAM OF SYSTEM-LEVEL INDIVIDUALS WHOSE JOB RESPONSIBILITIES INCLUDED VARIOUS COMMUNITY ROLES MORE CLOSELY ALIGNED WITH COMMUNITY RELATIONS DURING THE INITIAL 2011-2013 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CYCLE, THE SYSTEM LEADERS PROV IDED OVERSIGHT AND SUPPORT TO THE HOSPITALS FOR DEVELOPING THEIR CHNAS AND SUBSEQUENT PROG RAMMING IN 2016, ADVOCATE'S NEW COMMUNITY HEALTH TEAM CONDUCTED THEIR HOSPITAL'S COMPREHE NSIVE CHNAS (2014-2016) AND POSTED GOVERNANCE-APPROVED CHNA REPORTS AND CHNA IMPLEMENTATIO N PLANS ON ADVOCATE'S WEBPAGE IN COMPLIANCE WITH THE AFFORDABLE CARE ACT AT THE DIRECTION OF THE SYSTEM LEVEL, COMMUNITY HEALTH DEPARTMENT LEADERSHIP ALSO MET MONTHLY IN LATE 2016 THROUGH FIRST QUARTER 2017 TO SIGNIFICANTLY REVISE ADVOCATE HEALTH CARE'S COMMUNITY BENEFITS PLAN THE PLANS GOALS AND OBJECTIVES WERE CRAFTED AND EXPANDED TO BUILD ON RECENT LEARN INGS AND INCREASED FOCUS ON COMMUNITY HEALTH THE PLAN'S BROAD GOALS AND OBJECTIVES WERE D ESIGNED TO STRUCTURE SYSTEM-WIDE COMMUNITY BENEFITS ACTIVITIES WITHIN A STRATEGIC FRAMEWOR K INCLUDED IN THE COMMUNITY BENEFITS PLAN ARE GOALS FOCUSED ON SYSTEM-WIDE EFFORTS TO ADD RESS THE BROADER ISSUES OF DISPARITY AND ACCESS, AND TO ALIGN HOSPITAL COMMUNITY HEALTH PL ANS WITH SYSTEM STRATEGY AS COMMUNITY HEALTH PLANS AND IMPLEMENTATION STRATEGIES EVOLVE A DVOCATE'S COMMUNITY BENEFITS PLAN ALSO SETS THE COURSE FOR STRENGTHENING EXISTING PARTNERS HIPS AND BUILDING NEW ONES TO LEVERAGE AND MAXIMIZE THE IMPACT OF ADVOCATE'S PROGRAMS IN I TS SERVICE AREAS ADVOCATE'S COMMUNITY BENEFITS PLAN GOALS AND SPECIFIC EXAMPLES OF PROGRA MS AND SERVICES THAT ARE DIRECTED AND MANAGED AT THE SYSTEM LEVEL ARE PROVIDED BELOW GOAL A OPTIMIZE ADVOCATE'S CAPACITY TO MANAGE AN EFFECTIVE COMMUNITY HEALTH STRATEGY BY IMPLM ENTING REGULAR COMMUNITY HEALTH ASSESSMENTS (CHNAS) AND USING DATA FROM THESE ASSESSMENTS TO GUIDE PROGRAM DEVELOPMENT DURING 2016, ALL ELEVEN ADVOCATE HEALTH CARE HOSPITALS COMPLE TED COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENTS IN COLLABORATION WITH HEALTH DEPARTME NTS, OTHER HOSPITALS, AND COMMUNITY ORGANIZATIONS ADVOCATE CHILDREN'S HOSPITAL, WITH INTE GRATED SITES AT BOTH ADVOCATE LUTHERAN GENERAL HOSPITAL (ADVOCATE LUTHERAN GENERAL) AND AD VOCATE CHRIST MEDICAL CENTER (ADVOCATE CHRIST), CONTRIBUTED TO ASSESSMENTS AT THOSE TWO HO SPITALS ALL THE ADVOCATE HOSPITAL ASSESSMENTS ARE AVAILABLE THROUGH THE ADVOCATE WEBSITE AT HTTP //WWW ADVOCATEHEALTH COM/CHNAREPORTSAS A FIRST STEP TOWARD DEVELOPING A 2017-2019 IMPLEMENTATION PLAN, THE SYSTEM DIRECTED THE HOSPITAL COMMUNITY HEALTH LEADERS AND STAFF TO IDENTIFY THE STRENGTHS AND OPPORTUNITIES FOR IMPROVEMENT WITHIN THE JUST COMPLETED CYCL E (2014-2016), AS WELL AS IDEAS FOR NEW DATA SOURCES, AND NEEDS FOR PROFESSIONAL DEVELOPME NT RELATED TO THE OVERALL CHNA PROCESS A NUMBER OF STRENGTHS WERE IDENTIFIED INCLUDING DE VLOPMENT OF LOCAL COMMUNITY HEALTH COUNCILS (CHC), INVOLVEMENT OF HOSPITAL GOVERNING COUN CIL MEMBERS IN THE CHCS, PARTNERSHIPS WITH HEALTH DEPARTMENTS, DATA FROM CONDUENT-HEALTHY COMMUNITIES INSTITUTE, ESPECIALLY THE ZIP CODE LEVEL HOSPITALIZATION AND EMERGENCY ROOM UT ILIZATION DATA, AND THE SHARING OF TEMPLATES AND APPROACHES ACROSS HOSPITAL SITES ADDITIO NAL PROFESSIONAL DEVELOPMENT REGARDING DATA RETRIEVAL, ANALYSIS AND SUMMARIZATION, AS WELL AS PROGRAM DEVELOPMENT, WERE IDENTIFIED A PROFESSIONAL DEVELOPMENT PLAN WAS IMPLEMENTED FOR ALL INTERNAL COMMUNITY HEALTH STAFF IN 2017 CHNA DATA TRAINING WAS CONDUCTED USING TH E HEALTHY COMMUNITIES INSTITUTE (HCI) PLATFORM WIT</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>H THE TEAM RECEIVING TRAINING REGARDING RUNNING VARIOUS TYPES OF REPORTS AND CROSS COMPARI NG DATA IN HCI UPDATE PRESENTATIONS WERE HELD AT SELECTED MONTHLY STAFF MEETINGS REGARDIN G NEW CAPACITIES OF THE HCI PLATFORM FOR REPORTS AND DATA PRESENTATION ADDITIONALLY, ALL STAFF PROVIDED INPUT REGARDING TRAINING NEEDS RESULTING IN THE ESTABLISHMENT OF A SET OF M INIMUM STANDARD DATA REQUIREMENTS ADVOCATE IS NOW USING FOR THE NEXT CHNA CYCLE COMMUNITY HEALTH STAFF PULLED DATA AS PART OF LEARNING EXERCISES AND SHARED FINDINGS FROM THEIR UNI QUE SERVICE AREAS WITH PEERS IN A PEER REVIEW MODEL IN 2018, TRAINING FOCUSED ON DATA ANA LYSIS, DATA INTERPRETATION AND PROGRAM DEVELOPMENT AND EVALUATION GOAL B UNDERTAKE OR SU PPORT INITIATIVES THAT ENHANCE ACCESS TO HEALTH CARE, PREVENTION AND WELLNESS SERVICES ACR OSS THE LIFESPAN AND WITHIN THE DIVERSE COMMUNITIES ADVOCATE SERVES CHARITY CARE AS A NON -PROFIT HEALTH CARE SYSTEM, ADVOCATE PROVIDES CHARITY AND FINANCIAL ASSISTANCE TO PATIENTS IN NEED ALTHOUGH ADVOCATE'S SYSTEM-WIDE CHARITY CARE POLICY IS VERY GENEROUS, ADVOCATE C ONTINUES TO REVIEW AND REFINE ITS POLICY IN AN ONGOING EFFORT TO ENSURE THAT FINANCIAL ASS ISTANCE IS AVAILABLE TO THOSE IN NEED IN A TIMELY MANNER WHILE EACH HOSPITAL HAS A CHARIT Y CARE COUNCIL TO REVIEW APPLICATIONS AND DETERMINE ELIGIBILITY, SYSTEM FINANCE LEADERS AR E RESPONSIBLE FOR ONGOING POLICY REVIEW AND REFINEMENTS TO ASSURE THAT ADVOCATE CONTINUES TO PROVIDE FINANCIAL ASSISTANCE TO INDIVIDUALS WHO NEED HELP, WHEN THEY NEED IT FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) IN ADDITION, ADVOCATE'S SYSTEM LEADERS ENCOURAGE AND SUP PORT ITS HOSPITALS' INITIATIVES TO PARTNER WITH FQHC'S, PUBLIC HEALTH DEPARTMENTS AND COMM UNITY CLINICS IN ORDER TO ASSIST THE UNINSURED IN FINDING INSURANCE COVERAGE AND MEDICAL S ERVICES FOR EXAMPLE, ADVOCATE SOUTH SUBURBAN HOSPITAL (ADVOCATE SOUTH SUBURBAN) HAS A PAR TnersHIP WITH AUNT MARTHA'S YOUTH SERVICE CENTER, AN FQHC, TO IMPROVE ACCESS TO PRIMARY CA RE SERVICES FOR UNINSURED AND UNDERINSURED INDIVIDUALS IN ITS SERVICE AREA ADVOCATE BROME NN MEDICAL CENTER (ADVOCATE BROMENN) MAINTAINS A COMMUNITY HEALTH CLINIC IN COLLABORATION WITH OSF ST JOSEPH'S HOSPITAL, WHEREBY ADVOCATE BROMENN IS RESPONSIBLE FOR A PORTION OF T HE HOSPITAL CARE FOR THE CLINIC PATIENTS' HOSPITAL CARE THROUGHOUT THE YEAR ADVOCATE BROM ENN IS ALSO THE SOLE PROVIDER OF THE CLINIC'S INFORMATION TECHNOLOGY (IT) SUPPORT AND PROV IDES THE SPACE OCCUPIED BY THE CLINIC IN ADDITION, ADVOCATE BROMENN, THROUGH AN INFORMAL REFERRAL AGREEMENT IN PLACE SINCE 2010, COLLABORATES WITH CHESTNUT HEALTH SYSTEMS CHESTNU T HEALTH SYSTEMS OWNS AND OPERATES AN FQHC IN BLOOMINGTON AND PATIENTS ARE SOMETIMES REFER RED TO ADVOCATE BROMENN FOR SERVICES WORKING WITH OTHER AREA HOSPITALS, ADVOCATE GOOD SAM ARITAN HOSPITAL (ADVOCATE GOOD SAMARITAN) PROVIDES SUPPORT THROUGH THE DUPAGE HEALTH COALI TION TO SUSTAIN THE ACCESS DUPAGE COMMUNITY PROGRAM - A COMMUNITY COLLABORATION DESIGNED T O PROVIDE LOW-COST PRIMARY MEDICAL CARE SERVICES TO THE LOW-INCOME, MEDICALLY UNINSURED RE SIDENTS OF DUPAGE COUNTY IN ADDITION, THE HOSPITAL PARTNERS WITH THE DUPAGE COUNTY HEALTH DEPARTMENT'S ENGAGE DUPAGE INITIATIVE FOR INDIGENT PATIENT FINANCIAL ELIGIBILITY IN THE E MERGENCY ROOM AND TO ASSIST WITH OUTPLACEMENT SERVICES FOR THOSE PATIENTS WHO COULD BENEFI T FROM TREATMENT PROGRAMS, PLACEMENT WITH A PRIMARY CARE PROVIDER (PCP), DENTAL CARE, ETC ADVOCATE ALSO WORKS TO IMPROVE THE PROVISION OF SERVICES TO INDIVIDUALS AND FAMILIES WHO A RE COVERED BY MEDICARE AND MEDICAID AND SEEK SERVICES FROM ADVOCATE'S OVER 400 SITES OF CA RE ADVOCATE COLLABORATES WITH VARIOUS COMMUNITY-BASED ORGANIZATIONS (CBO'S) AND FQHC'S IN INNOVATIVE WAYS TO ESTABLISH PRIMARY CARE RELATIONSHIPS FOR MEDICAID AND UNINSURED PATIEN TS ADVOCATE CARE ORGANIZATION (ACO) AS ONE OF THE LARGEST PROVIDERS OF HEALTH CARE SERVI CES TO MEDICARE</p>

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

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

Form and Line Reference	Explanation
PART VI, LINE 6	<p>6 AFFILIATED HEALTH CARE SYSTEM- CONTINUED THE CENTER ALSO CONVENES THE COURAGE TO LOVE COLLABORATIVE (CTLC), A PARTNERSHIP COMMITTED TO REDUCING PRE-TERM BIRTH AND INFANT MORTALITY IN THE VULNERABLE AUBURN GRESHAM NEIGHBORHOOD OF CHICAGO. THE COURAGE TO LOVE APPROACH IS ROOTED IN A REPORT BY THE COMMISSION ON INFANT MORTALITY OF THE HEALTH POLICY INSTITUTE OF THE JOINT CENTER FOR POLITICAL AND ECONOMIC STUDIES THAT MAINTAINS THAT SOCIAL COHESION IS THE NECESSARY STRATEGY FOR IMPROVING BIRTH OUTCOMES. THE CTLC HAS INTERVIEWED OR GATHERED INPUT FROM ALMOST 150 COMMUNITY RESIDENTS DOCUMENTING THEIR EXPERIENCES OF STRESS, AND OF LOVE AND CARE IN THEIR COMMUNITIES. ECONOMIC PRESSURES AND COMMUNITY VIOLENCE WERE IDENTIFIED AS MOST STRESSFUL, AND FAMILY, CHURCH AND NEIGHBORS EMERGED AS THE CORE DRIVERS OF SOCIAL CONNECTION. THE COLLABORATIVE CONTINUES TO WORK WITH TEAMS OF COMMUNITY MEMBERS TO DESIGN AN APPROACH TO EXPAND EXISTING NETWORKS OF SOCIAL CONNECTION TO PROVIDE INTENTIONAL SUPPORT FOR PARENTS AND FAMILIES. GOAL C **NOT USED** GOAL D EXAMINE AND ADDRESS IN PARTNERSHIP WITH OTHERS THE ROOT CAUSES OF HEALTH INEQUITIES IN ADVOCATE COMMUNITIES INCLUDING, BUT NOT LIMITED TO, UNEMPLOYMENT, LACK OF EDUCATION, POVERTY, ENVIRONMENTAL INJUSTICE AND RACISM. SOCIOECONOMICS INDEX IN PREPARATION FOR THE 2014-2016 CHNA, ADVOCATE PURCHASED ACCESS TO A TOOL THAT COULD BE USED BY ALL OF ITS HOSPITALS TO IDENTIFY PRIORITY OPPORTUNITIES TO IMPACT THE SOCIAL DETERMINANTS OF HEALTH IN THE COMMUNITIES SERVED BY ADVOCATE. INCLUDED IN THIS TOOL, DEVELOPED BY THE HEALTHY COMMUNITIES INSTITUTE, IS THE SOCIOECONOMICS INDEX. THE SOCIOECONOMICS INDEX IS A MEASURE OF SOCIOECONOMIC NEED THAT IS CORRELATED WITH POOR HEALTH OUTCOMES. INDICATORS FOR THE INDEX ARE WEIGHTED TO MAXIMIZE THE CORRELATION OF THE INDEX WITH PREMATURE DEATH RATES AND PREVENTABLE HOSPITALIZATION RATES. THIS INDEX COMBINES MULTIPLE SOCIOECONOMIC INDICATORS INTO A SINGLE COMPOSITE VALUE. AS A SINGLE INDICATOR, THE INDEX CAN SERVE AS A CONCISE WAY TO EXPLAIN WHICH AREAS ARE OF HIGHEST NEED. A MAP WAS THEN PREPARED FOR EACH HOSPITAL SERVICE AREA ENABLING THE COMMUNITY HEALTH COUNCILS TO FOCUS PRIORITY SETTING AND PROGRAM PLANNING ON COMMUNITIES AT HIGHER LEVELS OF SOCIOECONOMIC NEED. THE INDEX IS ALSO BEING USED FOR THE 2017-2019 CHNA PROCESS ALLIANCE FOR HEALTH EQUITY (FORMERLY KNOWN AS THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY). IN 2015, COMMUNITY HEALTH LEADERS FROM ADVOCATE, PRESENCE HEALTH, THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHA), THE CHICAGO DEPARTMENT OF HEALTH (CDPH) AND THE COOK COUNTY DEPARTMENT OF PUBLIC HEALTH (CCDPH) CAME TOGETHER TO FORM THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (HICCC). EVENTUALLY THIS COLLABORATIVE INCLUDED 26 HOSPITALS, INCLUDING FIVE FROM ADVOCATE, SEVEN HEALTH DEPARTMENTS AND NEARLY 100 COMMUNITY ORGANIZATIONS FROM ACROSS CHICAGO AND COOK COUNTY. THE PURPOSE OF HICCC WAS TO CREATE A MORE EFFECTIVE WAY TO ASSESS HEALTH NEEDS ACROSS CHICAGO AND COOK COUNTY AND THEN IMPLEMENT A SHARED ACTION PLAN TO MAXIMIZE HEALTH EQUITY AND WELLNESS. DURING 2016, THE COLLABORATIVE COMPLETED THREE COMPREHENSIVE ASSESSMENTS - ONE EACH FOR THE NORTH, CENTRAL AND SOUTH REGIONS OF COOK COUNTY, INCLUDING CHICAGO. SEE HTTP://HEALTHIMPACTCC.ORG/REPORTS2016/ THROUGH COLLABORATIVE PRIORITIZATION PROCESSES INVOLVING ALL HOSPITAL AND HEALTH DEPARTMENT MEMBERS OF THE COLLABORATIVE, AS WELL AS STAKEHOLDER ADVISORY GROUPS COMPRISED OF COMMUNITY REPRESENTATIVES, HICCC IDENTIFIED FOUR OVERARCHING FOCUS AREAS INCLUDING "IMPROVING SOCIAL, ECONOMIC, AND STRUCTURAL DETERMINANTS OF HEALTH WHILE REDUCING SOCIAL AND ECONOMIC INEQUALITIES," "IMPROVING MENTAL HEALTH AND DECREASING SUBSTANCE ABUSE," "PREVENTING AND REDUCING CHRONIC DISEASE, WITH A FOCUS ON RISK FACTORS-NUTRITION, PHYSICAL ACTIVITY AND TOBACCO, AND" "INCREASING ACCESS TO CARE AND COMMUNITY RESOURCES. ALL OF THE HOSPITALS IN THE COLLABORATIVE AGREED TO INCLUDE THE FIRST FOCUS AREA-IMPROVING SOCIAL, ECONOMIC, AND STRUCTURAL DETERMINANTS OF HEALTH-AS A PRIORITY AREA FOR THEIR CHNA AND IMPLEMENTATION PLAN. OF THE FIVE ADVOCATE HOSPITALS IN COOK COUNTY, ADVOCATE ILLINOIS MASONIC AND ADVOCATE TRINITY CHOSE WORKFORCE DEVELOPMENT, ADVOCATE CHRIST SELECTED VIOLENCE PREVENTION, ADVOCATE SOUTH SUBURBAN CHOSE HOUSING AND ADVOCATE LUTHERAN GENERAL SELECTED YOUTH EMPLOYMENT. ACTION TEAMS BEGAN MEETING IN 2017 AND CONTINUED TO MEET THROUGHOUT 2018. WORK TO DEVELOP COMMUNITY HEALTH IMPROVEMENT PLANS FOCUSED ON ALIGNED ACTIONS AND DATA COLLECTION CONTINUES. IN LATE 2017, HICCC MERGED WITH THE HEALTHY CHICAGO HOSPITALS COLLABORATIVE TO CREATE THE ALLIANCE FOR HEALTH EQUITY. THE ALLIANCE FOR HEALTH EQUITY IS A PARTNERSHIP BETWEEN THE ILLINOIS PUBLIC HEALTH INSTITUTE, HOSPITALS, HEALTH DEPARTMENTS AND COMMUNITY ORGANIZATIONS ACROSS CHICAGO AND COOK COUNTY. ADVOCATE, AS A FOUNDING MEMBER OF THE PREDECESSOR HICCC, CONTINUES TO BE ACTIVELY INVOLVED IN LEADERSHIP OF THE ALLIANCE FOR HEALTH EQUITY PARTNERSHIP, SERVING ON THE STEERING C</p>

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

Form and Line Reference	Explanation
PART VI, LINE 6	<p>6 AFFILIATED HEALTH CARE SYSTEM- CONTINUEDADVOCATE IS ALSO WORKING TO STRENGTHEN CORPORATE OPTIONS THROUGH HUMAN RESOURCE, SUPPLY CHAIN, ENVIRONMENTAL STEWARDSHIP AND INVESTMENT POLICIES TO IMPACT THE SOCIAL DETERMINANTS OF HEALTH IN THE COMMUNITIES SERVED BY ADVOCATE SEVERAL EXAMPLES OF THE ORGANIZATION'S WORK IN THESE AREAS FOLLOW ENVIRONMENTAL STEWARDSHIP ADVOCATE BELIEVES THAT ENVIRONMENTAL HEALTH DEEPLY IMPACTS PERSONAL HEALTH AND THE HEALTH OF COMMUNITIES GROUNDED IN OUR FAITH BELIEFS THAT GUIDE OUR HEALTH MINISTRY, WE ARE CALLED TO CARE FOR THE EARTH AND WORK DILIGENTLY TO MINIMIZE OUR ENVIRONMENTAL IMPACT AND CONTRIBUTE POSITIVELY TO EFFORTS THAT PRESERVE HEALTHY ENVIRONMENTS FOR GENERATIONS TO COME ADVOCATE IS INVOLVED AS A LEADER IN THE HEALTH CARE SUSTAINABILITY ARENA AS AN ACTIVE MEMBER OF PRACTICE GREENHEALTH, HEALTH CARE CLIMATE COUNCIL, HEALTHCARE PLASTICS RECYCLING COALITION (HEALTH FACILITY ADVISORY BOARD) AND THE MIDWEST BUSINESS GROUP ON HEALTH, AS WELL AS HEALTH CARE ANCHORS (FOCUSED ON ENVIRONMENTAL STEWARDSHIP, SUSTAINABILITY, EQUITABLE PROCUREMENT AND WORK FORCE DEVELOPMENT) IN 2010, ADVOCATE BECAME A FOUNDING SPONSOR OF THE HEALTHIER HOSPITALS INITIATIVE, A THREE-YEAR NATIONAL CAMPAIGN TO IMPLEMENT BEST PRACTICES FOCUSED ON IMPROVING SUSTAINABILITY IN THE HEALTH CARE SECTOR HEALTHIER HOSPITALS IS NOW A PERMANENT PROGRAM OF PRACTICE GREENHEALTH THE PROGRAM ENGAGES OVER 1,300 HOSPITALS IN CHALLENGES IN SIX CATEGORIES ENGAGED LEADERSHIP, HEALTHIER FOODS, LESS WASTE, LEANER ENERGY, SAFER CHEMICALS AND SMARTER PURCHASING IN 2008, ADVOCATE EMBARKED ON A JOURNEY TO REDUCE ITS CARBON FOOTPRINT AND TO BECOME AS EFFICIENT AS POSSIBLE BY 2015, ADVOCATE HAD REDUCED ENERGY CONSUMPTION BY 23% FROM THE 2008 BASELINE BY THE END OF 2018, ADVOCATE ACHIEVED AN ADDITIONAL 4.5% REDUCTION FROM ITS NEW 2015 BASELINE PROJECT CURE (COMMISSION ON URGENT RELIEF AND EQUIPMENT) ADVOCATE IS AN OFFICIAL DONATION PARTNER OF PROJECT CURE, THE WORLD'S LEADING MEDICAL SUPPLY DISTRIBUTION ORGANIZATION BENEFITING RESOURCE-LIMITED AREAS ACROSS THE GLOBE SURPLUS MEDICAL SUPPLIES AND DECOMMISSIONED EQUIPMENT ARE DONATED TO PROJECT CURE AND MANY ADVOCATE TEAM MEMBERS ALSO VOLUNTEER TIME AT ITS WAREHOUSE -SORTING AND PACKAGING SUPPLIES FOR DISTRIBUTION OVERSEAS IN 2018, ADVOCATE DONATED A TOTAL OF 91 PALLETS OF MISCELLANEOUS MEDICAL SUPPLIES AND 13 PIECES OF MEDICAL EQUIPMENT TO PROJECT CURE STAKEHOLDER HEALTH ADVOCATE IS A FOUNDING MEMBER AND INVESTING PARTNER OF STAKEHOLDER HEALTH, FORMERLY KNOWN AS HEALTH SYSTEMS LEARNING GROUP MEMBERS OF ADVOCATE STAFF SERVE ON THE ADVISORY COUNCIL AND HAVE BEEN ACTIVELY INVOLVED IN OFFERING THOUGHT LEADERSHIP AS WELL AS CONTRIBUTING TO THE WRITING OF TWO SEMINAL DOCUMENTS-A 2013 HEALTH SYSTEMS LEARNING GROUP MONOGRAPH HTTPS://STAKEHOLDERHEALTH.ORG/PDF/ AND A 2016 BOOK, STAKEHOLDER HEALTH INSIGHTS FROM NEW SYSTEMS OF HEALTH HTTPS://STAKEHOLDERHEALTH.ORG/STAKEHOLDER-HEALTH-CHAPTER-1/ THE LATTER PUBLICATION, DEVELOPED AND PUBLISHED WITH THE SUPPORT OF THE ROBERT WOOD JOHNSON FOUNDATION, IS A RICH AND DETAILED REVIEW OF SOME OF THE BEST PRACTICES IN THE AREAS OF COMMUNITY HEALTH IMPROVEMENT, AND CLINICAL AND COMMUNITY PARTNERSHIPS THE FIRST RELEASE OF THE BOOK OCCURRED AT AN EVENT AT CHICAGO THEOLOGICAL SEMINARY AND WAS PLANNED AND EXECUTED BY ADVOCATE STAFF AND STAFF OF THE CENTER FOR FAITH AND COMMUNITY HEALTH TRANSFORMATION STAKEHOLDER HEALTH ASPIRES TO IDENTIFY AND ACTIVATE A MENU OF PROVEN COMMUNITY HEALTH PRACTICES AND PARTNERSHIPS THAT WORK FROM THE TOP OF THE MISSION STATEMENT TO THE BOTTOM LINE ADVOCATE AURORA HEALTH CONTINUES TO BE AN ACTIVE MEMBER AND LEADER OF STAKEHOLDER HEALTH SUSTAINABLE BUILDING SUSTAINABILITY, SAFETY AND EFFICIENCY ARE CORE ELEMENTS OF ALL ADVOCATE CONSTRUCTION PROJECTS IN 2018, 74% OR 1,370 TONS OF ADVOCATE CONSTRUCTION WASTE WAS RECYCLED ADVOCATE IS PURSUING LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN (LEED) CERTIFICATION ON ALL NEW MAJOR BUILDINGS AND HAS DEVELOPED A NEW TOOL, THE HEALTHY SPACES ROADMAP, TO ENSURE SUSTAINABILITY IN ALL RENOVATIONS AND PROJECTS THROUGHOUT ADVOCATE AS REPORTED FOR 2017, ADVOCATE CHRIST'S EAST TOWER WAS LEED GOLD HEALTHCARE CERTIFIED IN 2018, HOWEVER, TWO MORE HOSPITALS-ADVOCATE GOOD SAMARITAN FOR ITS WEST TOWER AND ADVOCATE GOOD SHEPHERD FOR ITS MODERNIZATION PROJECT-ACHIEVED LEED FOR HEALTHCARE-SILVER CERTIFICATION IN 2018 SUSTAINABLE WORK SPACES BEING GREEN AT WORK IS EASIER WHEN THE WORK ENVIRONMENT IS CONDUCIVE TO SUSTAINABLE PRACTICES AT ADVOCATE, INDOOR AIR QUALITY IS INCREASED AND EXPOSURE TO TOXIC CHEMICALS DECREASED THROUGH ENVIRONMENTALLY-PREFERABLE PURCHASING, INCLUDING FURNITURE, CLEANING PRODUCTS AND MEDICAL SUPPLIES ADVOCATE'S TEAM MEMBERS ARE EMPOWERED TO CREATE SUSTAINABLE WORK SPACES THROUGH THE GREEN ADVOCATE AND SUSTAINABLE WORK SPACE CERTIFICATION PROGRAMS ALL TEAM MEMBERS AND VOLUNTEERS ARE ENCOURAGED TO REDUCE WASTE, RECYCLE AND UTILIZE ELECTRICITY EFFECTIVE</p>

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

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

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

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

Form and Line Reference	Explanation
PART VI, LINE 6	<p>DE OVERSIGHT OF THE CHNA PROCESS AND APPROVAL OF THE HOSPITAL CHNA REPORTS AND IMPLEMENTATION STRATEGIES THIS HAS RESULTED IN COMMUNITY HEALTH BEING STRONGLY INTEGRATED INTO ADVOCATE GOVERNANCE STRUCTURES COMMUNITY HEALTH COUNCILS COMPRISED OF COMMUNITY EXPERTS AND HOSPITAL LEADERS HAVE BEEN DEVELOPED AT EACH HOSPITAL THESE COUNCILS ARE CO-LED BY THE HOSPITAL COMMUNITY HEALTH LEADER AND A HOSPITAL GOVERNING COUNCIL MEMBER A MINIMUM OF 50% OF THE COUNCIL MEMBERS FOR THE 2016 CHNA REPORT CYCLE WERE COMMUNITY REPRESENTATIVES WITH A FOCUS ON PEOPLE WHO REPRESENTED UNDERSERVED AND VULNERABLE POPULATIONS THE COUNCILS MET AT LEAST FOUR TIMES DURING THE YEAR HOSPITAL COMMUNITY HEALTH STAFF ANALYZED AND PRESENTED PRIMARY AND SECONDARY COMMUNITY HEALTH DATA TO THE HOSPITALS' COMMUNITY HEALTH COUNCILS THE COUNCIL MEMBERS IDENTIFIED THE HOSPITAL SERVICE AREAS' SIGNIFICANT HEALTH NEEDS, SUBSEQUENTLY EMPLOYING A CONSENSUS BASED PRIORITY-SETTING PROCESS TO DETERMINE THE NEEDS UPON WHICH TO FOCUS AS PART OF THE PRIORITIZATION PROCESS, THE COUNCILS SCANNED HOSPITAL AND COMMUNITY CHALLENGES AND ASSETS, AS WELL AS POTENTIAL PARTNERSHIPS WITH OTHER ORGANIZATIONS THAT MIGHT RESULT IN A LARGER HEALTH IMPROVEMENT IMPACT CHNA DATA ASSESSMENT RESULTS AND RECOMMENDATIONS FOR HEALTH IMPROVEMENT PRIORITIES WERE PRESENTED TO THE FULL HOSPITAL GOVERNING COUNCILS FOR ENDORSEMENT ONCE THE HEALTH IMPROVEMENT PRIORITIES AND STRATEGIES WERE APPROVED BY THE HOSPITAL GOVERNING COUNCILS, THE RESULTS WERE PRESENTED TO THE MISSION AND SPIRITUAL CARE COMMITTEE OF THE ADVOCATE HEALTH CARE BOARD OF DIRECTORS, CHARGED WITH SYSTEM OVERSIGHT OF COMMUNITY HEALTH PLANNING AT THAT TIME, FOR FINAL APPROVAL AS INDICATED EARLIER, AS A RESULT OF THE MERGER, THIS RESPONSIBILITY MOVED TO THE ADVOCATE HEALTH CARE NETWORK BOARD IN 2018 SERVICE LINE AND POPULATION HEALTH ENGAGEMENT TO SUPPORT FURTHER ALIGNMENT WITHIN ADVOCATE, THE SYSTEM COMMUNITY HEALTH DEPARTMENT HAS ALSO WORKED TO ENGAGE SYSTEM DEFINED CLINICAL SERVICE LINES IN EXPANDING THEIR FOCUS ON COMMUNITY HEALTH ADVOCATE IS VIEWED AS A LEADER IN THE POPULATION HEALTH MANAGEMENT ARENA AN EARLY ADOPTER OF MANAGING CARE ACROSS POPULATIONS, ADVOCATE HAS SIGNIFICANT SUCCESS IMPROVING HEALTH OUTCOMES WHILE DECREASING OR MAINTAINING COST OF CARE DELIVERY ADVOCATE'S COMMUNITY HEALTH DEPARTMENT HAS INTENTIONALLY ALIGNED WITH ADVOCATE POPULATION HEALTH LEADERS AND ADVOCATE SERVICE LINES THIS ALIGNMENT ASSURES THAT MEMBERS OF THE COMMUNITIES ADVOCATE SERVES AND OUR PATIENTS RECEIVE COMMUNITY-BASED INTERVENTIONS, AS WELL AS EDUCATION AND PROGRAMMING THAT ALIGNS WITH THEIR HEALTH NEEDS THE FOLLOWING ARE EXAMPLES OF EDUCATION AND PROGRAMMING ALIGNED WITH POPULATION HEALTH AND SERVICE LINE DEVELOPMENT THAT REFLECT THIS INTEGRATED APPROACH BEHAVIORAL HEALTH BEHAVIORAL HEALTH COUNCIL INTEGRATION STRATEGIES HAVE INCLUDED COMMUNITY HEALTH STAFF OFFERING MENTAL HEALTH FIRST AID TO TARGETED COMMUNITY MEMBERS FOR THE PURPOSE OF REDUCING STIGMA, AND TRAINING COMMUNITY MEMBERS TO RECOGNIZE MENTAL HEALTH ISSUES AND UNDERSTAND APPROPRIATE INTERVENTIONS IN 2018, OVER 1,047 COMMUNITY MEMBERS WERE TRAINED IN THE EIGHT-HOUR EVIDENCE-BASED PROGRAM ADDITIONALLY, ALL HOSPITALS PARTICIPATE IN LOCAL BEHAVIORAL HEALTH AND SUBSTANCE ABUSE COLLABORATIVES ADVOCATE PHYSICIAN PARTNERS (APP) ADVOCATE POPULATION HEALTH LEADERS AND ADVOCATE COMMUNITY HEALTH LEADERS ARE PARTNERING TO DEVELOP NEW APPROACHES TO PATIENT SCREENING AND RESEARCHING FOR SOCIAL DETERMINANTS OF HEALTH GOAL PROMOTE THE TRAINING OF FUTURE HEALTH PROFESSIONALS TO FURTHER THE TRADITION OF PROVIDING MEDICAL EDUCATION TO UNDERGRADUATE AND GRADUATE MEDICAL STUDENTS AND NURSING STUDENTS, ADVOCATE'S SYSTEM LEVEL CLINICAL EDUCATION DEPARTMENT HAS DEVELOPED LONG-TERM ACADEMIC AFFILIATIONS WITH ALL MAJOR UNIVERSITIES IN THE CHICAGO METROPOLITAN AREA FOR THE</p>

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

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

990 Schedule H, Supplemental Information

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

Additional Data**Software ID:****Software Version:****EIN:** 36-3196629**Name:** ADVOCATE NORTH SIDE HEALTH NETWORK**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	ADVOCATE IL MASONIC MEDICAL CENTER 836 WEST WELLINGTON AVENUE CHICAGO, IL 60657 HTTP://WWW.ADVOCATEHEALTH.COM/IMMC/ 0005165	X	X		X			X			

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

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

Form and Line Reference	Explanation
ADVOCATE ILLINOIS MASONIC MEDICAL CENTER	PART V, SECTION B, LINE 3J N/APART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 2N/A

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

Form and Line Reference	Explanation
<p>ADVOCATE ILLINOIS MASONIC MEDICAL CENTER</p>	<p>PART V, SECTION B, LINE 5 THE 2014-2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR ADVOCATE ILLINOIS MASONIC MEDICAL CENTER (ADVOCATE ILLINOIS MASONIC) WAS POSTED IN DECEMBER OF 2016 THIS CHNA WAS THE RESULT OF ACTIVE PARTICIPATION IN THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY'S (HICCC) COLLECTIVE CHNA PROCESS AS WELL AS A MEDICAL CENTER-SPECIFIC ASSESSMENT OF HEALTH NEEDS WITHIN THE ADVOCATE ILLINOIS MASONIC PRIMARY SERVICE AREA (PSA) THE CHNA IS THE PRODUCT OF INPUT FROM MULTIPLE STAKEHOLDERS IN 2015, ADVOCATE HEALTH CARE AND ITS FIVE HOSPITALS PRINCIPALLY SERVING COOK COUNTY (INCLUDING ADVOCATE ILLINOIS MASONIC) WERE FOUNDING PARTNERS AND ACTIVE PARTICIPANTS IN THE DEVELOPMENT OF THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (NOW KNOWN AS THE ALLIANCE FOR HEALTH EQUITY), A PROJECT INVOLVING 26 HOSPITALS, 7 HEALTH DEPARTMENTS AND NEARLY 100 COMMUNITY-BASED ORGANIZATIONS THE GOAL OF THIS INITIATIVE WAS TO WORK COLLABORATIVELY ON A COUNTY-WIDE CHNA AND IMPLEMENTATION PLAN ONCE PRIORITIES HAD BEEN IDENTIFIED THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI) SERVED AS THE BACKBONE ORGANIZATION FOR THE COLLABORATIVE IN JANUARY 2016, ADVOCATE ILLINOIS MASONIC'S COMMUNITY HEALTH DIRECTOR RE-FORMED A COMMUNITY HEALTH COUNCIL (CHC) FOR THE MEDICAL CENTER THE CHC SERVED AS A DECISION-MAKING AND ADVISORY BODY TO ADVOCATE ILLINOIS MASONIC'S LEADERSHIP AND THE GOVERNING COUNCIL REGARDING COMMUNITY HEALTH ASSESSMENT, STRATEGIES AND PROGRAMS A PRINCIPAL RESPONSIBILITY OF THE CHC WAS PARTICIPATION IN THE MEDICAL CENTER'S COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS THE MEDICAL CENTER'S COMMUNITY HEALTH COUNCIL CONSISTED OF TWENTY-TWO MEMBERS-45 PERCENT OF WHICH WERE REPRESENTATIVES FROM THE COMMUNITY AND/OR PUBLIC HEALTH ORGANIZATIONS FOR THE COMMUNITY/PUBLIC HEALTH REPRESENTATION, SPECIAL CONSIDERATION WAS GIVEN TO THE GEOGRAPHIC DISTRIBUTION OF COUNCIL MEMBERS AS WELL AS REPRESENTATION OF DIVERSE AND VULNERABLE POPULATION GROUPS IN THE REGION THE COMMUNITY HEALTH COUNCIL WAS INSTRUMENTAL IN SHAPING THE ASSESSMENT FINDINGS AND PRIORITY ISSUES THAT ARE PRESENTED IN THE 2014-2016 CHNA THE TITLES AND ORGANIZATIONS OF INDIVIDUALS SERVING ON ADVOCATE ILLINOIS MASONIC'S COMMUNITY HEALTH COUNCIL FOLLOW INDIVIDUALS REPRESENTING DIVERSE AND/OR VULNERABLE POPULATIONS ARE INDICATED BELOW WITH AN ASTERISK MEMBERS FROM THE COMMUNITY- COO OF PARENT ORGANIZATION, LAKEVIEW REHABILITATION AND NURSING CENTER*- COORDINATOR, SPECIAL INITIATIVES, ILLINOIS AFRICAN AMERICAN COALITION ON PREVENTION*- DIRECTOR, HEALTHY CHICAGO 2.0, CHICAGO DEPARTMENT OF PUBLIC HEALTH - DIRECTOR, NORTH CENTER, METROPOLITAN FAMILY SERVICES*- EXECUTIVE DIRECTOR, ASIAN HEALTH COALITION*- MANAGER, CLINICAL QUALITY IMPROVEMENT, HOWARD BROWN HEALTH CLINIC (FQHC)*- PRESIDENT, WJ BRODINE & CO, MEMBER, GOVERNING COUNCIL, ADVOCATE ILLINOIS MASONIC, CHC CO-CHAIR - PRINCIPAL, CHUHAK & TEESSON, MEMBER, GOVERNING COUNCIL, ADVOCATE ILLINOIS MASONIC - PROFESSOR, COMMUNITY HEALTH AND WELLNESS PROGRAM, NORTHEAS</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>ADVOCATE ILLINOIS MASONIC MEDICAL CENTER</p>	<p>TERN ILLINOIS UNIVERSITY - RESOURCE DEVELOPER, CENTRO ROMERO* - VICE PRESIDENT, STRATEGY AND DEVELOPMENT, HEARTLAND HEALTH CENTERS (FQHC)*ADVOCATE ILLINOIS MASONIC STAFF MEMBERS- ADVOCATE FAITH COMMUNITY NURSE, ADVOCATE ILLINOIS MASONIC*- DIRECTOR, COMMUNITY HEALTH, ADVOCATE ILLINOIS MASONIC, CHC CO-CHAIR- DIRECTOR, HISPANOCARE AND COMMUNITY OUTREACH, ADVOCATE ILLINOIS MASONIC*- DIRECTOR, MEDICAL EDUCATION, ADVOCATE ILLINOIS MASONIC- DIRECTOR, PHYSICIAN SERVICES, ADVOCATE ILLINOIS MASONIC - FIRST YEAR MEDICAL RESIDENT, ADVOCATE ILLINOIS MASONIC - MANAGER, CASE MANAGEMENT, ADVOCATE ILLINOIS MASONIC - MANAGER, COMMUNITY RELATIONS, ADVOCATE ILLINOIS MASONIC - MANAGER, PLANNING AND BUSINESS DEVELOPMENT, ADVOCATE ILLINOIS MASONIC - SPECIAL PROJECTS COORDINATOR, FOUNDATION AND PHYSICIAN SERVICES, ADVOCATE ILLINOIS MASONIC - VICE PRESIDENT, CLINICAL OPERATIONS, ADVOCATE ILLINOIS MASONIC BY LEVE RAGING ITS PARTNERS AND NETWORKS, HICCC COLLECTED APPROXIMATELY 5,200 RESIDENT SURVEYS FOR CHNA INPUT BETWEEN OCTOBER 2015 AND JANUARY 2016, INCLUDING APPROXIMATELY 1,700 IN THE NORTH REGION, WHERE ADVOCATE ILLINOIS MASONIC IS LOCATED THE SURVEY WAS AVAILABLE IN FIVE LANGUAGES - ENGLISH, SPANISH, POLISH, KOREAN AND ARABIC THE MAJORITY OF SURVEY RESPONDENTS FROM THE NORTH REGION IDENTIFIED AS HETEROSEXUAL (89%) AND WHITE (71%) SEVENTEEN PERCENT OF SURVEY RESPONDENTS IDENTIFIED AS ASIAN/PACIFIC ISLANDER, SIX PERCENT BLACK/AFRICAN AMERICAN, AND TWO PERCENT NATIVE AMERICAN/INDIAN APPROXIMATELY NINETEEN PERCENT OF SURVEY RESPONDENTS IN THE NORTH REGION IDENTIFIED AS HISPANIC/LATINO AND APPROXIMATELY FOUR PERCENT IDENTIFIED AS MIDDLE EASTERN APPROXIMATELY 6% OF SURVEY RESPONDENTS FROM THE NORTH REGION INDICATED THAT THEY WERE LIVING IN A SHELTER OR WERE HOMELESS MOST RESPONDENTS FROM THE NORTH REGION HAD A COLLEGE DEGREE OR HIGHER (53%) THE MAJORITY OF NORTH REGION RESPONDENTS REPORTED AN ANNUAL HOUSEHOLD INCOME OF \$60,000 OR LESS (63%) ADDITIONALLY, HICCC CONDUCTED EIGHT FOCUS GROUPS IN THE NORTH REGION FOR CHNA INPUT BETWEEN OCTOBER 2015 AND MARCH 2016 THE COLLABORATIVE ENSURED THAT THE FOCUS GROUPS INCLUDED POPULATIONS WHO ARE TYPICALLY UNDERREPRESENTED IN COMMUNITY HEALTH ASSESSMENTS, INCLUDING RACIAL AND ETHNO-CULTURAL GROUPS, IMMIGRANTS, LIMITED ENGLISH SPEAKERS, LOW-INCOME COMMUNITIES, FAMILIES WITH CHILDREN, LESBIAN, GAY, BISEXUAL, QUESTIONING, INTERSEX AND ALLIES (LGBQIA) AND TRANSGENDER INDIVIDUALS AND SERVICE PROVIDERS, INDIVIDUALS WITH DISABILITIES AND THEIR FAMILY MEMBERS, INDIVIDUALS WITH MENTAL HEALTH ISSUES, FORMERLY INCARCERATED INDIVIDUALS, VETERANS, SENIORS, AND YOUNG ADULTS BOTH ADVOCATE ILLINOIS MASONIC'S 2014-2016 CHNA REPORT AND THE PREVIOUS 2011-2013 CHNA REPORT AND IMPLEMENTATION PLANS ARE POSTED ON ADVOCATE HEALTH CARE'S WEBSITE AND CONTAIN A LINK TO A FORM AND AN EMAIL FOR THE COMMUNITY TO USE IN PROVIDING FEEDBACK AS OF DECEMBER 31, 2018, THERE WAS NO COMMUNITY FEEDBACK ON EITHER CHNA REPORT</p>

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

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

Form and Line Reference	Explanation
ADVOCATE ILLINOIS MASONIC MEDICAL CENTER	PART V, SECTION B, LINE 6A NINE NONPROFIT HOSPITALS, FOUR HEALTH DEPARTMENTS AND APPROXIMATELY 30 STAKEHOLDERS PARTNERED ON THE HICCC NORTH REGION CHNA RELATED ADVOCATE ILLINOIS MASONIC (CHICAGO, IL), AND ADVOCATE LUTHERAN GENERAL (PARK RIDGE, IL) UNRELATED NORTH SHORE UNIVERSITY HEALTH SYSTEM, INCLUDING EVANSTON, GLENVIEW AND SKOKIE HOSPITALS (ALL IN IL), PRESENCE HOLY FAMILY MEDICAL CENTER (DES PLAINES, IL), PRESENCE RESURRECTION MEDICAL CENTER (CHICAGO, IL), PRESENCE SAINT FRANCIS HOSPITAL (EVANSTON, IL), AND PRESENCE SAINT JOSEPH HOSPITAL (CHICAGO, IL) FOR FULL DETAIL ON THE COLLABORATIVE, PLEASE REFER TO THE FOLLOWING WEB SITE HTTP //HEALTHIMPACTCC ORG

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

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

Form and Line Reference	Explanation
ADVOCATE ILLINOIS MASONIC MEDICAL CENTER	PART V, SECTION B, LINE 6B ADVOCATE ILLINOIS MASONIC WAS AN ACTIVE PARTICIPANT OF THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY, WHICH INCLUDED THE ILLINOIS PUBLIC HEALTH INSTITUTE, 26 HOSPITALS, AS WELL AS 7 HEALTH DEPARTMENTS AND OVER 100 COMMUNITY ORGANIZATIONS IN THE NORTH REGION IN WHICH ADVOCATE ILLINOIS MASONIC WAS INCLUDED, THERE WERE 9 HOSPITALS, 4 HEALTH DEPARTMENTS AND 30 COMMUNITY ORGANIZATIONS INVOLVED HEALTH DEPARTMENTS WERE KEY PARTNERS IN CONDUCTING THE CHNA THE PARTICIPATING HEALTH DEPARTMENTS IN THE NORTH REGION OF COOK COUNTY, ILLINOIS, WERE THE CHICAGO DEPARTMENT OF PUBLIC HEALTH, COOK COUNTY DEPARTMENT OF PUBLIC HEALTH, EVANSTON HEALTH DEPARTMENT, AND SKOKIE HEALTH DEPARTMENT ADDITIONALLY, THE OVER 30 COMMUNITY-BASED ORGANIZATIONS THAT PARTICIPATED IN THE HICCC ASSESSMENT PROCESS BROUGHT COMMUNITY EXPERTISE AND KNOWLEDGE OF DIVERSE AND VULNERABLE POPULATIONS TO THE TABLE A COMPLETE LIST OF COMMUNITY ORGANIZATIONS INVOLVED IN THE HICCC NORTH REGION ASSESSMENT CAN BE VIEWED AT HTTP //HEALTHIMPACTCC ORG/WP-CONTENT/UPLOADS/2016/12/NORTH-REGION-CHNA-REPORT-APPENDICES PDF

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

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

Form and Line Reference	Explanation
ADVOCATE ILLINOIS MASONIC MEDICAL CENTER	PART V, SECTION B, LINE 7D THE PUBLIC WAS INVITED TO ATTEND THE FINAL CHNA REPORT WHEN IT WAS PRESENTED TO THE ADVOCATE ILLINOIS MASONIC COMMUNITY HEALTH COUNCIL ON JANUARY 12, 2017 ADDITIONAL PRESENTATIONS WERE MADE AVAILABLE AS REQUESTED

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>ADVOCATE ILLINOIS MASONIC MEDICAL CENTER</p>	<p>PART V, SECTION B, LINE 11 2014-2016 CHNANEEDS SELECTED TO ADDRESS IN 2016, ADVOCATE ILLINOIS MASONIC COMPLETED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT AFTER CONSIDERING THE FINDINGS OF THE HICCC ASSESSMENT PROCESS AS WELL AS DATA SPECIFIC TO THE MEDICAL CENTER'S PRIMARY SERVICE AREA (PSA) THE COMMUNITY HEALTH COUNCIL DISCUSSED THE DATA AND FINDINGS AND ENGAGED IN A GROUP-RANKING PROCESS OF THE IDENTIFIED HEALTH NEEDS THREE HEALTH ISSUES WERE SELECTED BY A UNANIMOUS VOTE BY ADVOCATE ILLINOIS MASONIC'S COMMUNITY HEALTH COUNCIL AS PRIORITY NEEDS FOR THE 2014-2016 CHNA 1 CHRONIC DISEASE PREVENTION/MANAGEMENT 2 BEHAVIORAL HEALTH3 SOCIAL DETERMINANTS OF HEALTH CHRONIC DISEASE PREVENTION/MANAGEMENT HEALTHY SCHOOL PROGRAM - STRATEGY ONE CREATE A MULTI-COMPONENT, SUSTAINABLE SCHOOL-BASED OBESITY PREVENTION PROGRAM IN A SCHOOL WITHIN ADVOCATE ILLINOIS MASONIC'S PSA WITH IDENTIFIED HIGH CHILDHOOD OBESITY RATES THE MEDICAL CENTER WILL COLLABORATE WITH ACTION FOR HEALTHY KIDS, A NON-PROFIT ORGANIZATION THAT AIMS TO CREATE HEALTHIER SCHOOLS, TO SUPPORT THE SCHOOL IN ACHIEVING HEALTHY CPS DESIGNATION 2018 HEALTHY SCHOOL PROGRAM UPDATES/PROGRESS IN 2018 , CLEVELAND ELEMENTARY SCHOOL AND ADVOCATE CHILDREN'S HOSPITAL-PARK RIDGE PARTNERED WITH COMMON THREADS TO INTRODUCE THE SMALL BITES CURRICULUM INTO THE TEACHER'S DAILY LESSON PLANS SMALL BITES IS A PROGRAM THAT INTEGRATES NUTRITION EDUCATION INTO THE CURRICULUM AND EMPOWERS STUDENTS TO EAT HEALTHY AND EXERCISE ADVOCATE ILLINOIS MASONIC, IN PARTNERSHIP WITH ADVOCATE CHILDREN'S-PARK RIDGE, PROVIDED THE COMMON THREADS' HEALTHY TEACHER TRAININGS, A PROFESSIONAL DEVELOPMENT TRAINING THAT EMPOWERS EDUCATORS TO BE HEALTHY ROLE MODELS BY TEACHING NUTRITION AND HEALTHY COOKING THROUGH CLASSROOM-BASED ACTIVITIES ADVOCATE CHILDREN'S HEALTHY ACTIVE LIVING (HAL) PROGRAM WAS IMPLEMENTED IN CLEVELAND ELEMENTARY SCHOOL'S 3RD AND 4TH GRADE CLASSROOMS THIS PROGRAM PROVIDES NUTRITION EDUCATION AND AIMS TO INCREASE PHYSICAL ACTIVITY AMONG STUDENTS CLEVELAND ELEMENTARY SCHOOL COMPLETED THE HEALTHY SCHOOL INDEX AND ACTION PLAN, WHICH OUTLINES STRATEGIES TO IMPROVE THE HEALTH AND WELLNESS OF STUDENTS, PARENTS AND TEACHERS TRANSITION SUPPORT PROGRAM - STRATEGY TWO PILOT A VOLUNTEER-BASED FOLLOW-UP PROGRAM FOR DISCHARGED PATIENTS EXPERIENCING CHRONIC DISEASES AND WITH FREQUENT READMISSION HISTORIES (READMITTED WITHIN 30 DAYS AFTER DISCHARGE FOR ALL CAUSES) WORK WILL CONCENTRATE ON KEEPING FOLLOW-UP APPOINTMENTS AFTER DISCHARGE AS A FIRST STEP IN CHRONIC DISEASE MANAGEMENT 2018 TRANSITION SUPPORT PROGRAM - STRATEGY TWO UPDATES/PROGRESS TWENTY-SIX VOLUNTEERS WERE TRAINED IN 2018 TO MEET WITH PATIENTS AND ASSIST WITH MAKING FOLLOW-UP APPOINTMENT AND REMINDER CALLS IN 2018, 2,446 UNIQUE PATIENTS WERE SERVED THROUGH THE TRANSITION SUPPORT PROGRAM TWO-HUNDRED AND FORTY-FOUR PATIENTS RECEIVED SUPPORT FOR TRANSPORTATION NEEDS THAT ASSISTED THEM IN KEEPING THEIR FOLLOW-UP APPOINTMENT NINETY-SEVEN PERCENT OF CONGESTIVE HEART FAILURE</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>ADVOCATE ILLINOIS MASONIC MEDICAL CENTER</p>	<p>LURE PATIENTS KEPT THEIR APPOINTMENTS AFTER THE INTERVENTION THERE WAS A REDUCTION IN HOSPITAL READMISSION RATIO FROM 0.90 TO 0.76 BEHAVIORAL HEALTHMENTAL HEALTH FIRST AID - STRATEGY ONE OFFER MENTAL HEALTH FIRST AID (MHFA) TO TARGETED COMMUNITY MEMBERS WITHIN ADVOCATE ILLINOIS MASONIC'S PSA COMMUNITIES TARGETED FOR THIS INTERVENTION WILL BE SELECTED BY USING 2015 HCI DATA THAT IDENTIFIES ZIP CODES WITH HIGHER ED UTILIZATION RATES DUE TO MENTAL HEALTH ISSUES THE TRAINING WILL TARGET LEADERS IN THOSE COMMUNITIES, SUCH AS PASTORS, TEACHERS AND COACHES 2018 MENTAL HEALTH FIRST AID - STRATEGY ONE UPDATES/PROGRESSADVOCATE ILLINOIS MASONIC COMPLETED FIVE MENTAL HEALTH FIRST AID TRAININGS IN 2018 THERE WERE 160 COMMUNITY MEMBERS THAT COMPLETED THE MHFA TRAINING OF THE FOUR MHFA COURSES THAT WERE OFFERED , AN AVERAGE OF 94 PERCENT OF PARTICIPANTS AGREED OR STRONGLY AGREED THAT THEY ARE MORE CONFIDENT ABOUT RECOGNIZING AND CORRECTING MISCONCEPTIONS ABOUT MENTAL HEALTH AND MENTAL ILLNESS OF THE FOUR MHFA COURSES THAT WERE OFFERED, 98 PERCENT OF PARTICIPANTS SCORED HIGHER THAN 85 PERCENT ON THE MHFA COURSE EXAM THE MEDICAL CENTER PARTNERED WITH DEPAUL UNIVERSITY TO TRAIN OVER 80 RESIDENT ADVISORS WHO LIVE WITH COLLEGE STUDENTS IN THE RESIDENCE HALLS AND HAVE FREQUENT INTERACTIONS WITH COLLEGE STUDENTS THE COMMUNITY HEALTH DEPARTMENT IN PARTNERSHIP WITH NAMI CHICAGO IMPLEMENTED BRIDGES OF HOPE, A NEW TRAINING FOR FAITH-BASED INSTITUTIONS BRIDGES OF HOPE IS A THREE-HOUR MENTAL HEALTH AWARENESS TRAINING DESIGNED FOR FAITH-BASED INSTITUTIONS IN 2018, TWO CHURCHES COMPLETED THE TRAINING BEHAVIORAL HEALTH COLLABORATIVE - STRATEGY TWO COLLABORATE WITH OTHER HOSPITALS AND COMMUNITY ORGANIZATIONS WITHIN THE HICCC TO DEVELOP INTERVENTIONS THAT WILL IMPACT MENTAL HEALTH IN THE COMMUNITY 2018 BEHAVIORAL HEALTH - STRATEGY TWO UPDATES/PROGRESSADVOCATE ILLINOIS MASONIC PARTICIPATED IN FOUR MENTAL HEALTH SUBCOMMITTEE MEETINGS IN 2018 THE MENTAL HEALTH SUBCOMMITTEE WILL WORK WITH COOK COUNTY HOSPITALS TO BETTER COORDINATE THE MHFA TRAINING LOCATIONS ACROSS THE COUNTY IN ORDER TO DECREASE DUPLICATION AND INCREASE COLLECTIVE IMPACT ADVOCATE ILLINOIS MASONIC WILL CONTINUE TO SUPPORT THE DEVELOPMENT OF MAPPING MHFA TRAININGS IN EFFORT TO HAVE A MORE COORDINATED APPROACH TO IMPLEMENTING THE MHFA TRAININGS IN COOK COUNTY SOCIAL DETERMINANTS OF HEALTHADVOCATE WORKFORCE INITIATIVE - STRATEGY ONEADVOCATE ILLINOIS MASONIC WILL SERVE AS A SITE FOR THE HEALTHCARE WORKFORCE COLLABORATIVE THIS PROJECT WILL RECRUIT, TRAIN AND HIRE COMMUNITY MEMBERS SEEKING EMPLOYMENT OPPORTUNITIES IN THE HEALTHCARE INDUSTRY EMPLOYMENT OPPORTUNITIES WILL FOCUS ON ADVOCATE ILLINOIS MASONIC, OTHER ADVOCATE SITES OF CARE AND HEALTH CARE PROVIDERS IN THE COMMUNITY THE MEDICAL CENTER WILL COLLABORATE WITH COMMUNITY ORGANIZATIONS TO RECRUIT AND TRAIN COMMUNITY MEMBERS AN INCUMBENT WORKER STRATEGY (NAVIGATE) WILL BE OFFERED TO THE FRONT-LINE WORKFORCE AT ADVOCATE ILLINOIS MASONIC, WHICH WILL INCLUDE SOF</p>

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

Form and Line Reference	Explanation
ADVOCATE ILLINOIS MASONIC MEDICAL CENTER	<p>T-SKILLS TRAINING, TOOLS AND RESOURCES DESIGNED TO ASSIST INDIVIDUALS IN DEVELOPING CAREER PATHWAYS THE PROGRAM IS SET TO BEGIN IN THE SECOND HALF OF 2017 AS OF NOVEMBER 2017, THE HEALTHCARE WORKFORCE COLLABORATIVE, IS NOW FORMALLY KNOWN AS ADVOCATE WORKFORCE INITIATIVE 2018 ADVOCATE WORKFORCE INITIATIVE - STRATEGY ONE</p> <p>UPDATES/PROGRESS THERE WERE 53 COMMUNITY MEMBERS FROM THE MEDICAL CENTER'S PSA THAT SUCCESSFULLY COMPLETED JOB SKILLS TRAINING FOR MID-LEVEL HEALTH CARE CAREERS OF THE 53 TRAINED, 26 INDIVIDUALS WERE EMPLOYED IN THE HEALTHCARE INDUSTRY IN 2018, THERE WERE 85 INCUMBENT WORKERS THAT RESIDED IN THE HOSPITAL'S PSA WHO WERE ENROLLED IN THE NAVIGATE PROGRAM AT ADVOCATE ILLINOIS MASONIC SOCIAL DETERMINANTS OF HEALTH COLLABORATIVE - STRATEGY TWO ADVOCATE ILLINOIS MASONIC WILL COLLABORATE WITH OTHER HOSPITALS AND COMMUNITY ORGANIZATIONS WITHIN THE HICCC TO DEVELOP INTERVENTIONS THAT WILL IMPACT THE SOCIAL DETERMINANTS OF HEALTH (SDOH) 2018 SOCIAL DETERMINANT OF HEALTH COLLABORATIVE - STRATEGY TWO UPDATES/PROGRESS IN 2018, ADVOCATE ILLINOIS MASONIC TEAM MEMBERS ATTENDED THREE ALLIANCE FOR HEALTH EQUITY, FORMERLY KNOWN AS HICCC, SDOH ACTION TEAM MEETINGS THE MEDICAL CENTER WILL CONTINUE TO BE ENGAGED IN THESE MEETINGS AND WILL IDENTIFY PARTNERSHIP OPPORTUNITIES AS STRATEGIES ARE CREATED ADVOCATE ILLINOIS MASONIC TEAM MEMBERS ATTENDED THE CHICAGO LAND HEALTHCARE WORKFORCE COLLABORATION (CHWC) MEETINGS TO ADDRESS KEY PRIORITY AREAS, INCLUDING TARGETED HIRING, EDUCATION, TRAINING AND RETENTION NEEDS NOT SELECTED TO ADDRESS OF THE SEVEN PRIORITY HEALTH ISSUES DISCUSSED BY THE COMMUNITY HEALTH COUNCIL AS POTENTIAL CHNA SELECTIONS, TWO WERE INCORPORATED INTO CHRONIC DISEASE PREVENTION/MANAGEMENT- OBESITY, WHICH RANKED THIRD AS AN INDEPENDENT ISSUE, AND DIABETES, WHICH RANKED SIXTH AS AN INDEPENDENT ISSUE TWO REMAINING HEALTH ISSUES OF THE TOP SEVEN WERE NOT SELECTED AS PRIORITIES FOR THIS CHNA 1) HEALTH LITERACY/LANGUAGE AND CULTURAL COMPETENCY, AND 2) BREAST CANCER</p>

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

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

Form and Line Reference	Explanation
ADVOCATE ILLINOIS MASONIC MEDICAL CENTER	PART V, SECTION B, LINE 13B PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 13BN/A

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

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

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

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

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

Form and Line Reference	Explanation
ADVOCATE ILLINOIS MASONIC MEDICAL CENTER	PART V, SECTION B, LINE 15E PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 15EN/A

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

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

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

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

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

Form and Line Reference	Explanation
ADVOCATE ILLINOIS MASONIC MEDICAL CENTER	PART V, SECTION B, LINE 18E PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 18EN/A

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

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

Form and Line Reference	Explanation
ADVOCATE ILLINOIS MASONIC MEDICAL CENTER	PART V, SECTION B, LINE 19E PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 19EADVOCATE NORTH SIDE DOES NOT PERFORM ACTIONS SUCH AS THOSE LISTED IN LINES 19A-D UNTIL REASONABLE EFFORTS HAVE BEEN MADE TO DETERMINE A PATIENT'S FAP ELIGIBILITY

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

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

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

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

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

Form and Line Reference	Explanation
ADVOCATE ILLINOIS MASONIC MEDICAL CENTER	PART V, SECTION B, LINE 21C PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 21CN/A

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

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

Form and Line Reference	Explanation
ADVOCATE ILLINOIS MASONIC MEDICAL CENTER	PART V, SECTION B, LINE 21D PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 21DN/A

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

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

Form and Line Reference	Explanation
ADVOCATE ILLINOIS MASONIC MEDICAL CENTER	PART V, SECTION B, LINE 23 PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 23N/A

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

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

Form and Line Reference	Explanation
ADVOCATE ILLINOIS MASONIC MEDICAL CENTER	PART V, SECTION B, LINE 24 PART V, SECTION C - DESCRIPTION FOR PART V, SEC B, LINE 24N/A

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 - CONTINUED	<p>HEALTH LITERACY/LANGUAGE & CULTURAL COMPETENCY HEALTH LITERACY IS THE DEGREE TO WHICH AN INDIVIDUAL HAS THE CAPACITY TO OBTAIN, COMMUNICATE, PROCESS AND UNDERSTAND BASIC HEALTH INFORMATION AND SERVICES TO MAKE APPROPRIATE HEALTH DECISIONS. THE COMMUNITY HEALTH COUNCIL INITIALLY RANKED THIS ISSUE FOURTH. THE MEDICAL CENTER'S DIVERSITY AND INCLUSION WORKGROUP IS SPEARHEADING WORK ON THIS ISSUE. SEVERAL ADVOCATE ILLINOIS MASONIC COMMUNITY HEALTH COUNCIL MEMBERS SERVE ON THE DIVERSITY AND INCLUSION WORKGROUP SO COORDINATION BETWEEN THE TWO GROUPS IS EASILY ACHIEVABLE. STRATEGIES TO ADDRESS THIS ISSUE INCLUDE INCREASING THE QUANTITY OF SPANISH LANGUAGE MATERIALS PRODUCED AND DISSEMINATED, THE LGBTQ TASKFORCE AND COMMUNITY ADVISORY COUNCIL, CULTURAL COMPETENCE TRAINING FOR STAFF, LATINO TASKFORCE AND COMMUNITY ACTION COUNCIL, AND GREATER USE OF CASE MANAGERS AND COMMUNITY HEALTH WORKERS. BREAST CANCER: THE CRÉTICOS CANCER CENTER-THE CANCER CARE FACILITY ON THE ADVOCATE ILLINOIS MASONIC CAMPUS-UNITES ALL CANCER CARE AND RESEARCH UNDER ONE ROOF FOR MORE EFFICIENT AND PERSONALIZED PLANNING AND TREATMENT. THE CENTER OFFERS A WEALTH OF SERVICES TO ADDRESS THE UNIQUE NEEDS OF CANCER PATIENTS THROUGHOUT THE CONTINUUM OF CARE. THE NEW CENTER FOR ADVANCED CARE THAT OPENED IN 2015, ENABLED ADVOCATE ILLINOIS MASONIC TO EXPAND AND CENTRALIZE OUTPATIENT SURGERY, DIGESTIVE HEALTH AND CANCER SERVICES INTO ONE LOCATION, CREATING IMPROVED ACCESS TO CARE, CONTINUITY AMONG DISCIPLINES, ENHANCED EFFICIENCIES AND A BETTER OVERALL EXPERIENCE FOR PATIENTS AND THEIR FAMILIES. THERE IS AN EXTENSIVE RANGE OF CANCER SUPPORT SERVICES, INCLUDING BILINGUAL SPANISH/ENGLISH PSYCHOSOCIAL SUPPORT, COUNSELING AND FINANCIAL NAVIGATION. NURSE NAVIGATORS PROVIDE LINKAGE WITH COMMUNITY PROGRAMS, PHYSICAL MEDICINE AND REHABILITATION, PAIN MANAGEMENT SERVICES AND PALLIATIVE CARE, AND HOSPICE AND HOME CARE PROGRAMS. THE CENTER HOSTS THE AMERICAN CANCER SOCIETY'S LOOK GOOD, FEEL BETTER PROGRAM. EACH YEAR AT THE MEDICAL CENTER, THE AMBER FOUNDATION FACILITATES THE SPONSORSHIP OF FREE MAMMOGRAMS, COUNSELING AND EDUCATION ABOUT BREAST CANCER TARGETING THE POLISH COMMUNITY IN CHICAGO. IN 2016 THROUGH 2017, THE CANCER CENTER CONTRACTED FOR A COMMUNITY HEALTH WORKER WHO IS WORKING WITH BREAST HEALTH PATIENTS, MAKING REMINDER CALLS FOR MAMMOGRAMS AND CONDUCTING COMMUNITY OUTREACH AND EDUCATION IN AFRICAN AMERICAN COMMUNITIES WITHIN THE MEDICAL CENTER'S PSA. IN ADDITION, THE MEDICAL CENTER WORKS CLOSELY WITH THE ILLINOIS BREAST AND CERVICAL CANCER PROGRAM TO ENSURE THAT UNINSURED WOMEN HAVE ACCESS TO SCREENING AND TREATMENT FOR BREAST OR CERVICAL CANCER. THE CENTER ALSO HAS A BREAST CANCER SUPPORT GROUP FOR LATIN AS AND IS DEVELOPING A CANCER SUPPORT GROUP FOR THE LGBTQ COMMUNITY. THE CANCER CENTER PROVIDES A LUNG SCREENING PROGRAM AND A DIRECT ACCESS SCREENING PROGRAM FOR COLORECTAL CANCER. THE DIRECT ACCESS PROGRAM ALLOWS PATIENTS TO SCHEDULE COLONOSCOPIES WITHOUT FIRST HAVING A FACE-TO-FACE CONSULTATION WITH</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
PART V, SECTION B, LINE 11 - CONTINUED	TH A GASTROENTEROLOGIST

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

2018

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 for the latest information.

Name of the organization ADVOCATE NORTH SIDE HEALTH NETWORK

Employer identification number 36-3196629

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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. Rows 1-12.

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

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

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 36-3196629
Name: ADVOCATE NORTH SIDE HEALTH NETWORK

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASONIC ASSOCIATION OF SERVICE AND THERAPY DOGS 1715 CHERRY COURT LAKE VILLA, IL 60046	81-4980209	501(C)(3)	10,000				SUPPORT EXEMPT MISSION
ST ALPHONSUS CHURCH 1429 WEST WELLINGTON AVE CHICAGO, IL 60657	36-1721270	501(C)(3)	9,000				SUPPORT EXEMPT MISSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASONIC FAMILY HEALTH FOUNDATION 3075 HIGHLAND PKWY DOWNERS GROVE, IL 60515	36-4397387	501(C)(3)	64,992				SUPPORT EXEMPT MISSION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ADVOCATE NORTH SIDE HEALTH NETWORK

Employer identification number
36-3196629

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b		No		
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2		No		
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a	Yes			
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes			
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	KATHIE S BENDER SCHWICH RECEIVED A HOUSING ALLOWANCE IN THE AMOUNT OF \$50,000

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	EARL J BARNES II, FORMER ASSISTANT SECRETARY, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$116,346 AND A LUMP SUM SEVERANCE PAYMENT OF \$507,308 SUSAN CAMPBELL, FORMER DIRECTOR, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$95,192 AND A LUMP SUM SEVERANCE PAYMENT OF \$273,658 DONNA J KING, FORMER VICE PRESIDENT, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$190,072 LEE B SACKS, FORMER CHIEF MEDICAL OFFICER, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$52,885 AND A LUMP SUM SEVERANCE PAYMENT OF \$1,037,706 THESE PAYMENTS HAVE ALL BEEN REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III)

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	<p>ADVOCATE PROVIDES A TARGET REPLACEMENT SENIOR EXECUTIVE RETIREMENT PLAN THE CONTRIBUTIONS TO THIS PLAN ARE VESTED AND TAXABLE AFTER FIVE YEARS OF SERVICE THE FOLLOWING EMPLOYEES ARE VESTED IN THE PLAN AND THEREFORE THE CONTRIBUTIONS ARE REPORTED AS COMPENSATION ON THE W-2 EARL J BARNES II \$161,281, KATHIE S BENDER SCHWICH \$96,607, KEVIN R BRADY \$193,428, VINCENT J BUFALINO \$201,425, SUSAN CAMPBELL 524,114, KELLY JO GOLSON \$129,294, SUSAN N LOPEZ \$172,393, DOMINIC NAKIS \$281,176, SCOTT A POWDER \$149,513, LEE B SACKS \$266,143, WILLIAM P SANTULLI \$417,996, AND JAMES H SKOGSBERGH 888,730 THE FOLLOWING EMPLOYEES HAVE NOT YET VESTED AND THEREFORE THE CONTRIBUTIONS ARE REPORTED AS DEFERRED COMPENSATION EARL J BARNES II \$108,830, BARBARA P BYRNE \$104,100, SUSAN CAMPBELL \$36,733, AND GARY D STUCK \$18,342</p>

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	INCENTIVE PAYMENTS ARE BASED UPON A FORMULA THE AMOUNTS ARE CALCULATED AFTER CERTAIN PERFORMANCE AND OPERATING GOALS ARE ACHIEVED THE COMPENSATION COMMITTEE CAN EXERCISE DISCRETION OVER WHETHER INCENTIVE COMPENSATION IS PAID OUT ANNUALLY



Additional Data

Software ID:
Software Version:
EIN: 36-3196629
Name: ADVOCATE NORTH SIDE HEALTH 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				
JAMES SKOGSBERGH PRESIDENT & CEO, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,755,408	4,987,464	1,720,302	25,167	23,314	8,511,655	0
GAIL D HASBROUCK DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	0	420,963	10,000	0	46	431,009	0
GARY STUCK DO EVP, CHIEF MEDICAL OFFICER, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	201,923	0	170,505	18,342	3,654	394,424	0
WILLIAM P SANTULLI PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	1,073,245	2,114,312	777,832	25,167	25,003	4,015,559	0
LEE B SACKS MD EVP, CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	536,909	1,344,960	1,606,740	33,417	16,871	3,538,897	0
JAMES DOHENY SVP, CONTROLLER, & ASST TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	376,465	105,297	36,894	25,167	28,750	572,573	0
EARL J BARNES II SVP, GENERAL COUNSEL & SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	222,375	921,732	816,319	116,930	35,611	2,112,967	0
VINCENT BUFALINO MD PRESIDENT OF PHYS & AMB SVCS/ AMG	(i)	0	0	0	0	0	0	0
	(ii)	581,015	931,954	373,611	25,167	27,060	1,938,807	0
REV KATHIE B SCHWICH SVP, MISSION & SPIRITUAL CARE	(i)	0	0	0	0	0	0	0
	(ii)	265,612	390,634	168,400	25,167	76,270	926,083	0
KEVIN BRADY SVP, CHIEF HUMAN RESOURCES OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	557,230	893,542	345,111	25,167	38,438	1,859,488	0
SUSAN CAMPBELL SVP OF PATIENT CARE, CHIEF NURSING O	(i)	0	0	0	0	0	0	0
	(ii)	202,493	803,366	1,058,351	67,400	16,108	2,147,718	0
KELLY JO GOLSON SVP CHIEF MARKETING OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	376,465	105,297	36,894	25,167	28,750	572,573	0
DOMINIC J NAKIS SVP, CFO & TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	786,099	1,330,444	519,433	25,167	28,698	2,689,841	0
SCOTT POWDER SVP, CHIEF STRATEGY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	503,510	610,805	265,409	25,167	25,265	1,430,156	0
BARBARA BYRNE MD SVP, CHIEF INFORMATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	543,138	392,739	36,043	104,100	16,321	1,092,341	0
JAMES SLINKMAN ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	292,415	49,932	51,101	25,167	34,046	452,661	0
LESLIE LENZO ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	525,002	105,297	15,974	22,417	19,341	688,031	0
MICHAEL GREBE ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	534,832	279,350	181,220	90,670	0	1,086,072	39,171
MICHAEL KERNS ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	324,582	70,419	25,968	25,167	35,728	481,864	0
MIKE LAPPIN SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	724,919	856,997	345,262	123,330	20,010	2,070,518	106,199

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
NAN NELSON ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	456,961	346,675	116,406	83,023	1,092	1,004,157	62,829
RACHELLE HART ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	472,246	147,547	3,602	20,475	20,010	663,880	0
STEVE HUSER ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	289,104	45,426	3,004	31,275	13,147	381,956	0
SUSAN NORDSTROM LOPEZ PRESIDENT OF ADVOCATE IMMC	(i)	514,255	729,869	309,903	25,167	37,582	1,616,776	0
	(ii)	0	0	0	0	0	0	0
VIJAY MAKER CHAIR SURGERY DEPARTMENT	(i)	308,180	63,451	1,760	25,167	21,870	420,428	0
	(ii)	0	0	0	0	0	0	0
STEPHEN LOCHER CHAIR OBSTETRICS/GYNECOLOG	(i)	382,000	74,362	20,394	25,167	31,396	533,319	0
	(ii)	0	0	0	0	0	0	0
DONNA KING VP CLINICAL OPERATIONS	(i)	90,564	62,157	228,143	24,882	11,861	417,607	0
	(ii)	0	0	0	0	0	0	0
BARRY ROSEN MEDICAL DIRECTOR	(i)	397,927	77,048	61,467	25,167	31,396	593,005	0
	(ii)	0	0	0	0	0	0	0
CLIFTON CLARKE VP MEDICAL MANAGEMENT	(i)	357,713	89,675	20,875	22,417	46	490,726	0
	(ii)	0	0	0	0	0	0	0
BRUCE D SMITH SVP, FORMER CHIEF INFORMATION OFFICE	(i)	0	0	0	0	0	0	0
	(ii)	0	508,520	0	0	46	508,566	0
JAMES DAN MD FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	246,725	0	608	46	247,379	0
PATRICIA LEE CHAIR EMERGENCY MEDICINE	(i)	280,730	82,600	9,436	25,167	11,628	409,561	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **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 the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization ADVOCATE NORTH SIDE HEALTH NETWORK	Employer identification number 36-3196629
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) OSVALDO LOPEZ MD	FAMILY MEMBER - SUSAN NORDSTROM LOPEZ	172,213	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

OMB No 1545-0047

2018

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

ADVOCATE NORTH SIDE HEALTH NETWORK

Employer identification number

36-3196629

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO THE GENERAL PUBLIC THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE FOLLOWING SITES - DACBOND COM (DIGITAL ASSURANCE CERTIFICATION, LLC) - EMMA MSRB ORG (ELECTRONIC MUNICIPAL MARKET ACCESS) THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENT OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CONTRIBUTION TO ADVOCATE HEALTH AND HOSPITALS 37,084

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

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

Department of the Treasury
Internal Revenue Service

Name of the organization
ADVOCATE NORTH SIDE HEALTH NETWORK

Employer identification number

36-3196629

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

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

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

See Additional Data Table

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

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

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

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

See Additional Data Table

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

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

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

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

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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-3196629
Name: ADVOCATE NORTH SIDE HEALTH 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
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2167779	PARENT CORP	IL	501(C)(3)	LINE 12C, III-FI	N/A		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 26-2525968	HEALTH CARE	IL	501(C)(3)	LINE 3	AHHC		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2169147	HEALTH CARE	IL	501(C)(3)	LINE 3	AHCN		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3297360	FUNDRAISING	IL	501(C)(3)	LINE 7	AHCN		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2913108	HOME CARE	IL	501(C)(3)	LINE 10	AHHC		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3158667	HOSPICE CARE	IL	501(C)(3)	LINE 10	EHSHC		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3606486	HEALTH CARE	IL	501(C)(3)	LINE 10	AHSHN	Yes	
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3196628	FUNDRAISING	IL	501(C)(3)	LINE 12B, II	N/A		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-4397387	FUNDRAISING	IL	501(C)(3)	LINE 12A, I	MFHS		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-2167920	HEALTH CARE	IL	501(C)(3)	LINE 3	AHCN		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 36-3725580	NURSING CARE	IL	501(C)(3)	LINE 10	ASH		No
3075 HIGHLAND PARKWAY STE 600 DOWNERS GROVE, IL 60515 82-4184596	SUPPORT ORG	DE	501(C)(3)	LINE 12C, III-FI	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ADVOCATE HOME CARE PRODUCTS 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-3315416	HEALTH SERVICES	IL	N/A	C					No
(1) EVANGELICAL SERVICES CORPORATION 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-3208101	MGMT SERVICES	IL	N/A	C					No
(2) HIGH TECHNOLOGY INC 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-3368224	MEDICAL SERVICES	IL	N/A	C					No
(3) DREYER CLINIC INC 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-2690329	MEDICAL SERVICES	IL	N/A	C					No
(4) BROMENN PHYSICIAN MANAGEMENT CORPORATION 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 37-1313150	MEDICAL SERVICES	IL	N/A	C					No
(5) PARKSIDE CENTER CONDO ASSOCIATION 1775 WEST DEMPSTER STREET PARK RIDGE, IL 60068 36-3452486	PROPERTY MGMT	IL	N/A	C					No
(6) THE DELPHI GROUP IV INC 1425 N RANDALL ROAD ELGIN, IL 60123 36-4017279	HEALTH COST MGMT	IL	N/A	C					No
(7) SHERMAN VENTURES INC 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-4292309	HOLDING COMPANY	IL	N/A	C					No
(8) ADVOCATE HPN NFP 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 81-0893878	HEALTH IMPRV MGMT	IL	N/A	C					No
(9) ADVOCATE INSURANCE SPC 878 W BAY RD PO BOX 1159 GRAND CAYMAN KY1-1102 CJ 98-0422925	INSURANCE	CJ	N/A	C					No
(10) ADVOCATE HEALTH PARTNERS 1701 WEST GOLF ROAD ROLLING MEADOWS, IL 60008 36-4032117	HEALTH CARE MGMT	IL	N/A	C					No
(11) ADVOCATE PHYSICIAN PARTNERS ACCOUNTABLE 1701 WEST GOLF ROAD ROLLING MEADOWS, IL 60008 45-5498384	HEALTH CARE MGMT	IL	N/A	C					No
(12) ADVOCATE PHYSICIAN PARTNERS RISK PURCH 1701 WEST GOLF ROAD ROLLING MEADOWS, IL 60008 38-3914173	GROUP MALPRACTICE	IL	N/A	C					No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) MASONIC FAMILY HEALTH FOUNDATION	B	64,992	COST
(1) HISPANOCARE INC	C	223,681	COST
(2) ADVOCATE CHARITABLE FOUNDATION	C	2,937,445	COST
(3) MASONIC FAMILY HEALTH FOUNDATION	C	379,011	COST
(4) MASONIC FAMILY HEALTH FOUNDATION	C	3,347,000	COST
(5) ADVOCATE HEALTH & HOSPITALS CORP	A	887,757	COST
(6) ADVOCATE HEALTH & HOSPITALS CORP	L	1,053,612	COST
(7) ADVOCATE HEALTH & HOSPITALS CORP	M	70,059,756	COST
(8) ADVOCATE HEALTH & HOSPITALS CORP	P	73,158,723	COST
(9) ADVOCATE HEALTH & HOSPITALS CORP	Q	43,728,028	COST
(10) ADVOCATE HEALTH & HOSPITALS CORP	R	11,791,426	COST
(11) ADVOCATE HEALTH & HOSPITALS CORP	S	9,594,324	COST