

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization
ADVOCATE 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 SUITE 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 \$ 776,216,592

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) | 12 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 11 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 3,008 |
| 6 Total number of volunteers (estimate if necessary) | 405 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 15,167 |
| 7b Net unrelated business taxable income from Form 990-T, line 39 | 0 |

| | Prior Year | Current Year |
|---|---------------------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 5,708,140 | 5,761,686 |
| 9 Program service revenue (Part VIII, line 2g) | 700,642,695 | 710,121,426 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 12,744,293 | 53,075,000 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 6,991,386 | 7,258,480 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 726,086,514 | 776,216,592 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 93,825 | 183,244 |
| 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) | 194,927,056 | 198,467,310 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 468,498,656 | 460,832,754 |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 663,519,537 | 659,483,308 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 62,566,977 | 116,733,284 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 752,207,461 | 903,781,713 |
| 21 Total liabilities (Part X, line 26) | 85,386,598 | 107,177,649 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 666,820,863 | 796,604,064 |

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: 2020-11-16

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 <input type="checkbox"/> 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 [X]

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 [X] 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 [X] 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 \$ 552,977,393 including grants of \$ 183,244) (Revenue \$ 688,600,321) See Additional Data

4b (Code:) (Expenses \$ 27,549,296 including grants of \$) (Revenue \$ 7,679,504) See Additional Data

4c (Code:) (Expenses \$ 24,350,107 including grants of \$) (Revenue \$ 13,841,601) See Additional Data

(Code:) (Expenses \$ including grants of \$) (Revenue \$)

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 1,105 TRAUMA PATIENTS IN 2019. ADVOCATE ILLINOIS MASONIC ALSO HAS ONE OF CHICAGO'S MOST ACTIVE EMERGENCY DEPARTMENTS (EDS). THERE WERE A TOTAL OF 43,689 (INCLUDING TRAUMA) EMERGENCY VISITS TO THE MEDICAL CENTER IN 2019. THE MEDICAL CENTER'S LEVEL III NEONATAL INTENSIVE CARE UNIT (NICU) HOLDS THE STATE'S HIGHEST DESIGNATION. THE MEDICAL CENTER HAD 289 NICU ADMITS AND 1,891 INFANTS DELIVERED (LIVE BIRTHS) IN 2019. ADVOCATE ILLINOIS MASONIC IS FULLY ACCREDITED BY DET NORSKE VERITAS (NORWAY) AND GERMANISCHER LLOYD (GERMANY) (DNV-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; EMERGENCY AND TRAUMA; CANCER CARE; OPHTHALMOLOGY; CARDIOVASCULAR; DIGESTIVE DISEASE; OBSTETRIC, GYNECOLOGY, MIDWIFERY AND PEDIATRIC; ORTHOPEDIC AND NEUROSCIENCE. AMBULATORY AND COMMUNITY HEALTH SERVICES INCLUDE: PRIMARY CARE; A DENTISTRY PROGRAM, INCLUDING A MOBILE DENTAL VAN; VISION; A DEAF AND HARD OF HEARING PROGRAM; THE PEDIATRIC DEVELOPMENTAL CENTER; EAR, NOSE AND THROAT; UROLOGY AND UROGYNECOLOGY; PHYSICAL REHABILITATIVE; DIAGNOSTIC IMAGING; INFUSION THERAPY; PAIN MANAGEMENT; RHEUMATOLOGY; AND A HOSPITAL-BASED FOOD PANTRY. MULTIPLE ADVOCATE ILLINOIS MASONIC INSTITUTES BRING THE HIGHEST LEVEL OF EXCELLENCE IN CARING FOR PATIENTS DIAGNOSED WITH THE FOLLOWING CHRONIC DISEASES. 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 CRATICOS 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. STROKE/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, CENTRO ROMERO, CENTER ON ADDISON/HALSTED AND MANY OTHERS. IN 2019, APPROXIMATELY 850 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. 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 BREASTFEED 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. CURRENTLY, THE MEDICAL CENTER EMPLOYS 2,239 ASSOCIATES AND HAS 201 VOLUNTEERS. ADVOCATE ILLINOIS MASONIC TRAINS 248 RESIDENTS AND 458 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 2019, THE MEDICAL CENTER'S PHYSICIANS AND ASSOCIATES PROVIDED 13,715 INPATIENT ADMISSIONS, INCLUDING 1,891 DELIVERIES, AND HANDLED 135,756 OUTPATIENT VISITS. AS A LEVEL I TRAUMA CENTER, ADVOCATE ILLINOIS MASONIC EXPERIENCED 1,105 TRAUMA VISITS AND A TOTAL OF 43,689 (TRAUMA VISITS INCLUDED) EMERGENCY DEPARTMENT VISITS IN 2019. (FOR A DESCRIPTION OF THE MEDICAL CENTER'S SERVICE AREA, PLEASE SEE THE 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 2019, THE MEDICAL CENTER PROVIDED OVER \$60.6 MILLION IN COMMUNITY BENEFIT PROGRAMS AND SERVICES. THESE BENEFITS INCLUDED NOT ONLY THE COST OF FINANCIAL ASSISTANCE 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.

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

4e Total program service expenses 604,876,796

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Form with multiple sections (2a-16) containing questions about employee reporting, tax returns, foreign accounts, prohibited transactions, and charitable contributions. Includes a table with columns for question ID, answer, and Yes/No status.

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 5 columns: Question ID, Question Description, Yes, No. Rows include 1a (governing body members), 1b (independent members), 2 (family/business relationships), 3 (delegation of control), 4-6 (governing documents, assets, members), 7a-7b (governance decisions), 8a-8b (meeting documentation), 9 (reachability).

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

Table with 5 columns: Question ID, Question Description, Yes, No. Rows include 10a-10b (local chapters/policies), 11a-11b (Form 990 distribution), 12a-12c (conflict of interest policy), 13 (whistleblower policy), 14 (document retention), 15a-15b (compensation review), 16a-16b (joint ventures).

Section C. Disclosure

Table with 2 columns: Question ID, Question Description. Rows include 17 (states for Form 990), 18 (public inspection), 19 (governing documents), 20 (books and records).

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099- MISC) | (E) Reportable compensation from related organizations (W-2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------|---|--|-----------------------|---------|--------------|---------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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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 | | | | | | | | | | |
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| 1b Sub-Total | | | | | | | ▶ | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | | | | | ▶ | | | |
| 1d Total (add lines 1b and 1c) | | | | | | | ▶ | 3,453,032 | 31,051,859 | 2,121,963 |

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 ▶ **9**

| | Yes | No |
|--|-------|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such person</i> | 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 |
|---|--------------------------------|---------------------|
| CUSTOM CONTRACTING LTD 21020 N RAND ROAD SUITE D LAKE ZURICH, IL 60047 | CONSTRUCTION SVCS | 2,422,286 |
| SMITHGROUP JJR 35 E WACKER DRIVE SUITE 900 CHICAGO, IL 60601 | ARCHITECTURAL SVCS | 2,351,212 |
| SEAN BURKE LAW LLC 1401 N WESTERN AVE 2ND FLOOR LAKE FOREST, IL 60045 | LEGAL SERVICES | 2,300,000 |
| BOARD OF TRUSTEES OF THE UNIVERS 506 S WRIGHT ST 209 HAB MC339 URBANA, IL 61801 | UNIVERSITY | 1,811,903 |
| MOTHERWAY & NAPLETON LLP 140 S DEARBORN ST STE 1500 CHICAGO, IL 60603 | LEGAL SERVICES | 1,660,000 |

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 ▶ **40**

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 | 3,596,796 | | |
| | e Government grants (contributions) | 1e | 2,164,890 | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g | | | |
| | h Total. Add lines 1a-1f | | 5,761,686 | | |

| Program Service Revenue | | | (A) | (B) | (C) | (D) |
|---|--|---------------|-------------|-------------|-----|-----|
| | | Business Code | | | | |
| 2a PATIENT SVC REVENUE | | 622110 | 245,884,931 | 245,884,931 | | |
| b MEDICARE/MEDICAID | | 622110 | 180,271,766 | 180,271,766 | | |
| c BLUE CROSS/MGD CARE | | 622110 | 156,329,710 | 156,329,710 | | |
| d PHARMACY | | 446110 | 86,357,145 | 86,357,145 | | |
| e LABORATORY | | 621511 | 41,277,874 | 41,277,874 | | |
| f All other program service revenue. | | | | | | |
| g Total. Add lines 2a-2f. | | | 710,121,426 | | | |

| | | | | | | | | |
|--|--|---------------|---|-------------|-----------|------------|-----------|--|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 53,065,448 | | | 53,065,448 | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| | 5 Royalties | | | | | | | |
| | 6a Gross rents | 6a | (i) Real | 3,486,880 | 80 | | | |
| | | | (ii) Personal | | | | | |
| | | | b Less: rental expenses | 6b | 0 | 0 | | |
| | | | c Rental income or (loss) | 6c | 3,486,880 | 80 | | |
| | d Net rental income or (loss) | | | 3,486,960 | | 15,167 | 3,471,793 | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | 9,552 | | | |
| | | | (ii) Other | | | | | |
| | | | b Less: cost or other basis and sales expenses | 7b | | 0 | | |
| | | | c Gain or (loss) | 7c | | 9,552 | | |
| | d Net gain or (loss) | | | 9,552 | | | 9,552 | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | b Less: direct expenses | 8b | | | | | | |
| | c Net income or (loss) from fundraising events | | | | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a PARKING | | 812930 | 2,186,558 | | | 2,186,558 | | |
| b CAFETERIA REVENUE | | 722514 | 1,512,976 | | | 1,512,976 | | |
| c MISCELLANEOUS | | 900099 | 71,986 | | | 71,986 | | |
| d All other revenue | | | | | | | | |
| e Total. Add lines 11a-11d | | | 3,771,520 | | | | | |
| 12 Total revenue. See instructions | | | 776,216,592 | 710,121,426 | 15,167 | 60,318,313 | | |

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 | 183,244 | 183,244 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 939,768 | 939,768 | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 152,131 | 152,131 | | |
| 7 Other salaries and wages | 161,336,571 | 159,605,983 | 1,730,588 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 5,096,518 | 5,096,518 | | |
| 9 Other employee benefits | 20,795,147 | 20,726,101 | 69,046 | |
| 10 Payroll taxes | 10,147,175 | 10,104,935 | 42,240 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 77,590 | | 77,590 | |
| c Accounting | 81,000 | | 81,000 | |
| d Lobbying | 50,354 | | 50,354 | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 14,547,194 | | 14,547,194 | |
| 12 Advertising and promotion | 58,170 | 45,334 | 12,836 | |
| 13 Office expenses | 2,950,992 | 2,919,311 | 31,681 | |
| 14 Information technology | 17,282,607 | 576,722 | 16,705,885 | |
| 15 Royalties | | | | |
| 16 Occupancy | 5,171,821 | 5,171,686 | 135 | |
| 17 Travel | 759,441 | 747,606 | 11,835 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 540,662 | 497,553 | 43,109 | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 20,909,960 | 20,887,380 | 22,580 | |
| 23 Insurance | 1,031,201 | 1,031,201 | | |
| 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 | 250,455,704 | 250,442,999 | 12,705 | |
| b MEDICAL SUPPLIES | 74,466,379 | 74,466,304 | 75 | |
| c OTHER | 26,369,283 | 5,220,488 | 21,148,795 | |
| d INCOME TAXES | -28,755 | -28,755 | | |
| e All other expenses | 46,109,151 | 46,090,287 | 18,864 | |
| 25 Total functional expenses. Add lines 1 through 24e | 659,483,308 | 604,876,796 | 54,606,512 | 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 | 53,091,805 | 1 | 15,214,175 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | 760,641 | 3 | 295,292 |
| | 4 Accounts receivable, net | 68,897,468 | 4 | 69,992,567 |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 9,877,951 | 8 | 14,561,156 |
| | 9 Prepaid expenses and deferred charges | 164,629 | 9 | 169,724 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 408,378,970 | | |
| | b Less: accumulated depreciation | 159,330,833 | | |
| | 11 Investments—publicly traded securities | 288,673,922 | 11 | 442,340,079 |
| | 12 Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | 83,374,797 | 13 | 96,852,564 |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 18,603,342 | 15 | 15,308,019 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 752,207,461 | 16 | 903,781,713 | |
| Liabilities | 17 Accounts payable and accrued expenses | 49,293,326 | 17 | 67,907,512 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 13,716 | 19 | 171,459 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 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 | 36,079,556 | 25 | 39,098,678 |
| | 26 Total liabilities. Add lines 17 through 25 | 85,386,598 | 26 | 107,177,649 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 662,068,604 | 27 | 791,851,805 |
| | 28 Net assets with donor restrictions | 4,752,259 | 28 | 4,752,259 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 Total net assets or fund balances | 666,820,863 | 32 | 796,604,064 | |
| 33 Total liabilities and net assets/fund balances | 752,207,461 | 33 | 903,781,713 | |

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 | 776,216,592 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 659,483,308 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 116,733,284 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 666,820,863 |
| 5 | Net unrealized gains (losses) on investments | 5 | 13,087,000 |
| 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 | -37,083 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 796,604,064 |

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 (2019)

Form 990, Part III, Line 4a:

FINANCIAL ASSISTANCE (CHARITY CARE) AND TRAUMA CARE. PROVIDING INPATIENT AND OUTPATIENT HEALTH CARE SERVICES TO THE COMMUNITY REGARDLESS OF THE PATIENTS' ABILITY TO PAY. AS PART OF ADVOCATE ILLINOIS MASONIC MEDICAL CENTER'S (ADVOCATE ILLINOIS MASONIC) COMMUNITY HEALTH STRATEGY, 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 FINANCIAL ASSISTANCE. ADVOCATE ILLINOIS MASONIC OFFERS A VERY GENEROUS FINANCIAL ASSISTANCE PROGRAM, REQUIRING NO PAYMENTS FROM THE PATIENTS MOST IN NEED, AND PROVIDING DISCOUNTS TO UNINSURED AND INSURED PATIENTS. FROM JANUARY 2019 TO MAY 2019, UNINSURED PATIENTS EARNING UP TO SIX TIMES THE FEDERAL POVERTY LEVEL (FPL), AND INSURED PATIENTS EARNING UP TO FOUR TIMES THE FPL WERE ELIGIBLE TO BE CONSIDERED FOR A FULL OR PARTIAL FINANCIAL ASSISTANCE DISCOUNT. AS OF JUNE 2019, PATIENTS EARNING UP TO SIX TIMES THE FPL, AND INSURED PATIENTS EARNING UP TO TWO AND HALF TIMES THE FPL MAY QUALIFY FOR A FULL OR PARTIAL FINANCIAL ASSISTANCE DISCOUNT. ADDITIONALLY, A CATASTROPHIC ASSISTANCE DISCOUNT WAS ADDED FOR UNINSURED AND INSURED PATIENTS WHOSE INCOMES EXCEED THE TRADITIONAL FINANCIAL ASSISTANCE INCOME GUIDELINES AND HAVE OUTSTANDING PATIENT BALANCES OF \$25,000 OR MORE FOR A SINGLE DATE OF SERVICE OR SUM OF SEVERAL DATES OF SERVICE. THESE PATIENTS MAY QUALIFY TO RECEIVE A FINANCIAL ASSISTANCE DISCOUNT THAT REDUCES THEIR OUTSTANDING BALANCE TO 25% OF THEIR NET INCOME. FOR UNINSURED PATIENTS, ADVOCATE WILL PRESUMPTIVELY PROVIDE FINANCIAL ASSISTANCE IF THE FINANCIAL STATUS HAS BEEN VERIFIED BY A THIRD PARTY. IN THESE CASES, THE PATIENT IS NOT REQUIRED TO SUBMIT A SEPARATE FINANCIAL ASSISTANCE APPLICATION. IF PRESUMPTIVE CRITERIA ARE NOT AVAILABLE FOR UNINSURED PATIENTS, FINANCIAL ASSISTANCE ELIGIBILITY IS AVAILABLE USING AN INCOME-BASED SCREENING. ADVOCATE EXTENDS ITS INCOME-BASED FINANCIAL ASSISTANCE POLICY TO ITS INSURED PATIENTS AS WELL. BOTH UNINSURED AND INSURED REQUESTS ARE GIVEN CONSIDERATION BASED ON THE INDIVIDUAL'S EXTENUATING CIRCUMSTANCES. ADVOCATE ILLINOIS MASONIC CONTINUES TO REVIEW AND REFINE ITS POLICY IN AN ONGOING EFFORT TO ENSURE THAT FINANCIAL ASSISTANCE IS AVAILABLE TO THOSE WHO NEED HELP. THE MEDICAL CENTER MAINTAINS HIGHLY VISIBLE SIGNAGE AND BROCHURES IN MULTIPLE LANGUAGES TO INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL HELP AND FINANCIAL COUNSELORS. INFORMATION ABOUT THE FINANCIAL ASSISTANCE PROGRAM AND AN APPLICATION IS PROVIDED TO ALL UNINSURED PATIENTS DURING REGISTRATION AND IS MAILED TO THEM IN ADVANCE OF THE FIRST PATIENT BILLING. AFTER THAT, EACH UNINSURED PATIENT'S BILL INCLUDES SUMMARY INFORMATION REGARDING THE FINANCIAL ASSISTANCE PROGRAM. 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 2019, THE MEDICAL CENTER EXPERIENCED 43,689 EMERGENCY ROOM VISITS, OF WHICH 1,105 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 MEDICAL CENTER 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 CARDIOPULMONARY 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 2019, THE MEDICAL CENTER TRAINED 248 RESIDENTS AND 458 MEDICAL STUDENTS IN THE FOLLOWING SERVICES: ANESTHESIOLOGY, CARDIOLOGY, EMERGENCY MEDICINE, FAMILY MEDICINE, INTERNAL MEDICINE, OBSETRICS/ 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.

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 | | | |
| EMELIE ILARDE MD DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 8,000 | 0 |
| CLARENCE NIXON JR PHD DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 14,000 | 0 |
| RONALD GREENE DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 13,000 | 0 |
| MARK HARRIS DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 69,000 | 0 |
| MICHELE BAKER RICHARDSON CHAIRPERSON, DIRECTOR | 1.00 3.00 | X | | X | | | | 0 | 132,165 | 0 |
| JOHN TIMMER DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 103,333 | 0 |
| GAIL D HASBROUCK DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 14,000 | 38 |
| DAVID ANDERSON DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 107,333 | 0 |
| REV DR NATHANIEL EDMOND DIRECTOR | 1.00 4.00 | X | | | | | | 0 | 18,100 | 0 |
| LYNN CRUMP-CAINE DIRECTOR | 1.00 3.00 | X | | | | | | 0 | 80,000 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| K RICHARD JAKLE VICE CHAIRPERSON, DIRECTOR | 1.00 4.00 | X | | X | | | | 0 | 119,433 | 0 |
| JAMES SKOGSBERGH EXECUTIVE VP & COO, DIRECTOR | 1.00 55.00 | X | | X | | | | 0 | 5,917,505 | 46,577 |
| MICHAEL KERNS ASSISTANT SECRETARY | 1.00 55.00 | | | X | | | | 0 | 490,282 | 60,284 |
| STEVE HUSER ASSISTANT TREASURER | 1.00 55.00 | | | X | | | | 0 | 437,105 | 85,462 |
| RACHELLE HART ASSISTANT SECRETARY | 1.00 55.00 | | | X | | | | 0 | 702,837 | 132,786 |
| NAN NELSON ASSISTANT TREASURER | 1.00 55.00 | | | X | | | | 0 | 1,072,348 | 167,410 |
| MIKE LAPPIN SECRETARY | 1.00 55.00 | | | X | | | | 0 | 1,964,257 | 331,811 |
| MICHAEL GREBE CHIEF LEGAL OFFICER/ASSISTANT SECRETARY | 1.00 55.00 | | | X | | | | 0 | 1,358,493 | 201,665 |
| LESLIE LENZO ASSISTANT TREASURER | 1.00 55.00 | | | X | | | | 0 | 875,800 | 45,201 |
| JAMES SLINKMAN ASSISTANT SECRETARY | 1.00 55.00 | | | X | | | | 0 | 434,355 | 60,616 |

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 CHIEF MARKETING OFFICER | 1.00 55.00 | | | X | | | | 0 | 1,316,033 | 28,503 |
| BARBARA BYRNE MD CHIEF INFORMATION OFFICER | 1.00 55.00 | | | X | | | | 0 | 1,426,356 | 86,252 |
| DOMINIC J NAKIS CFO & TREASURER | 1.00 55.00 | | | X | | | | 0 | 2,542,698 | 53,130 |
| SCOTT POWDER CHIEF STRATEGY OFFICER | 1.00 55.00 | | | X | | | | 0 | 1,488,375 | 50,716 |
| REV KATHIE B SCHWICH CHIEF SPIRITUAL OFFICER | 1.00 55.00 | | | X | | | | 0 | 872,287 | 105,846 |
| VINCENT BUFALINO MD CHIEF ADVOCATE MEDICAL GROUP OFFICER | 1.00 55.00 | | | X | | | | 0 | 1,689,703 | 53,312 |
| JAMES DOHENY ASSISTANT TREASURER | 1.00 55.00 | | | X | | | | 0 | 575,517 | 54,577 |
| WILLIAM P SANTULLI PRESIDENT | 1.00 55.00 | | | X | | | | 0 | 3,389,096 | 49,894 |
| GARY STUCK DO CHIEF MEDICAL OFFICER, DIRECTOR UNTIL SEPT '18 | 1.00 55.00 | | | X | | | | 0 | 696,475 | 45,531 |
| KEVIN BRADY CHIEF HUMAN RESOURCES OFFICER | 1.00 55.00 | | | X | | | | 0 | 1,645,013 | 64,204 |

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 | | | |
| SUSAN NORDSTROM LOPEZ PRESIDENT OF ADVOCATE IMMC | 55.00 | | | | X | | | 939,768 | 0 | 61,585 |
| CLIFTON CLARKE VP & CMO IMMC | 55.00 | | | | | X | | 470,635 | 0 | 22,829 |
| PATRICIA LEE CHAIR EMERGENCY MEDICINE | 55.00 | | | | | X | | 285,331 | 0 | 44,061 |
| STEPHEN LOCHER CHAIR OBSTETRICS/GYNECOLOG | 55.00 | | | | | X | | 449,978 | 0 | 52,194 |
| RICHARD FANTUS CHAIR SURGERY DEPARTMENT | 55.00 | | | | | X | | 368,672 | 0 | 50,597 |
| KENNETH LAUBE VP/CNO IMMC | 55.00 | | | | | X | | 330,535 | 0 | 58,536 |
| SUSAN CAMPBELL FORMER OFFICER | 0.00 | | | | | | X | 0 | 407,708 | 7,069 |
| EARL J BARNES II FORMER OFFICER | 0.00 | | | | | | X | 0 | 445,619 | 30,660 |
| LEE B SACKS MD FORMER OFFICER | 0.00 | | | | | | X | 0 | 625,633 | 972 |
| VIJAY MAKER FORMER HCE-CHAIR SURGERY DEPT | 0.00 | | | | | | X | 284,578 | 0 | 48,184 |

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 | | | |
| BARRY ROSEN FORMER HCE-MEDICAL DIRECTOR | 0.00 | | | | | | X | 178,813 | 0 | 18,910 |
| DONNA KING FORMER HCE-VP CLINICAL OPS | 0.00 | | | | | | X | 144,722 | 0 | 2,551 |

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 instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ADVOCATE 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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|-----------|-----------|
| 7 | Amounts from line 4. . . | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on. . . | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|------------|---|-----------|--|
| 14 | Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | |
| 16a | 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b | 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17a | 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b | 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 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 ▶ <input type="checkbox"/> | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c | Add lines 7a and 7b. | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6. | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c | Add lines 10a and 10b. | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | | Yes | No |
|------------|--|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| | 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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i> | | |
| | 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i> | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| | 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i> | | |
| | 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))? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| | 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)? <i>If "Yes," answer line 10b below.</i> | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i> | | |
| | 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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <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 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

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

Additional Data

Software ID:

Software Version:

EIN: 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

2019
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. |

| | |
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| | |

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

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

| | | (a) | | (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 | | 50,354 |
| j | Total. Add lines 1c through 1i | | | 50,354 |
| 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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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? Yes No

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 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:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 46,008,278 | | 46,008,278 |
| b Buildings | | 280,608,653 | 127,138,008 | 153,470,645 |
| c Leasehold improvements | | 2,371,957 | 1,929,576 | 442,381 |
| d Equipment | | 60,780,516 | 30,263,249 | 30,517,267 |
| e Other | | 18,609,566 | | 18,609,566 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 249,048,137 |

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 | 95,307,000 | F |
| (2) CHICAGO NORTHSIDE MRI | 1,545,564 | F |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) | 96,852,564 | |

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. (1) Federal income taxes | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 39,098,678 |

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

| Return Reference | Explanation | |
|------------------|-------------|--|
|------------------|-------------|--|

Part XIII **Supplemental Information (continued)**

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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

Hospitals

OMB No. 1545-0047
2019
 Open to Public Inspection

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

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 | Yes | |
| 1b If "Yes," was it a written policy? | Yes | |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | |
| 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. 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 type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>25000.0000000000</u> % | 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 <u>60000.0000000000</u> % | 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"? | Yes | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | Yes | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 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? | | No |
| 6a Did the organization prepare a community benefit report during the tax year? | Yes | |
| b If "Yes," did the organization make it available to the public? | Yes | |

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

7 Financial Assistance and Certain Other Community Benefits at Cost

| 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) | | | 13,431,750 | 122,953 | 13,308,797 | 2.080 % |
| b Medicaid (from Worksheet 3, column a) | | | 83,315,882 | 68,714,481 | 14,601,401 | 2.280 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 96,747,632 | 68,837,434 | 27,910,198 | 4.360 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4). | | | 4,402,256 | 0 | 4,402,256 | 0.690 % |
| f Health professions education (from Worksheet 5) | | | 32,859,934 | 7,679,504 | 25,180,430 | 3.930 % |
| g Subsidized health services (from Worksheet 6) | | | 18,551,842 | 17,558,917 | 992,925 | 0.160 % |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 61,532 | 0 | 61,532 | 0.010 % |
| j Total. Other Benefits | | | 55,875,564 | 25,238,421 | 30,637,143 | 4.790 % |
| k Total. Add lines 7d and 7j | | | 152,623,196 | 94,075,855 | 58,547,341 | 9.150 % |

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|---|---|-----|------------|
| 1 | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | No |
| 2 | Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. | 2 | 19,135,775 |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | 3 | 355,968 |
| 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 | 124,585,031 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 114,900,430 |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | 9,684,601 |
| 8 | Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other | | |

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

| | (a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions) | (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 | | | | | |
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| 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 | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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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: 20 <u>19</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 of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | Yes | |
| 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: 20 <u>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 |
| b | 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>HTTP://WWW.ADVOCATEHEALTH.COM/FINANCIALASSISTANCE</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTP://WWW.ADVOCATEHEALTH.COM/FINANCIALASSISTANCE</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTP://WWW.ADVOCATEHEALTH.COM/FINANCIALASSISTANCE</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 checked="" 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 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? | 19 | Yes |
| | If "Yes," check all actions in which the hospital facility or a third party engaged: | | |
| | a <input checked="" 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 checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) | | |
| | b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) | | |
| | c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) | | |
| | d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) | | |
| | 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? | 21 | Yes |
| | If "No," indicate why: | | |
| | 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 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 6A: | A SYSTEM-WIDE COMMUNITY BENEFIT REPORT IS FILED BY:ADVOCATE HEALTH CARE NETWORK 3075 HIGHLAND PARKWAY, DOWNERS GROVE, IL 60515. EIN 36-2167779 |

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART I, LINE 7G: | ANSHN 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. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART I, LN 7 COL(F): | \$19,138,111 OF BAD DEBT EXPENSE WAS INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT WAS REMOVED FROM THE DENOMINATOR FOR PURPOSES OF SCHEDULE H, PART I, LINE 7, COLUMN (F). |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| PART I, LINE 7E: | ADVOCATE 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. |

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| PART III, LINE 4: | <p>FOR 2019, FOR ANSHN, THE ALLOWANCE FOR DOUBTFUL ACCOUNTS COVERED 23.59% 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. THE COSTING METHODOLOGY USED IN DETERMINING THE AMOUNTS REPORTED ON LINES 2 AND 3 IS BASED ON THE RATIO OF PATIENT CARE COST TO CHARGES. THE UNREIMBURSED COST OF BAD DEBT WAS CALCULATED BY APPLYING THE ORGANIZATION'S COST TO CHARGE RATIO FROM THE MEDICARE COST REPORTS (CMS 2252-96 WORKSHEET C, PART 1, PPS INPATIENT RATIOS) TO THE ORGANIZATION'S BAD DEBT PROVISION PER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, LESS ANY PATIENT OR THIRD PARTY PAYOR PAYMENTS RECEIVED. ADVOCATE MAKES EVERY EFFORT TO IDENTIFY THOSE PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE BY STRICTLY ADHERING TO ITS FINANCIAL ASSISTANCE POLICY. WE BELIEVE THAT ADVOCATE HAS A POPULATION OF PATIENTS WHO ARE UNINSURED OR UNDERINSURED BUT WHO DO NOT COMPLETE THE FINANCIAL ASSISTANCE APPLICATION. THE ESTIMATED AMOUNT OF BAD DEBT EXPENSE (AT COST) WHICH COULD BE REASONABLY ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, IF SUFFICIENT INFORMATION HAD BEEN AVAILABLE TO MAKE A DETERMINATION OF THEIR ELIGIBILITY, WAS BASED UPON SELF PAY PATIENT ACCOUNTS WHICH HAD AMOUNTS WRITTEN OFF TO BAD DEBTS. OUR METHOD WAS TO BEGIN WITH THE SELF-PAY PORTION OF BAD DEBT EXPENSE PROVISION. THE SELF PAY PORTION EXCLUDES THOSE PATIENTS WHO HAD FINANCIAL ASSISTANCE APPLICATIONS PENDING AT THE TIME OF SERVICE. THIS COST WAS THEN REDUCED BY CHARGES IDENTIFIED AS TRUE BAD DEBT EXPENSE, INCLUDING COPAYS FOR PATIENTS WHO QUALIFIED FOR LESS THAN 100% FINANCIAL ASSISTANCE. THE COST TO CHARGE RATIO WAS THEN APPLIED TO THE REMAINING CHARGES, TO DETERMINE THE VALUE (AT COST) OF PATIENT ACCOUNTS THAT DID NOT COMPLETE FINANCIAL COUNSELING AND WERE ASSIGNED TO BAD DEBT. WE BELIEVE THIS PROCESS IS A REASONABLE BASIS FOR OUR ESTIMATE. AS WE ARE ONLY CONSIDERING SELF-PAY ACCOUNTS WRITTEN OFF TO BAD DEBT FOR THIS ESTIMATE, THIS ESTIMATE DOES NOT INCLUDE THE IMMEDIATE 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> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| PART III, LINE 8: | IN 2019, 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. |

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| PART VI, LINE 3: | <p>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> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 4: | <p>DESCRIPTION OF THE COMMUNITY/POPULATION. FOR THE PURPOSES OF THE 2017-2019 CHNA, ADVOCATE ILLINOIS MASONIC DEFINES THE "COMMUNITY" AS ITS PSA. THE MEDICAL CENTER'S PSA CONSISTS OF 21 COMMUNITIES IN COOK COUNTY INCLUDING FORT DEARBORN (60610), NORTH CENTER (60613), LINCO LN PARK (60614), AVONDALE/NORTH CENTER (60618), WICKER PARK (60622), RAVENSWOOD (60625), R OGERS PARK (60626), JEFFERSON PARK (60630), DUNNING (60634), BELMONT CRAGIN (60639), UPTOW N (60640), IRVING PARK/PORTAGE PARK (60641), WICKER PARK (60642), AVALON PARK/NORTH (60645), LOGAN SQUARE (60647), DIVISION STREET (60651), LAKEVIEW (60657), WEST RIDGE (60659), RO GERS PARK (60660), OLD TOWN/NEAR NORTH SIDE (60610) AND ELMWOOD (60707 AND 60635). THE TOT AL POPULATION FOR THE PSA IS 1,186,360. THE POPULATION SLIGHTLY DECREASED BY 0.05 PERCENT FROM 2010 TO 2019. SOCIAL DETERMINANTS OF HEALTH (SDOH). ADVOCATE ILLINOIS MASONIC'S ASSES SMENT PROCESS UTILIZED THE CONDUENT HEALTHY COMMUNITIES INSTITUTE'S (HCI) SOCIONEEDS INDEX IN ORDER TO UNDERSTAND THE SOCIAL CONTEXT THAT EXISTS IN THE DEFINED COMMUNITY THAT DEEPL Y INFLUENCES HEALTH. THE SOCIONEEDS INDEX IS A CONDUENT HCI INDICATOR THAT IS A MEASURE OF SOCIOECONOMIC NEED, CORRELATED WITH POOR HEALTH OUTCOMES. THE INDEX IS CALCULATED FROM SI X INDICATORS, ONE EACH FROM THE FOLLOWING AREAS: POVERTY, INCOME, UNEMPLOYMENT, OCCUPATION , EDUCATION AND LANGUAGE. THE INDICATORS ARE WEIGHTED TO MAXIMIZE THE CORRELATION OF THE I NDEX WITH PREMATURE DEATH RATES AND PREVENTABLE HOSPITALIZATION RATES. ALL ZIP CODES, COUN TIES, AND COUNTY EQUIVALENTS IN THE U.S. ARE GIVEN AN INDEX VALUE FROM 0 (LOW NEED) TO 100 (HIGH NEED). TO HELP IDENTIFY THE AREAS OF HIGHEST NEED WITHIN A DEFINED GEOGRAPHIC AREA, THE SELECTED ZIP CODES ARE RANKED FROM ONE (LOW NEED) TO FIVE (HIGH NEED) BASED ON THEIR INDEX VALUE. THESE VALUES ARE SORTED FROM LOW TO HIGH AND DIVIDED INTO FIVE RANKS. THESE R ANKS ARE THEN USED TO COLOR THE ZIP CODES WITH THE HIGHEST SOCIONEEDS INDEXES WITH THE DAR KER COLORS. THE MEDICAL CENTER HAS SEVERAL COMMUNITIES WITHIN THE PSA THAT HAVE GREATER SO CIOECONOMIC NEEDS COMPARED TO OTHER COMMUNITIES IN THE PSA. BELMONT CRAGIN AND HUMBOLDT PA RK ARE THE PSA'S HIGHEST SOCIONEED COMMUNITIES AND ARE RANKED AS FIVES IN THE SOCIONEEDS I NDEX MAP. THESE TWO COMMUNITIES EXPERIENCE HIGHER RATES OF CHRONIC DISEASE AND UNEMPLOMEN T, AND HAVE SOME OF THE LOWEST MEDIAN HOUSEHOLD INCOMES IN THE PSA. DEMOGRAPHICSAGE. TWENT Y-POINT-SEVEN PERCENT OF THE PSA IS UNDER THE AGE OF 18 YEARS OLD. THE 18-24-YEAR-OLD AGE GROUP IS THE SMALLEST GROUP AT 7.7 PERCENT, THE 25-64-YEAR-OLD AGE GROUP IS THE LARGEST AG E GROUP AT 60.04 PERCENT OF THE POPULATION, AND 11.56 PERCENT OF THE POPULATION IS OVER TH E AGE OF 65. RACE/ETHNICITY. DEMOGRAPHIC DATA SHOWS THAT THE MEDICAL CENTER'S PSA IS 62.48 PERCENT WHITE, 15.17 PERCENT "OTHER," 10.33 PERCENT BLACK/AFRICAN AMERICAN, 7.68 PERCENT ASIAN, 3.56 PERCENT 2 OR MORE RACES, 0.56 PERCENT AMERICAN INDIAN/ALASKAN NATIVE AND 0.05 PERCENT NATIVE HAWAIIAN/PACIFIC ISLANDER. THE PSA IS 32.99 PERCENT HISPANIC/LATINO AND 67. 01 PERCENT NON-HISPANIC/LATINO. HOUSEHOLDS/INCOME. THERE ARE 502,786 HOUSEHOLDS IN THE MEDI CAL CENTER'S PSA AND THE AVERAGE HOUSEHOLD SIZE IS 2.32 PERSONS. THE MEDIAN HOUSEHOLD INCO ME FOR THE ADVOCATE ILLINOIS MASONIC'S PSA IS \$71,593, WHICH IS \$5,106 HIGHER THAN THE STA TE'S AVERAGE HOUSEHOLD INCOME OF \$66,487. THERE IS A RACIAL AND ETHNIC DISPARITY IN THE ME DIAN HOUSEHOLD INCOME WITH THE WHITE POPULATION HAVING THE HIGHEST MEDIAN HOUSEHOLD INCOME OF \$80,630, FOLLOWED BY THE ASIAN POPULATION AT \$72,081 AND THE NATIVE HAWAIIAN/PACIFIC I SLANDER POPULATION AT \$67,231. THE LOWEST HOUSEHOLD INCOMES ARE AMONG THE BLACK POPULATION AT \$38,837, THE AMERICAN INDIAN/ALASKAN NATIVES AT \$45,985, THE "OTHER RACE" POPULATION A T \$49,933 AND THE HISPANIC/LATINO POPULATION AT \$52,438.HEALTH INSURANCE COVERAGE. THE MED ICAL CENTER'S PSA LARGEST SOURCE OF HEALTH INSURANCE COVERAGE COMES FROM THE COMMERCIAL SE CTOR WITH 64.7 PERCENT OF THE PSA BEING COVERED BY COMMERCIAL INSURANCE, WHICH IS HIGHER T HAN ALL OTHER ADVOCATE AURORA SITES IN ILLINOIS. MEDICARE PROVIDES COVERAGE TO 16.9 PERCENT T OF THE PSA FOLLOWED BY MEDICAID AT 10.1 PERCENT. OVER 4 PERCENT (4.5 PERCENT) OF THE PSA IS UNINSURED AND 2.4 PERCENT ARE COVERED THROUGH VETERANS BENEFITS.EMPLOYMENT. THE UNEMPL OYMENT RATE IN THE MEDICAL CENTER'S PSA IS 5.61 PERCENT, WHICH IS SLIGHTLY LESS THAN THE S TATE OF ILLINOIS AT 6.7 PERCENT. THE TOP THREE INDUSTRIES OF EMPLOYMENT IN THE PSA ARE PRO FESSIONAL/SCIENTIFIC/ TECHNICAL/ADMINISTRATIVE, HEALTH CARE/SOCIAL ASSISTANCE, AND ACCOMMO DATIONS/FOOD SERVICES.EDUCATIONAL ATTAINMENT. OVERALL, ADVOCATE ILLINOIS MASONIC'S PSA HAS HIGHER EDUCATIONAL ATTAINMENT RATES WITH 45.66 PERCENT OF THE POPULATION HAVING A BACHELO RS AND/OR GRADUATE/PROFESSIONAL DEGREE, COMPARED TO THE STATE OF ILLINOIS AT 32.33 PERCENT . FOURTEEN PERCENT OF THE MEDICAL CENTER'S PSA OVER THE AGE OF 25 HAS LESS THAN A HIGH SCH OOL DIPLOMA, WHICH IS MORE THAN ILLINOIS AT 11.31</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 4: | <p>PERCENT. HEALTH CARE RESOURCES. ADVOCATE ILLINOIS MASONIC'S COMMUNITY HEALTH STAFF MAPPED ALL HEALTH CARE RESOURCES WITHIN THE MEDICAL CENTER'S PSA. THESE HEALTH CARE RESOURCES INCLUDE TEN HOSPITALS AND ELEVEN FQHC'S (INCLUDING TWO FREE CLINICS). THESE HEALTH CARE RESOURCES INCLUDE: CHICAGO LAKESHORE-HOSPITAL; KINDRED-CHICAGO LAKESHORE-HOSPITAL; KINDRED-CHICAGO NORTH-HOSPITAL; METHODIST HOSPITAL OF CHICAGO-HOSPITAL; NORWEGIAN AMERICAN HOSPITAL-HOSPITAL; COMMUNITY FIRST HOSPITAL-HOSPITAL; AMITA HEALTH-SAINTS MARY AND ELIZABETH-HOSPITAL ; AMITA HEALTH SAINT JOSEPH HOSPITAL-HOSPITAL; SWEDISH COVENANT HOSPITAL-HOSPITAL; THOREK MEMORIAL HOSPITAL-HOSPITAL; WEISS MEMORIAL HOSPITAL-HOSPITAL; PCC WELLNESS-FEDERALLY QUALIFIED HEALTH CENTER; PRIME CARE-FEDERALLY QUALIFIED HEALTH CENTER; ERIE FAMILY HEALTH NETWORK-FEDERALLY QUALIFIED HEALTH CENTER; NEAR NORTH HEALTH SERVICE CORPORATION-FEDERALLY QUALIFIED HEALTH CENTER; HEARTLAND HEALTH CENTERS-FEDERALLY QUALIFIED HEALTH CENTER; HAMDARD-FEDERALLY QUALIFIED HEALTH CENTER; ACCESS COMMUNITY HEALTH NETWORK-FEDERALLY QUALIFIED HEALTH CENTER; HOWARD BROWN HEALTH-FEDERALLY QUALIFIED HEALTH CENTER; COMMUNITYHEALTH-FREE CLINIC; ASIAN HUMAN SERVICES-FEDERALLY QUALIFIED HEALTH CENTER; OLD IRVING PARK-FREE CLINIC.</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 5: | <p>THE GOVERNING COUNCIL AT ADVOCATE ILLINOIS MASONIC MEDICAL CENTER IS COMPRISED OF LOCAL CO MMUNITY LEADERS AND PHYSICIANS. GOVERNING COUNCIL MEMBERS SUPPORT HOSPITAL LEADERSHIP IN T HEIR PURSUIT OF THE HOSPITAL'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL A ND SERVE AS AMBASSADORS IN THE COMMUNITY. 47 PERCENT OF THE CURRENT GOVERNING COUNCIL MEMB ERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY. IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL ITS DEPARTMENTS AND SPECIALTIES.THE ADVOCATE ILLINOIS MASONIC GOVERNING COUNCIL IS COM PRISED OF LOCAL COMMUNITY LEADERS AND PHYSICIANS. GOVERNING COUNCIL MEMBERS SUPPORT HOSPIT AL LEADERSHIP IN THEIR PURSUIT OF THE HOSPITAL'S GOALS, REPRESENT THE COMMUNITY'S INTEREST TO THE HOSPITAL AND SERVE AS AMBASSADORS IN THE COMMUNITY. FIFTY-SEVEN PERCENT OF THE CUR RENT GOVERNING COUNCIL MEMBERS REPRESENT THE COMMUNITY, INCLUDING THE FAITH COMMUNITY. IN ADDITION, THE ORGANIZATION EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR SOME OR ALL ITS DEPARTMENTS AND SPECIALTIES.THE FLEXIBLE HOUSING POOL A T ADVOCATE ILLINOIS MASONIC IS A PARTNERSHIP WITH CENTER FOR HEALTH AND HOUSING WITH THE G OAL TO REDUCE HOSPITAL AND EMS RECIDIVISM THROUGH HOUSING. LAUNCHED IN 2019, ADVOCATE ILLI NOIS MASONIC HAD FOUR SLOTS TO PLACE BEHAVIORAL HEALTH PATIENTS IN PERMANENT HOUSING. MEDI CAL CENTER LEADERSHIP AND TEAM MEMBERS SUPPORT THIS PROGRAM AND HAVE DEVELOPED A PANEL OF TEAM MEMBERS FROM NURSING, EMERGENCY MEDICINE, CARE MANAGEMENT, MISSION AND SPIRITUAL CARE AND COMMUNITY HEALTH TO REVIEW REFERRALS. THE PROGRAM ALSO ADDRESSES THE BEHAVIORAL HEALT H NEEDS OF INDIVIDUALS PLACED IN HOUSING THROUGH THE MEDICALLY INTEGRATED COMMUNITY CRISIS SERVICE PROGRAM AND CASE MANAGEMENT SERVICES. IN 2019, THE PANEL PLACED THREE PATIENTS IN TO PERMANENT HOUSING.THE MEDICAL CENTER ALSO PARTNERS WITH ACCLIVUS, A COMMUNITY ORGANIZAT ION FOCUSED ON PREVENTING AND DECREASING COMMUNITY VIOLENCE. ACCLIVUS PLACES VIOLENCE INTE RRUPTERS IN THE MEDICAL CENTER'S EMERGENCY DEPARTMENT (ED) TO ASSESS AND PROVIDE REFERRAL SERVICES TO ANY PATIENT ADMITTED TO THE ED DUE TO TRAUMA/VIOLENCE. THE VIOLENCE INTERRUPTERS ASSESS PATIENTS FOR SOCIAL AND HEALTH NEEDS INCLUDING HOUSING, EDUCATION AND BEHAVIORAL HEALTH, AND CONNECT THEM TO SERVICES AND PROGRAMS AT THE MEDICAL CENTER AND IN THE COMMUN ITY. THE VIOLENCE INTERRUPTERS ALSO FOLLOW UP WITH PATIENTS AFTER THEY ARE DISCHARGED IN T HE COMMUNITY TO DECREASE THE RISK OF RE-OCCURRING VIOLENCE. THE MEDICAL CENTER PARTNERS WI TH LAKEVIEW FOOD PANTRY TO OPERATE A HOSPITAL-BASED FOOD PANTRY. IN 2019, THE MEDICAL CENT ER DISTRIBUTED OVER 100 NON-PERISHABLE FOOD BAGS TO OVER 55 FOOD INSECURE PATIENTS, MANY O F WHOM HAD MULTIPLE VISITS. THE MEDICAL CENTER ALSO DISTRIBUTED OVER 20 FRESH PRODUCE BOXE S TO HOSPITAL-BASED FOOD PANTRY PATIENTS. ADVOCATE ILLINOIS MASONIC HAS A LONG-STANDING CO MMITMENT TO SERVING ITS COMMUNITY. IN ADDITION TO THE PROGRAMS DISCUSSED IN ANOTHER AREA O F THIS DOCUMENT, THE MEDICAL CENTER PROVIDES THE FOLLOWING PROGRAMS.- BETTER BREATHERS CLU B- QUARTERLY BLOOD DRIVES - CAR SEAT CHECKS- PROVISION OF MEETING SPACE FOR COMMUNITY ORGA NIZATIONS - CPR, CHOKING AND BLEEDING CONTROL TRAININGS FOR THE COMMUNITY- SEMINARS ON INC ONTINENCE- DISASTER PREPAREDNESS PLANNING FOR CHICAGO- TRAUMA SUPPORT SERVICES - EMERGENCY MEDICAL TECH TRAINING FOR THE CITY OF CHICAGO AND PRIVATE COMPANIES - HEALTHY FAMILIES (T EEN PARENTING PROGRAM)- HUMAN MILK DEPOT- BABY FRIENDLY HOSPITAL - GOLDEN AGE SENIOR PROGR AM- GBTQ OUTREACH AND EDUCATION - SEMINARS FOR CHICAGO HOUSING AUTHORITY RESIDENTS- FIRST ACCESS- SIBSHOPS FOR SIBLINGS OF DEVELOPMENTALLY DISABLED CHILDREN- STROKE EDUCATION SEMIN ARS- BIKE HELMET-FITTING EVENTS ENVIRONMENTAL IMPROVEMENTSADVOCATE HEALTH CARE IS COMMITTE D TO GREENING HEALTH CARE BECAUSE IT IS DEEPLY CONNECTED TO THE PURPOSE OF OUR ORGANIZATIO N HEALTH AND HEALING. WE UNDERSTAND THAT THE HEALTH OF THE ENVIRONMENT AND THE HEALTH OF T HE PATIENTS AND COMMUNITIES WE SERVE IS INEXTRICABLY LINKED AND THAT A HEALTHY PLANET SUPP ORTS 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 EFF ORTS HAVE A DIRECT BENEFIT ON THE HEALTH OF LOCAL COMMUNITIES VIA CLEANER COMMUNITIES, HEA LTHIER 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 STEW ARDSHIP PRACTICES HELP EASE THE BURDEN OF HEALTH CARE COSTS BOTH DIRECTLY (LOWER ENERGY CO STS) AND INDIRECTLY (LOWER ENVIRONMENTALLY RELATED DISEASE BURDEN). 1. MENTORING AND EDUCA TIONAS WE WORK TO SERVE THE HEALTH NEEDS OF TODAY'S PATIENTS AND FAMILIES WITHOUT COMPROMI SING THE NEEDS OF FUTURE GENERATIONS, ADVOCATE HAS COMMITTED RESOURCES TO SHARING LESSONS LEARNED AND BEST PRACTICES WITH OTHER HOSPITALS AN</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 5: | <p>D HEALTH SYSTEMS, BOTH LOCALLY AND NATIONALLY, AND WE DO SO IN A VARIETY OF WAYS. ADVOCATE HEALTH CARE WAS ONE OF 12 FOUNDING AND SPONSORING HEALTH SYSTEMS OF THE NATIONAL HEALTHIER HOSPITALS INITIATIVE, WHICH HAS NOW BECOME A PERMANENT PROGRAM OF PRACTICE GREENHEALTH. THE HEALTHIER HOSPITALS PROGRAM ENGAGES OVER 1,300 HOSPITALS IN SIX KEY CATEGORIES OF HEALTH CARE SUSTAINABILITY: ENGAGED LEADERSHIP, HEALTHIER FOODS, LESS WASTE, LEANER ENERGY, SAFER CHEMICALS, AND SMARTER PURCHASING. ENROLLED HOSPITALS HAVE ACCOMPLISHED REDUCTIONS IN MEAT PURCHASING, INCREASED PURCHASING OF LOCAL AND SUSTAINABLE FOOD, REDUCED EXPOSURE TO TOXIC CHEMICALS THROUGH GREEN CLEANING PROGRAMS AND CONVERSION OF MEDICAL PRODUCTS FREE FROM PVC AND DEHP AND DECREASED ENERGY AND WASTE. ADVOCATE IS PROUD TO JOURNEY WITH THIS GROWING MASS OF HOSPITALS THROUGH ITS OWN INVOLVEMENT AND LEADERSHIP IN THE HEALTHIER HOSPITALS CHALLENGES. ADVOCATE CONTINUES ITS LEADERSHIP, ADVOCACY AND MENTORING ROLE NATIONALLY THROUGH PARTICIPATION IN SEVERAL HEALTHCARE SUSTAINABILITY LEADERSHIP GROUPS AND ADVISORY BOARDS, ADDRESSING ANTIBIOTIC OVERUSE IN AGRICULTURE, SAFER CHEMICALS IN FURNISHING AND MEDICAL PRODUCTS, CLIMATE CHANGE, PLASTICS RECYCLING, AND ENVIRONMENTALLY PREFERABLE PURCHASING- PRACTICE GREENHEALTH MARKET TRANSFORMATION GROUP LESS MEAT, BETTER MEAT- PRACTICE GREEN HEALTH MARKET TRANSFORMATION GROUP SAFER CHEMICALS- HEALTH CARE CLIMATE COUNCIL - HEALTHCARE PLASTICS RECYCLING COALITION HEALTHCARE FACILITY ADVISORY BOARD- PREMIER ENVIRONMENTAL ADVISORY COUNCIL - SIGNATORY OF THE CHEMICAL FOOTPRINT PROJECTADVOCATE 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. ADVOCATE HEALTH CARE SYSTEM 2019 ENVIRONMENTAL INITIATIVES:- REDUCED CUMULATIVE HOSPITAL ENERGY CONSUMPTION BY 1.7 PERCENT IN TWELVE MONTHS ENDING 11/30/19. OUR 2019 ENERGY REDUCTIONS SAVED ADVOCATE \$1 MILLION IN ENERGY COSTS, AND AVOIDED THE RELEASE OF 5,647 MTCO₂E OF GREENHOUSE GAS EMISSIONS. - PLEDGED TO POWER ITS FACILITIES WITH 100% RENEWABLE ELECTRICITY BY 2030.- AVOIDED 1,124 MTCO₂E OF GREENHOUSE GASES (EQUIVALENT TO 2.7 MILLION MILES OF DRIVING) THROUGH ECO-FRIENDLY MANAGEMENT OF ANESTHETIC GASES.- RECYCLED 3,437 TONS OF WASTE FROM HOSPITAL OPERATIONS.- RECYCLED 86 PERCENT, OR 3,166 TONS, OF CONSTRUCTION AND DEMOLITION DEBRIS.- SAVED 49 TONS OF WASTE FROM LANDFILL AND SAVED OVER \$1.1 MILLION VIA OUR SURGICAL AND MEDICAL DEVICE REPROCESSING PROGRAMS.- CONTINUED OUR DONATION PROGRAM WITH PROJECT C.U.R.E., 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 154 PALLETS OF MISCELLANEOUS MEDICAL SUPPLIES AND 65 PIECES OF MEDICAL EQUIPMENT TO PROJECT CURE IN 2019, ALL OF WHICH MAY HAVE OTHERWISE BEEN LANDFILLED.- PURCHASED OVER 25,000 FEWER REAMS OF PAPER IN 2019 VERSUS 2018 EVEN THOUGH PATIENT VOLUMES ROSE - TRANSLATING INTO AN OVER 5% YEAR-OVER-YEAR REDUCTION IN PAPER USAGE.- SPENT 77% OF ADVOCATE'S EXPENSES IN SELECT CLEANING PRODUCT CATEGORIES (WINDOW, FLOOR, CARPET, BATHROOM, AND GENERAL-PURPOSE CLEANERS) ON THIRD-PARTY CERTIFIED "GREEN " CLEANERS.- INCREASED THE PURCHASE OF HEALTHIER HOSPITALS-APPROVED FURNITURE, MADE WITHOUT SELECT CHEMICALS OF CONCERN, INCLUDING PERFLUORINATED COMPOUNDS, PVC (VINYL), FORMALDEHYDE, FLAME RETARDANTS (WHERE CODE PERMISSIBLE) AND ANTIMICROBIALS, TO 89% OF TOTAL PURCHASES.- PURCHASED 27% 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.</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 6: | <p>ADVOCATE HEALTH CARE (ILLINOIS) AND AURORA HEALTH CARE (WISCONSIN) MERGED IN 2018 TO BECOME ADVOCATE AURORA HEALTH. SOON THEREAFTER WORK BEGAN TO ALIGN THE COMMUNITY STRATEGIES OF BOTH PREDECESSOR ORGANIZATIONS. IN OCTOBER 2019, THE ADVOCATE AURORA BOARD APPROVED A COMMUNITY STRATEGY THAT WOULD SUPPORT ORGANIZATIONAL VALUES AND CONTINUE TO SUPPORT SYSTEM-WIDE PROGRAMS THAT ADDRESS THE HEALTH NEEDS OF PATIENTS, FAMILIES AND THE COMMUNITIES SERVED BY ADVOCATE AURORA. GIVEN THAT ADVOCATE AND AURORA HAVE SEPARATE FEIN'S, THE NARRATIVE THAT FOLLOWS PRIMARILY DESCRIBES PROGRAMS AND ACTIVITIES PERTAINING TO ADVOCATE (AAH ILLINOIS). AS BACKGROUND, ADVOCATE AURORA HEALTH'S ILLINOIS HOSPITALS (ADVOCATE) ARE NOT-FOR-PROFIT AND ARE RELATED TO BOTH THE EVANGELICAL LUTHERAN CHURCH IN AMERICA AND THE UNITED CHURCH OF CHRIST. ADVOCATE'S BOARD, LEADERSHIP AND TEAM MEMBERS (STAFF/EMPLOYEES) ARE COMMITTED TO POSITIVELY AFFECTING THE HEALTH STATUS AND QUALITY OF LIFE OF INDIVIDUALS AND POPULATIONS IN COMMUNITIES SERVED BY THE ORGANIZATION THROUGH PROGRAMS AND PRACTICES THAT SUPPORT THE ADVOCATE AURORA VISION OF "WE HELP PEOPLE LIVE WELL." ADVOCATE AURORA'S SYSTEM LEADERSHIP HAS HISTORICALLY AND CURRENTLY DIRECTS AND SUPPORTS THE HOSPITALS IN THEIR EFFORTS TO ADDRESS IDENTIFIED COMMUNITY HEALTH NEEDS. IN 2016, A COMMUNITY HEALTH DEPARTMENT WAS DEVELOPED BY ADVOCATE, 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 ADVOCATE SYSTEM-LEVEL INDIVIDUALS WHOSE JOB RESPONSIBILITIES INCLUDED VARIOUS COMMUNITY ROLES MORE CLOSELY ALIGNED WITH COMMUNITY RELATIONS. DURING THE INITIAL 2011-2013 CHNA CYCLE, ADVOCATE'S SYSTEM LEADERS PROVIDED OVERSIGHT AND SUPPORT TO THE HOSPITALS FOR DEVELOPING THEIR CHNAs AND SUBSEQUENT PROGRAMMING. IN 2016, ADVOCATE'S NEW COMMUNITY HEALTH TEAM CONDUCTED THEIR HOSPITAL COMPREHENSIVE CHNAs (2014-2016) AND POSTED GOVERNANCE-APPROVED CHNA REPORTS AND CHNA IMPLEMENTATION PLANS ON ADVOCATE'S WEBSITE IN COMPLIANCE WITH THE AFFORDABLE CARE ACT. FOLLOWING THE MERGER OF ADVOCATE HEALTH CARE AND AURORA HEALTH CARE IN 2018 AND BOARD APPROVAL OF THE NEW COMMUNITY STRATEGY IN 2019, ALL ADVOCATE HOSPITALS' COMMUNITY HEALTH IMPLEMENTATION PLANS ARE GUIDED BY THE AAH COMMUNITY STRATEGY. THROUGH THIS STRATEGY, WE WILL BUILD HEALTH EQUITY, ENSURE ACCESS AND IMPROVE HEALTH OUTCOMES IN OUR COMMUNITIES THROUGH EVIDENCE-INFORMED SERVICES AND INNOVATIVE PARTNERSHIPS BY ADDRESSING MEDICAL NEEDS AND SOCIAL DETERMINANTS. BASED ON NEED AND EFFECT ON HEALTH EQUITY, AS IDENTIFIED IN ADVOCATE AURORA'S 27 HOSPITAL CHNA REPORTS AND IN INDUSTRY LITERATURE, ADVOCATE PRIORITIZED THE FOLLOWING SIX FOCUS AREAS ON WHICH THE INDIVIDUAL HOSPITAL COMMUNITY HEALTH IMPLEMENTATION PLANS ARE BUILT AND SUPPORT, INCLUDING: 1) ACCESS/PRIMARY MEDICAL HOMES; 2) ACCESS/ BEHAVIORAL HEALTH SERVICES; 3) COMMUNITY SAFETY; 4) WORKFORCE DEVELOPMENT; 5) AFFORDABLE HOUSING; AND 6) FOOD SECURITY. ADVOCATE'S BOARD, SYSTEM LEADERSHIP AND TEAM MEMBERS ARE FULLY ENGAGED IN PROGRAMS AND ACTIVITIES THAT SUPPORT SYSTEM AND SITE EFFORTS IN ACHIEVING MILESTONES IN EACH OF THESE COMMUNITY STRATEGY FOCUS AREAS. EXAMPLES OF AFFILIATED SYSTEM PROGRAMS/SERVICES THAT ALIGN WITH THE ORGANIZATION'S COMMUNITY STRATEGY AND SUPPORT EFFORTS TO ADDRESS THESE KEY FOCUS AREAS ARE PROVIDED IN THE FOLLOWING NARRATIVE. 1. ACCESS/PRIMARY MEDICAL HOMES. THE FIRST OF SIX KEY AREAS TARGETED BY ADVOCATE'S COMMUNITY STRATEGY IS IMPROVING ACCESS/CONNECTING PATIENTS TO PRIMARY MEDICAL HOMES. ADVOCATE IS COMMITTED TO UNDERTAKING AND SUPPORTING INITIATIVES THAT ENHANCE ACCESS TO HEALTH CARE, INCLUDING FINANCIAL ASSISTANCE, CARE COORDINATION, LANGUAGE ASSISTANCE, CULTURALLY SENSITIVE PROVISION OF CARE, AND PREVENTION EDUCATION AND WELLNESS SERVICES ACROSS THE LIFESPAN AND WITHIN THE DIVERSE COMMUNITIES ADVOCATE SERVES. FINANCIAL ASSISTANCE. ADVOCATE OFFERS A VERY GENEROUS FINANCIAL ASSISTANCE PROGRAM, REQUIRING NO PAYMENTS FROM THE PATIENTS MOST IN NEED, AND PROVIDING DISCOUNTS TO UNINSURED AND INSURED PATIENTS. FROM JANUARY 2019 TO MAY 2019, UNINSURED PATIENTS EARNING UP TO SIX TIMES THE FEDERAL POVERTY LEVEL (FPL), AND INSURED PATIENTS EARNING UP TO FOUR TIMES THE FPL WERE ELIGIBLE TO BE CONSIDERED FOR A FULL OR PARTIAL FINANCIAL ASSISTANCE DISCOUNT. AS OF JUNE 2019, PATIENTS EARNING UP TO SIX TIMES THE FPL, AND INSURED PATIENTS EARNING UP TO TWO AND HALF TIMES THE FPL MAY QUALIFY FOR A FULL OR PARTIAL FINANCIAL ASSISTANCE DISCOUNT. ADDITIONALLY, A CATASTROPHIC ASSISTANCE DISCOUNT WAS ADDED FOR UNINSURED AND INSURED PATIENTS WHOSE INCOMES EXCEED THE TRADITIONAL FINANCIAL ASSISTANCE INCOME GUIDELINES AND HAVE OUTSTANDING PATIENT BALANCES OF \$25,000 OR MORE FOR A SINGLE DATE OF SERVICE OR SUM OF SEVERAL DATES OF SERVICE. THESE PATIENTS MAY QUALIFY TO RECEIVE A</p> |

| Form and Line Reference | Explanation |
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| PART VI, LINE 6: | <p>FINANCIAL ASSISTANCE DISCOUNT THAT REDUCES THEIR OUTSTANDING BALANCE TO 25% OF THEIR NET INCOME. FOR UNINSURED PATIENTS, ADVOCATE WILL PRESUMPTIVELY PROVIDE FINANCIAL ASSISTANCE IF THE FINANCIAL STATUS HAS BEEN VERIFIED BY A THIRD PARTY. IN THESE CASES, THE PATIENT IS NOT REQUIRED TO SUBMIT A SEPARATE CHARITY APPLICATION. IF PRESUMPTIVE CRITERIA ARE NOT AVAILABLE FOR UNINSURED PATIENTS, FINANCIAL ASSISTANCE ELIGIBILITY IS AVAILABLE USING AN INCOME-BASED SCREENING. ADVOCATE EXTENDS ITS INCOME-BASED FINANCIAL ASSISTANCE POLICY TO ITS INSURED PATIENTS AS WELL. BOTH UNINSURED AND INSURED REQUESTS ARE GIVEN CONSIDERATION BASED ON THE INDIVIDUAL'S EXTENUATING CIRCUMSTANCES. ADVOCATE CONTINUES TO REVIEW AND REFINE ITS POLICY IN AN ONGOING EFFORT TO ENSURE THAT FINANCIAL ASSISTANCE IS AVAILABLE TO THOSE WHO NEED HELP. FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs). ALL ADVOCATE'S HOSPITALS HAVE RELATIONSHIPS WITH FEDERALLY QUALIFIED HEALTH CENTERS OR OTHER COMMUNITY CLINICS WITHIN THEIR SERVICE AREAS FOR PROVIDING CARE FOR MEDICAID AND UNINSURED PATIENTS. ADVOCATE SHERMAN WORKS CLOSELY WITH THE GREATER ELGIN FAMILY CARE CENTER (FQHC), THE VISITING NURSES ASSOCIATION AND AUNT MARTHA'S (FQHC) TO COORDINATE CARE FOR LOW-INCOME PATIENTS IN THE ELGIN AREA. ADVOCATE BROMENN MAINTAINS A COMMUNITY HEALTH CLINIC, IN COLLABORATION WITH OSF ST. JOSEPH'S HOSPITAL, WHEREBY BOTH HOSPITALS ARE RESPONSIBLE FOR DESIGNATED CLINIC PATIENTS' HOSPITAL CARE THROUGHOUT THE YEAR. ADVOCATE BROMENN ALSO PROVIDES SPACE AND INFORMATION TECHNOLOGY SUPPORT TO THE CLINIC. IN ADDITION, ADVOCATE BROMENN, THROUGH AN INFORMAL REFERRAL AGREEMENT DATING BACK TO 2010, COLLABORATES WITH CHESTNUT HEALTH SYSTEMS. CHESTNUT HEALTH SYSTEMS OWNS AND OPERATES A FQHC IN BLOOMINGTON AND PATIENTS ARE SOMETIMES REFERRED TO ADVOCATE BROMENN FOR SERVICES. IN A PARTNERSHIP WITH THE ACCESS TO CARE ORGANIZATION, ADVOCATE CHRIST PROVIDES MAMMOGRAMS TO AREA UNINSURED AND LOW-INCOME INDIVIDUALS THAT ARE REFERRED BY THE CLINIC TO THE HOSPITAL WHEN THIS SERVICE IS REQUIRED. TO MAINTAIN QUALITY CARE EXCELLENCE AND IMPROVE QUALITY OF LIFE FOR PEOPLE SEEKING CARE FROM ADVOCATE, WORKING TO FIND MEDICAL HOMES AND TO REDUCE EMERGENCY ROOM VISITS AND HOSPITAL ADMISSIONS IS ESSENTIAL. ADVOCATE HAS NUMEROUS PROGRAMS FOCUSED ON MANAGING THE PATIENT EXPERIENCE THROUGH THE CONTINUUM OF CARE IN INPATIENT AND OUTPATIENT SETTINGS, AND IN THE HOME. MEDICAID AND MEDICARE. ADVOCATE ACTIVELY WORKS TO IMPROVE THE PROVISION OF SERVICES TO INDIVIDUALS AND FAMILIES WHO ARE COVERED BY MEDICARE AND MEDICAID AND THAT SEEK SERVICES AT ANY OF ADVOCATE'S 400 SITES OF CARE. ADVOCATE COLLABORATES WITH VARIOUS COMMUNITY-BASED ORGANIZATIONS (CBOS) AND FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) IN INNOVATIVE WAYS TO ESTABLISH PRIMARY CARE RELATIONSHIPS FOR MEDICAID AND UNINSURED PATIENTS. ADVOCATE CARE ORGANIZATION (ACO). ADVOCATE COLLABORATES WITH MERIDIAN FAMILY HEALTH PLAN (FHP) OF ILLINOIS AS PART OF AN INTEGRATED CARE MODEL FOR PEOPLE ON MEDICAID. ADVOCATE HAS A STRONG HISTORY OF PROVIDING HIGH QUALITY CARE TO THE MEDICAID POPULATION WITHIN ITS NETWORK WITH KEY FOCUS AREAS, INCLUDING IMPROVED CARE COORDINATION, ACCESS AND QUALITY PERFORMANCE. THE RESULT HAS BEEN A REDUCTION IN ED UTILIZATION DUE TO SUCCESSFULLY CONNECTING INDIVIDUALS IN THE PLAN TO A MEDICAL HOME. PRIMARY CARE CONNECTION-COMMUNITY HEALTH WORKERS (CHWS) IS A QUALITY IMPROVEMENT PROJECT TO ENGAGE AND EDUCATE MEDICAID BENEFICIARIES SEEN IN THE ED ON APPROPRIATE LEVEL OF CARE OPTIONS AVAILABLE TO THEM USING COMMUNITY HEALTH WORKERS. THE MAIN OBJECTIVES OF THE PRIMARY CARE CONNECTIONS INTERVENTION ARE TO: EDUCATE AND SCHEDULE LOW ACUITY PATIENTS WHO VISIT THE ED REGARDING ALTERNATIVE CARE OPTIONS AVAILABLE TO THEM; HELP THEM ESTABLISH A PRIMARY CARE MEDICAL HOME; IMPROVE CARE COORDINATION TO PREVENT INAPPROPRIATE ED UTILIZATION; AND HELP THEM NAVIGATE SPECIFIC SOCIAL DETERMINANTS OF HEALTH TO IMPROVE HEALTH OUTCOMES. THE</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
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| 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 | | | |

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 |
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| ADVOCATE ILLINOIS MASONIC MEDICAL CENTER | <p>PART V, SECTION B, LINE 5: 2017-2019 CHNA ADVOCATE ILLINOIS MASONIC MEDICAL CENTER (ADVOCATE ILLINOIS MASONIC) EMPLOYED MULTIPLE DATA COLLECTION STRATEGIES FOR THE 2017-2019 CHNA. THE MEDICAL CENTER COLLABORATED WITH MANY PARTNERS TO COLLECT PRIMARY AND SECONDARY SERVICE AREA AND COUNTY DATA THROUGH PARTICIPATION IN THE ALLIANCE FOR HEALTH EQUITY (THE ALLIANCE). THE ALLIANCE IS A PARTNERSHIP OF NUMEROUS STAKEHOLDERS REPRESENTING A BROAD CROSS-SECTION OF ORGANIZATIONS, INCLUDING HEALTHCARE, COUNTY AND CITY GOVERNMENT, PUBLIC HEALTH, SOCIAL SERVICES, HOUSING, EDUCATION, FAITH AND OTHERS. ADDITIONALLY, THE MEDICAL CENTER ENGAGED MEMBERS FROM THE COMMUNITY REPRESENTING THE INTERESTS OF ITS COMMUNITY'S MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS THROUGH THE ADVOCATE ILLINOIS MASONIC COMMUNITY HEALTH AND GOVERNING COUNCILS. THESE COUNCILS AND COLLABORATIVES, AND THE KEY STAKEHOLDERS AND PARTNERS THEREIN, ARE DESCRIBED BELOW. COMMUNITY HEALTH COUNCIL. ADVOCATE ILLINOIS MASONIC CONVENED A COMMUNITY HEALTH COUNCIL (CHC) CHARGED WITH OVERSIGHT OF THE MEDICAL CENTER'S 2017-2019 CHNA PROCESS. THE MEDICAL CENTER'S CHC IS COMPRISED OF COMMUNITY AND MEDICAL CENTER REPRESENTATIVES. THE CHC SUPPORTED THE COLLECTION AND ANALYSIS OF DATA AND SELECTED THE MEDICAL CENTER'S HEALTH NEED PRIORITIES. IN ADDITION, FEEDBACK FROM THE COMMUNITY, HEALTH EXPERTS AND MULTIPLE STAKEHOLDERS WAS ALSO AN ESSENTIAL COMPONENT OF THE MEDICAL CENTER'S CHNA. IN AUGUST 2018, THE MEDICAL CENTER'S COMMUNITY HEALTH DEPARTMENT ORGANIZED A FORCES OF CHANGE ASSESSMENT (FOCA), THAT INCLUDED QUESTIONS SUCH AS "WHAT IS OCCURRING OR MIGHT OCCUR THAT AFFECTS THE WELL-BEING OF THE RESIDENTS OR THE LOCAL SYSTEM? AND "WHAT SPECIFIC THREATS AND OPPORTUNITIES ARE GENERATED BY THESE OCCURRENCES?" THE MEDICAL CENTER'S COMMUNITY HEALTH COUNCIL, COMMUNITY ORGANIZATIONS AND LEADERS, AS WELL AS LOCAL MUNICIPAL REPRESENTATIVES WERE INVITED TO ATTEND THE FOCA TO PROVIDE FEEDBACK AND INPUT ON THE MEDICAL CENTER'S PRIMARY SERVICE AREA (PSA) HEALTH NEEDS, SOCIAL ISSUES, COMMUNITY STRENGTHS AND OPPORTUNITIES. IN DECEMBER 2018, THE COMMUNITY HEALTH DEPARTMENT PRESENTED THE TOP EIGHT HEALTH NEEDS TO THE MEDICAL CENTER'S CHC, USING QUALITATIVE AND QUANTITATIVE DATA FROM VARIOUS SOURCES TO SUPPORT THE SELECTION OF IDENTIFIED HEALTH NEEDS. AFTER A THOROUGH REVIEW AND ANALYSIS OF THE EIGHT HEALTH NEEDS, THE CHC UTILIZED A PRIORITIZATION GRID TO NARRATE THE HEALTH NEEDS TO THE TOP FOUR. IN MARCH 2019, THE MEDICAL CENTER'S COMMUNITY HEALTH DEPARTMENT HELD TWO CHC MEETINGS TO SELECT THE FINAL PRIORITY HEALTH NEEDS. COMMUNITY EXPERTS REPRESENTING THE TOP FOUR HEALTH NEEDS EDUCATED THE CHC MEMBERS ON THE BARRIERS AND CHALLENGES IN ADDRESSING EACH HEALTH ISSUE, INCLUDING THE ROOT CAUSE OF THE HEALTH ISSUE AND ORGANIZATIONS THAT ARE ALREADY WORKING TO ADDRESS THE HEALTH NEED IN THE COMMUNITY. THESE SUBJECT MATTER EXPERTS WERE FROM A FEDERALLY QUALIFIED HEALTH CENTER (FQHC), THE NATIONAL ALLIANCE ON MENTAL ILLNESS CHICAGO</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>CAGO (NAMI CHICAGO), ILLINOIS PUBLIC HEALTH INSTITUTE AND THE MEDICAL CENTER'S COMMUNITY HEALTH DEPARTMENT. THE SECOND CHC MEETING IN MARCH WAS CONVENED AS A FORUM FOR COUNCIL MEMBERS TO DISCUSS INFORMATION FROM THE EXPERT PRESENTATIONS AND VOTE ON THE FINAL HEALTH NEED PRIORITIES. THE ORGANIZATIONS AND TITLES OF INDIVIDUALS SERVING ON THE MEDICAL CENTER'S CHC ARE PROVIDED BELOW. IN ADDITION, MEMBERS REPRESENTING LOW-INCOME, MEDICALLY UNDERSERVED AND/OR MINORITY POPULATIONS ARE ALSO INDICATED. MEMBERS FROM THE COMMUNITY- ACCLIVUS INC, COO (LOW-INCOME AND MINORITY POPULATIONS)- ASIAN HEALTH COALITION, EXECUTIVE DIRECTOR (LOW -INCOME AND MINORITY POPULATIONS)- CASA CENTRAL, DEPUTY DIRECTOR AND SENIOR COMMUNITY SERVICES (LOW-INCOME, MINORITY AND MEDICALLY UNDERSERVED POPULATIONS)- CENTRO ROMERO, RESOURCE DEVELOPER (LOW-INCOME, MEDICALLY UNDERSERVED AND MINORITY POPULATIONS)- CHICAGO POLICE DEPARTMENT 19TH DISTRICT, OFFICER - CHICAGO PUBLIC HEALTH DEPARTMENT, SENIOR ANALYST (LOW-INCOME, MEDICALLY UNDERSERVED AND MINORITY POPULATIONS)- CHUHAK & TECSON, LAWYER AND ADVOCATE ILLINOIS MASONIC GOVERNING COUNCIL MEMBER- COMMUNITY HEALTH CLINIC, EXECUTIVE DIRECTOR (LOW-INCOME, MEDICALLY UNDERSERVED AND MINORITY POPULATIONS)- DEPAUL UNIVERSITY, DIRECTOR, OFFICE OF HEALTH PROMOTION AND WELLNESS - HEARTLAND HEALTH CENTERS, VP STRATEGY AND DEVELOPMENT (LOW-INCOME, MEDICALLY UNDERSERVED AND MINORITY POPULATIONS)- HOWARD BROWN, DIRECTOR , DATA, EVALUATION AND EPIDEMIOLOGY (MINORITY AND MEDICALLY UNDERSERVED POPULATIONS) - LAKVIEW FOOD PANTRY, DIRECTOR, PROGRAMS (LOW-INCOME POPULATIONS) - NAMI CHICAGO, EXECUTIVE DIRECTOR (MEDICALLY UNDERSERVED POPULATION)- NORTHEASTERN ILLINOIS UNIVERSITY, COORDINATOR, HEALTH SCIENCES FIELD EXPERIENCE PROGRAM- ONE NORTHSIDE, COORDINATOR (MEDICALLY UNDERSERVED POPULATIONS)ADVOCATE AURORA AND ADVOCATE ILLINOIS MASONIC STAFF MEMBERS- ADVOCATE AURORA, DIRECTOR, COMMUNITY HEALTH- ADVOCATE ILLINOIS MASONIC, COORDINATOR, COMMUNITY HEALTH - ADVOCATE ILLINOIS MASONIC, DIRECTOR, CARE MANAGEMENT - ADVOCATE ILLINOIS MASONIC, DIRECTOR , COMMUNITY HEALTH - ADVOCATE ILLINOIS MASONIC, FAITH COMMUNITY NURSE #1- ADVOCATE ILLINOIS MASONIC, FAITH COMMUNITY NURSE #2- ADVOCATE ILLINOIS MASONIC, MANAGER, BUSINESS DEVELOPMENT - ADVOCATE ILLINOIS MASONIC, PHYSICIAN AND GOVERNING COUNCIL MEMBER - ADVOCATE ILLINOIS MASONIC, PROGRAM MANAGER, TRANSITION SUPPORT PROGRAM- ADVOCATE ILLINOIS MASONIC, PROJECT LEADER, WORKFORCE DEVELOPMENT- ADVOCATE ILLINOIS MASONIC, SUPERVISOR, FOOD AND NUTRITION - ADVOCATE ILLINOIS MASONIC, VP, MISSION AND SPIRITUAL CARE GOVERNING COUNCIL. THE ADVOCATE ILLINOIS MASONIC GOVERNING COUNCIL IS COMPRISED OF COMMUNITY LEADERS AND EXECUTIVE LEVEL MEDICAL CENTER STAFF. THE PRINCIPAL ROLE OF EACH GOVERNING COUNCIL MEMBER IS TO SUPPORT MEDICAL CENTER LEADERSHIP IN ACHIEVEMENT OF THE MEDICAL CENTER'S GOALS, REPRESENT THE COMMUNITY'S INTERESTS TO THE MEDICAL CENTER AND TO SERVE AS AN ADVOCATE ILLINOIS MASONIC AMBASSADOR IN THE COMMUNITY. THE GOV</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 |
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| <p>ADVOCATE ILLINOIS MASONIC MEDICAL CENTER</p> | <p>ERNING COUNCIL MONITORS CLINICAL OUTCOMES, PATIENT SATISFACTION, ASSOCIATE SATISFACTION, P HYSICIAN CREDENTIALING AND RELATIONS, FINANCIAL PERFORMANCE, STRATEGIC DIRECTION AND OVERA LL COMMUNITY HEALTH STRATEGY. THE GOVERNING COUNCIL IS ALSO THE MEDICAL CENTER'S GOVERNING BODY THAT REVIEWS AND APPROVES THE MEDICAL CENTERS CHNA AND SELECTED PRIORITIES TO BE ADD RESSED. THE MEDICAL CENTER'S DIRECTOR OF COMMUNITY HEALTH PRESENTED THE PROCESS AND FINDIN GS OF THE 2019 CHNA TO THE MEDICAL CENTER'S GOVERNING COUNCIL. THE PRESENTATION INCLUDED D ETAILS REGARDING THE PRIORITY SETTING PROCESS AND PRIORITIZED HEALTH NEEDS. THE ADVOCATE I LLINOIS MASONIC GOVERNING COUNCIL APPROVED THE 2017-2019 CHNA AND THE PRIORITY HEALTH NEED S ON SEPTEMBER 24, 2019.THE ALLIANCE FOR HEALTH EQUITY. AS MENTIONED EARLIER, ADVOCATE ILL INOIS MASONIC IS A KEY MEMBER OF THE ALLIANCE FOR HEALTH EQUITY AND CONTRIBUTES TO THE COL LECTION AND ANALYSIS OF COOK COUNTY DATA FOR THE COLLABORATIVE CHNA. THE ALLIANCE INCLUDES 37 NON-PROFIT AND PUBLIC HOSPITALS, HEALTH DEPARTMENTS AND REGIONAL AND COMMUNITY-BASED O RGANIZATIONS WORKING TO IMPROVE HEALTH EQUITY, WELLNESS AND QUALITY OF LIFE ACROSS CHICAGO AND SUBURBAN COOK COUNTY. FACILITATED BY THE ILLINOIS PUBLIC HEALTH INSTITUTE, THE COLLAB ORATIVE SHARES RESOURCES AND WORKS TOGETHER ON A CHNA PROCESS, INCLUDING DATA COLLECTION, PRIORITY SETTING AND HEALTH IMPROVEMENT IMPLEMENTATION PLANNING FOR THE REGION.THE SURVEYS AND DATA DISTRIBUTED AND COLLECTED BY THE COLLABORATIVE WAS A MAJOR SOURCE OF PRIMARY AND SECONDARY DATA FOR THE MEDICAL CENTER'S CHNA. THE ALLIANCE DATA WAS USED TO THOROUGHLY UN DERSTAND HEALTH NEEDS IN THE PSA. STAFF FROM THE ILLINOIS PUBLIC HEALTH INSTITUTE (IPHI) P RESENTED QUALITATIVE, QUANTITATIVE, SECONDARY AND PRIMARY DATA AROUND THE HEALTH AND SOCIA L NEEDS OF THE PSA TO THE MEDICAL CENTER'S CHC. ADVOCATE ILLINOIS MASONIC CONTINUES TO WOR K WITH AND FINANCIALLY SUPPORT THE ALLIANCE IN EFFORTS TO ALIGN COMMUNITY HEALTH STRATEGIE S TO HAVE A COLLECTIVE IMPACT ON THE COMMUNITY'S PRIORITY HEALTH NEEDS. A COPY OF THE ALLI ANCE'S CHNA REPORT IS POSTED NEXT TO THE ADVOCATE ILLINOIS MASONIC CHNA REPORT ON THE MEDI CAL CENTER'S WEBSITE.THE ADVOCATE HEALTH CARE NETWORK BOARD OF DIRECTORS APPROVED THE ADVO CATE ILLINOIS MASONIC 2017-2019 CHNA REPORT AND HEALTH PRIORITIES AT THE SYSTEM LEVEL ON D ECEMBER 16, 2019. THE MEDICAL CENTER'S 2017-2019 CHNA REPORT WAS POSTED ON THE ADVOCATE HE ALTH CARE WEBPAGE THE FOLLOWING DAY AND INCLUDED A FORM AND AN EMAIL AS MECHANISMS FOR THE COMMUNITY TO PROVIDE FEEDBACK ON THE CHNA. AS OF DECEMBER 31, 2019, THE MEDICAL CENTER HA D RECEIVED NO COMMENTS/FEEDBACK ON EITHER THE 2017-2019 CHNA REPORT, OR THE PREVIOUS 2014- 2016 CHNA REPORT OR THE ACCOMPANYING 2017-2019 IMPLEMENTATION PLAN.</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 |
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| ADVOCATE ILLINOIS MASONIC MEDICAL CENTER | PART V, SECTION B, LINE 6A: ADVOCATE ILLINOIS MASONIC PARTICIPATED IN THE ALLIANCE FOR HEALTH EQUITY, LED BY THE ILLINOIS PUBLIC HEALTH INSTITUTE, THAT INCLUDED OVER 30 HOSPITALS AS WELL AS 7 HEALTH DEPARTMENTS AND OVER 100 COMMUNITY ORGANIZATIONS. THIS COLLABORATIVE COMPLETED A COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE NORTH, CENTRAL AND SOUTH REGIONS OF COOK COUNTY. ADVOCATE ILLINOIS MASONIC WAS AN ACTIVE MEMBER OF THE COLLABORATIVE AND PARTICIPATED FULLY IN THE NORTH REGION SURVEY. THE OTHER PARTICIPATING HOSPITALS IN THE NORTH REGION INCLUDED:RELATED? - ADVOCATE CHILDREN'S HOSPITAL-PARK RIDGE, IL- ADVOCATE LUTHERAN GENERAL, PARK RIDGE, ILUNRELATED? - LOYOLA MEDICINE-LOYOLA UNIVERSITY MEDICAL CENTER- LOYOLA MEDICINE-GOTTLIEB MEMORIAL HOSPITAL- LOYOLA MEDICINE-MACNEAL HOSPITAL- MERCY HOSPITAL & MEDICAL CENTER- NORTHWESTERN MEMORIAL HOSPITAL - NORWEGIAN AMERICAN HOSPITAL- AMITA ADVENTIST MEDICAL CENTER - AMITA ALEXIAN BROTHERS MEDICAL CENTER - PALOS COMMUNITY HOSPITAL- ROSELAND COMMUNITY HOSPITAL- AMITA HOLY FAMILY MEDICAL CENTER - RUSH OAK PARK- AMITA RESURRECTION MEDICAL CENTER - RUSH UNIVERSITY MEDICAL CENTER- AMITA ST. ALEXIUS MEDICAL CENTER AND ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL- SINAI HEALTH SYSTEM-HOLY CROSS HOSPITAL- AMITA SAINT FRANCIS HOSPITAL - SINAI HEALTH SYSTEM-MOUNT SINAI HOSPITAL- AMITA SAINT JOSEPH HOSPITAL - SINAI HEALTH SYSTEM-SCHWAB REHABILITATION HOSPITAL- AMITA SAINTS MARY AND ELIZABETH MEDICAL CENTER - SOUTH SHORE HOSPITAL- ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - SWEDISH COVENANT HOSPITAL- JACKSON PARK HOSPITAL - UNIVERSITY OF CHICAGO MEDICINE- THE LORETTO HOSPITAL - UNIVERSITY OF CHICAGO MEDICINE-INGALLS MEMORIAL HOSPITAL- COOK COUNTY HEALTH-STROGER HOSPITAL - COOK COUNTY HEALTH-PROVIDENT HOSPITAL- UNIVERSITY OF ILLINOIS HOSPITAL & HEALTH SCIENCES SYSTEM |

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

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

| Form and Line Reference | Explanation |
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| ADVOCATE ILLINOIS MASONIC MEDICAL CENTER | PART V, SECTION B, LINE 6B: ADVOCATE ILLINOIS MASONIC WORKED WITH SEVERAL HEALTH DEPARTMENTS THROUGH THE ALLIANCE FOR THE NORTH ASSESSMENT INCLUDING: - VILLAGE OF SKOKIE, HEALTH DEPARTMENT- EVANSTON HEALTH AND HUMAN SERVICES DEPARTMENT- COOK COUNTY DEPARTMENT OF PUBLIC HEALTH - CHICAGO DEPARTMENT OF PUBLIC HEALTH THE ALLIANCE CAN BE VIEWED VIA THE FOLLOWING LINK. HTTPS://ALLTHEEQUITY.ORG/WP-CONTENT/UPLOADS/2019/06/FINAL_2019_CHNA-REPORT_ALLIANCE-FOR-HEALTH-EQUITY.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: IN PARTNERSHIP WITH THE ALLIANCE FOR HEALTH EQUITY, THE MEDICAL CENTER'S 2019 CHNA WAS MADE WIDELY AVAILABLE ACROSS THE CITY OF CHICAGO. ADDITIONAL PRESENTATIONS WERE MADE AVAILABLE AS REQUESTED. FURTHERMORE, THE CHNA WAS PRESENTED TO INTERNAL LEADERS FROM THE ADVOCATE ILLINOIS MASONIC CANCER CARE COMMITTEE. |

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 CHNA (NOTE: THE FOLLOWING NARRATIVE REVIEWS THE PREVIOUS 2014-2016 ADVOCATE ILLINOIS MASONIC CHNA'S SELECTED PRIORITIES AND THE 2017-2019 IMPLEMENTED STRATEGIES AND OUTCOMES GIVEN 2019 WAS THE THIRD AND FINAL YEAR OF THE 2017-2019 IMPLEMENTATION PLAN.) IN 2016, ADVOCATE ILLINOIS MASONIC COMPLETED A COMPREHENSIVE CHNA. AFTER CONSIDERING THE FINDINGS OF THE HEALTH IMPACT COLLABORATIVE OF COOK COUNTY (ONE OF TWO COLLABORATIVES THAT WERE TO SOON MERGE AND TAKE THE NAME OF THE ALLIANCE FOR HEALTH EQUITY) ASSESSMENT PROCESS, AS WELL AS DATA SPECIFIC TO THE MEDICAL CENTER'S PSA, THE CHC DISCUSSED THE DATA AND FINDINGS AND ENGAGED IN A GROUP-RANKING PROCESS OF THE IDENTIFIED HEALTH NEEDS. THE MEDICAL CENTER'S CHC UNANIMOUSLY VOTED TO SELECT THREE HEALTH PRIORITIES TO ADDRESS FOR THE 2014 2016 CHNA, INCLUDING CHRONIC DISEASE PREVENTION/MANAGEMENT; BEHAVIORAL HEALTH AND SOCIAL DETERMINANTS OF HEALTH. HEALTH NEEDS SELECTED CHRONIC DISEASE PREVENTION/ MANAGEMENT. ONE OF THE PRIORITIES SELECTED WAS CHRONIC DISEASE PREVENTION MANAGEMENT. THE FIRST STRATEGY WAS TO CREATE A MULTI-COMPONENT, SUSTAINABLE, SCHOOL-BASED OBESITY PREVENTION PROGRAM IN AN ADVOCATE ILLINOIS MASONIC PSA SCHOOL WHOSE STUDENTS HAD BEEN IDENTIFIED AS HAVING HIGH CHILDHOOD OBESITY RATES. IN 2019, ADVOCATE ILLINOIS MASONIC PARTNERED WITH I RV AND SHELLY'S FRESH PICKS TO PROVIDE THREE POP-UP FARMER'S MARKETS (OVER 5,00 POUNDS OF FRESH PRODUCE) TO OVER 550 STUDENTS AND FAMILIES AT GROVER CLEVELAND ELEMENTARY SCHOOL (CLEVELAND). ADVOCATE ILLINOIS MASONIC NURSES PROVIDED HEALTH AND NUTRITION EDUCATION THAT INCLUDED HEALTHY RECIPES AND MY PLATE EDUCATION FROM THE USDA TO THE PARENTS OF STUDENTS ATTENDING CLEVELAND. THE SECOND STRATEGY WAS TO IMPLEMENT A VOLUNTEER-BASED FOLLOW-UP PROGRAM THE TRANSITION SUPPORT PROGRAM FOR DISCHARGED PATIENTS EXPERIENCING CHRONIC DISEASES AND WITH FREQUENT READMISSION HISTORIES (READMITTED WITHIN 30 DAYS AFTER DISCHARGE FOR ALL CAUSES). IN 2019, THE MEDICAL CENTER'S TRANSITION SUPPORT PROGRAM TRAINED 34 VOLUNTEERS, NAVIGATED 2,616 PATIENTS AND PROVIDED 130 INDIVIDUALS WITH TRANSPORTATION NEEDS. BEHAVIORAL HEALTH. BEHAVIORAL HEALTH WAS IDENTIFIED AND SELECTED AS A SIGNIFICANT HEALTH NEED IN THE MEDICAL CENTER'S PSA. TO ADDRESS THIS HEALTH CONCERN, THE MEDICAL CENTER OFFERED MENTAL HEALTH FIRST AID (MHFA) TO COMMUNITIES WITH HIGH RATES OF ED VISITS DUE TO MENTAL HEALTH EMERGENCIES WITHIN ADVOCATE ILLINOIS MASONIC'S PSA. IN 2019, THE MEDICAL CENTER COMPLETED FIVE MHFA TRAININGS WITH 130 COMMUNITY MEMBERS COMPLETING THE TRAINING. ADDITIONALLY, TWO CHURCHES COMPLETED THE BRIDGES OF HOPE TRAINING, A TRAINING FOR FAITH-BASED INSTITUTIONS TO PROMOTE MENTAL HEALTH AWARENESS. IN 2019, THE MEDICAL CENTER, ALONG WITH THE ALLIANCE, DEVELOPED UNIVERSAL MHFA METRICS AND INDICATORS TO ENABLE THE COLLABORATIVE TO PRODUCE AND EVALUATE THE COLLECTIVE IMPACT OF THE TRAININGS. ADVOCATE ILLINOIS MASONIC PARTICIPATED IN ALL FOUR MENTAL HEALTH SUBCOMMITTEE</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>MEETINGS IN 2019 AND WILL CONTINUE TO PLAY AN ACTIVE ROLE IN THE COMMITTEE MOVING FORWARD. SOCIAL DETERMINANTS OF HEALTH (SDOH). SDOH WAS THE THIRD IDENTIFIED NEED IN THE MEDICAL CENTER'S PSA. ADVOCATE ILLINOIS MASONIC SERVED AS A SITE FOR THE ADVOCATE WORKFORCE INITIATIVE. THE GOAL OF THE WORKFORCE PROGRAM IS TO RECRUIT, TRAIN AND HIRE COMMUNITY MEMBERS SEEKING EMPLOYMENT OPPORTUNITIES IN THE HEALTHCARE INDUSTRY. ADDITIONALLY, THE WORKFORCE PROGRAM OFFERS AN INCUMBENT WORKER STRATEGY (NAVIGATE) TO FRONT-LINE WORKFORCE AT ADVOCATE ILLINOIS MASONIC, WHICH INCLUDES SOFT-SKILLS TRAINING, TOOLS AND RESOURCES DESIGNED TO ASSIST INDIVIDUALS IN DEVELOPING CAREER PATHWAYS. IN 2019, 70 INDIVIDUALS FROM THE MEDICAL CENTER'S PSA ENROLLED IN THE PROGRAM. OF THOSE 70 ENROLLEES, 49 PARTICIPANTS COMPLETED THE TRAINING AND 7 OF THESE INDIVIDUALS WERE EMPLOYED IN THE HEALTHCARE INDUSTRY. ADVOCATE ILLINOIS MASONIC COLLABORATES WITH OTHER HOSPITALS AND COMMUNITY ORGANIZATIONS TO DEVELOP INTERVENTIONS THAT WILL IMPACT SDOH. ADVOCATE ILLINOIS MASONIC PARTICIPATED IN FOUR OF THE ALLIANCE'S SUBCOMMITTEE MEETINGS. THE MEDICAL CENTER WILL CONTINUE TO BE ENGAGED IN THESE MEETINGS AND IDENTIFY PARTNERSHIP OPPORTUNITIES AS STRATEGIES ARE CREATED. ADDITIONALLY, ADVOCATE ILLINOIS MASONIC TEAM MEMBERS ATTENDED THE CHICAGO LAND HEALTHCARE WORKFORCE COLLABORATION MEETINGS TO ADDRESS KEY PRIORITY AREAS, INCLUDING TARGETED HIRING, EDUCATION, TRAINING AND RETENTION. HEALTH NEEDS NOT SELECTED HEALTH LITERACY/LANGUAGE AND CULTURAL COMPETENCY. HEALTH LITERACY/LANGUAGE AND CULTURAL COMPETENCY WAS IDENTIFIED AS A HEALTH NEED BUT NOT SELECTED IN THE 2016 CHNA AS A PRIORITY TO BE ADDRESSED. 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 CHC INITIALLY RANKED THIS ISSUE FOURTH. THE MEDICAL CENTER'S DIVERSITY AND INCLUSION WORKGROUP IS SPEARHEADING WORK ON THIS ISSUE. SEVERAL ADVOCATE ILLINOIS MASONIC CHC 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 ACTION COUNCIL; AND GREATER USE OF CASE MANAGERS AND COMMUNITY HEALTH WORKERS. BREAST CANCER. BREAST CANCER WAS IDENTIFIED BUT NOT SELECTED AS A HEALTH PRIORITY TO ADDRESS IN THE 2016 CHNA. THE CRÉTICOS 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 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, CR</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>EATING 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. IN 2016 THROUGH 2017, THE CANCER CENTER PROVIDED COMMUNITY HEALTH WORKERS TO WORK WITH BREAST HEALTH PATIENTS INCLUDING 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 LATINAS AND IS DEVELOPING A CANCER SUPPORT GROUP FOR THE LGBTQ COMMUNITY. MORE INFORMATION ON EITHER THE ADVOCATE ILLINOIS MASONIC 2016 CHNA REPORT OR ON THE HICCC 2016 CHNA REPORT WHICH IS POSTED BESIDE THE MEDICAL CENTER'S CHNA REPORT CAN BE FOUND AT: HTTP S://WWW.ADVOCATEHEALTH.COM/HOSPITAL-CHNA-REPORTS-IMPLEMENTATION-PLANS-PROGRESS-REPORTS/ILLINOIS-MASONIC-MEDICAL-CENTER-CHNA-REPORT-20162017-2019 CHNATHE HOSPITAL'S 2020-2022 IMPLEMENTATION PLAN BASED ON THE 2017-2019 CHNA WILL ALIGN WITH THE ADVOCATE AURORA COMMUNITY STRATEGY, WHICH HAS A FOCUS ON HEALTH EQUITY AND DISPARITIES. THERE ARE SIX FOCUS AREAS THAT ARE IDENTIFIED IN CURRENT INDUSTRY AS HAVING THE MOST UPSTREAM EFFECT ON HEALTH EQUITY AND ARE ALSO STRONGLY CONFIRMED BY ADVOCATE AURORA HEALTH ORGANIZATION-WIDE CHNA DATA. THESE SIX FOCUS AREAS INCLUDE: 1) ACCESS/BEHAVIORAL HEALTH SERVICES; 2) ACCESS/PRIMARY MEDICAL HOMES; 3) COMMUNITY SAFETY; 4) FOOD SECURITY; 5) HOUSING; AND 6) WORKFORCE DEVELOPMENT. HEALTH NEEDS SELECTED HEALTHY LIFESTYLES/OBESITY. HEALTHY LIFESTYLES/OBESITY WAS CHOSEN AS ONE OF THE TWO HEALTH NEED PRIORITIES DUE TO THE MANY CHRONIC DISEASES AND HEALTH ISSUES THAT ARE RELATED TO POOR NUTRITION AND PHYSICAL INACTIVITY. MOREOVER, THE CHC ALSO IDENTIFIED HEALTHY LIFESTYLES AND OBESITY DUE TO THE LARGE IMPACT THIS ISSUE HAS ON QUALITY OF LIFE AND OVERALL HEALTH OUTCOMES IN THE MEDICAL CENTER'S PSA. BEHAVIORAL HEALTH. BEHAVIORAL HEALTH WAS SELECTED AS THE SECOND HEALTH PRIORITY. THIS HEALTH PRIORITY INCLUDES MENTAL HEALTH AND SUBSTANCE/ALCOHOL USE. WITHIN THE MEDICAL CENTER'S PSA, THE RATE OF MENTAL HEALTH ISSUES AND SUBSTANCE USE ARE CONTINUING TO INCREASE OVER TIME AND ARE HIGH WHEN COMPARED TO OTHER COMMUNITIES IN ILLINOIS. DATA AND HOSPITALIZATION RATES INDICATE THAT THERE IS A GREAT NEED FOR EXPANSION OF BEHAVIORAL HEALTH SERVICES, INCLUDING ACCESS TO HEALTH SERVICES, TREATMENT, HOUSING AND PROGRAMMING. FURTHERMORE, THERE IS A CORRELATION BETWEEN SUBSTA</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 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 INDIVIIDUALS; INCOMPETENT INDIVIDUALS WITH COMPROMISED DIAGNOSES (E.G., PSYCHIATRIC); INDIVIDUALS MEETING DEFINED CREDIT REPORTING (OR OTHER EXTERNAL REPORTING) RESULT THRESHOLDS; PATIENTS WITH PRIOR HISTORY OF INABILITY TO MAKE PAYMENTS; PATIENTS WITH COURT FILED OR APPROVED BANKRUPTCY DETERMINATIONS. |

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

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

| Form and Line Reference | Explanation |
|--|--|
| ADVOCATE ILLINOIS MASONIC MEDICAL CENTER | PART V, SECTION B, LINE 16J: ADVOCATE 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 REGISTRATION AREAS (I.E., PATIENT ACCESS, EMERGENCY DEPARTMENT). 3. BROCHURES ARE PLACED IN HOSPITAL REGISTRATION AREAS (I.E., PATIENT ACCESS, EMERGENCY DEPARTMENT) AND INCLUDE GUIDANCE ON HOW A PATIENTS MAY APPLY FOR MEDICARE, MEDICAID, ALL KIDS, FAMILY CARE ETC., AND THE HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM. A HOSPITAL CONTACT AND TELEPHONE NUMBER FOR FINANCIAL ASSISTANCE IS INCLUDED. 4. A HANDOUT SUMMARIZING ADVOCATE'S FINANCIAL ASSISTANCE POLICY AND FINANCIAL ASSISTANCE APPLICATION ARE GIVEN TO ALL UNINSURED PATIENTS WHO RECEIVE MEDICALLY NECESSARY HOSPITAL SERVICES AT THE EARLIEST PRACTICAL TIME OF SERVICE. 5. ADVOCATE'S WEBSITE PROMINENTLY NOTES THAT FINANCIAL ASSISTANCE IS AVAILABLE, WITH AN EXPLANATION OF THE APPLICATION PROCESS, A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY, AND THE FINANCIAL ASSISTANCE APPLICATION. |

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

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 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.

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, (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. 2
3 Enter total number of other organizations listed in the line 1 table. 1

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) | 15,000 | | | | SUPPORT EXEMPT MISSION |
| IRV & SHELLY'S FRESH PICKS 5625 W HOWARD ST NILES, IL 60714 | 20-4279805 | N/A | 10,344 | | | | COMMUNITY SUPPORT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MASONIC FAMILY HEALTH FOUNDATION 3075 HIGHLAND PKWY DOWNERS GROVE, IL 60515 | 36-4397387 | 501(C)(3) | 149,878 | | | | SUPPORT EXEMPT MISSION |

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

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

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

| Return Reference | Explanation |
|-----------------------------|---|
| SCHEDULE J, PART I, LINE 1A | KATHIE S. BENDER SCHWICH RECEIVED A HOUSING ALLOWANCE IN THE AMOUNT OF \$55,000. |
| SCHEDULE J, PART I, LINE 4A | EARL J. BARNES II, FORMER ASSISTANT SECRETARY, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$275,000. SUSAN CAMPBELL, FORMER DIRECTOR, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$275,000. DONNA J. KING, FORMER VICE PRESIDENT, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$100,626. LEE B. SACKS, FORMER CHIEF MEDICAL OFFICER, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$275,002. THESE PAYMENTS HAVE ALL BEEN REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III). |
| SCHEDULE J, PART I, LINE 4B | ADVOCATE PROVIDES A TARGET REPLACEMENT SENIOR EXECUTIVE RETIREMENT PLAN. THE CONTRIBUTIONS TO THIS PLAN ARE VESTED AND TAXABLE AFTER FIVE YEARS OF SERVICE. THE FOLLOWING EMPLOYEES ARE VESTED IN THE PLAN AND THEREFORE THE CONTRIBUTIONS ARE REPORTED AS COMPENSATION ON THE W-2: KATHIE S. BENDER SCHWICH \$35,933, KEVIN R. BRADY \$73,558, VINCENT J. BUFALINO \$76,789, KELLY JO GOLSON \$48,406, SUSAN N. LOPEZ \$21,072, DOMINIC NAKIS \$107,256, SCOTT A. POWDER \$56,585, WILLIAM P. SANTULLI \$160,864, AND JAMES H. SKOGSBERGH \$338,248. THE FOLLOWING EMPLOYEES HAVE NOT YET VESTED AND THEREFORE THE CONTRIBUTIONS ARE REPORTED AS DEFERRED COMPENSATION: BARBARA P. BYRNE \$47,794, AND GARY D. STUCK \$12,388. |
| SCHEDULE J, PART I, LINE 7 | INCENTIVE PAYMENTS ARE BASED UPON A FORMULA. THE AMOUNTS ARE CALCULATED AFTER CERTAIN PERFORMANCE AND OPERATING GOALS ARE ACHIEVED. THE COMPENSATION COMMITTEE CAN EXERCISE DISCRETION OVER WHETHER INCENTIVE COMPENSATION IS PAID OUT ANNUALLY. |

| 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 | | | | |
| 21 CLIFTON CLARKE VP & CMO IMMC | (i) | 377,460 | 79,091 | 14,084 | 22,791 | 38 | 493,464 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1 PATRICIA LEE CHAIR EMERGENCY MEDICINE | (i) | 215,115 | 72,512 | -2,296 | 33,991 | 10,070 | 329,392 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 STEPHEN LOCHER CHAIR OBSTETRICS/GYNECOLOG | (i) | 382,000 | 65,839 | 2,139 | 25,591 | 26,603 | 502,172 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 RICHARD FANTUS CHAIR SURGERY DEPARTMENT | (i) | 370,102 | 0 | -1,430 | 25,441 | 25,156 | 419,269 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 KENNETH LAUBE VP/CNO IMMC | (i) | 277,277 | 49,305 | 3,953 | 25,591 | 32,945 | 389,071 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 SUSAN CAMPBELL FORMER OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 0 | 135,087 | 272,621 | 0 | 7,069 | 414,777 | 0 |
| 6 EARL J BARNES II FORMER OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 0 | 181,123 | 264,496 | 0 | 30,660 | 476,279 | 0 |
| 7 LEE B SACKS MD FORMER OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 0 | 351,160 | 274,473 | 0 | 972 | 626,605 | 0 |
| 8 VIJAY MAKER FORMER HCE-CHAIR SURGERY DEPT | (i) | 292,048 | 0 | -7,470 | 25,591 | 22,593 | 332,762 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 BARRY ROSEN FORMER HCE-MEDICAL DIRECTOR | (i) | 128,777 | 52,149 | -2,113 | 8,250 | 10,660 | 197,723 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 DONNA KING FORMER HCE-VP CLINICAL OPS | (i) | 0 | 44,343 | 100,379 | 0 | 2,551 | 147,273 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization ADVOCATE NORTH SIDE HEALTH NETWORK

Employer identification number 36-3196629

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

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

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

Total \$

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

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) OSVALDO LOPEZ MD | FAMILY MEMBER - SUSAN NORDSTROM LOPEZ | 152,131 | EMPLOYMENT | | No |
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Part V Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
| | |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

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

990 Schedule O, Other Information

| Return Reference | Explanation |
|--|---|
| <p>FORM 990, PART III, LINE 4D, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED:</p> | <p>COMMUNITY HEALTH STRATEGY AND EXAMPLES OF PROGRAMS AND SERVICE ACCOMPLISHMENTS AS A MEDICAL CENTER WITHIN THE ADVOCATE AURORA HEALTH SYSTEM, ADVOCATE ILLINOIS MASONIC'S IMPLEMENTATION PLANS AND STRATEGIES ALIGN WITH THE AAH SYSTEM STRATEGY. THROUGH THIS COMMUNITY STRATEGY, THE MEDICAL CENTER WILL BUILD HEALTH EQUITY, ENSURE ACCESS AND IMPROVE HEALTH OUTCOMES IN ITS COMMUNITY THROUGH EVIDENCE-INFORMED SERVICES AND INNOVATIVE PARTNERSHIPS BY ADDRESSING MEDICAL NEEDS AND SOCIAL DETERMINANTS. BASED ON NEED AND EFFECT ON HEALTH EQUITY AS IDENTIFIED IN THE AAH HOSPITALS CHNA REPORTS AND ON INDUSTRY LITERATURE, THE FOLLOWING SIX FOCUS AREAS HAVE BEEN PRIORITIZED, FROM WHICH EACH INDIVIDUAL AAH HOSPITALS' COMMUNITY IMPLEMENTATION PLAN IS BUILT: 1) ACCESS TO PRIMARY MEDICAL HOMES; 2) ACCESS TO BEHAVIORAL HEALTH SERVICES; 3) WORKFORCE DEVELOPMENT; 4) COMMUNITY SAFETY; 5) AFFORDABLE HOUSING; AND 6) WORKFORCE DEVELOPMENT. EACH STRATEG FOCUS AREA AND EXAMPLES OF ADVOCATE ILLINOIS MASONIC PROGRAMS ADDRESSING IT ARE PROVIDED BELOW. 1. ACCESS/PRIMARY MEDICAL HOMES. ADVOCATE ILLINOIS MASONIC IS COMMITTED TO UNDERTAKING AND SUPPORTING INITIATIVES THAT ENHANCE ACCESS TO HEALTH CARE, INCLUDING NOT ONLY FINANCIAL ASSISTANCE AS INDICATED EARLIER FOR ITEM 4.A, BUT ALSO CARE COORDINATION, LANGUAGE ASSISTANCE, CULTURALLY SENSITIVE PROVISION OF CARE, AND PREVENTION EDUCATION AND WELLNESS SERVICES ACROSS THE LIFESPAN AND WITHIN THE DIVERSE COMMUNITIES THE MEDICAL CENTER SERVES. SOME OF EXAMPLES OF SUCH PROGRAMS PROVIDED BY THE MEDICAL CENTER INCLUDE THE FOLLOWING. TRANSITION SUPPORT PROGRAM. THE TRANSITION SUPPORT PROGRAM (TSP) IS A NAVIGATION SERVICE THAT ASSISTS WITH THE COORDINATION OF FOLLOW-UP CARE FOR PATIENTS WITH CHALLENGES NAVIGATING HEALTH SERVICES. 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, SERVED 2,616 PATIENTS IN 2019, INCLUDING PROVIDING REFERRALS. 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 OVER</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| <p>FORM 990, PART III, LINE 4D, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED:</p> | <p>LOOK 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 2019, THERE WERE 1,894 PATIENT VISITS THAT SERVED PATIENTS WITH SPECIAL NEEDS. 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 2019, 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 2019, THE PROGRAM SERVED 612 UNIQUE PATIENTS, PROVIDING 1,427 VISITS. PEDIATRIC DEVELOPMENT CENTER/AUTISM TREATMENT PROGRAM. 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 "SIBS HOPS" FOR SIBLINGS OF DEVELOPMENTALLY DISABLED CHILDREN. THE AUTISM TREATMENT PROGRAM HOUSED IN ADVOCATE ILLINOIS MASONIC'S PEDIATRIC DEVELOPMENTAL CENTER (PDC) SERVES CHILDREN WITH AUTISM AND THEIR FAMILIES--BOTH THOSE WITH COMMERCIAL INSURANCE AND MEDICAID PLANS. THE PDC REMAINS ONE OF THE ONLY CENTERS IN ILLINOIS TO PROVIDE DIAGNOSTIC EVALUATIONS AND THERAPY SERVICES FOR AUTISM TO LOW-INCOME FAMILIES. IN 2019, 49% OF PATIENTS SERVED AT THE CENTER WERE ON MEDICAID, UP FROM 44% THE PREVIOUS YEAR. THE PDC PROVIDES BOTH COMPREHENSIVE DIAGNOSTIC EVALUATIONS, SPECIALTY MEDICAL CARE (DEVELOPMENTAL PEDIATRICS) AS WELL AS COMPREHENSIVE THERAPY SERVICES (INDIVIDUAL BEHAVIOR THERAPY, SOCIALIZATION GROUPS, SPEECH, OCCUPATIONAL AND PHYSICAL THERAPY, SOCIAL WORK SERVICES, PARENT TRAINING AND SIBLING SUPPORT. IN 2019, THE PDC PROVIDED SERVICES TO 2,312 UNDUPLICATED PATIENTS FOR A TOTAL OF 19,229 PATIENT CONTACTS. AT LEAST HALF REPRESENT PATIENTS WITH AUTISM. THE PDC OFFERS SERVICES IN BOTH ENGLISH AND SPANISH, INCLUDING</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| <p>FORM 990, PART III, LINE 4D, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED:</p> | <p>ING ONGOING PARENT TRAINING AND SUPPORT TO ENHANCE GENERALIZATION OF SKILLS INTO ALL ENVIR ONMENTS. MEDICATION ASSISTANCE PROGRAM. THE MEDICATION ASSISTANCE PROGRAM PROVIDES FINANCI AL AS WELL AS RESOURCE NAVIGATION HELP TO PATIENTS WHO ARE UNABLE TO AFFORD THEIR MEDICATI ON. 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 2019, ADVOCATE ILLINOIS MASONIC ASSISTED 377 PATIENTS THROUGH THIS PROGRAM. SERVICES FOR THE LGBTQ COMMUNITY. PROVIDING A SAFE, WELCOMING (COMFORTABLE) AND LGBTQ-AFFIRMING (FR IENDLY) HEALTH CARE ENVIRONMENT IS PART OF THE EMBRACING CULTURE AT ADVOCATE ILLINOIS MASO NIC, LOCATED IN THE HEART OF CHICAGO'S LAKEVIEW NEIGHBORHOOD, ONE OF THE LARGEST LGBTQ COM MUNITIES IN THE MIDWEST. THE MEDICAL CENTER'S PROACTIVE PUSH FOR EQUALITY IS HELPING TO CL OSE THE HEALTH CARE DISPARITIES FACED BY THE LGBTQ COMMUNITY ACROSS CHICAGO AND BEYOND. AD VOCATE 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. NONDISCRIMIN ATORY 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, COMP ASSIONATE CARE FOR LGBTQ PATIENTS IS GUARANTEED AT THE MEDICAL CENTER BY ALL OF THE MEDICA L CENTER'S PHYSICIANS, MANY OF WHOM HAVE RECEIVED SPECIAL TRAINING IN CARING SPECIFICALLY FOR THE LGBTQ COMMUNITY AND THE UNIQUE ISSUES IT FACES. HEALTHY FAMILIES. THE ADVOCATE ILL INOIS MASONIC HEALTHY FAMILIES PROGRAM IS A SUPPORT PROGRAM FOR YOUNG PARENTS, PROVIDING I NTENSIVE HOME VISITING SERVICES FOR AT-RISK FAMILIES. THE PROGRAM MODEL IS ROOTED IN THE B ELIEF THAT EARLY, NURTURING RELATIONSHIPS ARE THE FOUNDATION FOR LIFE-LONG, HEALTHY DEVELO PMENT. THE PROGRAM PROVIDES THREE KEY SERVICES: 1) FREE PRENATAL CLASSES OPEN TO THE COMMU NITY; 2) DOULA SERVICES PROVIDING HOME VISITS AND ON-CALL LABOR/DELIVERY SUPPORT; AND 3) P ARENT 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. LANGUAGE AS SISTANCE/INTERPRETER SERVICES. ADVOCATE ILLINOIS MASONIC PROVIDES CARE FOR PATIENTS FROM M ANY DIFFERENT ETHNIC AND CULTURAL BACKGROUNDS. IN ORDER TO MEET THE UNIQUE COMMUNICATION N EEDS OF POPULATIONS ACCESSING CARE AT THE MEDICAL CENTER, ADVOCATE ILLINOIS MASONIC EMPLOY S SPANISH, POLISH AND AMERICAN SIGN LANGUAGE INTERPRETERS TO PROVIDE INTERPRETATION SERVIC ES 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. IN 2019, THE MEDIC AL CENTER PROVIDED INTERPRETER SERVICES FOR A TOTAL OF 73,439 PATIENT/FAMILY ENCOUNTERS.</p> |

990 Schedule O, Open Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART III, LINE 4D, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED: | <p>2. ACCESS/BEHAVIORAL HEALTH SERVICES ADVOCATE ILLINOIS MASONIC HAS ALSO IMPLEMENTED SEVERAL PROGRAMS FOCUSED ON IMPROVING THE CONTINUUM OF CARE FOR THE BENEFIT OF MENTAL HEALTH AND BEHAVIORAL HEALTH PATIENTS. 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 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 100% IN 2019; ALL DISCHARGED PATIENTS RECEIVED WARM HAND-OFFS TO BEHAVIORAL HEALTH SERVICES AND LEFT WITH AN OUTPATIENT PLAN OF CARE. HAVING ACHIEVED THAT, FIRST ACCESS STARTED TO FOCUS ON PROVIDING ACCESS TO CARE TO ALL ADVOCATE AURORA PATIENTS AND ITS VOLUMES GREW STEADILY IN 2019 FROM 738 INTAKES IN 2018 TO 910 IN 2019, A 23% GROWTH IN IMMEDIATE ACCESS TO CARE. DEAF AND HARD OF HEARING PROGRAM. ADVOCATE ILLINOIS MASONIC'S DEAF AND HARD OF HEARING PROGRAM PROVIDES COMPREHENSIVE MENTAL HEALTH CARE IN AMERICAN SIGN LANGUAGE (ASL) TO DEAF, HARD OF HEARING AND DEAF-BLIND CHILDREN, ADOLESCENTS AND ADULTS IN THE SIX-COUNTY CHICAGO REGION. THE PROGRAM OFFERS A CONTINUUM OF CARE THAT INCLUDES CLINICAL ASSESSMENTS; PRE-SCREENINGS AND LINKAGE; INDIVIDUAL, FAMILY AND GROUP THERAPY; PSYCHIATRIC EVALUATIONS AND MEDICATION MONITORING; AND INTERVENTION WITH A 24-HOUR PHONE LINE CONNECTED TO A TEXT TELEPHONE (TTY) SYSTEM. A TELE-PSYCHIATRY NETWORK ENABLES THE PROVISION OF OTHERWISE SCARCE DEAF-FRIENDLY PSYCHIATRIC SERVICES IN THE HOMES OF DEAF PATIENTS WHO HAVE RECEIVED THE FREE VIDEOPHONE EQUIPMENT AND SERVICES SUPPORTED BY THE FEDERAL COMMUNICATIONS COMMISSION (FCC). A HEALTH EDUCATION WEBSITE ALLOWS USERS TO WATCH VIDEOS, LINK TO OTHER ASL VIDEOS AND/OR TO ORDER FREE ASL HEALTH EDUCATION DVDS. OVER THE YEARS, THE HOSPITAL HAS DISTRIBUTED SEVERAL THOUSAND FREE ASL DVDS ON HIV/AIDS, STDs, BREAST HEALTH, DIABETES, DEPRESSION AND SMOKING CESSATION. IN 2019, 74 UNIQUE PATIENTS WERE SERVED THROUGH THE DEAF AND HARD OF HEARING PROGRAM. 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 MEDICA</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990, PART III, LINE 4D, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED: | <p>L UNIT OF COMMUNITY HOSPITALS. THE MULTIDISCIPLINARY TEAM WORKING WITH THE CLIENTS IS COMPOSED OF CLINICIANS, CLERGY AND OTHER ASSOCIATES WHO ARE IN DAILY CONTACT WITH THE CLIENTS . IN 2019, THE TEAM ASSISTED 166 CLIENTS WITH THEIR INDIVIDUAL NEEDS, SUCH AS HOUSING AND MEDICATION STABILIZATION. THE PROGRAM HAS CONSISTENTLY DECREASED EMERGENCY DEPARTMENT UTILIZATION FOR THE CLIENTS SERVED. 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 51 PATIENTS SERVED IN 2019. 3. WORKFORCE DEVELOPMENT BELIEVING THAT MANY COMMUNITY HEALTH ISSUES ARE DRIVEN BY SOCIAL DETERMINANTS OF HEALTH, THE MEDICAL CENTER HAS FORMED NON-TRADITIONAL PARTNERSHIPS WITH KEY STAKEHOLDERS, SUCH AS EMPLOYMENT AGENCIES, TO PROVIDE MEDICAL EDUCATION EMPLOYMENT OPPORTUNITIES TO LOW-INCOME AND/OR MINORITY INDIVIDUALS. ALSO, IN ADDITION TO THE GRADUATE MEDICAL EDUCATION DESCRIBED IN 4.C, THE MEDICAL CENTER ALSO PROMOTES THE TRAINING OF FUTURE HEALTH CARE PROFESSIONALS TOWARDS DEGREES IN MANY OTHER DISCIPLINES. SEVERAL EXAMPLES OF THESE EDUCATION PROGRAMS ARE PROVIDED BELOW. WORKFORCE INITIATIVE. AS INDICATED IN PART V, QUESTION 11, THE MEDICAL CENTER ALSO ENGAGES IN A WORKFORCE INITIATIVE TO RECRUIT, TRAIN AND HIRE COMMUNITY MEMBERS SEEKING EMPLOYMENT OPPORTUNITIES IN THE HEALTHCARE INDUSTRY. ADDITIONALLY, THE WORKFORCE PROGRAM OFFERS AN INCUMBENT WORKER STRATEGY (NAVIGATE) TO FRONT-LINE WORKFORCE AT ADVOCATE ILLINOIS MASONIC, WHICH INCLUDES SOFT-SKILLS TRAINING, TOOLS AND RESOURCES DESIGNED TO ASSIST INDIVIDUALS IN DEVELOPING CAREER PATHWAYS. IN 2019, 70 INDIVIDUALS FROM THE MEDICAL CENTER'S PSA ENROLLED IN THE PROGRAM. OF THOSE 70 ENROLLEES, 49 PARTICIPANTS COMPLETED THE TRAINING AND 7 OF THESE INDIVIDUALS WERE EMPLOYED IN THE HEALTHCARE INDUSTRY. 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), 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 T</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| <p>FORM 990, PART III, LINE 4D, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED:</p> | <p>HE NLRN PROVIDES SAFE AND CONFIDENT CARE TO PATIENTS. THE MEDICAL CENTER PROVIDED 3 CLASSE S (COHORTS) IN 2019. ALTHOUGH THIS PROGRAM IS NOT INCLUDED IN THE FINANCIAL NUMBERS FOR HE ALTH PROFESSIONALS EDUCATION, THIS PROGRAM INCREASES ADVOCATE NURSES' PROFICIENCY AND SKIL LS FOR CURRENT AND FUTURE NURSING ROLES. IN ADDITION TO THE NURSE RESIDENCY PROGRAM, THE M EDICAL CENTER TRAINS NURSING STUDENTS (NON-RESIDENT) FROM FIVE AREA COLLEGES/UNIVERSITIES FOR WHICH STAFF TEACHING TIME IS REPORTED AS COMMUNITY BENEFIT. 4. COMMUNITY SAFETYTHE MED ICAL CENTER ALSO WORKS WITH COMMUNITY PARTNERS TO ADDRESS COMMUNITY SAFETYA SOCIAL DETERMI NANT OF HEALTH. SOME EXAMPLES ARE PROVIDED BELOW. ACCLIVUS PARTNERSHIP. AS INDICATED IN PA RT VI, QUESTION 5, PROMOTION OF COMMUNITY HEALTH, THE MEDICAL CENTER PARTNERS WITH ACCLIVU S, A COMMUNITY ORGANIZATION FOCUSED ON PREVENTING AND DECREASING COMMUNITY VIOLENCE. ACCLI VUS PLACES VIOLENCE INTERRUPTERS IN THE MEDICAL CENTER'S ED TO ASSESS AND PROVIDE REFERRAL SERVICES TO ANY PATIENT ADMITTED TO THE ED DUE TO TRAUMA/VIOLENCE. THE VIOLENCE INTERRUPT ERS ASSESS PATIENTS FOR SOCIAL AND HEALTH NEEDS INCLUDING HOUSING, EDUCATION AND BEHAVIORA L HEALTH, AND CONNECTS THEM TO SERVICES AND PROGRAMS AT THE MEDICAL CENTER AND IN THE COMM UITY. THE VIOLENCE INTERRUPTERS ALSO FOLLOWS UP WITH PATIENTS AFTER THEY ARE DISCHARGED I N THE COMMUNITY TO DECREASE THE RISK OF RE-OCCURRING VIOLENCE. PARTNERSHIP WITH HOWARD BRO WN/SEXUAL HARM RESPONSE PROJECT. ADVOCATE ILLINOIS MASONIC'S EMERGENCY DEPARTMENT PARTNERE D WITH HOWARD BROWN HEALTH CLINIC TO DEVELOP AND OFFER THE FIRST LGBTQ-SPECIFIC SEXUAL ASS AULT RESPONSE PROGRAM IN THE NATION. THE ED STAFF HAVE BEEN TRAINED BY HOWARD BROWN AND PR OVIDE THE EMERGENCY CARE. HOWARD BROWN PROVIDES COUNSELING AND CREATES A LINKAGE TO THE HO SPITAL SO THAT ALL VICTIMS FEEL SAFE. DISASTER COORDINATION. ADVOCATE ILLINOIS MASONIC'S E MERGENCY MEDICAL SERVICES STAFF TRAIN CITY AND PRIVATE AMBULANCE AND FIRE DEPARTMENT PARAM EDICS. AS ONE OF ONLY ELEVEN HOSPITALS IN ILLINOIS DESIGNATED AS A RESOURCE HOSPITAL COORD INATION CENTER (RHCC), THE MEDICAL CENTER IS RESPONSIBLE FOR COORDINATING MEDICAL RESPONSE WITHIN A DENSELY POPULATED REGION OF CHICAGO. THIS INCLUDES COORDINATING EMERGENCY MEDICA L RESPONSE EFFORTS AT MAJOR EVENTS, SUCH AS THE CHICAGO MARATHON AND DURING VISITS OF NATI ONAL AND INTERNATIONAL LEADERS. THE HOSPITAL ALSO SERVES AS THE LEAD HOSPITAL FOR DISASTER S OCCURRING IN CHICAGO, INCLUDING O'HARE AIRPORT.</p> |

990 Schedule O, Optional Information

| Return Reference | Explanation |
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| FORM 990, PART III, LINE 4D, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED: | <p>5. HOUSING DATA INDICATES THAT POOR QUALITY HOUSING IS ASSOCIATED WITH VARIOUS NEGATIVE HEALTH OUTCOMES, INCLUDING CHRONIC DISEASE AND INJURY, AND POOR MENTAL HEALTH. ADVOCATE ILLINOIS MASONIC IS WORKING WITH COMMUNITY PARTNERS TO ADDRESS HOUSING WITH THE GOAL OF PROVIDING A SAFE AND HEALTHY PLACE TO LIVE AND TO CONVALESCENCE. THIS SUPPORTS THE AAH SYSTEMWIDE GOAL TO DECREASE THE NUMBER OF ED PATIENTS WHO ARE SCREENED POSITIVE FOR HOMELESSNESS BY 5 % BY 2025. THE FOLLOWING ARE EXAMPLES OF THE MEDICAL CENTER'S EFFORTS TO ADDRESS THIS SDOH . FLEXIBLE HOUSING POOL . AS INDICATED IN PART VI, QUESTION 5. PROMOTION OF COMMUNITY HEALTH, THE FLEXIBLE HOUSING POOL AT ADVOCATE ILLINOIS MASONIC IS A PARTNERSHIP WITH THE CENTER FOR HEALTH AND HOUSING WITH THE GOAL TO REDUCE HOSPITAL AND EMS RECIDIVISM THROUGH HOUSING. IN 2019, THE FLEXIBLE HOUSING POOL AT ADVOCATE ILLINOIS MASONIC PLACED THREE BEHAVIORAL HEALTH PATIENTS IN PERMANENT HOUSING. THE MEDICAL CENTER ALSO PROVIDES INDIVIDUALS PLACED IN PERMANENT HOUSING WITH BEHAVIORAL HEALTH AND CASE MANAGEMENT SERVICES. WARMING CENTER. ADVOCATE ILLINOIS MASONIC ALSO PROVIDES A WARMING CENTER A SAFE WARM PLACE FOR HOMELESS INDIVIDUALS TO STAY OVERNIGHT OUT OF CHICAGO'S BITTERLY COLD, WINTER WEATHER. IN 2019, THE WARMING CENTER WAS OPEN FOR A TOTAL OF 644 HOURS OVER A PERIOD OF 80 DAYS AT A COST OF OVER \$17K TO THE MEDICAL CENTER. WHILE DATA WAS NOT AVAILABLE FOR THE FIRST FOUR MONTHS OF THE YEAR DUE TO A POSITION TRANSITION, THERE WERE 35 INDIVIDUALS THAT STAYED AT THE WARMING CENTER FOR TWO MONTHS, NOVEMBER AND DECEMBER, ALONE. 6. FOOD SECURITY ACCESS TO FRESH, AFFORDABLE FOOD IS A KEY INGREDIENT IN THE RECIPE TO ADDRESS SOCIAL DETERMINANTS OF HEALTH AND IN KEEPING THE COMMUNITY HEALTHY. ADVOCATE ILLINOIS MASONIC IS INVOLVED WITH MULTIPLE LOCAL COMMUNITY PARTNERS TO DEVELOP SUSTAINABLE FOOD INITIATIVES TO ADDRESS FOOD INSECURITY. EXAMPLES OF THESE INITIATIVES ARE PROVIDED BELOW. LAKEVIEW FOOD PANTRY. IN JUNE 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 PROVIDED DRY GOOD FOOD BAGS, RE-USABLE WHEELIE GROCERY BAGS AND GIFT CARDS TO LOW-INCOME AND FOOD INSECURE PATIENTS. NUTRITION EDUCATION AND COMMUNITY FOOD PROGRAM RESOURCES WERE ALSO DISTRIBUTED TO ALL PROGRAM PARTICIPANTS. DURING THE SIX-MONTH PILOT, THE PROGRAM SERVED OVER 40 ONCOLOGY PATIENTS. IN JANUARY 2019, THE MEDICAL CENTER EXPANDED THE PANTRY TO FOUR NEW SERVICE LINES AND PROGRAMS INCLUDING THE BEHAVIORAL HEALTH SERVICE LINE, TSP AND THE MEDICATION ASSISTANCE PROGRAM. IN ADDITION, THE COMMUNITY HEALTH DEPARTMENT DEVELOPED THE FRESH PRODUCE COMPONENT, IN PARTNERSHIP WITH IRV AND SHELLY'S FRESH PICKS, TO INCREASE ACCESS OF FRESH PRODUCE TO PATIENTS. FRESH PRODUCE BOXES ARE DELIVERED DIRECTLY TO THE HOMES OF FOOD PANTRY PARTICIPANTS. IN 2019, THE PANTRY SERVED OVER 100 UNIQUE PATIENTS WITH MOST PATIENTS UTILIZING THE P</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| <p>FORM 990, PART III, LINE 4D, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED:</p> | <p>ENTRY ON A MONTHLY BASIS. OVER 5,100 POUNDS OF FOOD WAS DISTRIBUTED TO FOOD INSECURE PATIENTS AT ILLINOIS MASONIC MEDICAL CENTER. IN 2020, THE COMMUNITY HEALTH DEPARTMENT PLANS TO CONTINUE EXPANDING THE HOSPITAL-BASED PANTRY TO ADDITIONAL SERVICE LINES AND DEPARTMENTS AND TO UTILIZE TECHNOLOGY TO ENHANCE DATA COLLECTION AND PROGRAM EVALUATION. POPUP FARMERS MARKETS. IN PARTNERSHIP WITH ADVOCATE ILLINOIS MASONIC, IRV AND SHELLY'S FRESH PICKS AND G ROVER CLEVELAND ELEMENTARY SCHOOL, THREE POPUP FARMER'S MARKETS WERE HOSTED DURING THE 2019 SCHOOL YEAR PROVIDING 550 FRESH PRODUCE BOXES, OVER 4,000 POUNDS OF FOOD AND HEALTH AND NUTRITION EDUCATION TO HUNDREDS OF LOW-INCOME STUDENTS AND FAMILIES. 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 BREASTFEED 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. IN ADDITION TO THE MEDICAL CENTER'S MANY PROGRAMS AND SERVICES DESCRIBED PREVIOUSLY, THERE ARE A MYRIAD OF OTHER COMMUNITY SERVICES OFFERED INCLUDING: HUMAN BREAST MILK DEPOT; BIKE HELMET FITTING EVENTS; THE BETTER BREATHERS 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.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART VI, SECTION A, LINE 1 | <p>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.</p> |

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 |
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| 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 |
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| 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 |
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| FORM 990, PART VI, SECTION B, LINE 11B | <p>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.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| FORM 990, PART VI, SECTION B, LINE 12C | <p>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.</p> |

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 |
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| FORM 990, PART XI, LINE 9: | CONTRIBUTION TO ADVOCATE HEALTH AND HOSPITALS -37,083. |

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 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 |
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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 |
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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 | |
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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 |
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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 | Yes | |
| b Gift, grant, or capital contribution to related organization(s) | Yes | |
| c Gift, grant, or capital contribution from related organization(s) | Yes | |
| d Loans or loan guarantees to or for related organization(s) | | No |
| e Loans or loan guarantees by related organization(s) | | No |
| f Dividends from related organization(s) | | No |
| g Sale of assets to related organization(s) | | No |
| h Purchase of assets from related organization(s) | | No |
| i Exchange of assets with related organization(s) | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | Yes | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | Yes | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | Yes | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | No |
| o Sharing of paid employees with related organization(s) | | No |
| p Reimbursement paid to related organization(s) for expenses | Yes | |
| q Reimbursement paid by related organization(s) for expenses | Yes | |
| r Other transfer of cash or property to related organization(s) | Yes | |
| s Other transfer of cash or property from related organization(s) | Yes | |

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

See Additional Data Table

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
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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 | |
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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 | EHSHHCS | | 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 |
| ADVOCATE HOME CARE PRODUCTS 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-3315416 | HEALTH SERVICES | IL | N/A | C | | | | | No |
| EVANGELICAL SERVICES CORPORATION 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-3208101 | MGMT SERVICES | IL | N/A | C | | | | | No |
| HIGH TECHNOLOGY INC 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-3368224 | MEDICAL SERVICES | IL | N/A | C | | | | | No |
| DREYER CLINIC INC 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-2690329 | MEDICAL SERVICES | IL | N/A | C | | | | | No |
| BROMENN PHYSICIAN MANAGEMENT CORPORATION 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 37-1313150 | MEDICAL SERVICES | IL | N/A | C | | | | | No |
| PARKSIDE CENTER CONDO ASSOCIATION 1775 WEST DEMPSTER STREET PARK RIDGE, IL 60068 36-3452486 | PROPERTY MGMT | IL | N/A | C | | | | | No |
| THE DELPHI GROUP IV INC 1425 N RANDALL ROAD ELGIN, IL 60123 36-4017279 | HEALTH COST MGMT | IL | N/A | C | | | | | No |
| SHERMAN VENTURES INC 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 36-4292309 | HOLDING COMPANY | IL | N/A | C | | | | | No |
| ADVOCATE HPN NFP 3075 HIGHLAND PARKWAY SUITE 600 DOWNERS GROVE, IL 60515 81-0893878 | HEALTH IMPRV MGMT | IL | N/A | C | | | | | No |
| ADVOCATE INSURANCE SPC 878 W BAY RD PO BOX 1159 GRAND CAYMAN KY1-1102 CJ 98-0422925 | INSURANCE | CJ | N/A | C | | | | | No |
| ADVOCATE HEALTH PARTNERS 1701 WEST GOLF ROAD ROLLING MEADOWS, IL 60008 36-4032117 | HEALTH CARE MGMT | IL | N/A | C | | | | | No |
| ADVOCATE PHYSICIAN PARTNERS ACCOUNTABLE 1701 WEST GOLF ROAD ROLLING MEADOWS, IL 60008 45-5498384 | HEALTH CARE MGMT | IL | N/A | C | | | | | No |
| 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 |
|--|-------------------------------------|-------------------------------|---|
| ADVOCATE HEALTH & HOSPITALS CORP | A | 208,063 | COST |
| MASONIC FAMILY HEALTH FOUNDATION | B | 149,878 | COST |
| ADVOCATE CHARITABLE FOUNDATION | C | 3,289,144 | COST |
| MASONIC FAMILY HEALTH FOUNDATION | C | 4,285,651 | COST |
| ADVOCATE HEALTH & HOSPITALS CORP | K | 687,309 | COST |
| ADVOCATE HEALTH & HOSPITALS CORP | L | 71,767,819 | COST |
| ADVOCATE HEALTH & HOSPITALS CORP | M | 278,746 | COST |
| ADVOCATE HEALTH & HOSPITALS CORP | P | 50,474,542 | COST |
| ADVOCATE HEALTH & HOSPITALS CORP | Q | 87,466,225 | COST |
| ADVOCATE HEALTH & HOSPITALS CORP | R | 4,396,584 | COST |
| ADVOCATE HEALTH & HOSPITALS CORP | S | 16,233,682 | COST |