Advocate Health

How Executive Compensation Is Determined

Supplemental Information to IRS Form 990 for Tax Year 2025

A plain-language guide to the executive pay reported in our Form 990

About This Document

Like every tax-exempt organization, Advocate Health files an annual information return with the Internal Revenue Service called the Form 990. This filing reports the compensation of our officers, directors, key employees and highest-paid employees. The Form 990 is a tax document: it reports amounts according to IRS rules, but it does not explain how those amounts were decided or why.

This supplement provides that explanation. It describes the philosophy behind our executive pay, the independent Board oversight that approves it, the market data and expert advice the Board relies on, and how pay is tied to performance. It also explains how to read the amounts in Schedule J, which often include pay earned over more than one year. It accompanies the Form 990 filed by Advocate Health, Inc., for tax year 2025.

At a Glance

Question	The short answer
Who approves executive pay?	The Compensation and Benefits Committee of the Advocate Health Board of Directors. Its members are independent directors with no financial interest in the decisions, and no executive approves their own pay.
What guides pay decisions?	Pay decisions are guided by the Committee's written compensation philosophy and must meet IRS standards for reasonableness.
How is pay compared to the market?	Market competitiveness is assessed using a peer group of large, complex health organizations, supplemented with general industry data for similarly sized organizations for non-clinical executive roles. The Committee reviews and approves the peer group annually with its independent consultant.
How is pay tied to performance?	A significant share of pay is at risk. Variable pay is tied to annual and long-term performance measures aligned with Advocate Health's strategic, operational, and purpose-driven objectives, as approved and reviewed by the Committee. Base salary and other benefits are not performance-based; they are set by reference to the market and the scope of each role.
Who provides independent advice?	SullivanCotter, a national firm specializing in health care executive compensation, advises the Committee.
Why can reported amounts vary by year?	Schedule J reports compensation for calendar year 2025 according to IRS rules. It can include incentives earned in earlier years and retirement benefits that vested during the year, and it can change when the way a benefit is delivered changes. Year-to-year changes in the total are not a direct measure of performance.

Statement from Our Board

At Advocate Health, executive compensation is designed to support our mission and reward performance against the outcomes that matter most to the patients, teammates and communities we are privileged to serve. Our executives lead the nation's third-largest nonprofit health system, an organization of nearly 174,000 teammates, more than 35,000 physicians and aligned medical staff, 69 hospitals and more than 1,100 sites of care serving approximately 5.6 million unique patients across eight states.

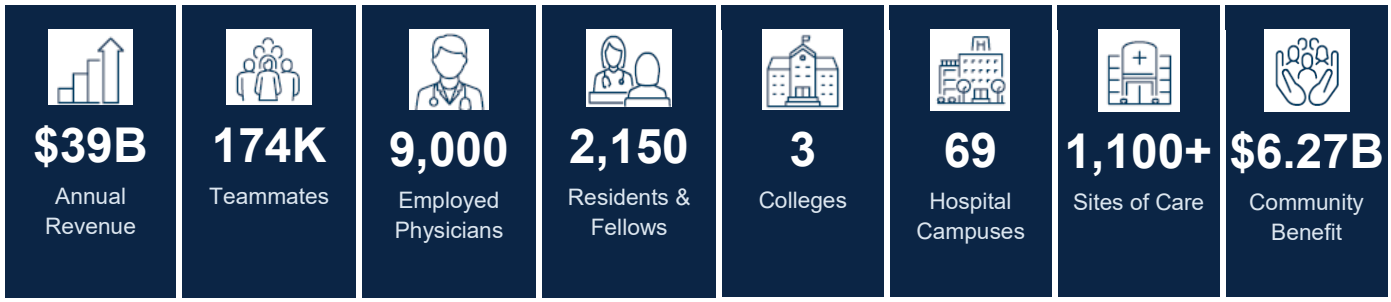
The Compensation and Benefits Committee of the Advocate Health Board of Directors reviews executive compensation annually. To support that work, the Committee engages independent third-party compensation consultants who provide objective market data, governance guidance and analysis consistent with IRS guidelines and industry best practices. A significant portion of executive compensation is performance-based and earned only when annual and multi-year goals established and evaluated by the Board are achieved. Those goals are designed to advance Advocate Health's mission by improving patient outcomes, expanding access to care, strengthening the teammate experience, supporting healthier communities and ensuring long-term financial sustainability.

The results achieved in 2025 demonstrate the impact of this performance-based approach:

- Advocate Health hospitals earned 26 "A" grades in the most recent Leapfrog Hospital Safety Grades, a record for the organization and among the strongest patient safety performances in the nation.
- 14 Advocate Health hospitals were recognized by U.S. News & World Report, earning 296 national and regional recognitions, including 10 nationally ranked specialties, 19 high-performing specialty designations and 204 high-performing ratings for procedures and conditions.
- Advocate Health invested a nationally leading $6.27 billion in community benefit, including financial assistance, health services and community programs. That equates to more than $17 million invested in communities every day. Over 603,000 patients received financial assistance, and more than 221,000 patients never received a bill for their care.
- Advocate Health invested an additional $764 million in teammate compensation during 2025, along with over $827 million in retirement benefits. In 2026, Advocate announced a $776 million investment, including a unified minimum starting rate of $18.85 per hour. Building on this commitment, a $1.24 billion investment was announced for 2027, including a new minimum starting wage of $20 per hour.

The Board's goal is to align executive compensation with the responsibility of leading the nation's third-largest nonprofit health system and with the results achieved for the patients, teammates and communities Advocate Health serves.

The Organization Our Executives Lead



Advocate Health is the third largest not-for-profit health care platform in the country. If publicly traded, current revenue would place Advocate around 117 on the 2026 Fortune 500 list. Its size, scale and continued growth place it among a small group of the nation's largest and most complex health care organizations. As the enterprise grows and transforms, the scope of its executive roles grows with it. Leading an organization of this size and complexity requires rare experience in clinical quality, operations, finance, technology and large-scale change. Health organizations and employers across industries compete nationally for leaders with this experience. For non-clinical roles in particular, Advocate competes directly with organizations outside health care. Our compensation program must be competitive enough to attract and retain these leaders while reflecting responsible stewardship of the resources entrusted to a not-for-profit organization.

2026 Key Enterprise Stats

- **Scale translating into greater access to care**
  - Nearly 1M rural patients served across 21 rural hospitals and 387 rural clinics
  - $3B+ invested in rural staffing, infrastructure and technology
  - 229K patients gained new access to integrated behavioral health across 54 rural NC clinics
  - 38K Georgia students added to school-based mental health services
  - 430K virtual care visits
  - 36K patients cared for through Hospital at Home since 2020
  - 43K pediatric virtual care visits
- **Enterprise scale accelerating technology adoption**
  - 650K+ AI-enabled outreach calls in 90 days, reaching 330K unique patients
  - 13.6M AI-fronted inbound calls
- **Measurable clinical improvement in the last two years**
  - 3.6M care gaps closed
  - 14% mortality reduction
  - 22K colorectal screening gaps closed
  - 9K more patients achieved blood-pressure control
  - 139K additional patients screened for depression and connected to follow-up care
- **Patient safety improvements in the last two years**
  - 20% fewer central line-associated bloodstream infections
  - 24% fewer catheter-associated urinary tract infections
  - 18% fewer colon surgical site infections
- **Impact we are having on communities we serve**
  - More than 2M patients screened for social drivers of health
  - More than $7M invested in the local food economy
  - $6.27B in overall community benefit in 2025

2026 Teammate Total Rewards Stats

- Additional $776 million invested in teammate compensation, with a $1.24 billion investment announced for 2027.
- Additional $840 million invested in retirement benefits.
- $1.9 billion invested in teammate health coverage.
- $40 million invested in enhanced teammate health and well-being benefits.
- Teammate out-of-pocket costs are 17% lower than healthcare peers based on recent benchmarking.
- Medical premiums for teammates are significantly lower than our peers.
- Medical plan enrollment increased by 6%, indicating teammates continue to see value in the plans.
- Minimum starting wage increased to $18.85, with announcement of additional raise to $20 for 2027, providing more than $24,000 extra per year compared to the federal minimum wage.
- More than 15,700 teammates received nearly a total of $13.8 million in tuition assistance and reimbursement.
- Benefits are offered and available on day one.
- Teammates offered up to 12 hours of paid volunteer time annually.

Our Compensation Philosophy

Our compensation philosophy guides every decision about executive compensation. We believe a meaningful portion of executive compensation should depend on how well Advocate Health performs against goals that advance our purpose. Our approach is designed to:

- Attract and keep the experienced leaders needed to run a large, complex health care platform during a time of rapid change in health care.
- Reward leaders for results that advance our purpose and meet our goals for the organization.
- Pay competitively while using the resources entrusted to us responsibly.
- Keep pay reasonable, as federal rules for not-for-profit organizations require.

Executive pay includes a base salary and incentive pay tied to annual and long-term goals. Executives also receive the standard benefits available to our employees. They also receive additional benefits that provide financial protection for them and their families in case of death, disability, leaving the organization or retirement.

Target compensation is set between the midpoint and the 75th percentile of what comparable organizations pay executives in similar roles. Where an individual's actual compensation falls depends on their experience, performance and the size of their role. It also depends on how it compares with other Advocate Health leaders and how hard the role is to fill. Market data guides these decisions, but it doesn't set pay automatically.

Independent Oversight by the Board

Executive pay is overseen by the Compensation and Benefits Committee of our Board of Directors. The committee is made up of 4 independent directors. None of them has a financial interest in the committee's decisions. Executives do not take part in discussions or votes on their own pay.

The committee's responsibilities include:

- Approving the compensation philosophy and the group of comparable organizations used to compare compensation.
- Evaluating the CEO's performance and setting the CEO's compensation.

- Approving compensation for other senior executives, based on the CEO's recommendations.
- Setting incentive goals in advance and confirming results before any incentive is paid.
- Reviewing its independent consultant's independence, services and fees each year.

The committee follows steps set out by the IRS regarding executive compensation decisions.

How Our CEO's Pay Is Set

The Committee evaluates the Chief Executive Officer's performance each year, considering results against annual goals and the Board's broader leadership expectations. It then reviews market data and the advice of its independent consultant before approving any change to the CEO's pay. In doing so, the Committee considers the total value of the CEO's compensation and benefits, including retirement benefits. The CEO does not take part in decisions about the CEO's own compensation.

Independent Expert Third-Party Consultation

The Committee retains SullivanCotter, a national consulting firm that specializes in health care executive compensation, as its independent advisor. SullivanCotter attends Committee meetings and provides market data, analysis of pay levels and program design, and independent opinions on the reasonableness of executive compensation.

To protect the objectivity of this advice, SullivanCotter reports directly to the Committee, which has sole authority to engage or replace the firm. The Committee reviews the firm's services and fees each year.

How We Compare Pay to the Market

To judge whether compensation is competitive and reasonable, the Committee compares each executive's role and pay with similar positions at comparable organizations. Each year, the Committee reviews the executive compensation peer group with its independent consultant to confirm that it still reflects organizations of similar size, scope and complexity.

Peer organizations are selected using objective criteria:

- Size, measured primarily by annual revenue.
- Scope, including multi-state and multi-market operations.
- Complexity, including academic medicine, research and education, and large employed physician groups.
- Structure, with a focus on not-for-profit health systems. Additional market data is used to reflect the broader talent market.

How Pay Is Tied to Performance

A significant share of each executive's pay is performance contingent. Performance-based incentives are earned only when goals approved in advance by the Committee are achieved, and the Committee certifies results before any award is paid. Base salary and other benefits are not tied to performance; they are set by reference to the market and the scope of each role.

Annual Incentive Plan

The annual incentive plan compensates for results over a single year. Goals are set each year in areas such as safety and quality, community and population health, and financial stewardship, measured against national benchmarks where possible. Each goal has threshold, target and maximum levels of performance, and incentives are capped at 200% of target. Incentive opportunities are set to be competitive with the group of comparable organizations the committee approves for pay comparisons.

For example, the financial stewardship goal uses earnings before interest, depreciation and amortization (EBIDA). Target performance is set at the annual budget, and no incentive is earned on this goal below 80 percent of budget. Financial strength matters in a not-for-profit health system because it funds reinvestment in care, facilities, technology, teammates and community programs.

Long-Term Incentive Plan

Long-term incentives are offered to select senior executives. They tie part of each executive's cash pay directly to Advocate Health's strategy and long-term goals, and they help us keep key leaders. The plan recognizes sustained progress on strategic priorities over a multi-year performance period. Awards are earned only if long-term goals are met, and they are paid only after the committee confirms the results.

The Elements of Executive Pay

Executive compensation is made up of the elements below. The table also shows where each element is generally reported in Schedule J, Part II.

Pay element	What it is for	Where it appears in Schedule J
Base salary	Fixed pay for the scope and responsibilities of the role, reviewed against the market each year.	Column (B)(i), base compensation.
Annual incentive	Performance contingent pay earned only for achieving one-year goals set in advance.	Column (B)(ii), bonus and incentive compensation, in the year paid.
Long-term incentive	Performance contingent pay earned only for achieving multi-year goals, which also encourages leaders to stay.	Column (B)(ii), in the year paid.
Retirement benefits	Retirement benefits, including supplemental arrangements that restore benefits limited by IRS rules.	Generally, Column (C) when earned; Column (B)(iii) when vested or taxable.
Health and welfare benefits	Medical, life and disability coverage.	Column (D), nontaxable benefits.
Other compensation	Limited taxable benefits and any one-time payments, described below.	Column (B)(iii), other reportable compensation.

How to Read the Amounts in Schedule J

Schedule J follows IRS reporting rules. Readers comparing amounts across organizations or years should keep the following in mind:

- Amounts in Column (B) reflect taxable compensation for calendar year 2025, as reported on Form W-2. A single year can include incentives earned for performance in earlier years.
- Long-term incentive awards are reported in the year they are paid, so they can make one year look higher than an executive's ongoing annual pay.
- Retirement and deferred compensation can appear more than once: when it is earned (Column C) and again when it is vested or becomes taxable (Column B). Column (F) shows amounts already reported as deferred on a prior Form 990.
- Amounts may include one-time payments related to a hire, retirement or leadership transition that are not part of ongoing pay.
- Individuals who left the organization or changed roles during the year are included, and their amounts reflect all pay received in 2025, including any payments made at separation.
- The total in Column (E) combines performance-based incentives with base salary and benefits, and it is affected by the timing of payments and vesting. A change in the total from one year to the next is therefore not, by itself, a measure of performance or of a change in compensation.

Benefits, Perquisites and Other Arrangements

Executive benefits and perquisites are limited and are reviewed by the Committee. Any severance or supplemental retirement arrangements are approved by the Committee and designed to be consistent with the practices of comparable organizations. The Committee periodically reviews how these arrangements are designed, with advice from its independent consultant, and may change how a benefit is delivered to make it more cost-effective for the organization.

Key Terms

Term	What it means
Form 990	The annual information return that tax-exempt organizations file with the IRS. It is available to the public.
Schedule J	The part of the Form 990 that details compensation for officers, directors, key employees and the highest-paid employees.
Reportable compensation	Taxable pay reported on Form W-2 for the calendar year, which can include amounts earned in earlier years.
Comparability data	Pay information for similar roles at similar organizations, used to judge whether compensation is reasonable.
Peer group	The set of comparable organizations the Committee uses as its primary market reference.
Performance contingent	Incentive pay that is earned only if performance goals set in advance are achieved.
EBIDA	Earnings before interest, depreciation and amortization, a common measure of operating financial performance.
Supplemental retirement plan	A plan or arrangement that provides retirement benefits above the limits the IRS places on standard plans. Depending on its structure, amounts may be reported in Schedule J when they are earned and/or when they are vested or taxable.

Questions About Executive Compensation

Advocate Health is committed to being open about how we compensate our leaders. We believe the patients and communities we serve should understand not only what our executives are paid, but why, and how those decisions are made on their behalf. Questions about this document may be directed to media@advocatehealth.org.

** PUBLIC DISCLOSURE COPY **

EXTENDED TO NOVEMBER 16, 2026

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

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning **and ending**

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

C Name of organization
ADVOCATE HEALTH, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1000 BLYTHE BOULEVARD

City or town, state or province, country, and ZIP or foreign postal code
CHARLOTTE, NC 28203

D Employer identification number
88-4157429

E Telephone number
414-299-1576

G Gross receipts $ 24,501,396.

F Name and address of principal officer: RACHEL HALVERSON
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ..... Yes [X] 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: [X] 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527

J Website: WWW.ADVOCATEHEALTH.COM

K Form of organization: [X] Corporation Trust Association Other

L Year of formation: 2022

M State of legal domicile: DE

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: ADVOCATE HEALTH, INC. IS AN INTEGRATED HEALTH CARE PROVIDER.

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)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0.	0.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	333,741.	24,501,396.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	333,741.	24,501,396.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
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)	115,907,136.	75,558,140.
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)	-113,733,010.	-47,142,871.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,174,126.	28,415,269.
19	Revenue less expenses. Subtract line 18 from line 12	-1,840,385.	-3,913,873.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	105,054,164.	558,988,023.
21	Total liabilities (Part X, line 26)	106,894,549.	510,122,594.
22	Net assets or fund balances. Subtract line 21 from line 20	-1,840,385.	48,865,429.

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
RACHEL HALVERSON, SVP CONTROLLER
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Firm's name			Firm's EIN	
Firm's address			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions ..... Yes [X] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO SUPERVISE AND MANAGE AN INTEGRATED ACADEMIC AND COMMUNITY HEALTH SYSTEM THAT IS STEEPED IN INNOVATION AND POISED TO RESHAPE THE DELIVERY OF HEALTHCARE ALONG WITH ACHIEVING THE HIGHEST AND SAFEST OUTCOMES IN THE COMMUNITIES IT SERVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 74,486,086. including grants of $) (Revenue $)
THE ORGANIZATION WAS ORGANIZED TO OPERATE EXCLUSIVELY FOR THE BENEFIT OF, PERFORM THE FUNCTIONS OF, CARRY OUT THE PURPOSES OF, AND SUPPORT A COMBINED ENTERPRISE OF MULTIPLE HEALTH SYSTEMS AND TAX-EXEMPT ORGANIZATIONS, INCLUDING THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY, A HOSPITAL AUTHORITY LOCATED IN NORTH CAROLINA, AND OTHER TAX-EXEMPT ORGANIZATIONS AFFILIATED WITH ATRIUM HEALTH, INC. (A HEALTH SYSTEM OF MULTIPLE TAX-EXEMPT ORGANIZATIONS AND ONE NORTH CAROLINA HOSPITAL AUTHORITY LOCATED IN NORTH CAROLINA, SOUTH CAROLINA, GEORGIA, AND ALABAMA), AND ADVOCATE AURORA HEALTH, INC. (A HEALTH SYSTEM OF MULTIPLE TAX-EXEMPT AND TAXABLE ORGANIZATIONS LOCATED IN WISCONSIN AND ILLINOIS).

4b (Code:) (Expenses $ including grants of $) (Revenue $)

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

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

4e Total program service expenses 74,486,086.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		17		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records

ADVOCATE HEALTH, INC. - 414-299-1862

PO BOX 341880, MILWAUKEE, WI 53234-1880

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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 the 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 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EUGENE WOODS	1.00									
CHIEF EXECUTIVE OFFICER, DIRECTOR	55.00	X		X				0.	28,241,738.	44,168.
(2) JAMES SKOGSBERGH	0.00									
FORMER OFFICER	0.00						X	0.	10,606,441.	1,202,666.
(3) JULIE FREISCHLAG	0.00									
FORMER EVP CHIEF ACADEMIC OFFICER	0.00						X	0.	7,810,462.	22,887.
(4) KEN HAYNES	1.00									
SEVP, CHIEF ENTERPRISE SERVICES OFFI	55.00				X			0.	4,737,841.	595,005.
(5) BRAD CLARK	1.00									
CHIEF FINANCIAL OFFICER, TREASURER	55.00			X				0.	4,590,354.	565,825.
(6) SCOTT RISSMILLER	1.00									
SEVP CHIEF CLINICAL OFFICER	55.00				X			0.	4,337,197.	537,311.
(7) BRETT DENTON	1.00									
CHIEF LEGAL OFFICER, SECRETARY	55.00			X				0.	4,163,852.	514,814.
(8) WILLIAM SANTULLI	0.00									
FORMER KE	0.00						X	0.	3,808,483.	329,327.
(9) CAROL LOVIN	1.00									
CHIEF OF STAFF AND CHIEF INTEGRATION	55.00				X			0.	3,606,808.	415,028.
(10) BARBARA BYRNE	1.00									
CHIEF INFORMATION OFFICER	55.00				X			0.	3,150,054.	387,389.
(11) RASU SHRESTHA	0.00									
FORMER EVP CHIEF INNOVATION OFFICER	0.00						X	0.	3,070,241.	404,234.
(12) SHOEB SITAFALWALLA	1.00									
SEVP CHIEF STRATEGY OFFICER	55.00				X			0.	2,979,858.	399,648.
(13) NAKESHA LOPEZ	1.00									
CHIEF PEOPLE & CULTURE OFFICER	55.00				X			0.	2,991,325.	383,946.
(14) KEVAN MABBUTT	0.00									
FORMER EVP CHIEF BRAND & CONSUMER OF	0.00						X	0.	2,713,531.	195,940.
(15) KINNEIL COLTMAN	1.00									
CHIEF CONSUMER & SOCIAL IMPACT OFFIC	55.00				X			0.	2,425,292.	348,597.
(16) MARY BETH KINGSTON	0.00									
FORMER KE	0.00						X	0.	2,412,482.	178,393.
(17) GARY STUCK	0.00									
FORMER KE	0.00						X	0.	2,304,416.	4,279.

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 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(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			
(18) KELLY JO GOLSON	0.00									
FORMER KE	0.00						X	0.	1,756,759.	431,823.
(19) DIA NICHOLS	1.00									
EVP AND PRESIDENT, ILLINOIS DIVISION	55.00				X			0.	1,951,027.	191,436.
(20) GABRIELLE FINLEY-HAZLE	1.00									
EVP AND PRESIDENT, WISCONSIN DIVISIO	55.00				X			0.	1,901,313.	152,872.
(21) EBONY BOULWARE	1.00									
CHIEF ACADEMIC OFFICER, DEAN, WAKE F	55.00				X			0.	1,976,528.	17,581.
(22) RICHARD KLEIN	0.00									
FORMER KE	0.00						X	0.	1,813,276.	165,393.
(23) STEVE SMOOT	1.00									
EVP AND PRESIDENT, NC AND GA DIVISIO	55.00				X			0.	1,184,082.	140,283.
(24) ANTHONY DEFURIO	0.00									
FORMER OFFICER	0.00						X	0.	501,461.	0.
(25) JIM DUNN	0.00									
FORMER KE	0.00						X	0.	424,024.	0.
(26) MICHELE BAKER RICHARDSON	1.00									
DIRECTOR, CHAIR	0.00	X						67,883.	67,884.	0.
1b Subtotal								67,883.	105,526,729.	7,628,845.
c Total from continuation sheets to Part VII, Section A								569,377.	631,512.	0.
d Total (add lines 1b and 1c)								637,260.	106,158,241.	7,628,845.

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 0

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

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
ROPES & GRAY LLP 800 BOYLSTON ST, BOSTON, MA 02199	LEGAL SERVICES	23,303,391.
PWC HOLDINGS NO 21 LLC 4040 W BOY SCOUT BLVD, TAMPA, FL 33607	OTHER SERVICES	11,716,500.
LOCUMSMART LLC PO BOX 736389, DALLAS, TX 75373	OTHER SERVICES	10,151,164.
LATHAM & WATKINS LLP, 555 W FIFTH ST STE 300, LOS ANGELES, CA 90013	LEGAL SERVICES	4,380,209.
LABORATORY CORPORATIONS OF AMERICA HOLDINGS PO BOX 12140, BURLINGTON, NC 27216	MEDICAL SERVICES	3,462,923.

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 29

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(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			
(27) PAMELA LEWIS DAVIES	1.00									
DIRECTOR, CHAIR ELECT	0.00	X						63,717.	63,716.	0.
(28) ANGELIQUE VINCENT	1.00									
DIRECTOR	0.00	X						56,217.	56,216.	0.
(29) WILLIAM WARDEN	1.00									
DIRECTOR	0.00	X						56,217.	56,216.	0.
(30) SUSAN WENTE	1.00									
DIRECTOR	0.00	X						56,217.	56,216.	0.
(31) THOMAS BOLGER	1.00									
DIRECTOR	0.00	X						56,217.	56,216.	0.
(32) JOANNE BAUER	1.00									
DIRECTOR	0.00	X						56,217.	56,216.	0.
(33) MARK HARRIS	1.00									
DIRECTOR	0.00	X						48,550.	48,550.	0.
(34) LYNN CRUMP-CAINE	1.00									
DIRECTOR	0.00	X						44,550.	44,550.	0.
(35) GRACIE COLEMAN	1.00									
DIRECTOR	0.00	X						44,550.	44,550.	0.
(36) JOHN TIMMER	1.00									
DIRECTOR	0.00	X						44,550.	44,550.	0.
(37) CHARLES HARVEY	0.00									
FORMER DIRECTOR	0.00						X	0.	56,216.	0.
(38) RICHARD JAKLE	0.00									
FORMER DIRECTOR	0.00						X	10,100.	36,300.	0.
(39) CORY NETTLES	1.00									
DIRECTOR	0.00	X						24,275.	4,000.	0.
(40) MARK REED	0.00									
FORMER DIRECTOR	0.00						X	8,000.	8,000.	0.
(41) VICTORIA SUTTON	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(42) THOMAS NELSON	1.00									
DIRECTOR	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c								569,377.	631,512.	

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				
	e Government grants (contributions) 1e				
	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				
Program Service Revenue		**Business Code**			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	9,755,372.			9,755,372.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
		(i) Real	(ii) Personal		
	6a Gross rents 6a				
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss)				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory 7a	14,746,024.			
	b Less: cost or other basis and sales expenses 7b	0.			
	c Gain or (loss) 7c	14,746,024.			
	d Net gain or (loss)	14,746,024.			14,746,024.
	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				
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d				
	12 **Total revenue.** See instructions	24,501,396.	0.	0.	24,501,396.

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 X

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				
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	641,260.	641,260.		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	72,010,432.	45,895,776.	26,114,656.	
7 Other salaries and wages	7,095.	7,095.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	-10,739,138.	-10,739,138.		
10 Payroll taxes	13,638,491.	13,560,758.	77,733.	
11 Fees for services (nonemployees):				
a Management	-174,539,529.		-174,539,529.	
b Legal	45,251,220.		45,251,220.	
c Accounting	1,889,373.		1,889,373.	
d Lobbying	1,000,000.		1,000,000.	
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 Sch O.)	54,135,335.		54,135,335.	
12 Advertising and promotion	553,206.	553,206.		
13 Office expenses	79,925.	79,925.		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	172,259.	172,259.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,212,673.	2,212,278.	395.	
20 Interest	325,650.	325,650.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER	11,463,462.	11,463,462.		
b REPAIR AND MAINTENANCE	6,225,000.	6,225,000.		
c ALLOCATION OF SYSTEM SE	3,839,557.	3,839,557.		
d ALL OTHER EXPENSES	248,998.	248,998.		
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	28,415,269.	74,486,086.	-46,070,817.	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 ☐ 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 X ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	25,971,704.	1	352,843,234.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	0.	4	33,128,972.
	5	Loans and other receivables from 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		8	
	9	Prepaid expenses and deferred charges	20,707,019.	9	6,568,303.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	7,108,341.	12	129,354,590.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	51,267,100.	15	37,092,924.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	105,054,164.	16	558,988,023.
Liabilities	17	Accounts payable and accrued expenses	91,588,078.	17	493,176,254.
	18	Grants payable		18	
	19	Deferred revenue		19	
	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	15,306,471.	25	16,946,340.
	26	**Total liabilities.** Add lines 17 through 25	106,894,549.	26	510,122,594.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☐ and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ☒ and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds	0.	29	0.
	30	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31	Retained earnings, endowment, accumulated income, or other funds	-1,840,385.	31	48,865,429.
	32	Total net assets or fund balances	-1,840,385.	32	48,865,429.
	33	Total liabilities and net assets/fund balances	105,054,164.	33	558,988,023.

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	24,501,396.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,415,269.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,913,873.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1,840,385.
5	Net unrealized gains (losses) on investments	5	54,619,688.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	48,865,430.

Part XII Financial Statements and Reporting

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

			Yes	No
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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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?	2b	X	
	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
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 on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization

ADVOCATE HEALTH, INC.

Employer identification number

88-4157429

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).)
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 **section 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 on 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 36
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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
ADVOCATE HEALTH AND HOSPITALS CORPORATION	36-2169147	3	X		0.	
EHS HOME HEALTH CARE SERVICE INC.	36-2913108	10	X		0.	
ADVOCATE CHARITABLE FOUNDATION	36-3297360	7	X		0.	
ADVOCATE NORTH SIDE HEALTH NETWORK	36-3196629	3	X		0.	
MERIDIAN HOSPICE	36-3158667	10	X		0.	
Total					0.	0.

SEE PART VI FOR LINE 12G CONTINUATION

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) 14 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 on 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 5 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 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** 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 - 2024.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
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? *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.*	**2**		

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)? *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).*	**1**		X

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?	**1**		
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? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described on line 2, above, 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? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

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** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its upported organization(s)? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**		

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):			
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 0.015 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 0.035.	**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 0.85 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 ☐ 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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6 **Total annual distributions.** Add lines 1 through 5.	6	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	7	
8 Distributable amount for 2025 from Section C, line 6	8	
9 Line 7 amount divided by line 8 amount	9	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART V, SECTION C, LINE 1:

ADVOCATE AURORA HEALTH, INC. ("AAH"), AND ATRIUM HEALTH, INC., ("AHI") ARE THE MEMBERS OF ADVOCATE HEALTH, INC. ADVOCATE HEALTH WILL ACT THROUGH A GOVERNANCE FRAMEWORK THAT VESTS SUPERVISION AND MANAGEMENT OF ADVOCATE HEALTH IN THE SAME PERSONS WHO ULTIMATELY SUPERVISE AND MANAGE THE SUPPORTED ORGANIZATIONS AS REQUIRED FOR TYPE 2 SUPPORTING ORGANIZATION STATUS. THIS STRUCTURE WILL ENSURE THAT ADVOCATE HEALTH IS RESPONSIVE TO THE NEEDS AND REQUIREMENTS OF ITS SUPPORTED ORGANIZATIONS, AND IT WILL ALLOW THE SYSTEM TO FUNCTION AS AN INTEGRATED ORGANIZATION.

ADVOCATE HEALTH'S GOVERNANCE FRAMEWORK ARISES FROM THE TERMS OF A MASTER AGREEMENT AND A JOINT OPERATING AGREEMENT BY AND AMONG AAH, AHI AND ADVOCATE HEALTH. PURSUANT TO THE TERMS OF THESE AGREEMENTS, AAH AND AHI, BY AND ON BEHALF OF THE SUPPORTED ORGANIZATIONS, HAVE BROADLY DELEGATED TO ADVOCATE HEALTH THE AUTHORITY TO SUPERVISE AND MANAGE THE SUPPORTED ORGANIZATIONS. THIS BROAD DELEGATION OF AUTHORITY IS DESIGNED TO INTEGRATE THE SUPPORTED ORGANIZATIONS INTO ADVOCATE HEALTH, SO THAT, COLLECTIVELY, ADVOCATE HEALTH AND ITS SUPPORTED ORGANIZATIONS OPERATE AS AN INTEGRATED ACADEMIC AND COMMUNITY HEALTH SYSTEM.

Part VI Supplemental Information (Schedule A, Part I, Line 12g - Information regarding supported organizations (continuation))

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above)	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support	(vi) Amount of other support
ADVOCATE CONDELL MEDICAL CENTER	26-2525968	6	X		0.	
ADVOCATE SHERMAN HOSPITAL	36-2167920	3	X		0.	
VISITING NURSE ASSOCIATION OF WISCONSIN, INC.	39-0806180	7	X		0.	
AURORA UW ACADEMIC MEDICAL GROUP, INC.	36-1136738	10	X		0.	
AURORA HEALTH CARE METRO, INC.	39-0806181	3	X		0.	
AURORA HEALTH CARE SOUTHERN LAKES, INC.	39-0806347	3	X		0.	
AURORA HEALTH CARE CENTRAL, INC.	36-0930748	3	X		0.	
AURORA PSYCHIATRIC HOSPITAL, INC.	39-0872192	3	X		0.	
AURORA MEDICAL CENTER OF WASHINGTON COUNTY, INC.	39-1150165	3	X		0.	
AURORA HEALTH CARE NORTH, INC.	39-1211629	3	X		0.	
WEST ALLIS MEMORIAL HOSPITAL, INC.	39-1022464	3	X		0.	
AURORA FAMILY SERVICE, INC.	39-0806174	10	X		0.	
AURORA MEDICAL CENTER OF OSHKOSH, INC.	39-1027676	3	X		0.	
AURORA MEDICAL GROUP, INC.	39-1678306	3	X		0.	
AURORA ADVANCED HEALTHCARE, INC.	39-1595302	3	X		0.	
AMG ILLINOIS, LTD.	26-4041287	3	X		0.	
AURORA MEDICAL CENTER GRAFTON LLC	27-2953799	3	X		0.	
AURORA MEDICAL CENTER BAY AREA, INC.	39-1528430	3	X		0.	
KRADWELL SCHOOL, INC.	26-1516765	2	X		0.	
THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY	56-0529945	6	X		0.	
NORTH CAROLINA BAPTIST HOSPITAL	56-0552787	3	X		0.	
WAKE FOREST UNIVERSITY HEALTH SCIENCES	22-3849199	2	X		0.	
AHSNF, INC.	84-2727303	3	X		0.	
AH GEORGIA, INC.	83-1707383	10	X		0.	
FLOYD HEALTHCARE MANAGEMENT, INC.	58-1973570	3	X		0.	
ATRIUM HEALTH FOUNDATION	56-6060481	7	X		0.	
Continuation Totals						

Part VI Supplemental Information (Schedule A, Part I, Line 12g - Information regarding supported organizations (continuation))

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above)	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support	(vi) Amount of other support
THE MEDICAL CENTER OF CENTRAL GEORGIA, INC.	58-2149128	3	X		0.	
THE MEDICAL CENTER OF PEACH COUNTY, INC.	45-3765471	3	X		0.	
NAVICENT HEALTH BALDWIN, INC.	82-3914925	3	X		0.	
HEALTH SERVICES OF CENTRAL GEORGIA, INC.	58-2307485	3	X		0.	
POLK MEDICAL CENTER, INC.	45-3957368	3	X		0.	
Continuation Totals						

SCHEDULE D
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ADVOCATE HEALTH, INC.

Employer identification number
88-4157429

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 (for example, recreation or education)
☐ Preservation of a 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 Tax 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 on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 FASB 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 FASB 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 FASB 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 make 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 program
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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds

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

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

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

a Board designated or quasi-endowment _____%
b Permanent endowment _____%
c Term 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 line 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				0.

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) INVESTMENTS IN THIRD PARTY ENTITIES	72,967,671.	COST
(B) FAIR MAKET VALUE (FMV) ADJUSTMENT	1,787,231.	COST
(C) INTERCOMPANY FMV ADJUSTMENT	54,599,688.	COST
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	129,354,590.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) OTHER NONCURRENT ASSETS	37,092,924.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	37,092,924.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER NONCURRENT LIABILITIESAHI CEO SERP LIABILITY	6,484,392.
(3) OTHER NONCURRENT LIABILITIESAHI SERP LIABILITY	10,461,948.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	16,946,340.

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 FASB 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.

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ADVOCATE HEALTH, INC.

Employer identification number
88-4157429

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
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:			
a	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
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:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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 aren't 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 and/or 1099-NEC 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				
(1) EUGENE WOODS	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF EXECUTIVE OFFICER, DIRECTOR	(ii)	4,499,827.	18,644,441.	5,097,470.	34,000.	10,168.	28,285,906.	1,676,750.
(2) JAMES SKOGSBERGH	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER OFFICER	(ii)	-2,080.	0.	10,608,521.	1,197,535.	5,131.	11,809,107.	1,202,580.
(3) JULIE FREISCHLAG	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER EVP CHIEF ACADEMIC OFFICER	(ii)	2,660,350.	4,356,769.	793,343.	0.	22,887.	7,833,349.	708,011.
(4) KEN HAYNES	(i)	0.	0.	0.	0.	0.	0.	0.
SEVP, CHIEF ENTERPRISE SERVICES OFFI	(ii)	1,673,850.	2,750,446.	313,545.	556,212.	38,793.	5,332,846.	296,998.
(5) BRAD CLARK	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER, TREASURER	(ii)	1,930,682.	2,653,596.	6,076.	542,396.	23,429.	5,156,179.	0.
(6) SCOTT RISSMILLER	(i)	0.	0.	0.	0.	0.	0.	0.
SEVP CHIEF CLINICAL OFFICER	(ii)	1,606,022.	2,440,014.	291,161.	503,820.	33,491.	4,874,508.	275,817.
(7) BRETT DENTON	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF LEGAL OFFICER, SECRETARY	(ii)	1,465,165.	2,495,769.	202,918.	489,194.	25,620.	4,678,666.	186,463.
(8) WILLIAM SANTULLI	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER KE	(ii)	-4,718.	779,917.	3,033,284.	316,992.	12,335.	4,137,810.	320,707.
(9) CAROL LOVIN	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF OF STAFF AND CHIEF INTEGRATION	(ii)	1,186,936.	1,986,910.	432,962.	403,029.	11,999.	4,021,836.	364,469.
(10) BARBARA BYRNE	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF INFORMATION OFFICER	(ii)	1,109,141.	1,878,439.	162,474.	369,075.	18,314.	3,537,443.	145,234.
(11) RASU SHRESTHA	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER EVP CHIEF INNOVATION OFFICER	(ii)	1,087,138.	1,771,686.	211,417.	370,285.	33,949.	3,474,475.	200,949.
(12) SHOEB SITAFALWALLA	(i)	0.	0.	0.	0.	0.	0.	0.
SEVP CHIEF STRATEGY OFFICER	(ii)	1,182,426.	1,722,474.	74,958.	366,984.	32,664.	3,379,506.	70,271.
(13) NAKESHA LOPEZ	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF PEOPLE & CULTURE OFFICER	(ii)	1,329,240.	1,372,426.	289,659.	357,437.	26,509.	3,375,271.	0.
(14) KEVAN MABBUTT	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER EVP CHIEF BRAND & CONSUMER OF	(ii)	182,474.	1,483,806.	1,047,251.	187,683.	8,257.	2,909,471.	215,901.
(15) KINNEIL COLTMAN	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF CONSUMER & SOCIAL IMPACT OFFIC	(ii)	1,031,361.	1,388,318.	5,613.	318,672.	29,925.	2,773,889.	0.
(16) MARY BETH KINGSTON	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER KE	(ii)	-3,140.	725,579.	1,690,043.	169,741.	8,652.	2,590,875.	170,456.

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 aren't 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 and/or 1099-NEC 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				
(17) GARY STUCK	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER KE	(ii)	-2,100.	504,493.	1,802,023.	0.	4,279.	2,308,695.	0.
(18) KELLY JO GOLSON	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER KE	(ii)	0.	0.	1,756,759.	431,823.	0.	2,188,582.	1,440,509.
(19) DIA NICHOLS	(i)	0.	0.	0.	0.	0.	0.	0.
EVP AND PRESIDENT, ILLINOIS DIVISION	(ii)	1,016,577.	802,142.	132,308.	154,347.	37,089.	2,142,463.	19,503.
(20) GABRIELLE FINLEY-HAZLE	(i)	0.	0.	0.	0.	0.	0.	0.
EVP AND PRESIDENT, WISCONSIN DIVISIO	(ii)	1,020,574.	875,552.	5,187.	118,970.	33,902.	2,054,185.	0.
(21) EBONY BOULWARE	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF ACADEMIC OFFICER, DEAN, WAKE F	(ii)	1,235,940.	735,686.	4,902.	0.	17,581.	1,994,109.	0.
(22) RICHARD KLEIN	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER KE	(ii)	-7,015.	364,084.	1,456,207.	147,045.	18,348.	1,978,669.	147,263.
(23) STEVE SMOOT	(i)	0.	0.	0.	0.	0.	0.	0.
EVP AND PRESIDENT, NC AND GA DIVISIO	(ii)	964,608.	125,000.	94,474.	120,984.	19,299.	1,324,365.	0.
(24) ANTHONY DEFURIO	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER OFFICER	(ii)	0.	0.	501,461.	0.	0.	501,461.	0.
(25) JIM DUNN	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER KE	(ii)	0.	0.	424,024.	0.	0.	424,024.	0.
(26) CHARLES HARVEY	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER DIRECTOR	(ii)	56,216.	0.	0.	0.	0.	56,216.	0.
(27) RICHARD JAKLE	(i)	10,100.	0.	0.	0.	0.	10,100.	0.
FORMER DIRECTOR	(ii)	36,300.	0.	0.	0.	0.	36,300.	0.
(28) MARK REED	(i)	8,000.	0.	0.	0.	0.	8,000.	0.
FORMER DIRECTOR	(ii)	8,000.	0.	0.	0.	0.	8,000.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINES 4A-B:

SCHEDULE J, PART III SUPPLEMENTAL INFORMATION LINE 4A

THE FOLLOWING EMPLOYEES RECEIVED A SEVERANCE PAYMENT DURING 2025 THAT HAS BEEN PROPERLY RECORDED ON FORM 990, PART VII, SECTION A:

JAMES SKOGSBERGH - $9,405,940
RICHARD KLEIN - $1,308,944
WILLIAM SANTULLI - $2,712,577
KELLY JO GOLSON - $316,250
GARY STUCK - $1,802,023
MARY BETH KINGSTON - $1,425,388
KEVAN MABBUTT - $828,329
ANTHONY DEFURIO - $501,461
JIM DUNN - $424,024

SCHEDULE J, PART III SUPPLEMENTAL INFORMATION LINE 4B

ADVOCATE HEALTH, INC. MAINTAINS A NONQUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN TO ATTRACT AND RETAIN KEY EXECUTIVES BY PROVIDING ADDITIONAL RETIREMENT INCOME. AMOUNTS ACCRUED ARE REPORTED IN SCHEDULE J, PART II, COLUMN (C), AND AMOUNTS VESTED OR PAID ARE REPORTED IN COLUMN (B)(III), AS APPLICABLE. PARTICIPANTS DURING THE YEAR INCLUDED:

EUGENE WOODS - $3,036,106
MARY BETH KINGSTON - $170,456
BARBARA BYRNE - $335,075
RICHARD KLEIN - $147,263
WILLIAM SANTULLI - $320,707
SHOEB SITAFALWALLA - $332,984
JAMES SKOGSBERGH - $1,202,580
DIA NICHOLS - $120,347
KEVAN MABBUTT - $177,183
GABRIELLE FINLEY-HAZLE - $95,000
BRAD CLARK - $528,396
SCOTT RISSMILLER - $464,218
CAROL LOVIN - $358,029
KEN HAYNES - $511,212
BRETT DENTON - $445,194
RASU SHRESTHA - $332,785
KINNEIL COLTMAN - $281,172

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.

NAKESHA LOPEZ - $323,437

STEVE SMOOT - $96,924

JULIE FREISCHLAG - $730,324

EBONY BOULWARE - $328,231

PART I, LINE 7:

THE ORGANIZATION MAINTAINS WRITTEN ANNUAL INCENTIVE COMPENSATION PLANS FOR ELIGIBLE EXECUTIVES AND CERTAIN MANAGEMENT LEVELS. AWARDS UNDER THESE PLANS ARE BASED ON PREDETERMINED ORGANIZATIONAL GOALS IN FINANCIAL STEWARDSHIP, SAFETY AND HEALTH OUTCOMES, PATIENT AND TEAMMATE EXPERIENCE, AND ENTERPRISE STRATEGIC PRIORITIES, ARE APPROVED BY THE COMPENSATION & BENEFITS COMMITTEE OF THE BOARD, AND ARE REPORTED IN SCHEDULE J, PART II, COLUMN (B)(II).

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ADVOCATE HEALTH, INC.

Employer identification number
88-4157429

FORM 990, PART VI, SECTION A, LINE 1A:
"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 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."

FORM 990, PART VI, SECTION A, LINE 4:
"ADVOCATE HEALTH, INC.'S CERTIFICATE OF INCORPORATION WAS AMENDED TO LIST, AS THE ORGANIZATIONS IT SUPPORTS, CLASSES OF TAX-EXEMPT ORGANIZATIONS AFFILIATED WITH ADVOCATE HEALTH, INC., INSTEAD OF LISTING SUPPORTING ORGANIZATIONS BY NAME. THE CLASSES ARE THE PUBLIC CHARITIES DESCRIBED IN SECTIONS 509(A)(1) AND 509(A)(2) OF THE CODE AND GOVERNMENTAL ENTITIES AFFILIATED WITH ADVOCATE HEALTH, INC.

THE BYLAWS WERE AMENDED TO UPDATE BOARD GOVERNANCE PROCEDURES, INCLUDING PROVISIONS RELATED TO THE SELECTION, TERMS, AND SUCCESSION PROCESS FOR THE BOARD CHAIR AND CHAIR-ELECT."

FORM 990, PART VI, SECTION A, LINE 6:
THE MEMBERS OF THE ORGANIZATION ARE ADVOCATE AURORA HEALTH, INC. AND ATRIUM HEALTH, INC.

FORM 990, PART VI, SECTION A, LINE 7A:
ADVOCATE HEALTH, INC. HAS TWO CORPORATE MEMBERS, ADVOCATE AURORA HEALTH, INC. AND ATRIUM HEALTH, INC. EACH MEMBER HAS THE RIGHT TO APPOINT AN EQUAL NUMBER OF MEMBERS OF THE GOVERNING BODY. DURING THE TAX YEAR, ADVOCATE AURORA HEALTH, INC. APPOINTED SEVEN DIRECTORS AND ATRIUM HEALTH, INC. APPOINTED SEVEN DIRECTORS TO THE BOARD OF DIRECTORS OF ADVOCATE HEALTH, INC.

FORM 990, PART VI, SECTION A, LINE 7B:
ADVOCATE HEALTH, INC. HAS TWO CORPORATE MEMBERS, ADVOCATE AURORA HEALTH, INC. AND ATRIUM HEALTH, INC. THE MEMBERS RETAIN APPROVAL RIGHTS OVER CERTAIN SPECIFIED MATTERS INVOLVING THEIR RESPECTIVE ORGANIZATIONS AND AFFILIATES, INCLUDING CHANGES IN MISSION, GOVERNING DOCUMENT MATTERS, CERTAIN TRANSFERS OF SYSTEM ASSETS, AND THE COMPOSITION AND STRUCTURE OF AFFILIATED ENTITY BOARDS AND COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 WAS REVIEWED BY SENIOR LEADERSHIP OF ADVOCATE HEALTH, INC. BEFORE IT WAS FILED. A COMPLETE COPY OF THE RETURN WAS PROVIDED TO EACH

Name of the organization: ADVOCATE HEALTH, INC.
Employer identification number: 88-4157429

MEMBER OF THE ORGANIZATION'S BOARD OF DIRECTORS BEFORE FILING, GIVING THE BOARD OF DIRECTORS THE OPPORTUNITY TO REVIEW THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:
OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS. ADVOCATE HEALTH'S COMPLIANCE DEPARTMENT REVIEWS THESE STATEMENTS FOR COMPLIANCE WITH THE ESTABLISHED POLICY. WHEN A CONFLICT IS DISCOVERED, THE GOVERNING BODY DETERMINES IF SUCH CONFLICT WARRANTS A RESTRICTION ON THE CAPACITY OF THE BOARD MEMBER OR KEY EMPLOYEE INVOLVED (E.G., RECUSAL FROM DECISION-MAKING OR UTILIZING ANOTHER METHOD OF NON-PARTICIPATION IN AN ACTIVITY).

FORM 990, PART VI, SECTION B, LINE 15:
THE ORGANIZATION REVIEWS COMPENSATION ANNUALLY. THE COMPENSATION COMMITTEE OF THE ADVOCATE HEALTH, INC. BOARD OF DIRECTORS REVIEWS AND APPROVES COMPENSATION FOR THE CEO AND THE EXECUTIVE TEAM, WITH GUIDANCE FROM AN INDEPENDENT COMPENSATION CONSULTANT, BASED ON RELEVANT MARKET DATA -- SIMILAR ROLES WITHIN ORGANIZATIONS WITH COMPARABLE SIZE, SCOPE AND COMPLEXITY.

COMPENSATION FOR OTHER EXECUTIVES IS ALSO REVIEWED AND SET ANNUALLY FOLLOWING BEST PRACTICES: BASED ON RELEVANT MARKET DATA FROM INDEPENDENT SOURCES FOR ORGANIZATIONS OF SIMILAR SIZE, SCOPE AND COMPLEXITY. DOCUMENTATION FOR ALL ANNUAL COMPENSATION REVIEWS IS MAINTAINED BY THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19:
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 DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:
OTHER FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	54,135,335.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	54,135,335.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	54,135,335.

FORM 990, PART XII, LINE 2C:
THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN THE AUDITED COMBINED FINANCIAL STATEMENTS OF THE ADVOCATE HEALTH NOT-FOR-PROFIT CREDIT GROUP.

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
ADVOCATE HEALTH, INC.

Employer identification number
88-4157429

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
ADVOCATE HEALTH SURGERY CENTERS, LLC - 39-3363662, 1000 BLYTHE BOULEVARD, CHARLOTTE, NC 28203	MANAGEMENT SERVICES	DELAWARE			ADVOCATE HEALTH, INC.

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.

(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	(g) No
AURORA MEDICAL GROUP, INC. - 39-1678306 PO BOX 341880 MILWAUKEE, WI 53234	PHYSICIAN SERVICES	WISCONSIN	501(C)(3)	LINE 3	AURORA HEALTH CARE MEDICAL GROUP, INC.		X
AURORA HEALTH CARE METRO, INC. - 39-0806181 2900 WEST OKLAHOMA AVENUE MILWAUKEE, WI 53215	HOSPITAL	WISCONSIN	501(C)(3)	LINE 3	AURORA HEALTH CARE, INC.		X
AURORA HEALTH CARE CENTRAL, INC. - 39-0930748, 2636 EASTERN AVENUE, PLYMOUTH, WI 53073	HOSPITAL	WISCONSIN	501(C)(3)	LINE 3	AURORA HEALTH CARE METRO, INC.		X
AURORA PSYCHIATRIC HOSPITAL, INC. - 39-0872192, 1220 DEWEY AVENUE, WAUWATOSA, WI 53213	HOSPITAL	WISCONSIN	501(C)(3)	LINE 3	AURORA HEALTH CARE METRO, INC.		X

SEE PART VII FOR CONTINUATIONS

Part II **Continuation of 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 organization?	
						Yes	No
AURORA HEALTH CARE SOUTHERN LAKES, INC. - 39-0806347, 252 MCHENRY STREET, GTON, WI 53105	HOSPITAL	WISCONSIN	501(C)(3)	LINE 3	AURORA HEALTH CARE, INC.		X
AURORA MEDICAL CENTER OF OSHKOSH, INC. - 39-1027676, 855 NORTH WESTHAVEN DRIVE, OSHKOSH, WI 54904	HOSPITAL	WISCONSIN	501(C)(3)	LINE 3	AURORA HEALTH CARE NORTH, INC.		X
WEST ALLIS MEMORIAL HOSPITAL, INC. - 39-1022464, 8901 WEST LINCOLN AVENUE, WEST ALLIS, WI 53227	HOSPITAL	WISCONSIN	501(C)(3)	LINE 3	AURORA HEALTH CARE METRO, INC.		X
KRADWELL SCHOOL, INC. - 26-1516765 PO BOX 341880 MILWAUKEE, WI 53234-1880	SCHOOL	WISCONSIN	501(C)(3)	LINE 2	AURORA PSYCHIATRIC HOSPITAL, INC.		X
AURORA MEDICAL CENTER WASHINGTON COUNTY, INC. - 39-1150165, 1032 EAST SUMNER STREET, HARTFORD, WI 53027	HOSPITAL	WISCONSIN	501(C)(3)	LINE 3	AURORA HEALTH CARE METRO, INC.		X
AURORA ADVANCED HEALTHCARE, INC. - 39-1595302, 3003 WEST GOOD HOPE ROAD, GLENDALE, WI 53209	PHYSICIAN SERVICES	WISCONSIN	501(C)(3)	LINE 3	AURORA HEALTH CARE MEDICAL GROUP, INC.		X
AURORA HEALTH CARE NORTH, INC. - 39-1211629 5000 MEMORIAL DRIVE TWO RIVERS, WI 54241	HOSPITAL	WISCONSIN	501(C)(3)	LINE 3	AURORA HEALTH CARE, INC.		X
VISITING NURSE ASSOCIATION OF WISCONSIN, INC. - 39-0806180, 11333 WEST NATIONAL AVENUE, WEST ALLIS, WI 53227	HOME CARE SERVICES	WISCONSIN	501(C)(3)	LINE 3	AURORA HEALTH CARE, INC.		X
AURORA FAMILY SERVICE, INC. - 39-0806174 PO BOX 341880 MILWAUKEE, WI 53234-1880	SOCIAL SERVICES	WISCONSIN	501(C)(3)	LINE 10	AURORA HEALTH CARE, INC.		X
AURORA UW ACADEMIC MEDICAL GROUP, INC. - 39-1136738, 1020 NORTH 12TH STREET, MILWAUKEE, WI 53233	PHYSICIAN SERVICES	WISCONSIN	501(C)(3)	LINE 3	AURORA MEDICAL GROUP, INC.		X
AURORA HEALTH CARE FOUNDATION, INC. - 39-6044569, PO BOX 341880, MILWAUKEE, WI 53234	FUNDRAISING	WISCONSIN	501(C)(3)	LINE 7	AURORA HEALTH CARE, INC.		X
AURORA HEALTH CARE, INC. - 39-1442285 PO BOX 341880 MILWAUKEE, WI 53234	SUPPORT SERVICES	WISCONSIN	501(C)(3)	LINE 12B, II	ADVOCATE AURORA HEALTH, INC.		X

Part II **Continuation of 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 organization? Yes	(g) Section 512(b)(13) controlled organization? No
AMG ILLINOIS, LTD. - 26-4041287 PO BOX 341880 MILWAUKEE, WI 53234-1880	PHYSICIAN SERVICES	ILLINOIS	501(C)(3)	LINE 3	AURORA MEDICAL GROUP, INC.		X
AURORA MEDICAL CENTER GRAFTON LLC - 27-2953799, 975 PORT WASHINGTON ROAD, GRAFTON, WI 53024	HOSPITAL	WISCONSIN	501(C)(3)	LINE 3	AURORA HEALTH CARE, INC.		X
ADVOCATE HEALTH CARE NETWORK - 36-2167779 2025 WINDSOR DR OAK BROOK, IL 60523	PARENT CORP	ILLINOIS	501(C)(3)	LINE 12C, III-FI	ADVOCATE AURORA HEALTH, INC.		X
ADVOCATE CONDELL MEDICAL CENTER - 26-2525968 2025 WINDSOR DR OAK BROOK, IL 60523	HEALTHCARE	ILLINOIS	501(C)(3)	LINE 3	ADVOCATE HEALTH AND HOSPITALS CORP		X
ADVOCATE HEALTH & HOSPITALS CORPORATION - 36-2169147, 2025 WINDSOR DR, OAK BROOK, IL 60523	HEALTHCARE	ILLINOIS	501(C)(3)	LINE 3	ADVOCATE HEALTH CARE NETWORK		X
ADVOCATE CHARITABLE FOUNDATION - 36-3297360 2025 WINDSOR DR OAK BROOK, IL 60523	FUNDRAISING	ILLINOIS	501(C)(3)	LINE 7	ADVOCATE HEALTH CARE NETWORK		X
EHS HOME HEALTH CARE SERVICE, INC. - 36-2913108, 2025 WINDSOR DR, OAK BROOK, IL 60523	HOME CARE	ILLINOIS	501(C)(3)	LINE 10	ADVOCATE HEALTH AND HOSPITALS CORP		X
MERIDIAN HOSPICE - 36-3158667 2025 WINDSOR DR OAK BROOK, IL 60523	HOSPICE CARE	ILLINOIS	501(C)(3)	LINE 10	EHS HOME HEALTH CARE SERVICE, INC.		X
MASONIC FAMILY HEALTH FOUNDATION, INC. - 36-4397387, 2025 WINDSOR DR, OAK BROOK, IL 60523	FUNDRAISING	ILLINOIS	501(C)(3)	LINE 12A, I	MASONIC FAMILY HEALTH SERVICES		X
ADVOCATE SHERMAN HOSPITAL - 36-2167920 2025 WINDSOR DR OAK BROOK, IL 60523	HEALTHCARE	ILLINOIS	501(C)(3)	LINE 3	ADVOCATE HEALTH CARE NETWORK		X
AURORA HEALTH CARE MEDICAL GROUP, INC. - 47-4167075, PO BOX 341880, MILWAUKEE, WI 53234	PHYSICIAN SERVICES	WISCONSIN	501(C)(3)	LINE 3	AURORA HEALTH CARE, INC.		X
ADVOCATE AURORA HEALTH, INC. - 82-4184596 2025 WINDSOR DR OAK BROOK, IL 60523	SUPPORTING ORGANIZATION	DELAWARE	501(C)(3)	LINE 12C, III-FI	N/A		X

Part II **Continuation of 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 organization?	
						Yes	No
ADVOCATE HEALTH NATIONAL CENTER FOR CLINICAL TRIALS, INC. - 39-3747033, 1000 BLYTHE BOULEVARD, CHARLOTTE, NC 28203	CLINICAL RESEARCH	NORTH CAROLINA	501(C)(3)	LINE 7	ADVOCATE HEALTH, INC.		X
ADVOCATE NORTH SIDE HEALTH NETWORK - 36-3196629, 2025 WINDSOR DR, OAK BROOK, IL 60523	HEALTHCARE	ILLINOIS	501(C)(3)	LINE 3	ADVOCATE HEALTH AND HOSPITALS CORPORATION		X
AH GEORGIA, INC. - 83-1707383 PO BOX 32861 CHARLOTTE, NC 28232-2861	HEALTHCARE MANAGEMENT	GEORGIA	501(C)(3)	LINE 7	THE CHARLOTTE-MECKLENBURG HOSPITAL		X
AHSNF INC. - 84-2727303 PO BOX 32861 CHARLOTTE, NC 28232-2861	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	THE CHARLOTTE-MECKLENBURG HOSPITAL		X
ATRIUM HEALTH FOUNDATION - 56-6060481 PO BOX 32861 CHARLOTTE, NC 28232-2861	FUNDRAISING	NORTH CAROLINA	501(C)(3)	LINE 7	THE CHARLOTTE-MECKLENBURG HOSPITAL		X
ATRIUM HEALTH, INC. - 84-3647453 PO BOX 32861 CHARLOTTE, NC 28232-2861	HEALTHCARE MANAGEMENT	NORTH CAROLINA	501(C)(3)	LINE 12A, I	THE CHARLOTTE-MECKLENBURG HOSPITAL		X
AURORA MEDICAL CENTER BAY AREA, INC. - 39-1528430, PO BOX 343910, MILWAUKEE, WI 53234-3910	HOSPITAL	WISCONSIN	501(C)(3)	LINE 3	AURORA HEALTH CARE, INC.		X
FLOYD HEALTHCARE MANAGEMENT, INC. - 58-1973570, 304 TURNER MCCALL BLVD, ROME, GA 30162-0233	HEALTHCARE	GEORGIA	501(C)(3)	LINE 3	AH GEORGIA, INC.		X
HEALTH SERVICES OF CENTRAL GEORGIA, INC. - 58-2307485, 777 HEMLOCK STREET, MSC 111, MACON, GA 31201	HEALTHCARE	GEORGIA	501(C)(3)	LINE 3	NAVICENT HEALTH, INC.		X
MEDICAL CENTER OF CENTRAL GEORGIA, INC. - 58-2149128, 777 HEMLOCK STREET, MSC 111, MACON, GA 31201	HEALTHCARE	GEORGIA	501(C)(3)	LINE 3	NAVICENT HEALTH, INC.		X
NAVICENT HEALTH BALDWIN, INC. - 82-3914925 777 HEMLOCK STREET, MSC 111 MACON, GA 31201	HEALTHCARE	GEORGIA	501(C)(3)	LINE 3	NAVICENT HEALTH, INC.		X
NORTH CAROLINA BAPTIST HOSPITAL - 56-0552787 MEDICAL CENTER BLVD WINSTON-SALEM, NC 27157	HEALTHCARE	NORTH CAROLINA	501(C)(3)	LINE 3	N/A		X

Part II **Continuation of 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 organization? Yes	(g) Section 512(b)(13) controlled organization? No
POLK MEDICAL CENTER, INC. - 45-3957368 420 E. SECOND AVENUE SUITE ROME, GA 30161-3210	HOSPITAL	GEORGIA	501(C)(3)	LINE 3	FLOYD HEALTHCARE MANAGEMENT, INC.		X
THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY - 56-0529945, PO BOX 32861, CHARLOTTE, NC 28232-2861	GOVERNMENTAL HEALTHCARE	NORTH CAROLINA	527		N/A		X
THE MEDICAL CENTER OF PEACH COUNTY, INC. - 45-3765471, 777 HEMLOCK STREET, MSC 111, MACON, GA 31201	HEALTHCARE	GEORGIA	501(C)(3)	LINE 3	NAVICENT HEALTH, INC.		X
WAKE FOREST UNIVERSITY HEALTH SCIENCES - 22-3849199, MEDICAL CENTER BLVD, WINSTON-SALEM, NC 27157	HEALTHCARE, EDUCATION & RESEARCH	NORTH CAROLINA	501(C)(3)	LINE 2	WAKE FOREST UNIVERSITY		X

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
BAYCARE AURORA, LLC - 39-1947472, PO BOX 341880, MILWAUKEE, WI 53234	HOSPITAL	WI	N/A					X	N/A		X	
AURORA GI ASC LLC - 46-1848055, 2801 WEST KK RIVER PARKWAY, #1030, MILWAUKEE, WI 53215	PHYSICIAN SERVICES	WI	N/A					X	N/A		X	
CHICAGO NORTHSIDE MRI - 36-3491850, 2025 WINDSOR DRIVE, OAK BROOK, IL 60523	DIAGNOSTIC IMAGING	IL	N/A					X	N/A		X	
THE SURGERY CENTER, LLC - 26-3169180, 3111 WEST RAWSON AVENUE, FRANKLIN, WI 53132	SURGICAL SERVICES	WI	N/A					X	N/A		X	

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.

(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	(i) No
AURORA HEALTH CARE VENTURES, INC. - 39-1513129, PO BOX 341880, MILWAUKEE, WI 53234	FOR-PROFIT PARENT COMPANY	WI	N/A	C CORP					X
AURORA HEALTH NETWORK, INC. - 39-1817175 PO BOX 341880 MILWAUKEE, WI 53234	INACTIVE	WI	N/A	C CORP					X
AURORA PHARMACY, INC. - 39-1733325 PO BOX 341880 MILWAUKEE, WI 53234	RETAIL PHARMACY	WI	N/A	C CORP					X
DIVERSIFIED CARE, INC. - 39-1609054 4811 SOUTH 76TH STREET GREENFIELD, WI 53220	TEMPORARY STAFFING AGENCY	WI	N/A	C CORP					X
AURORA RETAIL STORES, INC. - 39-1722937 PO BOX 341880 MILWAUKEE, WI 53234	INACTIVE	WI	N/A	C CORP					X

Part III **Continuation of Identification of Related Organizations Taxable as a Partnership**

(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? Yes	(h) Disproportionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership
WISCONSIN SURGERY CENTER, LLC - 38-3661215, 4131 WEST LOOMIS ROAD, SUITE 210, GREENFIELD, WI 53221	SURGICAL SERVICES	WI	N/A					X	N/A		X	

Part IV **Continuation of 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	(i) Section 512(b)(13) controlled entity? No
ADVANCED HEALTHCARE, INC. - 39-1195501 3003 WEST GOOD HOPE ROAD GLENDALE, WI 53209	PHYSICIAN SERVICES	WI	N/A	C CORP					X
ST. LUKE'S PHYSICIAN OFFICE CONDOMINIUM ASSOCIATION, INC., PO BOX 341880, MILWAUKEE, WI 53234	CONDO ASSOCIATION	WI	N/A	C CORP					X
AURORA HEALTH CENTER OF KENOSHA CONDOMINIUM ASSOCIATION, INC., PO BOX 341880, MILWAUKEE, WI 53234	CONDO ASSOCIATION	WI	N/A	C CORP					X
AURORA HEALTH CENTER OF OSHKOSH CONDOMINIUM ASSOCIATION, INC., PO BOX 341880, MILWAUKEE, WI 53234	CONDO ASSOCIATION	WI	N/A	C CORP					X
ADVOCATE HOME CARE PRODUCTS, INC. - 36-3315416, 2025 WINDSOR DR, OAK BROOK, IL 60523	HEALTH SERVICES	IL	N/A	C CORP					X
EVANGELICAL SERVICES CORPORATION - 36-3208101, 2025 WINDSOR DR, OAK BROOK, IL 60523	MANAGEMENT SERVICES	IL	N/A	C CORP					X
HIGH TECHNOLOGY, INC. - 36-3368224 2025 WINDSOR DR OAK BROOK, IL 60523	MEDICAL SERVICES	IL	N/A	C CORP					X
PARKSIDE CENTER CONDO ASSOCIATION - 36-3452486, 1775 WEST DEMPSTER STREET, PARK RIDGE, IL 60068	PROPERTY MANAGEMENT	IL	N/A	C CORP					X
THE DELPHI GROUP IV, INC. - 36-4017279 1425 N. RANDALL ROAD ELGIN, IL 60123	HEALTH COST MANAGEMENT	IL	N/A	C CORP					X
ADVOCATE INSURANCE SPC - 98-0422925 878 W BAY RD, P.O. BOX 1159 GRAND CAYMEN, CAYMAN ISLANDS KY1-1102	INSURANCE	CAYMAN ISLANDS	N/A	C CORP					X
ADVOCATE HEALTH PARTNERS - 36-4032117 1701 WEST GOLF ROAD ROLLING MEADOWS, IL 60008	HEALTHCARE MANAGEMENT	IL	N/A	C CORP					X
ADVOCATE PHYSICIAN PARTNERS ACCOUNTABLE CARE, INC. - 45-5498384, 1701 WEST GOLF ROAD, ROLLING MEADOWS, IL 60008	HEALTHCARE MANAGEMENT	IL	ADVOCATE HEALTH, INC.	C CORP				X	

Part IV **Continuation of 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	(i) Section 512(b)(13) controlled entity? No
ADVOCATE PHYSICIAN PARTNERS RISK PURCHASING GROUP - 38-3914173, 1701 WEST GOLF ROAD, ROLLING MEADOWS, IL 60008	GROUP MALPRACTICE	IL	N/A	C CORP					X
ADVOCATE AURORA ENTERPRISES, INC. - 83-1836945, PO BOX 341880, MILWAUKEE, WI 53234	FOR-PROFIT PARENT COMPANY	WI	N/A	C CORP					X
ADVOCATE HEALTH SOLUTIONS, INC. - 33-2249384 1000 BLYTHE BOULEVARD CHARLOTTE, NC 28203	FOR-PROFIT PARENT COMPANY	DE	ADVOCATE HEALTH, INC.	C CORP				X	
ST. LUKE'S HEALTH SCIENCE OFFICES ASSOCIATION, INC., PO BOX 341880, MILWAUKEE, WI 53234	CONDO ASSOCIATION	WI	N/A	C CORP					X

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

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

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.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	DIVERSIFIED CARE, INC.	M	154,367.	COST
(2)				
(3)				
(4)				
(5)				
(6)				

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 sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

AH GEORGIA, INC.

DIRECT CONTROLLING ENTITY: THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY

NAME OF RELATED ORGANIZATION:

AHSNF INC.

DIRECT CONTROLLING ENTITY: THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY

NAME OF RELATED ORGANIZATION:

ATRIUM HEALTH FOUNDATION

DIRECT CONTROLLING ENTITY: THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY

NAME OF RELATED ORGANIZATION:

ATRIUM HEALTH, INC.

DIRECT CONTROLLING ENTITY: THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY