See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493287011180

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Alexian Brothers Behavioral Health Hospital

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3040 W Salt Creek Lane

City or town, state or country, and ZIP + 4
Arlington Heights, IL 600050000

D Employer identification number
36-4251848

E Telephone number
(847) 590-2501

G Gross receipts $ 57,960,194

F Name and address of principal officer
Francine McGouey
1650 Moon Lake Blvd
Hoffman Estates, IL 60169

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www alexianbrothershealth org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1998

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Behavioral Health Hospital (See Schedule O)

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**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of employees (Part V, line 2a)	**5**	803
6	Total number of volunteers (estimate if necessary)	**6**	7
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)		0
9	Program service revenue (Part VIII, line 2g)	52,468,280	57,789,678
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	921	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	192,519	170,516
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,661,720	57,960,194
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	34,621,400	35,880,950
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	22,201,099	26,582,134
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	56,822,499	62,463,084
19	Revenue less expenses Subtract line 18 from line 12	-4,160,779	-4,502,890

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	42,075,655	37,947,574
21	Total liabilities (Part X, line 26)	10,788,785	9,030,071
22	Net assets or fund balances Subtract line 21 from line 20	31,286,870	28,917,503

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: 2010-10-14

▶ Francine McGouey President/CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Deloitte Tax LLP 111 S Wacker Drive Chicago, IL 606064301			EIN ▶ Phone no ▶ (312) 486-1000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Alexian Brothers Behavioral Health Hospital ("ABBHH") carries out the healing mission of the Catholic Church as an Alexian Brothers ministry by identifying and developing effective responses to the health needs of those we are called to serve

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

4a (Code) (Expenses $ 30,173,789 including grants of $) (Revenue $ 35,125,564)

Inpatient Care During 2009 ABBHH had 5,935 admissions with an average length of stay of 7 9 days ABBHH provided care to approximately 830 adolescents, 4,070 adults and over 1,030 geriatric patients ABBHH offers comprehensive behavioral health services, from prevention and early intervention to treatment and aftercare It is ABBHH's goal to help individuals of all ages to learn ways to manage mental health and substance abuse problems ABBHH is the first hospital in the nation to have been awarded Disease Specific Care Certification in four separate psychiatric specialties Depression, Chemical Dependency, Eating Disorder and Self Injury

4b (Code) (Expenses $ 5,346,781 including grants of $) (Revenue $ 13,046,719)

Partial Hospitalization Program ("PHP") ABBHH also offers partial hospitalization or day treatment programs to patients whose symptoms are stabilized and under control The PHP programs offer a highly intense treatment regimen over a short period of time in order to help individuals move comfortably back into the community In 2009, ABBHH served over 3,057 cases with more than 33,000 visits related to these cases in child/adolescent, adult, eating disorder, self-injury, chemical dependency, obsessive compulsive disorder and school refusal programs

4c (Code) (Expenses $ 8,099,222 including grants of $) (Revenue $ 6,769,125)

Group Practice A team of experienced psychiatrists, psychologists, social workers and professional counselors with extensive sub-specialty certifications provide outpatient therapy to individuals, couples and families ABBHH patients also utilize this outpatient care after discharge During 2009, there were almost 83,000 outpatient visits in the Group Practice

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses $ 5,026,469 including grants of $) (Revenue $ 922,134)

4e **Total program service expenses** ▶ $ 48,646,261

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• 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.*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — **Yes** / **No**	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
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*	17		No
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		No
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		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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) and 501(c)(4) 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**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	92		
b	Enter the number of Forms W-2G included in 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**	Yes	
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**	803		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in 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**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		**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?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the 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**			

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

Section A. Governing Body and Management

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

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

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

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

Bernadette B Herrera
3040 W Salt Creek Lane
Arlington Heights, IL 600053557
(847) 590-2502

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

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 Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(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			
See add'l data										

1b Total . . . . . ▶	2,279,271	2,960,595	731,256

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 28

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Sodexho Inc & Affiliates 9801 Washington Blvd Suite 7174 Gaithersburg, MD 20878	Dietary and Environmental Services	2,489,985
Comphrehensive Pharmacy Services Inc 6409 Quail Hollow Road Memphis, TN 38120	Pharmacy Service	790,396
Foxfield Construction 1245 Humbracht Circle Bartlett, IL 60103	Construction	215,700
HLS Wheeling LLC 45 W Hintz Road Wheeling, IL 60090	Laundry & Linen Services	157,257
DTN Transportation LLC 4130 Florence Way Suite 1 Glenview, IL 60025	Patient Transportation	106,770

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 6

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 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 $				
	h	**Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code				
	2a	Patient service rev	622,210	30,817,251	30,817,251	
	b	Medicare/Medicaid rev	622,210	17,397,114	17,397,114	
	c	Group Practice	624,190	6,769,125	6,769,125	
	d	Research revenue	541,900	1,971,409		1,971,409
	e	School reimbursements	900,099	437,371	437,371	
	f	All other program service revenue		397,408	397,408	
	g	**Total.** Add lines 2a–2f . . . . . ▶		57,789,678		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶				
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . . ▶				
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	Cafeteria revenue 900,099	118,159			118,159
	b	Course & Workshop Fees 900,099	21,840	21,840		
	c	Vending machine revenu 900,099	7,084			7,084
	d	All other revenue	23,433	23,433		
	e	**Total.** Add lines 11a–11d . . . . . ▶	170,516			
	12	**Total revenue.** See Instructions . . . ▶	57,960,194	55,863,542	0	2,096,652

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	378,878	378,878		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	331,563	331,563		
7 Other salaries and wages	28,666,743	23,541,905	5,124,838	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	918,278	788,868	129,410	
9 Other employee benefits	3,625,294	3,114,393	510,901	
10 Payroll taxes	1,960,194	1,657,641	302,553	
11 Fees for services (non-employees)				
a Management				
b Legal	158,223		158,223	
c Accounting	27,674		27,674	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	6,068,358	3,910,209	2,158,149	
12 Advertising and promotion	125,688		125,688	
13 Office expenses	689,913	237,760	452,153	
14 Information technology	11,342	5,092	6,250	
15 Royalties				
16 Occupancy	1,729,037	824,898	904,139	
17 Travel	289,224	249,802	39,422	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	69,960	10,833	59,127	
20 Interest	1,330,687		1,330,687	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,240,425	992,340	248,085	
23 Insurance	1,842,121	1,443,694	398,427	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Medicaid Tax	5,329,344	5,329,344		
b Management Fees	4,837,666	3,084,423	1,753,243	
c Provision for Bad Debt	1,543,514	1,543,514		
d Medical Supplies	1,209,983	1,195,239	14,744	
e Miscellaneous	78,975	5,865	73,110	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	62,463,084	48,646,261	13,816,823	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,561,940	1	213,451
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		9,523,893	4	7,217,732
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		147,018	8	143,374
	9	Prepaid expenses and deferred charges		186,010	9	157,989
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 34,004,575			
	b	Less accumulated depreciation	10b 8,921,158	26,172,485	10c	25,083,417
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		4,000,000	12	5,000,000
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		484,309	15	131,611
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		42,075,655	16	37,947,574
Liabilities	17	Accounts payable and accrued expenses		4,839,428	17	4,169,641
	18	Grants payable			18	
	19	Deferred revenue			19	21,780
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		5,949,357	25	4,838,650
	26	**Total liabilities.** Add lines 17 through 25		10,788,785	26	9,030,071
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		31,223,433	27	28,886,081
	28	Temporarily restricted net assets		63,437	28	31,422
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		31,286,870	33	28,917,503
	34	Total liabilities and net assets/fund balances		42,075,655	34	37,947,574

Part XI Financial Statements and Reporting

			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 in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493287011180

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Alexian Brothers Behavioral Health Hospital

Employer identification number
36-4251848

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 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 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)

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

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the 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—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** 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 IV 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493287011180

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Alexian Brothers Behavioral Health Hospital

Employer identification number
36-4251848

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 may 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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 Investment earnings or 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 year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,400,000		1,400,000
b Buildings		25,992,224	4,248,870	21,743,354
c Leasehold improvements		186,899	129,644	57,255
d Equipment		5,712,184	4,175,104	1,537,080
e Other		713,268	367,540	345,728
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				25,083,417

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other Share in Alexian Brothers Health System, Inc Investment Trust	5,000,000	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	5,000,000	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Reserve for Insurance Loss	1,576,701
Due To Affiliates	1,260,493
Due to Third Parties	1,194,583
Accounts Receivable Credit Balance	784,570
Other Current Liabilites	22,303
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	4,838,650

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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 on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
		Alexian Brothers Behavioral Health Hospital ("ABBHH") does not file a separate audit report, but is part of the Alexian Brothers Health System consolidated audit report The text of the FIN48 footnote in this audit report is as follows On January 1, 2008, the Corporations adopted ASC Topic 740, Accounting for Uncertainty in Income Taxes ASC Topic 740 addresses the determination of how tax benefits claimed or expected to be claimed on a tax return should be recorded in the consolidated financial statements Under ASC Topic 740, the Corporations must recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by the taxing authorities, based on the technical merits of the position The tax benefits recognized in the consolidated financial statements from such a position are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement ASC Topic 740 also provides guidance on derecognition, classification, interest and penalties on income taxes and accounting in interim periods and requires increased disclosures At the date of adoption, and as of December 31, 2009, the Corporations do not have a liability for unrecognized tax benefits The adoption of ASC Topic 740 had no impact on the consolidated financial statements of the Corporations

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493287011180

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Alexian Brothers Behavioral Health Hospital

Employer identification number
36-4251848

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 60000 0000000000 %	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			712,088		712,088	1 170 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		1,088	8,833,720	4,346,109	4,487,611	7 370 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs		1,088	9,545,808	4,346,109	5,199,699	8 540 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	13	44,348	1,197,516	2,380	1,195,136	1 960 %
f Health professions education (from Worksheet 5)	3	3,369	185,277	3,780	181,497	0 300 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	1	118	18,591		18,591	0 030 %
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits	17	47,835	1,401,384	6,160	1,395,224	2 290 %
k **Total.** Add lines 7d and 7j	17	48,923	10,947,192	4,352,269	6,594,923	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building	1	248	1,090		1,090	0 %
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**	1	248	1,090		1,090	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	658,000		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	32,900		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	16,623,808		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	15,282,937		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	1,340,871		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	None				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Alexian Brothers Behavioral Health Hosp 1650 Moon Lake Blvd Hoffman Estates, IL 601690000	X								Pyschiatric Facility

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Part I, Line 3c Every uninsured person, regardless of income receives an automatic 15% discount off of charges Persons who earn less than 600% of federal poverty guidelines are given more significant discounts, depending on their individual situations Federal Poverty Level Patient Discount Uninsured 0-200 100%201-300 75%301-400 67 5%401-500 67 5%501-600 67 5% >600 15%

Part I, Line 6a Alexian Brothers Hospital Network ("ABHN") prepares and files the Annual Non-Profit Hospital Community Benefit Plan Report with the Attorney General's Office of the State of Illinois This report is prepared on a consolidated basis and includes data for Alexian Brothers Medical Center ("ABMC"), St Alexius Medical Center ("St Alexius") and Alexian Brothers Behavioral Health Hospital ("ABBHH")

Part I, Line 7g ABBHH has not included costs attributable to a physician clinic as part of subsidized health services

Part I, Line 7f The amount of bad debt expense included in Part IX, Line 25, column (A) that was removed from the calculation was $1,544,000

Part I, Line 7 The following costing methodologies were used - Charity at cost - a cost to charge methodology based on the 2009 filed Medicare cost report was used to calculate cost - Unreimbursed Medicaid - costs are calculated using the 2009 filed Medicaid cost report - Other benefits - costs are determined by activity reported in accordance with guidelines published by the Catholic Health Association, costs could include the value of hourly wages, costs of materials, value of space loaned to community groups for meetings, and indirect costs where applicable

Part III, Line 4 Management works very closely with individuals to determine if they qualify for charity However, not everyone who is eligible for charity completely cooperates with the process, and as a result, management cannot identify all charity cases with 100% certainty Based on a sample of accounts reviewed that were originally classified as bad debt expense, management believes that 5% of the accounts, or $32,900 at cost, of our bad debt expense would meet the criteria of our charity program if patients shared their financial condition Discounts and payments are not included in bad debt expense in the financial statements for ABBHH unless the payment is a recovery of amounts previously written off as bad debt Recoveries are classified as a decrease to bad debt expense ABBHH is part of the Alexian Brothers Health System ("ABHS") consolidated audit The footnote that references bad debt expense in the 2009 ABHS consolidated audit is as follows "The corporations also provide a significant amount of uncompensated care to their uninsured and underinsured patients, which is reported as provision for bad debts, and not included in the amount reported above During the years ended December 31, 2009 and 2008, the corporations,reported provision for bad debts of $26,969,000 and $28,887,000, respectively, at charges which equate to $7,502,000 and $7,907,000 at cost (based on an overall cost to charge ratio) "ABBHH's share of bad debt expense for ABHS in 2009 was $1,544,000 at charges ($658,000 at cost)

Part III, Line 8 Medicare costs are allocated by cost center in accordance with Medicare regulations The question of whether or not Medicare reimbursement below cost should be treated as a community benefit has been debated for a number of years, pre and post healthcare reform Some argue that most hospitals find it very difficult to achieve the required level of efficiency in a labor intensive service to provide for a positive margin Others claim that positive margin or not, Medicare is essential to the overall financial health of hospitals due to the necessary volumes it supplies for a positive return, and therefore benefits the hospital as much as the community Our view of the future status of Medicare is that regardless of reimbursement, Alexian Brothers Behavioral Health Hospital, as part of Alexian Brothers Hospital Network, will serve this part of our community with the same compassion and responsiveness to need as we always have done The passage of the Patient Protection and Affordable Care Act last spring brought new methods of calculating Medicare market basket updates which will have profound effects on hospital reimbursement Medicare payment updates will be reduced by the percentage increase in the 10-year moving average of private non-farm business multifactor productivity beginning as early as 2011 Unlike the current system that is allowed to give consideration to other market circumstances, under the new system productivity adjustments apply automatically to payment updates in future years unless new legislation modifies or rescinds the adjustment While this metric applies fairly and appropriately to manufacturing, it is a poor measurement for the labor intensive healthcare sector which cannot achieve anywhere close to the expected efficiencies of manufacturing, even with unlimited dollars devoted to technology updates such as electronic medical records In a report dated August 5, 2010, CMS actuaries John Shatto and M Kent Clemens claim that by 2019 Medicare rates will be relatively lower than those of Medicaid In our opinion, a systematic degradation of reimbursement that is already less than the cost of providing the service for the vast majority of hospitals is an expectation on the part of the federal government to provide a substantial community benefit to a population that is growing and requiring more resources It is for these reasons that we believe that the cost over reimbursement of Medicare should be considered community benefit

Part III, Line 9b It is the policy of ABHN, including ABBHH, to offer patients a payment plan and/or charity assistance when it becomes known or even suspected that a patient needs financial assistance The registration staff works with patients during their course of treatment to determine if the patient qualifies for charity The staff will help patients fill out the necessary paperwork to apply for charity at that time The Business Office staff also works with patients after discharge if it is determined that they need charity subsequent to discharge In addition, all bills and statements include information regarding charity

Part V In Part V of Schedule H, ABBHH reports that it has one licensed hospital, which is a psychiatric facility

Part VI, Line 2 As part of ABHN, ABBHH has been performing Community Health Assessments for our primary and secondary service areas since 1998 The first document was produced internally and contained secondary data only (data collected by local, state and federal agencies) The following three Community Health Assessments for the years 2002, 2006 and now in 2009 have been performed by an outside research firm in order to capture secondary and primary data (original data compiled in this case via telephone survey) In identifying priorities for community action and designing strategies for implementation, a variety of criteria are applied to the consideration process, including Impact - The degree to which the issue affects or exacerbates other quality of life and health-related issues Example, poor nutrition leads to overweight and type II diabetes Magnitude - The number of persons affected, also taking into account variance from benchmark data Example, number of adults diagnosed with asthma in our region still below national benchmarks, but much higher compared to our own benchmarks Seriousness - The degree to which the problem leads to death, disability or impairs one's life Feasibility - The ability of organizations to reasonably impact the issue, given available resources Consequences of Inaction - The risk of exacerbating the problem by not addressing at the earliest opportunity The 2009 Community Health Assessment surveyed fifty-six zip codes representing a total population of more than 1,800,000 persons Primary research was conducted by telephone survey of 1,000 households This is a very robust sample size and the sample was stratified and weighted to assure that the maximum rate of error was +/-3% at the 95% Confidence Level Secondary data was gathered from the Census Update, Claritas population projections, the National Center for Health Statistics, Illinois Department of Public Health, Department of Health and Human Services and County Health Departments Alexian Brothers Behavioral Health Hospital utilizes the community health assessment to track data regarding the incidence and prevalence of widespread chronic disease such as depression in the community, as well as access to treatment Across our planning area, persons with lower income and the Hispanic population report a higher incidence of poor mental health than their wealthier or white counterparts Across all populations, chronic depression has increased dramatically, from 19 1% in 2002 to 24 9% in 2009 for those who report having had experienced this disabling condition By demographic segment, those in lower incomes and Hispanics fare the worst at 49 5% and 49 9% respectively ABBHH treats thousands of patients with depression each year, but because of federal law regarding free standing psychiatric facilities, ABBHH cannot treat adults with Medicaid coverage This law is a significant problem for persons in our region who are on Medicaid to try to obtain mental health services they badly need To address that need, ABHN, in cooperation with the management of ABBHH, operates the Alexian Brothers Center for Mental Health (ABCMH) The population treated at ABCMH is predominantly unemployed and/or working poor, either covered by Medicaid or uninsured More than 30% of patients are dually diagnosed with substance abuse and mental illness such as depression ABCMH provides case management, psychosocial rehabilitation, residential services, psychiatry and vocational counseling Because the majority of patients are chronically and severely mentally ill, they have difficulties integrating with society, holding down jobs, maintaining family relationships, etc These are truly the most marginated members of our community and without this resource they would have few alternatives and would likely end up homeless, in jail or in a nursing home ABCMH is subsidized as necessary to benefit the community As a 141-bed, free-standing community psychiatric facility, ABBHH is a unique and increasingly rare type of hospital It offers a full range of psychiatric programming including substance abuse, group psychiatry, non-suicidal self-injury, eating disorders, depression, school avoidance, obsessive compulsive disorders and autism spectrum disorders ABBHH is uniquely able to provide education in the community to those professionals who are faced with the daunting task of identifying and referring those who need assistance and referral such as teachers, police, social workers and counselors To help meet that need, hundreds of hours of education are provided free of charge Two such major events are highlighted ABBHH participated in an Institute Day at Barrington High School ABBHH provided expert speakers on critical topics affecting youth, including depression, anxiety, substance abuse and eating disorders, to teachers, administrators, counselors and social workers This type of education is frequently requested because of the intense interaction these professionals have with thousands of students - Michael Feld, MD (Child & Adolescent Psychiatrist) provided a thorough overview of common medications used to treat depression, anxiety and ADHD Dr Feld's charismatic style of presentation offers easy insights to teachers, school social workers, and additional school staff on medications that may offer positive results for students He also highlighted common side-effects Attendees reported that they learned a lot from this presentation - Linda Lewaniak, LCSW, CAADC (Clinical Direction, Center for Addiction Medicine at ABBHH) provided a comprehensive presentation on addiction issues and concerns among youth She provided an update on trends in use, useful interventions, and tips on what to look for when there is a concern about use - Wilhelminia Shroger, PsyD (Staff Therapist, Center for Eating Disorders at ABBHH) presented on eating disorder trends among adolescents She provided insights on behaviors to address when one may be engaging in unhealthy eating behaviors such as restricting food, or binging and purging - Linda Cao, LCPC (Dance & Movement Therapist, ABBHH) demonstrated how to use dance and movement techniques, including Tai Chi, in order to help with stress and self-care - Total Number of Individuals Served 200 - Total number of dollars invested $4,477 Includes staff hours (26 Hours), salaries for speakers and related supplies for presentations Later in 2009, ABBHH participated in the annual conference of the Illinois Alliance of Administrators of Special Education in Tinley Park, IL ABBHH sponsored speakers for several of the break-out educational and training sessions offered to professionals who attended this conference - Jason Washburn, PhD (Director, Evidence-Based Outcomes at ABBHH) presented on Bipolar Disorder diagnosis and trends among youth Post-presentation evaluations indicated that the program was insightful and well-received - Kammie Juzwin, PsyD (Director, Center for Self-Injury Recovery at ABBHH) presented on self-injury trends, including underlying symptomtology among youth She also provided appropriate interventions for school personnel, including how to address concerns to parents - Michael Feld, MD (Child & Adolescent Psychiatrist) provided a thorough overview of common medications used to treat depression, anxiety and ADHD He also highlighted common side effects Attendees reported that they gained a lot of information from his presentation - Patrick McGrath, PhD (Clinical Director, Center for Anxiety & OCD at ABBHH) presented on key trends in anxiety among youth He highlighted school anxiety and school refusal issues, as well as appropriate interventions - Linda Lewaniak, LCSW, CAADC (Clinical Direction, Center for Addiction Medicine at ABBHH) provided a comprehensive presentation on addiction issues among youth She provided an update on trends in use, useful interventions and tips on what to look for when there is a concern about use - Total Number of Individuals Served 405 - Total Number of Dollars Invested $3,741 Includes staff hours (30 hours), salaries for speakers and related supplies for presentations

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

Part VI, Line 3

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Part VI, Line 4

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Part VI, Line 5

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

Part VI, Line 6

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

Part VI, Line 7

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493287011180

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Alexian Brothers Behavioral Health Hospital

Employer identification number
36-4251848

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in 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 idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ 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 in 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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in 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**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in 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**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to 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 Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Anthony D'Agostino MD	(i)	329,772	0	3,125	34,300	11,682	378,879	0
	(ii)	0	0	0	0	0	0	0
Francine McGouey	(i)	0	0	0	0	0	0	0
	(ii)	220,404	30,751	3,886	47,749	16,799	319,589	0
David Jones	(i)	0	0	0	0	0	0	0
	(ii)	150,175	10,042	7,839	17,266	22,708	208,030	4,279
James Sances	(i)	0	0	0	0	0	0	0
	(ii)	464,689	84,976	48,927	97,669	25,518	721,779	48,927
Jim Lewandowski	(i)	0	0	0	0	0	0	0
	(ii)	254,260	24,571	30,560	28,339	23,438	361,168	7,932
Mark Lerman	(i)	537,421	0	0	7,927	17,389	562,737	0
	(ii)	0	0	0	0	0	0	0
Michael Brillant	(i)	375,402	31,673	0	9,868	14,524	431,467	0
	(ii)	0	0	0	0	0	0	0
Maumtaz Raza	(i)	363,308	85,634	0	9,864	16,745	475,551	0
	(ii)	0	0	0	0	0	0	0
Gregory Teas	(i)	292,465	0	0	15,039	11,538	319,042	0
	(ii)	0	0	0	0	0	0	0
Siddhartha Kumar	(i)	243,971	0	16,500	7,666	1,952	270,089	0
	(ii)	0	0	0	0	0	0	0
Dean Grant	(i)	0	0	0	0	0	0	0
	(ii)	0	0	636,973	90,947	14,941	742,861	0
Bruce Andersen	(i)	0	0	0	0	0	0	0
	(ii)	0	0	211,334	6,640	9,390	227,364	0
Mark Frey	(i)	0	0	0	0	0	0	0
	(ii)	560,842	97,752	51,836	123,882	31,760	866,072	24,759

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Supplemental Information	Part III	Part I, Line 3 ABHS follows the requirements set forth in the IRS rebuttable presumption of reasonableness in determining compensation of the CEO and other officers and executives of the Corporation This function is performed by the Compensation Committee of the Board of Governors of ABHS, which is composed of independent board members The process includes review of comparability data, retention of an outside compensation consultant, and contemporaneous substantiation of the deliberation and decision through detailed minutes of the Compensation Committee All of the items in Schedule J, Part I, Line 3 are used by the Committee to establish compensation for the CEO of the organization Part I, Line 4a In 2009, Dean Grant received severance of $593,935 Bruce Anderson received severance of $214,145 Part I, Line 4b Alexian Brothers Health System offers a Supplemental Employee Retirement Plan to all employees who participate in the executive benefits program and whose compensation exceeds the IRS allowable limit for a qualified pension plan The amount accrued in 2009 was included in income in Schedule J for the following individuals Mark Frey - $55,543 James Sances - $39,967 Jim Lewandowski - $2,356 Francine McGouey - $1,262

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493287011180

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Alexian Brothers Behavioral Health Hospital

Employer identification number
36-4251848

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Jonathan D'Agostino	Son of Director - Anthony D'Agostino	33,701	Employee		No
Christopher D'Agostino	Son of Director - Anthony D'Agostino	247,267	Employee		No
Christine Floroelis	Sister of Director - Renato DeLosSantos	50,595	Employee		No

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493287011180

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Alexian Brothers Behavioral Health Hospital

Employer identification number
36-4251848

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		There are two classes of members, Alexian Brothers Health System (the "National Member"), and Alexian Brothers Hospital Network (the "Area Member")
Form 990, Part VI, Section A, line 7a		Alexian Brothers Health System has the authority to appoint and remove Directors and Executive Officers of ABBHH
Form 990, Part VI, Section A, line 7b		Alexian Brothers Health System has principal authority with respect to the following matters - Adoption or amendment of the Articles of Incorporation, - Amendment of the Bylaws as provided by the Statute, - Appointment and removal of Directors and Executive Officers, - Adoption, amendment and repeal of fundamental statements of mission, philosophy, spirit, vision, values and charity policy, and the sponsorship of apostolic activities, - Any plan of merger, consolidation, dissolution, sale or lease of all or substantially all of the assets of the ABBHH, - The annual capital and operating budget and the Strategic Plan of the ABBHH, and -Other certain reserved powers which Alexian Brothers Health System may designate
Form 990, Part VI, Section B, line 11		Alexian Brothers Behavioral Health Hospital ("ABBHH") is an affiliate of Alexian Brothers Health System ("ABHS" or "the System"), which is a Catholic health system ABHS is the National Member and ultimate parent for each entity within the System ABBHH's Form 990 goes through an intensive review process at the System's Corporate level prior to being filed with the IRS The entire Form 990 is reviewed by ABBHH's financial officer and the CEO The Form 990 is also reviewed at the System Corporate level by the Chief Accounting Officer for ABHS The Vice President and General Counsel for the System reviews all sections of the Form 990 with the exception of the compensation section The Vice President of Human Resources for ABHS reviews all compensation disclosures for each entity in ABHS These reviews were conducted before the Form 990 was signed and filed with the IRS In addition, there is also a Compensation Committee that reports to the ABHS Board of Governors This Committee reviews the Compensation disclosures for all entities in the System The ABBHH board reports indirectly to the ABHS Board of Governors, which has ultimate oversight of the activities of all entities within the System The Audit Committee of the ABHS Board of Governors has responsibility of and oversight for the Tax Compliance process The Audit Committee provides oversight for the Form 990 process for the entire System and reviews detailed Forms 990 for the System on a rotating basis It then reports back to the ABHS Board of Governors on the results of these activities The Forms 990 not reviewed by the Audit Committee are available to the Audit Committee members upon request The Audit Committee did not review the 2009 Form 990 for ABBHH
Form 990, Part VI, Section B, line 12c		ABBHH collects annual attestations from board members, officers, directors and key employees The attestations are reviewed by the ABBHH compliance officer and any conflicts are shared with the ABBHH Chief Executive Officer and the respective board chairman The conflicts are also reviewed by the System's Vice President of Compliance and Internal Audit The Audit Committee of the ABHS Board of Governors monitors and receives reports on the completion of this process
Form 990, Part VI, Section B, line 15		ABBHH follows the requirements set forth in the IRS rebuttable presumption of reasonableness in determining compensation of the CEO and other officers and executives of the Corporation This function is performed by the Compensation Committee of the Board of Governors of ABHS, which is composed of independent board members The process includes review of comparability data, retention of an outside compensation consultant, and contemporaneous substantiation of the deliberation and decision through detailed minutes of the Compensation Committee
Form 990, Part VI, Section C, line 19		ABBHH's financial statements are available through the Office of the Illinois Attorney General Conflicts of Interest and the ABBHH's governing documents are not made available to the public
Form 990, Part VII, Columns E and F		Disclosure for estimated hours per week devoted to related organizations for which compensation was reported - Mark Frey worked 10 hours per week For Alexian Brothers Health System and 30 hours per week for Alexian Brothers Hospital Network, - Jim Sances worked 40 hours per week for Alexian Brothers Health System, - Virginia Golembiewski worked 40 hours per week for Alexian Brothers Health System, - Jim Lewandowski worked 40 hours per week for Alexian Brothers Health System, - Dean Grant is a former officer, - Bruce Anderson is a former officer, - All other officers devote 100% of their time to Alexian Brothers Behavioral Health Hospital Part VII, Column E (Reasonable Efforts) Payroll records are kept that identify which officers/key employees are paid by a related entity These documents also show the organization being charged for the officer's/key employee's salary

Identifier	Return Reference	Explanation
		Schedule R, Part V Line 2 ABBHH tracks all transactions with related organizations in the general ledger or subsidiary schedules to the general ledger Amounts are valued based on the fair market value of the transaction

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493287011180

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Alexian Brothers Behavioral Health Hospital

Employer identification number
36-4251848

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

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

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

(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

See Additional Data Table

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
See Additional Data Table											

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
Thelen Corporation 3040 W Salt Creek Lane Arlington Heights, IL60005 36-3266316	Owns/leases property, joint venture partner	IL	N/A	C			
Edessa Insurance Company LTD 3040 W Salt Creek Lane Arlington Heights, IL60005	Captive insurer located in Bermuda	BD	N/A	C			
Alexian Village of Elk Grove 3040 W Salt Creek Lane Arlington Heights, IL60005 35-2211303	Tax credit financed housing	IL	N/A	C			
Alexian Brothers Health Providers Association Inc 3040 W Salt Creek Lane Arlington Heights, IL60005 36-3853286	Messenger model IPA	IL	N/A	C			
Bonaventure Medical Group SC 3040 W Salt Creek Lane Arlington Heights, IL60005 36-3968965	Employed physician group	IL	N/A	C			

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table			
(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) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 36-4251848
Name: Alexian Brothers Behavioral Health Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Alexian Brothers of America Inc 3040 W Salt Creek Lane Arlington Heights, IL60005 36-2606768	Religious order of Roman Catholic men	TX	501(c)(3)	1	N/A
Brothers of St Alexius Health and Welfare Fund Inc 3040 W Salt Creek Lane Arlington Heights, IL60005 36-2976617	Provides for health & welfare payments for religious sponsor	TX	501(c)(3)	1	Alexian Brothers of America Inc
Alexian Brothers Bonaventure House 825 Wellington Ave Chicago, IL60657 36-3527899	Housing and supportive care services for persons with HIV/AIDS	IL	501(c)(3)	9	Alexian Brothers of America Inc
Alexian Brothers Health System 3040 W Salt Creek Lane Arlington Heights, IL60005 36-3260495	Supports the provision of healthcare services for related corporations	IL	501(c)(3)	11, III-FI	Alexian Brothers of America Inc
Alexian Brothers Health System Inc Investment Trust 3040 W Salt Creek Lane Arlington Heights, IL60005 36-3801585	Manages pooled investments of related not-for-profit entities	IL	501(c)(3)	11, III-FI	Alexian Brothers Health System
Alexian Brothers of America Investment Trust 3040 W Salt Creek Lane Arlington Heights, IL60005 36-4390471	Manages pooled investments of related not-for-profit entities	IL	501(c)(3)	11, III-FI	Alexian Brothers of America Inc
The Alexian Brothers Hospital School of Nurses 3040 W Salt Creek Lane Arlington Heights, IL60005	Inactive corporation	IL	501(c)(3)	9	Alexian Brothers of America Inc
The Alexian Brothers of Chicago 3040 W Salt Creek Lane Arlington Heights, IL60005	Inactive corporation	IL	501(c)(3)	9	Alexian Brothers of America Inc
Alexian Brothers of San Jose Inc 3040 W Salt Creek Lane Arlington Heights, IL60005 94-1530037	Acute care hospital (sold in 1998)	TX	501(c)(3)	3	Alexian Brothers Health System
Alexian Brothers Services Inc 3040 W Salt Creek Lane Arlington Heights, IL60005 43-1295333	HUD housing	MO	501(c)(3)	9	Alexian Brothers Health System
Alexian Village of Milwaukee Inc 9301 N 76th St Milwaukee, WI53223 39-1351584	Continuing care retirement community	WI	501(c)(3)	9	Alexian Brothers Health System
Alexian Brothers Community Services 425 Cumberland St Suite110 Chattanooga, TN37404 36-4344423	Provides comprehensive and coordinated community based services	IL	501(c)(3)	9	Alexian Brothers Health System
Alexian Brothers Senior Neighbors 250 East 10th Street Chattanooga, TN37402 62-0646376	Supports the provision of community services for senior citizens	TN	501(c)(3)	7	Alexian Brothers Health System
Alexian Village of Tennessee 437 Alexian Way Signal Mountain, TN37377 62-1136742	Continuing care retirement community	TN	501(c)(3)	9	Alexian Brothers Health System
Alexian Brothers Senior Ministries 3040 W Salt Creek Lane Arlington Heights, IL60005 36-4484290	Supports the provision of healthcare services for related corporations	IL	501(c)(3)	11, III-FI	Alexian Brothers Health System
Alexian Elderly Services Inc 3040 W Salt Creek Lane Arlington Heights, IL60005 39-2039667	Community outreach	WI	501(c)(3)	9	Alexian Brothers Health System
Alexian Brothers of Missouri Inc 3040 W Salt Creek Lane Arlington Heights, IL60005 43-1333870	Supports the provision of healthcare services for related corporations	MO	501(c)(3)	11, III-FI	Alexian Brothers Health System
Alexian Brothers Lansdowne Village 4624 Lansdowne St Louis, MO63116 43-1470362	Skilled nursing facility	MO	501(c)(3)	9	Alexian Brothers Health System
Alexian Brothers Sherbrooke Village 4005 Ripa Ave St Louis, MO63125 43-1592502	Skilled nursing facility	MO	501(c)(3)	9	Alexian Brothers Health System
Alexian Brothers Hospital Network 3040 W Salt Creek Lane Arlington Heights, IL60005 36-3276552	Supports the provision of healthcare services for related corporations	IL	501(c)(3)	11, III-FI	Alexian Brothers Health System
Alexian Brothers Medical Center 800 Biesterfield Rd Elk Grove Village, IL60007 36-2596381	Acute care hospital	TX	501(c)(3)	3	Alexian Brothers Health System
Savelli Properties Inc 3040 W Salt Creek Lane Arlington Heights, IL60005 36-3308965	Owns or leases properties where healthcare services are delivered	IL	501(c)(2)	N/A	Alexian Brothers Health System
Alexian Brothers Center for Mental Health 3350 W Salt Creek Lane Arlington Heights, IL60005 36-3045007	Outpatient community mental health services	IL	501(c)(3)	7	Alexian Brothers Health System
St Alexius Medical Center 1555 Barrington Road Hoffman Estates, IL60194 36-4251846	Acute care hospital	IL	501(c)(3)	3	Alexian Brothers Health System
Alexian Brothers Ambulatory Group 3040 W Salt Creek Lane Arlington Heights, IL60005 36-4336931	Occupational health services	IL	501(c)(3)	3	Alexian Brothers Health System
Chicago Catholic Healthcare System Inc 3040 W Salt Creek Lane Arlington Heights, IL60005 36-3693486	Inactive corporation	IL	501(c)(3)	9	Alexian Brothers Hospital Network
Alexian Brothers of the Southeast Inc 250 East 10th Street Chattanooga, TN37402 62-1873651	Supports the provision of healthcare services for related corporations	TN	501(c)(3)	9	Alexian Brothers Health System
Alexian Brothers of St Louis Inc 3040 W Salt Creek Lane arlington Heights, IL60005 43-0653236	Acute care hospital (sponsorship transferred in 1997)	MO	501(c)(3)	3	Alexian Brothers Health System

Form 990, Schedule R, Part III - 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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner? Yes	(j) No
Elk Grove Village SLF Associates LP 3040 W Salt Creek Lane Arlington Heights, IL60005 32-0011030	Tax credit financed housing	IL	N/A	N/A				No			No
Alexian Rehabilitation Services LLC 935 Beisner Road Elk Grove Village, IL60007 30-0221481	Rehabilitation hospital	IL	N/A	N/A				No			No
Illinois NeuroMeg Center LLC 3040 W Salt Creek Lane Arlington Heights, IL60005 87-0783164	Provision of NeuroMeg services	IL	N/A	N/A				No			No
Elk Grove MOB Limited Partnership 3040 W Salt Creek Lane Arlington Heights, IL60005 36-3853289	Medical office building	IL	N/A	N/A				No			No
Workplace Solutions LLC 1100 E Woodfield Rd Schaumburg, IL60173 36-4095007	Provision of EAP services	IL	N/A	N/A				No			No
Bonaventure Medical Foundation LLC 3040 W Salt Creek Lane Arlington Heights, IL60005 36-3978153	Primary care and specialty physician services	DE	N/A	N/A				No		Yes	
Neurosciences Equipment LLC 3040 W Salt Creek Lane Arlington Heights, IL60005 86-1115516	Ownership of Gamma Knife	IL	N/A	N/A				No			No
Alexian Cardiovascular Institute Equipment LLC 3040 W Salt Creek Lane Arlington Heights, IL60005 30-0307978	Lease and sub-lease of 64-slice CT equipment	IL	N/A	N/A				No			No
St Alexius Center for Sleep Health LLC 665 W North Ave Lombard, IL60148 20-5876371	Operation of sleep labs	IL	N/A	N/A				No			No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	Alexian Brothers Health System	O	1,383,873
(2)	Alexian Brothers Hospital Network	O	4,172,328
(3)	Alexian Brothers Health System	O	1,330,687
(4)	Alexian Brothers Health System	R	2,143,458
(5)	Alexian Brothers Health System	O	5,100,626
(6)	Alexian Brothers Medical Center	P	546,570
(7)	Alexian Brothers Medical Center	O	72,196
(8)	St Alexius Medical Center	P	1,321,954
(9)	St Alexius Medical Center	O	735,689
(10)	Alexian Brothers Health System	J	560,246

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Medicaid Tax	5,329,344	5,329,344		
Management Fees	4,837,666	3,084,423	1,753,243	
Provision for Bad Debt	1,543,514	1,543,514		
Medical Supplies	1,209,983	1,195,239	14,744	
Miscellaneous	78,975	5,865	73,110	

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Patient service rev	622,210	30,817,251	30,817,251		
Medicare/Medicaid rev	622,210	17,397,114	17,397,114		
Group Practice	624,190	6,769,125	6,769,125		
Research revenue	541,900	1,971,409			1,971,409
School reimbursements	900,099	437,371	437,371		

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

(A) Name and Title	(B) Average hours per week	(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			
Renato DeLosSantos MD Director	1 00	X						0	0	0
Br Daniel McCormick CFA Director	1 00	X						0	0	0
Patricia Merryweather Director	1 00	X						0	0	0
James Mortimer Director	1 00	X						0	0	0
Thomas R Palmer Director	1 00	X						0	0	0
Anthony D'Agostino MD Director	1 00	X						332,897	0	45,982
Kathleen Gilmer Vice Chairperson	1 00	X		X				0	0	0
Lawrence Herforth Chairperson	1 00	X		X				0	0	0
Br Theodore Loucks CFA Director	1 00	X		X				0	0	0
Francine McGouey President	40 00			X				0	255,041	64,548
David Jones Chief Financial Officer	40 00			X				0	168,056	39,974
James Sances Treasurer/Secretary	1 00			X				0	598,592	123,187
Virginia Golembiewski Assistant Secretary	1 00			X				0	70,778	15,716
Clifton Saper Director of Services	40 00				X			141,053	0	29,863
Christopher Novak Group Practice Administr	40 00				X			120,480	0	21,192
Jim Lewandowski Vice President	1 00				X			0	309,391	51,777
Brett Hall Doctor	1 00				X			122,930	0	21,773
Mark Lerman Medical Director of Rese	20 00					X		537,421	0	25,316
Michael Brillant Doctor	20 00					X		407,075	0	24,392
Maumtaz Raza Doctor	20 00					X		448,942	0	26,609
Gregory Teas Doctor	20 00					X		292,465	0	26,577
Siddhartha Kumar Doctor	20 00					X		260,471	0	9,618
Dean Grant Former Officer	0 00						X	0	636,973	105,888
Bruce Andersen Former Officer	0 00						X	0	211,334	16,030
Mark Frey Former Officer	0 00						X	0	710,430	155,642

Additional Data

Software ID:
Software Version:
EIN: 36-4251848
Name: Alexian Brothers Behavioral Health Hospital

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 5,026,469 including grants of $) (Revenue $ 922,134)

Level of Care Assessments The Access Department at Alexian Brothers Behavioral Health Hospital (ABBHH) offers mental health assessments and level of care screenings free of charge to those in need In 2009, this department provided more than 6,100 screenings to children, adolescents, adults and older adults Intensive Outpatient Programs (IOP) ABBHH offers this low intensity level of care to all age groups for all psychiatric and addiction needs In 2009, we served 1,379 cases and offered 12,673 units of service