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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

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

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) 3040 West Salt Creek Lane | Room/suite

City or town, state or country, and ZIP + 4
Arlington Heights, IL 600051069

D Employer identification number
36-4251848

E Telephone number
(847) 882-1600

G Gross receipts $ 62,118,414

F Name and address of principal officer
Clayton Ciha
1650 Moon Lake Blvd
Hoffman Ests, IL 601691010

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 ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (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
ABBHH carries out the healing mission of the Catholic Church (See Schedule O)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 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	807
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	57,789,678	61,802,882
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	170,516	315,532
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,960,194	62,118,414
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	35,880,950	37,479,454
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	26,582,134	26,215,671
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	62,463,084	63,695,125
19	Revenue less expenses Subtract line 18 from line 12	-4,502,890	-1,576,711

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	37,947,574	38,047,838
21	Total liabilities (Part X, line 26)	9,030,071	12,148,608
22	Net assets or fund balances Subtract line 21 from line 20	28,917,503	25,899,230

Net Assets or Fund Balances

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 — 2011-10-05 Date

▶ Clayton Ciha CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Laura Gillespie	Laura Gillespie			

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶

Firm's address ▶ 111 S Wacker Drive
Chicago, IL 606064301 — 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

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 $ 29,738,146 including grants of $) (Revenue $ 36,088,557)

Inpatient Care During 2010 ABBHH had 6,101 admissions with an average length of stay of 7 6 days ABBHH provided care to approximately 800 adolescents, 4,250 adults and over 1,050 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 $ 6,048,628 including grants of $) (Revenue $ 15,402,785)

Outpatient Programs ABBHH offers Partial Hospitalization Programs (PHP), 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 2010, ABBHH served over 3,195 cases with more than 35,000 visits related to these cases in child/adolescent, adult, eating disorder, self-injury, chemical dependency, obsessive compulsive disorder and school refusal programs ABBHH also offers Intensive Outpatient Programs (IOP) These low intensity level of care are offered to all age groups for all psychiatric and addiction needs In 2010, we served 1,611 cases and offered 16,471 units of service

4c (Code) (Expenses $ 8,653,177 including grants of $) (Revenue $ 7,440,718)

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 from the hospital During 2010, there were almost 90,000 outpatient visits in the Group Practice

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 5,150,540 including grants of $) (Revenue $ 1,156,965)

4e **Total program service expenses** ▶ $ 49,590,491

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		No

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 lines 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
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

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	149		
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	807		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			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 instructions for 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?			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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8	**Sponsoring organizations maintaining donor advised funds 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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 10		
b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 West 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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) Anthony D'Agostino MD Director	40 00	X						327,017	1,388	47,521
(2) Renato Delos Santos MD Director	1 00	X						0	0	0
(3) Kathleen Gilmer Vice Chairperson	1 00	X		X				0	0	0
(4) Lawrence Herforth Chairperson	1 00	X		X				0	0	0
(5) Br Theodore Loucks CFA Secretary	1 00	X		X				0	0	0
(6) Delia Aldridge Director	40 00	X						155,213	0	22,954
(7) Br Daniel McCormick CFA Director	1 00	X						0	0	0
(8) Patricia Merryweather Director	1 00	X						0	0	0
(9) James Mortimer Director	1 00	X						0	0	0
(10) Thomas Palmer Director	1 00	X						0	0	0
(11) Francine McGouey President and CEO	40 00			X				0	340,517	71,916
(12) David Jones Chief Financial Officer	30 00			X				0	185,090	42,361
(13) James Sances Treasurer	1 00			X				0	622,253	134,046
(14) Virginia Golembiewski Assistant Secretary	1 00			X				0	67,752	15,425
(15) Jim Lewandowski Vice President	1 00				X			0	358,777	63,763
(16) Clifton Saper Program Director	40 00				X			142,149	0	32,276

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) Michael Brilliant Doctor	40 00					X		403,674	0	30,132
(18) Mark Lerman Medical Director of Research	40 00					X		580,710	0	30,051
(19) Maumtaz Raza Doctor	40 00					X		419,550	0	30,203
(20) Gregory Teas Doctor	40 00					X		265,907	0	27,653
(21) Siddhartha Kumar Doctor	40 00					X		248,991	0	18,015
(22) Dean Grant Former Officer	0 00						X	0	404,813	57,146
(23) Mark Frey Former Officer	0 00						X	0	794,003	188,333
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								2,401,062	2,774,593	779,519

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 ▶ 27

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

Section B. Independent Contractors

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

(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	2,567,416
Comphrehensive Pharmacy Services Inc 6409 Quail Hollow Road Memphis, TN 38120	Pharmacy Service	771,315
HLS Wheeling LLC 45 W Hintz Road Wheeling, IL 60090	Laundry & Linen Services	170,026
PRA Behavioral LLC 1701 E Woodfield Rd Schaumburg, IL 60173	Professional Service	110,986

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 ▶ 4

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	622210	33,655,489	33,655,489		
	b Medicare/ Medicaid Rev	622210	17,865,585	17,865,585		
	c Group Practice	624190	7,440,718	7,440,718		
	d Research Revenue	541900	1,882,961			1,882,961
	e School Reimbursements	900099	505,650	505,650		
	f All other program service revenue		452,479	452,479		
	g **Total.** Add lines 2a–2f . . . . . ▶		61,802,882			
	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) . . . . . ▶					
Other Revenue	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	900099	139,893			139,893
	b Restricted Fund Utiliz	900099	122,408	122,408		
	c Course & Workshop Fees	900099	35,345	35,345		
	d All other revenue		17,886	11,351		6,535
	e **Total.** Add lines 11a–11d . . . . . ▶		315,532			
	12 **Total revenue.** See Instructions . . . ▶		62,118,414	60,089,025	0	2,029,389

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	482,230	482,230		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	30,534,880	25,298,691	5,236,189	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,037,397	895,053	142,344	
9 Other employee benefits	3,369,221	2,906,920	462,301	
10 Payroll taxes	2,055,726	1,739,946	315,780	
a Fees for services (non-employees) Management				
b Legal	146,004		146,004	
c Accounting	75,691		75,691	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	6,090,740	4,061,786	2,028,954	
12 Advertising and promotion	98,157		98,157	
13 Office expenses	650,875	216,710	434,165	
14 Information technology	152		152	
15 Royalties				
16 Occupancy	1,860,707	905,505	955,202	
17 Travel	296,616	249,109	47,507	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	69,665	16,128	53,537	
20 Interest	1,200,528		1,200,528	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,202,679	962,143	240,536	
23 Insurance	1,480,757	1,110,586	370,171	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Medicaid Tax	5,207,651	5,207,651	0	0
b Management Fees	4,935,984	2,703,287	2,232,697	0
c Provision for Bad Debt	1,676,037	1,676,037	0	0
d Medical Supplies	1,159,722	1,151,080	8,642	0
e Miscellaneous Dues	61,811	7,329	54,482	0
f All other expenses	1,895	300	1,595	
25 **Total functional expenses.** Add lines 1 through 24f	63,695,125	49,590,491	14,104,634	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		213,451	1	1,147,962
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		7,217,732	4	6,887,650
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		143,374	8	153,140
	9	Prepaid expenses and deferred charges		157,989	9	93,757
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 34,762,550			
	b	Less accumulated depreciation	10b 10,105,821	25,083,417	10c	24,656,729
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		5,000,000	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		131,611	15	108,600
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		37,947,574	16	38,047,838
Liabilities	17	Accounts payable and accrued expenses		4,169,641	17	5,217,649
	18	Grants payable			18	
	19	Deferred revenue		21,780	19	6,762
	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		4,838,650	25	6,924,197
	26	**Total liabilities.** Add lines 17 through 25		9,030,071	26	12,148,608
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		28,886,081	27	25,845,615
	28	Temporarily restricted net assets		31,422	28	53,615
	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		28,917,503	33	25,899,230
	34	Total liabilities and net assets/fund balances		37,947,574	34	38,047,838

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	62,118,414
2	Total expenses (must equal Part IX, column (A), line 25)	2	63,695,125
3	Revenue less expenses Subtract line 2 from line 1	3	-1,576,711
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	28,917,503
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,441,562
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	25,899,230

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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 separate basis, consolidated 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		

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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

2010

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 described in **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 331/3% 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 331/3% 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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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 $ 5,150,540 including grants of $) (Revenue $ 1,156,965)

Other program services include providing daily educational services to our school aged inpatients and outpatients, providing assessment specialists in our affiliated hospital's emergency rooms to assess patients with psychiatric and behavioral issues and help determine proper treatment of those patients, providing evening programs for former patients and their families that need continual support from our professional staff, and providing educational programs that are open to all clinical professionals in the area

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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

2010

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		26,173,066	5,124,570	21,048,496
c Leasehold improvements		192,502	133,770	58,732
d Equipment		6,277,978	4,450,779	1,827,199
e Other		719,004	396,702	322,302
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				24,656,729

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other (A) Beneficial interest 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	
Due to Third Parties	3,149,113
Accounts Receivable Credit Balances	865,197
Due to Affiliates	1,212,167
Other Current Liabilities	30,530
Reserve for Insurance Loss	1,667,190
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	6,924,197

2. Fin 48 (ASC 740) 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 (ASC740)

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
Description of Uncertain Tax Positions Under FIN 48	Part X	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 (ASC740) footnote in this audit report is as follows On January 1, 2008, the Corporations adopted Interpretation No 48, Accounting for Uncertainty in Income Taxes, included in FASB ASC Subtopic 740-10, Income Taxes - Overall ASC Subtopic 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 Subtopic 740-10, 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 Subtopic 740-10 also provides guidance on derecognition, classification, interest and penalties on income taxes, and accounting in interim periods and requires increased disclosures As of December 31, 2010 and 2009, the Corporations do not have a liability for unrecognized tax benefits

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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

2010

Open to Public Inspection

Name of the organization
Alexian Brothers Behavioral Health Hospital

Employer identification number
36-4251848

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
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 FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other ____ %			
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	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 600.000000000000 %			
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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		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 a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)		712	674,375		674,375	1 090 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		1,079	8,841,758	4,272,907	4,568,851	7 370 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs		1,791	9,516,133	4,272,907	5,243,226	8 460 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	13	41,098	1,319,299	14,725	1,304,574	2 100 %
f Health professions education (from Worksheet 5)	3	1,937	240,744		240,744	0 390 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	1	43	42,190	5,900	36,290	0 060 %
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j **Total** Other Benefits	17	43,078	1,602,233	20,625	1,581,608	2 550 %
k **Total.** Add lines 7d and 7j	17	44,869	11,118,366	4,293,532	6,824,834	11 010 %

Part II **Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building	1	79	1,011		1,011	0 %
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**	1	79	1,011		1,011	

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

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	726,000		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	16,000		
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 a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	16,574,334		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	15,303,868		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	1,270,466		
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		
b	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	1 None				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

	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)
1	Alexian Brothers Behavioral Health Hosp 1650 Moon Lake Blvd Hoffman Estates, IL 601690000	X								Pyschiatric Facility

Part V **Facility Information** *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

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

	Name and address	Type of Facility (Describe)
1		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		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 Uninsured0-200% 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 7 The following costing methodologies were used - Charity at cost - a cost to charge methodology based on the 2010 filed Medicare cost report was used to calculate cost - Unreimbursed Medicaid - costs are calculated using the 2010 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 I, Line 7g ABBHH has not included costs attributable to a physician clinic as part of subsidized health services
		Part I, L7 Col(f) The amount of bad debt expense included in Part IX, Line 25, column (A) that was removed from the calculation was $1,676,000 Part II In 2010, ABBHH concentrated most of its resources in other areas of community benefit that were not "community building" as described by the Catholic Health Association
		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 $16,000 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 2010 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 amounts reported above During the years ended December 31, 2010 and 2009, the corporationsreported provision for bad debts of $29,843,000 and $26,969,000, respectively, at charges which equate to $7,020,000 and $7,502,000 at cost (based on an overall cost to charge ratio) "ABBHH's share of bad debt expense for ABHS in 2010 was $1,676,000 at charges ($726,000 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, ABBHH, as part of Alexian Brothers Hospital Network, will serve this part of our community with the same compassion and responsiveness to need as it always has done 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 VI, Line 2 As part of ABHN, ABBHH has been performing Community Health Assessments for its 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 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 ABBHH 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 However, to effectively respond to some issues the community health assessment must be combined with input and data from other agenices such as schools, police departments, and social service providers One such instance is in regards to depression amongst teens In 2010, ABBHH was contacted by multiple school districts in its service area for help with suicide prevention amongst students Based upon data collected from the schools it became clear that the root cause was bullying The media is filled with stories across the country about bullying in our schools, communities, the workplace, and even families Recent studies support the notion that bullying and violence have serious consequences (Espelage and Horn (2007) School Bullying prevention From research-based explanations to empirically based solutions In S Brown and R Lent (Eds) Handbook of Counseling Psychology, Hoboken N J Wiley) Statistics suggest that 30% of all children have been bullied In our community, we are finding that by middle school, 88% of students have been victimized and our local middle schools are reporting that bullying is worse in middle schools than in high school There have been recent increases in cyber bullying All too frequently, such bullying has led to suicide attempts or completed suicides In our own programming at ABBHH, we are seeing an unprecedented degree of reported school and community violence, intimidation of those with special needs, sexual orientation issues, weight problems/eating disorders, or from minority groups Over the years we have treated the bullies, the victims, and the bystanders in our programs, as well as provided consultation to families, schools, workplaces, and communities impacted by such violence Because bullying is such a serious and growing problem, ABBHH created a coalition of providers from across the community known as the Community Coalition Against Violence (Alternatives to Bullying and Suicide) The coalition includes police departments, social service agencies, school districts, psychologists, psychiatrists, parents and school age children 12-18 years The "products" that have been developed or will be developed are as follows 1 A Resource Center/Clearinghouse with materials integral to the coalitian including articles, books, DVDs, and interactive software to be utilized by internal staff and external community agencies 2 Establish an "Academy for Violence Prevention & Upstander Development" which involves collaboration with internal and external groups to achieve the following research based goals a To destigmatize the request for help in situations where bullying, depression, suicidal thinking or other mental health concerns occur b To decrease access to potentially dangerous or lethal means to harm oneself or others (including weapons in schools, internet programs used for cyber bullying, unsafe railroad crossings, access to potentially lethal over-the-counter medications, etc) c To Support the training of "upstanders" - teaching community members to not merely be bystanders, but to "take a stand", "make a difference", empathize with the struggles and despair of others, and be proactive 3 Refine the "Upstander" modules we use in ABBHH treatment of adolescents/teens programs and measure short and long term effectiveness for our patients, families and staff so generalizations of these techniques in the community is a possibility 4 Provide needs assessments to schools that are interested in utilizing our expertise in designing anti-bullying, anti-suicide, "diversity acceptance training", or anti-violence programs in their facilities to meet recent state guidelines Following the assessment , we can tailor appropriate student, teacher, and parent educational programs for the school depending on programs it already provides, the culture of the school, and gaps in service 5 Provide program evaluation and follow up tools to schools and agencies to measure effectiveness of initiatives
		Part VI, Line 3 ABBHH uses multiple methods of communicating its mission of providing care to all who need it regardless of ability to pay Signs posted at registration clearly point out that charity care or financial assistance is available ABHS's website, the main website for all System hospitals, including ABBHH, features information on how to apply for charity care on-line In the hospital setting, we employ individuals who are available to work with patients to help them apply for charity with dignity In addition, Alexian Brothers Center for Mental Health ("ABCMH") employs an individual who works for both ABCMH and ABBHH who helps the families of our child and adolescent patients apply for Medicaid when appropriate In addition, all bills and statements include information regarding charity care options Part VI, Line 4 ABBHH, a member hospital of the ABHN, serves Chicago's northwest suburbs spanning the counties of McHenry, Lake, Kane, DuPage and Cook With more than 1 8 million residents overall, the primary service area alone is comprised of nearly 20 communities with a diverse demographic and ethnic base The zip codes/communities served include Primary Service Area60007 Elk Grove Village 60004 Arlington Heights 60010 Barrington 60005 Arlington Heights60018 Des Plaines 60008 Rolling Meadows60056 Mount Prospect 60013 Cary60067 Palatine 60014 Crystal Lake60101 Addison 60016 Des Plaines60103 Bartlett 60047 Lake Zurich60106 Bensenville 60050 McHenry60107 Streamwood 60073 Round Lake60108 Bloomingdale 60074 Palatine60110 Carpentersville 60089 Buffalo Grove60120 Elgin 60090 Wheeling60133 Hanover Park 60098 Woodstock60139 Glendale Heights 60102 Algonquin60143 Itasca 60118 Dundee60169 Hoffman Estates 60123 Elgin60172 Roselle 60124 Elgin60173 Schaumburg 60126 Elmhurst60191 Wood Dale 60136 Gilberts60192 Hoffman Estates 60137 Glen Ellyn60193 Schaumburg 60140 Hampshire60194 Schaumburg 60142 Huntley60195 Schaumburg 60148 LombardABBHH is the largest, most comprehensive Behavioral Health Hospital in our area There are a number of for-profit facilities but services are limited to adolescent Medicaid only Most state hospitals have significantly reduced operations and staffed beds, so ABBHH accepts referrals as opposed to referring to other institutions ABBHH's racial/ethnic distribution for 2008 (Claritas) within its service area is as follows Race Population PercentageWhite 1,300,192 69 2%Hispanic 337,866 18 0% Asian 155,757 8 3%Black 53,787 2 9%Two Plus 26,776 1 4%Indian 2,298 0 1%Other 1,653 0 1%Pacific Is 568 0 0% Total 1,878,897 100 0%The median age for 2008 was 37 1 years Overall median age 37 1Median Age Male 36 0Median Age Female 38 2The average annual household income for 2008 was $74,160 The communities ABHN serves enjoy a relatively positive health status In comparison to the whole of Illinois and the nation, incidence of heart disease, stroke, cancers and most other diseases are favorable However, access to care, insurance status and other health indicators are trending negatively For example, ABHN's 2009 Community Health Assessment Survey found that one in every ten community residents is having difficulty getting an appointment to see a doctor for primary care Summary highlights from the survey included the following additional points of concern/interest Access to Care - Among respondents 18 to 64, 13 6% have no health insurance This is a sharp rise from 2002 at 7 3% and 9 3% in 2006 - A total of 11 9% of adults in the service area said that cost prevented them from seeing a physician, a steep increase from 5 8% in 2002 The northwest suburban area is home to the corporate headquarters for AT&T, Motorola and Sears, and has a significant manufacturing and industrial base It is thought that due to the recent economic recession, a significant number of community residents may have lost their jobs and subsequently their insurance coverage thereby worsening the trend 8 1% of community residents are currently reporting being (one or more years) out of work As mentioned previously, ABHN provides assistance to patients to help patients take advantage of the various benefits and services available through ABHN As access to health insurance expands because of new legislation, we will help to support and guide patients as appropriate Part VI, Line 5 ABBHH's governing body is the Quality Council The Quality Council reports up through the Alexian Brothers Health System Board of Governors The majority of the Quality Council members live and work in the community and serve to support the mission and values of the Alexian Brothers ABBHH extends medical staff privileges to all qualified physicians in our community and endeavors to provide them with the safest and most advanced psychiatric interventions available ABBHH strives to fully serve the community through participation in government as well as sponsored healthcare programs such as Medicare, Medicaid, and Tricare, and participating in research and education Pharmaceutical based research includes the persistent disorders of schizophrenia, bipolar disorder and major depressive disorder, as well as research in the disorders of adolescents and childhood ABBHH also operates a center for evidence based practice which researches the efficacy of treatment through outcomes based measurement On average, ABBHH has 15-20 research trials at any given time Part VI, Line 6 ABBHH is an affiliate of ABHS ABHS is the national member and ultimate parent of ABBHH ABHS, with its corporate offices located in Arlington Heights, Illinois, is sponsored by Alexian Brothers of America, Inc , a Roman Catholic religious order of men committed to caring for the sick, the aged, the poor and the dying for more than seven centuries The basic Judeo-Christian beliefs that inspired the founders of this worldwide Catholic religious congregation sustain its ministry today, to promote the physical, mental, spiritual and social well-being of individuals of all creeds, races, nationalities and socioeconomic levels served through this health care ministry
		ABHS carries out its exempt purposes by coordinating and managing the activities of the regional corporations for which it is the National Member Through these regional corporations, ABHS provides healthcare and other services to communities in suburban Chicago, Illinois, St Louis, Missouri, Milwaukee, Wisconsin, and Signal Mountain and Chattanooga, Tennessee As a charitable organization, it is recognized that not all individuals possess the ability to purchase essential medical services and further that our mission is to serve the community with respect to providing healthcare services and healthcare education Therefore, in keeping with ABHS' commitment to serve all members of its community, free care and/or subsidized care, care to persons covered by government programs at or below cost, and health activities and programs to support the community are considered and provided when appropriate These activities include wellness programs, community education programs, special programs for the elderly and medically underserved, and a variety of broad community support activities including but not limited to educational affiliations, health screenings, counseling programs, continuing medical education (CME) programs and donations to community groups For example, ABHN owns and operates a community mental health center that serves primarily lower income, uninsured or underinsured or Medicaid recipients This facility treats the chronically mentally ill with counseling, medication and social support The center is supported through state grants, philanthropy and is subsidized by ABHN Because of the uptick in depression, we have experienced more demand for services combined with less support from the state which has strained our resources However, ABHN remains committed to this program and the members of the community that it serves Another program offered to the community through ABHN is Interfaith Parish Support Services (IPSS) IPPS was created to provide a bridge between faith communities and our healthcare ministry We have active partnerships with 70 churches, synagogues and places of worship The following are examples of ongoing IPSS programs - School Social Worker and Counselor IPSS provides school social workers and counselors in parochial schools that provide on-site care not usually available in this setting The children would not receive on site services through the public schools due to cut backs and financial restraints These services are provided to 18 schools with nearly 7,000 students collectively During the school year, preventive/educational programs are held on anti-bullying, drug avoidance, mental health awareness, and preparing for high school Resource teachers are provided for five schools where children are failing academically In every case, the school has reached out to IPSS with the request for services - With support from congregations, IPSS provides faith based counseling services in ten local churches In 2010, over 2,675 hours of therapy have been offered in four languages Tagalog, Spanish, English and Polish Because the church donates the space and phone, we are able to offer these services at a fraction of normal costs Alexian Brothers Hospital Network subsidized IPSS at $381,000 in 2010 This subsidy allows IPSS to continue to grow its ministry and serve the community in more locations By addressing both the medical and spiritual dimensions of healthcare, we are offering the resources the community needs to help children, adults and families live healthy lives One of our most valuable community services is performed by the ABBHH Twenty-four hours a day, seven days per week, a crisis intervention service is available to anyone in the community either by phone or in person Master's prepared clinicians provide, on average, a 35 minute screening consisting of a brief social history and a current functionality determination The outcome is behavioral health treatment recommendations as well as referrals as needed This program provided over 12,000 screenings in 2010 and is considered invaluable by regional mental health professionals and first responders Net community benefits expense for ABHS in 2010 is as follows Charity Care at Cost - $16,000,775Language Assistant Services - $398,760Excess of Government Sponsored Health Care Cost Over Reimbursement - Medicaid - $23,111,389Donations - $188,677Education - $2,080,725Government-Sponsored Program Services - $25,512Subsidized Health Services - $4,390,443Other Community Benefit Programs - $2,271,155 Total Charity Care and Community Benefits - $48,467,436 Information has been included for all exempt entities in ABHS The information for the hospitals included has been calculated on a basis consistent with the requirements for the Illinois Attorney General Community Benefit report In addition, ABHS reported bad debt expense (at cost) of $8,766,221 in 2010 and excess of Medicare costs over reimbursement of $53,562,576 in 2010 Certain affiliated entities within ABHS and the services they provide, are described below Alexian Brothers Medical Center - An acute care hospital located in Elk Grove Village, Illinois that provides inpatient, outpatient and emergency services, including specialties in the areas of cardiology, neurosciences/stroke, orthopedics, oncology, bariatrics, hospice and home health services St Alexius Medical Center - An acute care hospital located in Hoffman Estates, Illinois that provides inpatient, outpatient and emergency services, including specialties in the areas of cardiology, neurosciences, orthopedics, oncology, bariatrics and pediatrics Alexian Brothers Center for Mental Health - Provides community mental health services in northwest suburban Chicago, including vocational training programs, transitional living programs, partial hospital programs and nursing home programs Alexian Brothers Hospital Network - The area member for Illinois hospitals and related entities, ABHN provides community education classes, health screenings and counseling and other services on a sliding fee scale to surrounding communities and performs research activities geared towards improving the health of those we serve Alexian Brothers Ambulatory Group - Provides a multitude of ambulatory services to suburban Chicago, including primary care physician services, pediatric physician services, older adult physician services, other specialty physician services, occupational health services, and immediate care services, also provides wellness services through its various locations and practices Alexian Village of Milwaukee, Inc - A continuing care retirement community located in Milwaukee, Wisconsin, provides all levels of care to residents and community members, including skilled nursing care, adult day care services, assisted living and care for those with Alzheimer's disease and dementia Alexian Village of Tennessee - A continuing care retirement community located in Signal Mountain, Tennessee, provides all levels of care to residents and community members, including skilled nursing care, assisted living and care for those with Alzheimer's disease and dementia Alexian Brothers Lansdowne Village and Alexian Brothers Sherbrooke Village - Skilled nursing facilities located in St Louis, provides nursing care, assisted living and care for those with Alzheimer's disease and dementia, rehabilitation services and transitional care services (Lansdowne only) Alexian Brothers Community Services - Programs for All Inclusive Care for the Elderly (PACE) located in St Louis, Missouri and Chattanooga, Tennessee, provides care for frail, elderly, Medicaid eligible individuals, provides primary care, daily activities and transportation services, also coordinates care when hospitalization or placement in a skilled nursing facility is required Alexian Brothers Senior Neighbors - Provides community based services to seniors in Chattanooga, Tennessee Alexian Brothers Services, Inc - HUD housing project in St Louis, Missouri Part VI, Line 7 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 ABMC, St Alexius and ABBHH

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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

2010

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 from the organization or a related organization?	**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 duplicate copies if additional space is 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				
(1) Anthony D'Agostino MD	(i)	321,893	2,624	2,500	34,300	13,221	374,538	0
	(ii)	1,388	0	0	0	0	1,388	0
(2) Delia Aldridge	(i)	155,213	0	0	7,314	15,640	178,167	0
	(ii)	0	0	0	0	0	0	0
(3) Francine McGouey	(i)	0	0	0	0	0	0	0
	(ii)	242,424	63,810	34,283	54,784	17,132	412,433	31,363
(4) David Jones	(i)	0	0	0	0	0	0	0
	(ii)	148,537	25,000	11,553	18,834	23,527	227,451	7,894
(5) James Sances	(i)	0	0	0	0	0	0	0
	(ii)	462,621	132,244	27,388	111,754	22,292	756,299	27,388
(6) Jim Lewandowski	(i)	0	0	0	0	0	0	0
	(ii)	272,185	50,985	35,607	32,953	30,810	422,540	12,292
(7) Michael Brilliant	(i)	369,186	34,488	0	14,354	15,778	433,806	0
	(ii)	0	0	0	0	0	0	0
(8) Mark Lerman	(i)	478,915	101,795	0	10,252	19,799	610,761	0
	(ii)	0	0	0	0	0	0	0
(9) Maumtaz Raza	(i)	347,185	72,365	0	10,148	20,055	449,753	0
	(ii)	0	0	0	0	0	0	0
(10) Gregory Teas	(i)	264,559	1,348	0	14,576	13,077	293,560	0
	(ii)	0	0	0	0	0	0	0
(11) Siddhartha Kumar	(i)	232,491	0	16,500	9,975	8,040	267,006	0
	(ii)	0	0	0	0	0	0	0
(12) Dean Grant	(i)	0	0	0	0	0	0	0
	(ii)	0	0	404,813	34,300	22,846	461,959	17,323
(13) Mark Frey	(i)	0	0	0	0	0	0	0
	(ii)	565,468	165,000	63,535	143,387	44,946	982,336	33,766
(14)								
(15)								
(16)								

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 Schedule J, Part I, Line 3 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 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 The following individual listed in Schedule J was paid the referenced amount of severance in 2010 Dean Grant received severance of $389,358 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 2010 was included in income in Schedule J for the following individuals Mark Frey - $68,038 James Sances - $48,808 Jim Lewandowski - $4,547 Francine McGouey - $7,814

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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

2010

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	(c) Corrected? 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	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? 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
(1) Christopher D'Agostino DO	Son of Director - Anthony D'Agostino	242,985	Employee		No
(2) Christine Floroelis	Sister of Director - Renato DeLosSantos	49,226	Employee		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

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 4		Effective as of November 1, 2010, the bylaws of ABBHH were amended to streamline governance of the Hospital operations, facilitate the objectives of the Alexian Brothers Health System Strategic Plan, enhance the governance focus on the patient safety, quality of patient care, medical staff affairs, accreditation and compliance matters at each Hospital, and to consolidate those reserved powers for the governance authorities for Hospital operations at Alexian Brothers Health System as the National Member

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		ABBHH has two classes of members, Alexian Brothers Health System (the "National Member") and Alexian Brothers Hospital Network (the "Area Member")

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
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 Alexian Brothers Behavioral Health Hospital, - The annual capital and operating budget and the Strategic Plan of the Alexian Brothers Behavioral Health Hospital, and - Other certain reserved powers which Alexian Brothers Health System may designate

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		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 the System 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 ABBHH's board reports 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 for and oversight of the Tax Compliance process The Audit Committee provides oversight of 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 review the 2010 Form 990 for ABBHH

Identifier	Return Reference	Explanation
	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 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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
Average hours devoted to related org(s) when related comp is reported	Form 990, Part VII	- Mark Frey worked 30 hours per week for Alexian Brothers Hospital Network and 10 hours per week for Alexian Brothers Health System, - James Sances worked 40 hours per week for Alexian Brothers Health System, - Virginia Golembiewski worked 40 hours per week for Alexian Brothers Health System, - David Jones worked 30 hours per week for ABBHH and 10 hours per week for Alexian Brothers Center for Mental Health, - Jim Lewandowski worked 40 hours per week for Alexian Brothers Health System - Dean Grant is a former officer - All others listed in Part VII devote 100% of their time to ABBHH

Identifier	Return Reference	Explanation
	Form 990, Part VII, Column E (Reaspnable Effort)	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 services

Identifier	Return Reference	Explanation
	Form 990, Part VIII, Line 3, Schedule D, Part VII	The amount reflected as dividends and interest reflects ABBHH's share of interest, dividends and realized gains/losses from ABBHH's beneficial share in the Alexian Brothers Health System, Inc Investment Trust (ABHSIT) ABHSIT is a related entity whose purpose is to pool the investments of the not-for-profit entities in ABHS and acts as an internal mutual fund Details of gains and losses are shown on the Form 990 of ABHSIT

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 577 Donated services and use of facilities 21,616 Working Capital Transfer, -1,463,755 Total to Form 990, Part XI, Line 5 -1,441,562

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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

2010

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
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
(1) Thelen Corporation 3040 W Salt Creek Lane Arlington Heights, IL60005 36-3266316	Owns/leases property, joint venture partner	IL	N/A	C			
(2) Edessa Insurance Company Ltd 3040 W Salt Creek Lane Arlington Heights, IL60005	Captive insurer located in Bermuda	BD	N/A	C			
(3) Alexian Village of Elk Grove 3040 W Salt Creek Lane Arlington Heights, IL60005 35-2211303	Tax credit financed housing	IL	N/A	C			
(4) Alexian Brothers Health Providers Association Inc 3040 W Salt Creek Lane Arlington Heights, IL60005 36-3853286	Messenger model IPA	IL	N/A	C			
(5) Alexian Brothers Corpus Christi Housing Project LLC 3040 W Salt Creek Lane Arlington Heights, IL60005 94-3465394	Tax credit financed housing	IL	N/A	C			

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

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

		Yes	No
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**	**No**
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	(d) Method of determining 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?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
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		No
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	Yes	
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	Yes	
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	Yes	
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	Yes	
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	Yes	
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	Yes	
Alexian Brothers of Chicago 3040 W Salt Creek Lane Arlington Heights, IL60005	Inactive corporation	IL	501(c)(3)	9	Alexian Brothers of America Inc	Yes	
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	Yes	
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	Yes	
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	Yes	
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	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
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	Yes	
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	Yes	
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	Yes	
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	Yes	
Alexian Brothers Lansdowne Village 4624 Lansdowne St Louis, MO63116 43-1470362	Skilled nursing facility	MO	501(c)(3)	9	Alexian Brothers Health System	Yes	
Alexian Brothers Sherbrooke Village 4005 Ripa Ave St Louis, MO63125 43-1592502	Skilled nursing facility	MO	501(c)(3)	9	Alexian Brothers Health System	Yes	
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	Yes	
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	Yes	
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	Yes	
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	Yes	
St Alexius Medical Center 1555 Barrington Road Hoffman Estates, IL60194 36-4251846	Acute care hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
Alexian Brothers Ambulatory Group 3040 W Salt Creek Lane Arlington Heights, IL60005 36-4336931	Physician Services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	

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

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

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?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	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	Manages managed care contracts	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 ($)	(d) Method of determining amount involved
(1)	Alexian Brothers Health System	O	1,476,049	FMV
(2)	Alexian Brothers Hospital Network	O	4,098,572	FMV
(3)	Alexian Brothers Health System	O	1,200,528	FMV
(4)	Alexian Brothers Health System	R	1,463,755	FMV
(5)	Alexian Brothers Health System	J	557,067	FMV
(6)	Alexian Brothers Medical Center	P	536,430	FMV
(7)	Alexian Brothers Medical Center	O	71,023	FMV
(8)	St Alexius Medical Center	P	1,476,904	FMV
(9)	St Alexius Medical Center	O	666,978	FMV