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CHANGE OF ACCOUNTING PERIOD

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07/01, **2011, and ending** 12/31, **20** 11

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

C Name of organization
RESURRECTION HEALTH CARE CORPORATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
7435 WEST TALCOTT AVENUE

City or town, state or country, and ZIP + 4
CHICAGO, IL 60631

D Employer identification number
36-2235165

E Telephone number
(773) 774-8000

G Gross receipts $ 109,570,611.

F Name and address of principal officer SANDRA BRUCE
SAME AS C ABOVE

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ WWW.RESHEALTH.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation: 1949 | **M** State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	24.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21.
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	33.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,409,261.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	41,824.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	339,759.	36,522.
9	Program service revenue (Part VIII, line 2g)	176,717,311.	96,430,511.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,486,746.	6,139,790.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,763,181.	6,379,612.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	208,306,997.	108,986,435.
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)	97,950,804.	56,358,606.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	87,065,048.	50,487,170.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	185,015,852.	106,845,776.
19	Revenue less expenses. Subtract line 18 from line 12	23,291,145.	2,140,659.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	730,295,831.	716,172,931.
21	Total liabilities (Part X, line 26)	875,753,110.	893,860,568.
22	Net assets or fund balances. Subtract line 21 from line 20	-145,457,279.	-177,687,637.

SCANNED DEC 05 2012

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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date: 11/15/12

▶ John A Orsini
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KATHERINE E. KURTZMAN	Katherine E. Kurtzman	11/12/12		P01236691

Firm's name ▶ ERNST & YOUNG U.S. LLP — Firm's EIN ▶ 34-6565596

Firm's address ▶ 155 NORTH WACKER DRIVE CHICAGO, IL 60606 — Phone no 312-879-2000

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

For Paperwork Reduction Act Notice, see the separate Instructions. Form **990** (2011)

JSA
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Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 53,330,547. including grants of $ _____) (Revenue $ 79,527,346)

SEE SCHEDULE O

4b (Code: _____) (Expenses $ 3,724,714 including grants of $ _____) (Revenue $ 3,724,714)

LONG TERM CARE PHARMACY.

4c (Code _____) (Expenses $ 3,508,693. including grants of $ _____) (Revenue $ 5,224,508.)

BETHLEHEM WOODS RETIREMENT COMMUNITY, LOCATED IN LAGRANGE PARK, IL, CONSIST OF 270 INDEPENDENT LIVING APARTMENTS AND 64 LICENSED ASSISTED LIVING UNITS WITH A FOCUS ON THE COMFORT AND WELL BEING OF RESIDENTS WITH RESPECT FOR THE INDIVIDUAL AND VALUE FOR LIFE.

TO FURTHER ITS MISSION, ON NOVEMBER 1, 2011, RHCC AFFILIATED WITH THE PROVENA HEALTH SYSTEM TO FORM THE PRESENCE HEALTH SYSTEM. RHCC'S ACTIVITIES AND THOSE OF ITS SYSTEM DESCRIBED HERE PRIMARILY RELATE TO RHCC FOR THE PERIOD COVERED BY THIS REVIEW.

4d Other program services (Describe in Schedule O)

(Expenses $ 9,425,330. including grants of $ _____) (Revenue $ 11,872,921.)

4e Total program service expenses ▶ 69,989,284.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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	X	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X	
25 a	**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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included 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		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	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	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country ▶ CAYMAN ISLANDS			
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds 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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation 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 line 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 X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 24		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ DAVID WRIGLEY 100 NORTH RIVER ROAD, 2ND FLOOR DES PLAINES, IL 60016 847-813-3728

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 X

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ATTACHMENT 1										
(1) SANDRA BRUCE CEO/PRESIDENT	40.00	X		X				0	1,564,401.	33,589.
(2) SR. DONNA MARIE WOLOWIC CEO FACILITY	1.00	X						0	0	0
(3) JANIS ATKINSON DIRECTOR	1.00	X						0	0	0
(4) KENNETH BAUWENS DIRECTOR	1.00	X						0	0	0
(5) HAVEN COCKERHAM DIRECTOR	1.00	X						0	0	0
(6) SR. PATRICIA ANN KOSCHA DIRECTOR	1.00	X						0	0	0
(7) MICHAEL CONNELLY DIRECTOR	1.00	X						0	0	0
(8) ANTHONY DEFURIO DIRECTOR	1.00	X						0	0	0
(9) CHESTER STEWARD DIRECTOR	1.00	X						0	0	0
(10) STEPHEN KLASKO, MD DIRECTOR	1.00	X						0	0	0
(11) THOMAS SETTLES CHAIRMAN/DIRECTOR	1.00	X		X				0	0	0
(12) SR. LORETTA THERESA FELICI, C.S.F.N DIRECTOR	1.00	X						0	0	0
(13) JEFFREY SILVER, MD DIRECTOR	1.00	X						0	0	0
(14) JAMES WINIKATES DIRECTOR	1.00	X						0	0	0

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) SUSAN MCDONOUGH DIRECTOR	1.00	X						0	0	0
(16) VICTOR ORLER DIRECTOR	1.00	X						0	0	0
(17) MARK HANSON DIRECTOR	1.00	X						0	0	0
(18) THOMAS R. HUBERTY, MD DIRECTOR	1.00	X						0	0	0
(19) SISTER CLARA FRANCES KUSEK, C.R.	1.00	X						0	0	0
(20) MARSHA LADENBERG DIRECTOR	1.00	X						0	0	0
(21) SISTER TERRY MALTBY, RSM DIRECTOR	1.00	X						0	0	0
(22) KENT RUSSELL DIRECTOR	1.00	X						0	0	0
(23) SISTER MARY SHINNICK, OSF DIRECTOR	1.00	X						0	0	0
(24) GUY WIEBKING CHAIRPERSON/FORMER PRES & CEO	1.00	X						0	798,058.	0
(25) SISTER EVELYN VARBONCOEUR, SSCM DIRECTOR	1.00	X						0	0	0
1b Sub-total ▶								0	1,564,401.	33,589.
c Total from continuation sheets to Part VII, Section A ▶								0	7,284,212.	2,109,226.
d Total (add lines 1b and 1c) ▶								0	8,848,613.	2,142,815.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

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 ▶ 55

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JOHN A. ORSINI, CPA EXECUTIVE VICE PRESIDENT	40.00			X				0	704,897.	37,122.
(27) JEANNIE C. FREY SENIOR VICE PRESIDENT	40.00			X				0	545,080.	43,538.
(28) SR. FLORITA DEJESUS-ORTIZ ASSISTANT SECRETARY	40.00			X				0	0	0
(29) NICOLA BYRNE VICE PRESIDENT	40.00			X				0	288,188.	241,979.
(30) JOHN R. WALTON EXECUTIVE VP & GROUP VP	40.00				X			0	867,437.	1,278,808.
(31) DAVID A. DILORETO, MD CHIEF MEDICAL OFFICER	40.00				X			0	625,139.	40,653.
(32) ROBERT T. BULGER SENIOR VICE PRESIDENT	40.00					X		0	338,665.	41,430.
(33) PAUL T. SKIEM SENIOR VICE PRESIDENT	40.00					X		0	498,150.	43,018.
(34) STARR NOVAK SENIOR VICE PRESIDENT	40.00					X		0	408,875.	38,177.
(35) GEORGE CHESSUM SYSTEM VICE PRESIDENT	40.00					X		0	451,563.	41,957.
(36) MARIE A. CLEARY-FISHMAN SENIOR VICE PRESIDENT	40.00					X		0	200,084.	10,667.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) TOM CAPOBIANCO EXECUTIVE VICE PRESIDENT	0						X	0	595,402.	251,872.
(38) RONALD E. STRUXNESS EXECUTIVE VICE PRESIDENT	0						X	0	377,632.	14,438.
(39) JAMES HILL EXECUTIVE VICE PRESIDENT	0						X	0	328,891.	13,330.
(40) JAMES SYKES VICE PRESIDENT	0						X	0	256,151.	12,237.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

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	36,522			
	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		36,522.			
Program Service Revenue		Business Code				
	2a MANAGEMENT FEE REVENUE	561000	76,389,752	76,389,752		
	b RETIREMENT COMMUNITY RENTAL & OTHER	623000	12,784,615	12,784,615		
	c PHARMACY REVENUE	623990	3,724,714	3,724,714		
	d LAUNDRY FOR AFFILIATES	812300	2,830,090	2,830,090		
	e PRINTING	561439	701,340.	701,340.		
	f All other program service revenue					
	g Total. Add lines 2a-2f		96,430,511			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,723,966			6,723,966
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real	(ii) Personal			
	6a Gross rents	3,137,594.				
	b Less rental expenses					
	c Rental income or (loss)	3,137,594.				
	d Net rental income or (loss)		3,137,594	3,137,594.		
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses		584,176.			
	c Gain or (loss)		-584,176.			
	d Net gain or (loss)		-584,176			-584,176.
	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		0			
	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		0			
	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		0			
	Miscellaneous Revenue	Business Code				
	11a IT SERVICE VANGUARD	541519	2,287,016.		2,287,016	
	b SPECIFIC FUNCTIONS/GIFT SHOP	900099	613,087	613,087.		
	c ANSWERING SERVICE	517000	122,245		122,245	
	d All other revenue		219,670	219,670.		
	e Total. Add lines 11a-11d		3,242,018			
	12 Total revenue. See instructions		108,986,435	100,400,862	2,409,261	6,139,790

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,135,415.	3,135,415.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	44,128,600.	44,128,600.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,274,888.	1,274,888.		
9 Other employee benefits	5,019,803.	5,019,803.		
10 Payroll taxes	2,799,900.	2,799,900.		
11 Fees for services (non-employees)				
a Management	948,831.		948,831.	
b Legal	3,403,855.	11,598.	3,392,257.	
c Accounting	278,250.		278,250.	
d Lobbying	203,138.		203,138.	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	201,429.		201,429.	
g Other	17,780,903.	1,829,613.	15,951,290.	
12 Advertising and promotion	1,284,539.	13,612.	1,270,927.	
13 Office expenses	1,817,255.		1,817,255.	
14 Information technology	8,770,818.		8,770,818.	
15 Royalties	0			
16 Occupancy	1,908,568.	820,182.	1,088,386.	
17 Travel	592,661.	56,783.	535,878.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	170,521.	1,718.	168,803.	
20 Interest	419,902.	384,902.	35,000.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	4,781,211.	4,390,073.	391,138.	
23 Insurance	366,139.	283,943.	82,196.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a RECRUITING EXPENSES	578,556.		578,556.	
b DUES AND SUBSCRIPTIONS	1,016,407.	2,515.	1,013,892.	
c TAXES AND ASSESSMENTS	128,448.		128,448.	
d MEDICAL SUPPLIES	5,367,057.	5,367,057.		
e All other expenses	468,682.	468,682.		
25 **Total functional expenses** Add lines 1 through 24e	106,845,776.	69,989,284.	36,856,492.	
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	967,251.	2	844,728.
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	5,216,471.	4	6,586,866.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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)	0	6	0
	7	Notes and loans receivable, net	0	7	10,702,851.
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	25,032,689.	9	19,376,305.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 561,012,555.			
	b	Less accumulated depreciation — 10b: 259,171,216.	268,206,294.	10c	301,841,339.
	11	Investments - publicly traded securities	420,642,394.	11	364,786,878.
	12	Investments - other securities See Part IV, line 11	0	12	2,169,713.
	13	Investments - program-related. See Part IV, line 11	2,498,081.	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	7,732,651.	15	9,864,251.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	730,295,831.	16	716,172,931.
Liabilities	17	Accounts payable and accrued expenses	82,811,331.	17	96,073,477.
	18	Grants payable	0	18	0
	19	Deferred revenue	37,100,189.	19	35,864,710.
	20	Tax-exempt bond liabilities	536,141,260.	20	556,022,284.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	219,700,330.	25	205,900,097.
	26	**Total liabilities.** Add lines 17 through 25	875,753,110.	26	893,860,568.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	-145,770,926.	27	-178,031,938.
	28	Temporarily restricted net assets	313,647.	28	344,301.
	29	Permanently restricted net assets	0	29	0
		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	-145,457,279.	33	-177,687,637.
	34	Total liabilities and net assets/fund balances	730,295,831.	34	716,172,931.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	108,986,435.
2	Total expenses (must equal Part IX, column (A), line 25)	2	106,845,776.
3	Revenue less expenses Subtract line 2 from line 1	3	2,140,659.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-145,457,279.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-34,371,017.
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	-177,687,637.

Part XII Financial Statements and Reporting

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

			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		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
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 separate 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	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

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

2011

Open to Public Inspection

Name of the organization	**Employer identification number**
RESURRECTION HEALTH CARE CORPORATION	36-2235165

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 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

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

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

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

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test - 2011.** 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 - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2011.** 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 - 2010.** 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **331/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **331/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, 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.** 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).

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

Name of organization	Employer identification number
RESURRECTION HEALTH CARE CORPORATION	36-2235165

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures . . . . . ▶ $
3 Volunteer hours . . . . . .

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No		

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		203,138.
j Total Add lines 1c through 1i			203,138.
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	0
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A; and Part II-B, line 1 Also, complete this part for any additional information

PART II-B, LINE 1I

RESURRECTION HEALTH CARE CORPORATION AS THE PARENT ORGANIZATION PAID ALL ASSOCIATION DUES FOR THE SYSTEM. A PERCENTAGE OF THESE DUES ARE CONSIDERED ALLOCABLE TO LOBBYING ACTIVITIES.

Part IV Supplemental Information *(continued)*

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

RESURRECTION HEALTH CARE CORPORATION

Employer identification number

36-2235165

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" 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 education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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	313,647.	272,578.	436,845.		
b Contributions	113,083.	189,223.	169,963.		
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	82,429.	148,154.	334,230.		
f Administrative expenses					
g End of year balance	344,301.	313,647.	272,578.		

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

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Temporarily restricted endowment ▶ 100.0000 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,141,643.		9,141,643.
b Buildings		359,077,963.	208,107,691.	150,970,272.
c Leasehold improvements		15,712,564.	10,119,682.	5,592,882.
d Equipment		168,616,303.	36,970,591.	131,645,712.
e Other		8,464,082.	3,973,252.	4,490,830.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c)).* ▶				301,841,339.

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must 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) Book value
(1)	Federal income taxes	
(2)	ASSET RETIREMENT OBLIGATION	9,271,078.
(3)	DUE TO AFFILIATES	198,460,270.
(4)	DUE TO THIRD PARTY	-2,549,450.
(5)	DEFERRED REVENUE, MEMBERSHIP FEES	718,199.
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶		205,900,097.

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 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited 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 through 8	9	
10	Excess or (deficit) for the year per audited 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 must 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 must 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, line 2, 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

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

SCHEDULE D SUPPLEMENTAL INFORMATION

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE ENDOWMENT FUNDS ARE TEMPORARILY RESTRICTED TO BE USED EXCLUSIVELY FOR THE USE OF CHAPELS WITHIN THE ORGANIZATION.

PART X - ASC 740-10

RESURRECTION HEALTH CARE CORPORATION (RHCC) AND AFFILIATES 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 TECHNICAL MERITS OF THE POSITION. RHCC AND AFFILIATES DO NOT HAVE ANY LIABILITIES FOR UNRECOGNIZED TAX BENEFITS.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

RESURRECTION HEALTH CARE CORPORATION

Employer identification number

36-2235165

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	EXCESS LIABIL CARRIER	50,488.
(2) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS	N/A	56,000,000.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					56,050,488
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					56,050,488

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	[X] Yes	[ ] No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	[ ] Yes	[X] No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)*	[X] Yes	[ ] No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	[ ] Yes	[X] No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)*	[ ] Yes	[X] No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)*	[ ] Yes	[X] No

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information (see instructions)

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, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization: RESURRECTION HEALTH CARE CORPORATION

Employer identification number: 36-2235165

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III			
	☒ Compensation committee	☒ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations 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		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
	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		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SANDRA BRUCE	(i)	0	0	0	0	0	0	0
	(ii)	967,144.	597,257.	0	12,250.	21,339.	1,597,990.	108,000.
2 JOHN A. ORSINI, CPA	(i)	0	0	0	0	0	0	0
	(ii)	540,889.	164,008.	0	12,250.	24,872.	742,019.	0
3 JEANNIE C. FREY	(i)	0	0	0	0	0	0	0
	(ii)	436,863.	108,217.	0	15,088.	28,450.	588,618.	34,750.
4 NICOLA BYRNE	(i)	0	0	0	0	0	0	0
	(ii)	236,234.	51,954.	0	241,480.	499.	530,167.	13,198.
5 JAMES SYKES	(i)	0	0	0	0	0	0	0
	(ii)	66,374.	24,807.	164,970.	11,764.	473.	268,388.	12,921.
6 JOHN R. WALTON	(i)	0	0	0	0	0	0	0
	(ii)	626,030.	241,407.	0	1,249,358.	29,450.	2,146,245.	73,320.
7 DAVID A. DILORETO, MD	(i)	0	0	0	0	0	0	0
	(ii)	492,544.	132,595.	0	14,783.	25,870.	665,792.	0
8 ROBERT T. BULGER	(i)	0	0	0	0		0	0
	(ii)	265,839.	72,826.	0	15,339.	26,091.	380,095.	24,970.
9 PAUL T. SKIEM	(i)	0	0	0	0	0	0	0
	(ii)	360,339.	137,811.	0	15,328.	27,690.	541,168.	41,160.
10 STARR NOVAK	(i)	0	0	0	0	0	0	0
	(ii)	334,957.	73,918.	0	14,952.	23,225.	447,052.	31,413.
11 GEORGE CHESSUM	(i)	0	0	0	0	0	0	0
	(ii)	364,502.	87,061.	0	15,251.	26,706.	493,520.	31,613.
12 MARIE A. CLEARY-FISHMAN	(i)	0	0	0	0	0	0	0
	(ii)	290.	1,168.	198,626.	10,403.	264.	210,751.	30,532.
13 TOM CAPOBIANCO	(i)	0	0	0	0	0	0	0
	(ii)	3,403.	0	591,999.	251,605.	267.	847,274.	71,040.
14 RONALD E. STRUXNESS	(i)	0	0	0	0	0	0	0
	(ii)	2,257.	0	375,375.	13,067.	1,371.	392,070.	79,200.
15 JAMES HILL	(i)	0	0	0	0	0	0	0
	(ii)	1,072.	32,434.	295,385.	13,066.	264.	342,221.	0
16 GUY WIEBKING	(i)	0	0	0	0	0	0	0
	(ii)	726,939.	0	71,119.	0	0	798,058.	51,088.

Part III Supplemental Information

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

DETERMINATION OF COMPENSATION OF ORGANIZATION'S CEO/EXECUTIVE DIRECTOR

SCHEDULE J, PART I, LINE 3

COMPENSATION FOR THE CORPORATION'S CEO AND OTHER OFFICERS OR KEY EMPLOYEES IS DETERMINED IN ACCORDANCE WITH WRITTEN POLICIES AND PROCEDURES ADOPTED BY THE BOARD OF DIRECTORS OF THE CORPORATION'S SOLE MEMBER, RESURRECTION HEALTH CARE CORPORATION (RHCC) AND RHCC'S SOLE MEMBER, THE SYSTEM PARENT CORPORATION. SUCH POLICIES AND PROCEDURES ARE APPLIED BY THE HUMAN RESOURCES COMMITTEE OF THE SYSTEM PARENT CORPORATION, WHICH CONSISTS WHOLLY OF INDEPENDENT DIRECTORS. THE PARENT CORPORATION USES MARKET DATA COMPILED BY AN INDEPENDENT COMPENSATION CONSULTANT TO ESTABLISH BASE SALARIES AND TOTAL CASH COMPENSATION OPPORTUNITIES. THE HUMAN RESOURCES COMMITTEE MONITORS EXECUTIVE TOTAL COMPENSATION, ANNUALLY REVIEWING AND APPROVING COMPENSATION CHANGES FOR EACH EXECUTIVE, AND REGULARLY REPORTING ITS ACTIVITIES TO THE BOARD.

SEVERANCE PAYMENTS

SCHEDULE J, PART I, LINE 4

THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN CALENDAR YEAR 2011:

Part III Supplemental Information

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

RONALD E. STRUXNESS	$375,375
JAMES HILL	$295,385
TOM CAPOBIANCO	$591,999
JAMES SYKES	$164,970

SCHEDULE J, PART I, QUESTION 4B

PAYMENTS FROM A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN

THE FOLLOWING LISTED INDIVIDUALS PARTICIPATED IN THE ORGANIZATION'S SECTION 457(F) PLAN AND EARNED UNVESTED BENEFITS DURING 2011 WHICH ARE REPORTED IN COLUMN (C):

MARIE CLEARY-FISHMAN	$461
JAMES SYKES	$204
JAMES HILL	$816
ROBERT BULGER	$3,089
RONALD STRUXNESS	$817
STARR NOVAK	$2,702
GEORGE R. CHESSUM	$3,001
NICOLA E. BYRNE	$2,676

Part III Supplemental Information

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

PAUL SKIEM	$3,078
JEANNIE C. FREY	$2,838
DAVID A. DILORETO	$2,533
TOM CAPOBIANCO	$278
JOHN WALTON	$2,878

ALSO IN RESPONSE TO QUESTION 4B, THE FOLLOWING LISTED INDIVIDUALS BECAME VESTED IN SUPPLEMENTAL RETIREMENT BENEFITS UNDER THE SERP, AND THEREFORE HAD BENEFITS INCLUDED IN THEIR TAXABLE INCOME:

JAMES SYKES	$12,936
JAMES HILL	$31,045
ROBERT BULGER	$35,093
STARR M. NOVAK	$38,099
GEORGE R. CHESSUM	$38,601
NICOLA E. BYRNE	$13,213
PAUL T. SKIEM	$44,695
JEANNIE C. FREY	$42,264
DAVID A. DILORETO	$23,685

Part III Supplemental Information

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

SANDRA B. BRUCE	$237,398
JOHN R. WALTON	$85,894

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

RESURRECTION HEALTH CARE CORPORATION

Employer identification number

36-2235165

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY	86-1091967	45200BPL6	05/26/2005	313,250,000	REFUND 12/19/1995 BOND & CAPITAL		X		X		X
B	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FJF7	06/05/2008	216,815,404.	REFUND 08/27/1999 BOND		X		X		X
C	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FN96	12/22/2009	103,622,597.	REFUND 6/5/2008 BOND		X		X		X
D	ILLINOIS FINANCE AUTHORITY	86-1091967	45200BPH5	05/26/2005	26,130,000	REFUND 6/29/1999 BOND		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	72,370,000.	98,865,192.		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	313,250,000.	116,815,404.	103,622,597.	26,130,000.
4	Gross proceeds in reserve funds			2,686,622.	
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	2,176,900.	1,232,394.	2,070,783.	466,351.
8	Credit enhancement from proceeds	40,000.	197,368.		
9	Working capital expenditures from proceeds	13,825,000.			
10	Capital expenditures from proceeds	247,851,323.	1,865,642.		
11	Other spent proceeds	49,430,315.	213,520,000.	98,865,192.	25,663,649.
12	Other unspent proceeds				
13	Year of substantial completion	2006	2008	2009	2005

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X	X	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X	X		X			
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X			X				

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
RESURRECTION HEALTH CARE CORPORATION

Employer identification number
36-2235165

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY	86-1091967	45200PE37	05/26/2005	243,800,000	REFUND 8/27/99 BOND		X		X		X
B												
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	243,800,000.			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	243,800,000.			
12	Other unspent proceeds				
13	Year of substantial completion	2005			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2	Are there any lease arrangements that may result in private business use of bond-financed property?								

Part III Private Business Use *(Continued)* ILLINOIS FINANCE AUTHORITY

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	.7735 %		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	.7590 %		%		%		%	
6 Total of lines 4 and 5	1.5325 %		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X			X		X
2 Is the bond issue a variable rate issue?	X		X			X	X	
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?						X		
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6 Did the bond issue qualify for an exception to rebate?		X	X			X		X

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . ☐ Yes ☒ No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Part III Private Business Use *(Continued)* ILLINOIS FINANCE AUTHORITY

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2 Is the bond issue a variable rate issue?	X							
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?		X						

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

SCHEDULE K SUPPLEMENTAL INFORMATION

BOND ISSUE ORIGINATED AUGUST 27,1999, WAS REISSUED IN MAY 26,2005,

Part III Private Business Use *(Continued)* ILLINOIS FINANCE AUTHORITY

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6 Total of lines 4 and 5	%		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
2 Is the bond issue a variable rate issue?								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?								
6 Did the bond issue qualify for an exception to rebate?								

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . ☐ Yes ☐ No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

PORTION WAS REISSUED JUNE 5, 2008. SUBSTANTIALLY ALL PROCEEDS, OTHER THAN PROCEEDS OF $1,865,642 ARISING FROM PREMIUM ON REISSUANCE WERE SPENT

Part III Private Business Use *(Continued)* ILLINOIS FINANCE AUTHORITY

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6 Total of lines 4 and 5	%		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
2 Is the bond issue a variable rate issue?								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?								
6 Did the bond issue qualify for an exception to rebate?								

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☐ No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

PRIOR TO 12/31/2002. THE ORGANIZATION IS CURRENTLY REFINING ITS PRIVATE USE CALCULATION. IT HAS IDENTIFIED THE TOTAL PRIVATE USE WHICH IS

Part III Private Business Use *(Continued)* ILLINOIS FINANCE AUTHORITY

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6 Total of lines 4 and 5	%		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
2 Is the bond issue a variable rate issue?								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?								
6 Did the bond issue qualify for an exception to rebate?								

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☐ No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

SMALL. THIS IS SIGNIFICANTLY LESS THAN 5% OF THE BOND ISSUES. IT HAS CURRENTLY IN PROCESS OF ENSURING THAT THE ALLOCATION BETWEEN BONDS

Part III Private Business Use *(Continued)* ILLINOIS FINANCE AUTHORITY

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6 Total of lines 4 and 5	%		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
2 Is the bond issue a variable rate issue?								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?								
6 Did the bond issue qualify for an exception to rebate?								

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☐ No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

CORRECT. FOR PURPOSES OF THIS CALCULATIONS WE HAVE ALLOCATED TO THE 2005 ISSUANCE.

Part III Private Business Use *(Continued)* ILLINOIS FINANCE AUTHORITY

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
2 Is the bond issue a variable rate issue?								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?								
6 Did the bond issue qualify for an exception to rebate?								

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☐ No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

THE ISSUANCE INCLUDED THE $125,000,000 2005B VARIABLE RATE BOND SERIES,

Part III Private Business Use *(Continued)* ILLINOIS FINANCE AUTHORITY

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6 Total of lines 4 and 5	%		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
2 Is the bond issue a variable rate issue?								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?								
6 Did the bond issue qualify for an exception to rebate?								

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☐ No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

THE $125,000,000 2005C VARIABLE RATE BOND SERIES AND THE $63,250,000 2005D VARIABLE RATE BOND SERIES. THE 2005D ISSUE WAS REDEEMED APRIL 1,

Part III Private Business Use *(Continued)* ILLINOIS FINANCE AUTHORITY

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6 Total of lines 4 and 5	%		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
2 Is the bond issue a variable rate issue?								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?								
6 Did the bond issue qualify for an exception to rebate?								

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☐ No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

2008 WITH CASH OF THE CORPORATION.

Part III Private Business Use *(Continued)* ILLINOIS FINANCE AUTHORITY

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
2 Is the bond issue a variable rate issue?								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?								
6 Did the bond issue qualify for an exception to rebate?								

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☐ No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

100% OF BOND PROCEESS REFUNDED THE 2008A-B ISSUANCE, OF WHICH 100% OF PROCEEDS REFUNDED THE 1999C BONDS. NO NEW MONEY PROCEEDS SUBSEQUENT TO

Part III Private Business Use *(Continued)* ILLINOIS FINANCE AUTHORITY

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6 Total of lines 4 and 5	%		%		%		%	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
2 Is the bond issue a variable rate issue?								
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?								
6 Did the bond issue qualify for an exception to rebate?								

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . ☐ Yes ☐ No

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

12/31/2002 WERE INCLUDED IN THE ISSUANCE OR PRIOR BOND ISSUANCES.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.	2011 Open to Public Inspection

Name of the organization	Employer identification number
RESURRECTION HEALTH CARE CORPORATION	36-2235165

ORGANIZATION MISSION STATEMENT

FORM 990, PART I, QUESTION 1, AND PART III, QUESTION 1

FAITHFUL TO THE SPIRIT OF OUR SPONSORS, RESURRECTION HEALTH CARE EXISTS TO WITNESS GOD'S SUSTAINING LOVE THROUGH COMPASSIONATE, FAMILY-CENTERED CARE. MOTIVATED BY A REVERENCE FOR LIFE AND RESPECT FOR THOSE WE SERVE, WE ARE COMMITTED TO IMPROVING THE HEALTH AND WELL-BEING OF OUR COMMUNITY. WE PROMOTE A CLIMATE THAT EMPOWERS ALL OF US TO EFFECTIVELY STEWARD OUR HUMAN AND FINANCIAL RESOURCES.

FORM 990, PART I, QUESTION 5, AND PART V, QUESTION 2 - COMPENSATION AND FORM W-3 TRANSMITTAL OF WAGES AND TAX STATEMENT

RESURRECTION HEALTH CARE CORPORATION (RHCC) REPORTS 0 EMPLOYEES ON FORM 990, PART I, QUESTION 5 AND FORM 990, PART V, QUESTION 2A AS IT IS NOT REQUIRED TO FILE FORM W-3, TRANSMITTAL OF WAGES AND TAX STATEMENT. RHCC'S COMPENSATION IS PAID BY ITS SUBSIDIARY, RESURRECTION MEDICAL CENTER (RMC), ACTING AS RHCC'S PAYROLL AGENT, AND TRANSFERRED TO RHCC. THE COMPENSATION AMOUNTS REPORTED IN THIS 990 REFLECT THE AMOUNT TRANSFERRED TO RHCC FROM RMC.

ALL COMPENSATION PRESENTED IS FOR THE PERIOD JANUARY 1, 2011 TO DECEMBER 31, 2011.

FORM 990, PART III, LINE 4A - PROGRAM SERVICES

RESURRECTION HEALTH CARE RECEIVES MANAGEMENT FEE INCOME FOR THE SERVICES

IT PROVIDES TO THE ORGANIZATIONS IN THE SYSTEM. BY CENTRALIZING THESE SERVICES, RESURRECTION IS ABLE TO PREVENT DUPLICATION AND BETTER UTILIZE SCARCE RESOURCES. FOR EXAMPLE, CERTAIN ACCOUNTING, HUMAN RESOURCES, AND INFORMATION TECHNOLOGY ARE SERVICES PROVIDED. IT MANAGES THE RESURRECTION HEALTH CARE WEBSITE (WWW.RESHEALTH.ORG) WHICH OFFERS AN INFORMATION LIBRARY IN ENGLISH AND SPANISH, AS WELL, AS OTHER INFORMATION SUCH AS RESURRECTION'S FINANCIAL ASSISTANCE PROGRAM, AND EDUCATIONAL PROGRAMS. OTHER SERVICES SUCH AS RES-INFO, A WIDELY UTILIZED RESURRECTION HEALTH CARE TELEPHONE SERVICE/CONTACT CENTER THAT PROVIDES NURSE ADVICE, HEALTH INFORMATION, AND HEALTH CARE CLASS REGISTRATION TO CALLERS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

RESURRECTION RETIREMENT COMMUNITY, LOCATED IN CHICAGO, IL CONSISTS OF 472 INDEPENDENT LIVING APARTMENTS WITH A FOCUS ON THE COMFORT AND WELL BEING OF RESIDENTS WITH RESPECT FOR THE INDIVIDUAL AND VALUE FOR LIFE.

CASA SAN CARLO RETIREMENT COMMUNITY-APARTMENTS FOR THE ELDERLY, LOCATED IN NORTHLAKE PARK, IL, CONSIST OF 182 INDEPENDENT LIVING APARTMENTS WITH A FOCUS ON THE COMFORT AND WELL BEING OF RESIDENTS WITH RESPECT FOR THE INDIVIDUAL AND VALUE FOR LIFE.

PROGRAM SERVICE EXPENSE FOR DEPRECIATION RELATED TO GROSS RENTAL INCOME REQUIRED TO BE REPORTED AS PROGRAM SERVICE REVENUE IN LINE 2.

PROGRAM SERVICE EXPENSE FOR PRINTING AND SURGICAL PACK SUPPLIES PROVIDED

TO EXEMPT AFFILIATES WHERE THE INCOME IS REPORTED AS PROGRAM SERVICE REVENUE IN LINE 2.

PROGRAM SERVICE EXPENSE FOR LAUNDRY SERVICES PROVIDED TO EXEMPT AFFILIATES TO ALLOW ORGANIZATION TO PROVIDE THE SERVICE IN THE MOST COST EFFECTIVE MANNER WHERE THE INCOME IS REPORTED AS PROGRAM SERVICE REVENUE IN LINE 2.

FORM 990, PART V, QUESTION 1A - FORM 1096 TRANSMITTAL OF U.S. INFORMATION RETURNS

RESURRECTION HEALTH CARE CORPORATION (RHCC) REPORTS 19 ON FORM 990, PART V, QUESTION 1A AS IT IS NOT REQUIRED TO FILE FORM 1096, TRANSMITTAL OF U.S. INFORMATION RETURNS. ALL OF RHCC'S ACCOUNTS PAYABLE REPORTABLE ON FORM 1096 ARE PAID BY ITS SUBSIDIARY, RESURRECTION MEDICAL CENTER (RMC), ACTING AS RHCC'S AGENT, AND THE COMPENSATION AMOUNT IS TRANSFERRED TO RHCC. THE COMPENSATION AMOUNTS REPORTED IN THIS 990 REFLECT THE AMOUNT TRANSFERRED TO RHCC FROM RMC.

ALL COMPENSATION PRESENTED IS FOR THE PERIOD JANUARY 1, 2011 TO DECEMBER 31, 2011.

FORM 990, PART VI, QUESTION 4 - CHANGES TO ORGANIZATIONAL DOCUMENTS

THE BYLAWS OF RESURRECTION HEALTH CARE CORPORATION WERE AMENDED AND RESTATED EFFECTIVE NOVEMBER 1, 2011, TO CHANGE THE MEMBERSHIP OF THIS CORPORATION FROM TWO CONGREGATIONS OF CATHOLIC RELIGIOUS WOMEN ("ORIGINAL

SPONSORS") TO A TAX-EXEMPT, NOT-FOR-PROFIT ILLINOIS CORPORATION NAMED PROVENA-RESURRECTION HEALTH NETWORK (WITH A PLANNED NAME CHANGE TO "PRESENCE HEALTH NETWORK", PRIOR TO DECEMBER 31, 2012) THAT IS CO-SPONSORED BY THE ORIGINAL SPONSORS AND THREE OTHER CONGREGATIONS OF CATHOLIC RELIGIOUS WOMEN; TO CHANGE THE FISCAL YEAR OF THE CORPORATION TO A CALENDAR YEAR, COMMENCING JANUARY 1, 2012; AND TO MAKE OTHER RECONCILING CHANGES.

FORM 990, PART VI, QUESTION 6

THE CORPORATION HAS ONE MEMBER, PROVENA-RESURRECTION HEALTH NETWORK, WHICH SHARES AN IDENTICAL BOARD OF DIRECTORS WITH RESURRECTION HEALTH CARE CORPORATION.

FORM 990, PART VI, QUESTION 7A - MEMBERS OR SHAREHOLDERS ELECTION OF THE GOVERNING BODY

THE BOARD OF DIRECTORS OF THE CORPORATION CONSIST OF THOSE INDIVIDUALS WHO THEN SERVE AS THE MEMBERS OF THE BOARD OF DIRECTORS OF THE CORPORATION'S SOLE MEMBER, PROVENA-RESURRECTION HEALTH NETWORK. THE MEMBERS OF THE BOARD OF DIRECTORS OF THE MEMBER ARE APPOINTED BY THE MEMBER'S CORPORATE MEMBER, A BODY CURRENTLY CONSISTING OF TEN CATHOLIC RELIGIOUS WOMEN, EACH OF WHOM IS A MEMBER OF ONE OF THE FIVE SPONSORING CONGREGATIONS OF THE CORPORATION AND ITS AFFILIATES.

FORM 990, PART VI, QUESTION 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

Name of the organization: RESURRECTION HEALTH CARE CORPORATION

Employer identification number:

THE FOLLOWING POWERS OVER THE CORPORATION AND ITS AFFILIATES ARE RESERVED TO AND SHALL BE EXERCISED EXCLUSIVELY BY THE MEMBER:

A) APPROVE THE CORPORATION'S OR AFFILIATE'S SALE, TRANSFER, LEASE (OTHER THAN IN THE ORDINARY COURSE OF BUSINESS AND FOR LEASE TERMS OF TEN (10) YEARS OR LESS) OR ENCUMBRANCE (INCLUDING THE INCURRENCE OF DEBT RESULTING IN AN ENCUMBRANCE) OF STABLE PATRIMONY OF ANY OF THE SPONSORS IN AN AMOUNT IN EXCESS OF THE STABLE PATRIMONY LIMIT;

B) APPROVE AMENDMENTS TO THE CORPORATION'S OR AFFILIATE'S ORGANIZATIONAL DOCUMENTS, FOLLOWING APPROVAL BY THE BOARD OF DIRECTORS IF REQUIRED UNDER THE ACT;

C) APPROVE ANY MERGER, CONSOLIDATION OR DISSOLUTION OF THE CORPORATION OR AFFILIATE, EXCEPT FOR MERGERS OR CONSOLIDATIONS WITH OTHER SYSTEM AFFILIATES, FOLLOWING APPROVAL BY THE BOARD OF DIRECTORS IF REQUIRED UNDER THE ACT;

D) APPROVE THE CREATION OF AFFILIATES;

E) APPROVE ANY CHANGE IN THE CORPORATE OR PRIMARY BUSINESS NAME OR LOGO OF THE CORPORATION OR AFFILIATE;

F) APPROVE THE CORPORATION'S OR AFFILIATE'S EXPENDITURE OF FUNDS NOT PROVIDED FOR IN AN APPROVED BUDGET ABOVE THRESHOLDS TO BE DETERMINED FROM TIME TO TIME BY THE MEMBER OR EXPENDITURE OF FUNDS OR DIVESTITURE OF ASSETS NOT PROVIDED FOR IN A SYSTEM STRATEGIC AND FINANCIAL PLAN;

G) APPROVE THE CORPORATION'S OR AFFILIATE'S INCURRENCE OF DEBT ABOVE THRESHOLDS TO BE DETERMINED FROM TIME TO TIME BY THE MEMBER;

H) APPROVE THE CORPORATION'S OR AFFILIATE'S ENTRY INTO MATERIAL CONTRACTS OR PURCHASES, LITIGATION OR OTHER LEGAL SETTLEMENTS, BENEFITS

PACKAGES, OR OTHER BUSINESS AFFAIRS ABOVE LIMITS SET FROM TIME TO TIME BY THE MEMBER;

I) APPOINT AND REMOVE THE CORPORATION'S OR AFFILIATE'S BOARD OF DIRECTORS;

J) EXERCISE ALL POWERS OF THE MEMBERS OR OWNERS OF ALL MEMBERS OF THE RESURRECTION GROUP EXCEPT TO THE EXTENT OTHERWISE DELEGATED BY THE MEMBER.

FORM 990, PART VI, QUESTIONS 11A & 11B - THE DRAFT FORM 990 IS PREPARED BY THE SYSTEM FINANCE DEPARTMENT AND REVIEWED BY MANAGEMENT, INCLUDING SENIOR LEADERS FOR LEGAL, COMPLIANCE, HUMAN RESOURCES AND THE SYSTEM CEO FOR ACCURACY AND COMPLETENESS. AS NECESSARY, MANAGEMENT WILL CONSULT WITH EXTERNAL ACCOUNTING, LEGAL, AND OTHER EXPERTS TO ASSURE ACCURACY. THE FINAL FORM 990 IS PROVIDED TO THE CORPORATION'S BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY
THE PURPOSE OF THE CONFLICT OF INTEREST POLICY IS TO PROTECT THE INTERESTS OF RESURRECTION HEALTH AND ALL OF ITS SUBSIDIARY MINISTRIES (COLLECTIVELY "RHC") WHEN IT IS CONTEMPLATING ENTERING INTO A TRANSACTION OR ARRANGEMENT THAT MIGHT BENEFIT THE PRIVATE INTEREST OF ANY DIRECTOR, TRUSTEE, OFFICER, CORPORATE MEMBER APPOINTEE, MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS SENIOR LEADERS, AND OTHER INTERESTED PERSONS, AND TO SET FORTH STANDARDS OF CONDUCT EXPECTED OF ALL INTERESTED PERSONS.

Name of the organization
RESURRECTION HEALTH CARE CORPORATION

Employer identification number

THE SYSTEM COMPLIANCE OFFICER SHALL BE RESPONSIBLE FOR ADMINISTERING THE ANNUAL STATEMENTS OF DISCLOSURE FOR ALL INTERESTED PERSONS WITHIN RHC. ALL INTERESTED PERSONS HAVE A CONTINUING OBLIGATION TO DISCLOSE THE EXISTENCE AND NATURE OF ANY ACTUAL, APPARENT, OR POTENTIAL CONFLICTS OF INTEREST HE/SHE MAY HAVE. ALL DISCLOSURES MUST BE PROVIDED TO THE SYSTEM COMPLIANCE OFFICER AND GENERAL COUNSEL IN A WRITTEN DESCRIPTION OF THE MATERIAL FACTS ON A CONFLICTS OF INTEREST QUESTIONNAIRE OR SIMILAR FORMAT AS DESCRIBED IN THE CONFLICTS OF INTEREST POLICY. ALL INTERESTED PERSONS SHALL COMPLETE THIS QUESTIONNAIRE BASED ON THE ASSUMPTION OF THE BOARD (OR OTHER RELEVANT) POSITION, AND THEREAFTER ON AT LEAST AN ANNUAL BASIS OR WHEN AN ACTUAL, APPARENT, OR POTENTIAL CONFLICT ARISES.

AT ANY TIME AN ACTUAL, APPARENT, OR POTENTIAL CONFLICT OF INTEREST IS IDENTIFIED, THE GOVERNANCE COMMITTEE OF THE RHC MINISTRY SHALL REVIEW THE MATTER AND DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. ONCE ALL NECESSARY INFORMATION HAS BEEN OBTAINED, THE GOVERNANCE COMMITTEE SHALL MAKE A FINDING AS TO WHETHER A CONFLICT OF INTEREST EXISTS, AND SHALL FORWARD THAT FINDING TO THE BOARD OF DIRECTORS FOR DISCUSSION AND VOTE BY THE DISINTERESTED DIRECTORS. THE SUBJECT INTERESTED PERSON SHALL NOT BE PRESENT DURING ANY MEETING IN WHICH THE GOVERNANCE COMMITTEE AND/OR BOARD CONDUCTS ITS EVALUATION AND VOTES, EXCEPT TO ANSWER QUESTIONS AS DEEMED NECESSARY.

TO ENSURE THAT THE RHC MINISTRIES OPERATE IN A MANNER CONSISTENT WITH THE CHARITABLE PURPOSES AND THAT THEY DO NOT ENGAGE IN ACTIVITIES THAT COULD

Name of the organization: RESURRECTION HEALTH CARE CORPORATION

Employer identification number:

JEOPARDIZE THEIR STATUS AS ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAX, TRANSACTIONS ARE ONLY APPROVED IF, AFTER EXERCISING REASONABLE DUE DILIGENCE, THE BOARD DETERMINES THEY ARE FAIR AND REASONABLE, TAKING INTO ACCOUNT FACTORS SUCH AS WHETHER THE RHC MINISTRY COULD OBTAIN A MORE ADVANTAGEOUS CONTRACT, TRANSACTION OR ARRANGEMENT. HOWEVER, LENDING MONEY OR GUARANTYING AN OBLIGATION OF A DIRECTOR, OFFICER, OR EMPLOYEE OF AN RHC MINISTRY (EXCLUSIVE OF CUSTOMARY INSURANCE COVERAGE FOR ACTS DONE IN CONNECTION WITH SUCH INDIVIDUAL'S SERVICE TO OR EMPLOYMENT BY THE RHC MINISTRY) IS STRICTLY PROHIBITED.

FORM 990 PART VI, QUESTIONS 15A AND 15B, AND PART V, QUESTION 2A - COMPENSATION AND APPROVAL PROCESS FOR OFFICERS AND KEY EMPLOYEES

COMPENSATION FOR THE CORPORATION'S CEO AND OTHER OFFICERS OR KEY EMPLOYEES IS DETERMINED IN ACCORDANCE WITH WRITTEN POLICIES AND PROCEDURES ADOPTED BY ITS BOARD OF DIRECTORS AND APPLIED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS OF THE CORPORATION'S SOLE MEMBER, PROVENA-RESURRECTION HEALTH NETWORK. THE CORPORATION USES MARKET DATA COMPILED BY AN INDEPENDENT COMPENSATION CONSULTANT TO ESTABLISH BASE SALARIES AND TOTAL CASH COMPENSATION OPPORTUNITIES. THE HUMAN RESOURCES COMMITTEE MONITORS EXECUTIVE TOTAL COMPENSATION BY APPROVING ALL COMPONENTS OF EXECUTIVE TOTAL COMPENSATION, ANNUALLY REVIEWING AND APPROVING COMPENSATION CHANGES FOR EACH EXECUTIVE, AND REGULARLY REPORTING ITS ACTIVITIES TO THE SYSTEM PARENT AND RHCC BOARDS.

Name of the organization: RESURRECTION HEALTH CARE CORPORATION

Employer identification number:

PART VI, QUESTION 16B - SAFEGUARDS FOR PARTICIPATION IN JOINT VENTURES

RHCC PARTICIPATES IN ONE JOINT VENTURE THAT IS EXCLUSIVELY OWNED BY ITSELF AND OTHER ORGANIZATIONS QUALIFIED UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). THESE ORGANIZATIONS REGULARLY MONITOR THE JOINT VENTURE'S ACTIVITIESTO ASSURE THAT IT IS OPERATED IN A NOT-FOR-PROFIT

FORM 990, PART VI, LINE 19 - DOCUMENT AVAILABILITY

THE CORPORATION'S ARTICLES OF INCORPORATION ARE ON FILE WITH THE STATE OF ILLINOIS. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE CORPORATION, TOGETHER WITH ITS AFFILIATES, ARE AVAILABLE FROM THE NATIONAL DISSEMINATION AGENT AS REQUIRED BY OUR BOND DOCUMENTS. CONFLICTS OF INTEREST POLICIES ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART VII, SECTIONS A & B - COMMON PAYMASTER

RESURRECTION MEDICAL CENTER (RMC) FEIN 36-3330926 ACTS AS THE AGENT FOR RESURRECTION HEALTH CARE CORPORATION (RHCC). CASH IS SWEPT FROM RHCC ON A DAILY BASIS TO RMC AND RMC ISSUES ALL PAYROLL AND ACCOUNTS PAYABLE CHECKS ON BEHALF OF AND AS AGENT FOR RHCC AND THE APPROPRIATE ACCOUNTING ENTRIES ARE RECORDED.

FORM 990, PART X, LINE 11 - UNREALIZED GAINS AND LOSSES

THE CHANGE IN THE UNREALIZED GAIN (LOSSES) ON THE RESURRECTION HEALTH CARE INVESTMENT PORTFOLIO IS RECORDED IN ITS ENTIRETY IN THE BOOKS AND RECORDS OF RESURRECTION HEALTH CARE CORPORATION.

Name of the organization: RESURRECTION HEALTH CARE CORPORATION

Employer identification number:

FORM 990, PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS

THE FOLLOWING WERE NOT MADE PART OF THE ENTITY'S TRIAL BALANCE:

UNREALIZED GAINS/LOSSES	(16,113,561)
UNRESTRICTED NET ASSET TRANSFER FROM DISCONTINUED RELATED ENTITIES	(17,058,219)
DISCONTINUED SELF INSURANCE	(2,797,199)
EQUITY TRANSFER FROM RES DEVELOPMENT FOUNDATION	13,189
INTERCOMPANY TRANSFER	1,548,477
NET ASSETS RELEASED FROM RESTRICTIONS	36,299

FORM 990, PART XII, LINE 2B - AUDITED FINANCIAL STATEMENTS

RESURRECTION HEALTH CARE CORPORATION AND AFFILIATES HAS THE CONSOLIDATED FINANCIAL STATEMENTS AUDITED BY AN INDEPENDENT ACCOUNTANT ANNUALLY. THE AUDIT OPINION IS ISSUED ON THE CONSOLIDATED FINANCIAL STATEMENTS. EACH AFFILIATE IS NOT SEPARATELY AUDITED.

ATTACHMENT 1

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
GUY WIEBKING CHAIRPERSON/FORMER PRES & CEO	40.00

Name of the organization: RESURRECTION HEALTH CARE CORPORATION

Employer identification number:

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ARTHUR J. GALLAGHER RISK MANAGEMENT P.O. BOX 71965 CHICAGO, IL 60694-1965	RISK MGMT SERVICES	1,134,430.
POWER CONSTRUCTION COMPANY LLC 2360 PALMER DRIVE SCHAUMBURG, IL 60173	CONSTRUCTION SRVCS	1,110,245.
HURON CONSULTING SERVICES 3005 MOMENTUM PLACE CHICAGO, IL 60689-5330	CONSULTING SERVICES	1,032,419.
GENEVA TEHNICAL SERVICES 8755 W. HIGGINS ROAD, SUITE 840 CHICAGO, IL 60631	TECHNICAL SERVICES	856,362.
CAMDEN GROUP 100 N. SEPULVEDA BLVD., SUITE 600 EL SEGUNDO, CA 90245	CONSULTING SERVICES	855,572.
	TOTAL COMPENSATION	4,989,028.

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

2011

Open to Public Inspection

Name of the organization
RESURRECTION HEALTH CARE CORPORATION

Employer identification number
36-2235165

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) PROVENA-RESURRECTION HEALTH NETWORK 36-1649520 7435 WEST TALCOTT AVENUE CHICAGO, IL 60631	HEALTH CARE	IL	501(C)(3)	3	N/A		X
(2) RESURRECTION UNIVERSITY 36-2182170 3 ERIE COURT OAK PARK, IL 60302	HEALTH CARE	IL	501(C)(3)	3	RHCC	X	
(3) HOLY FAMILY HEALTH CARE SYSTEM, INC 36-3495969 100 NORTH RIVER ROAD DES PLAINES, IL 60016	HEALTH CARE	IL	501(C)(3)	3	RHCC	X	
(4) HOLY FAMILY MEDICAL CENTER 36-2439318 100 NORTH RIVER ROAD DES PLAINES, IL 60016	HEALTH CARE	IL	501(C)(3)	3	RHCC	X	
(5) MOUNT LORETTO NURSING HOME, INC 14-1363014 302 SWART HILL ROAD AMSTERDAM, NY 12010	SENIOR LIVING	NY	501(C)(3)	3	RM NEW YORK	X	
(6) OUR LADY OF THE RESURRECTION MEDICAL CEN 36-2644178 5645 WEST ADDISON STREET CHICAGO, IL 60634	HEALTH CARE	IL	501(C)(3)	3	RHCC	X	
(7) PROVENA CARE & HOME 46-0483587 19065 HICKORY CREEK DRIVE MOKENA, IL 60448	HEALTH CARE	IL	501(C)(3)	9	PROV.SEN.SER	X	

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

2011

Open to Public Inspection

Name of the organization
RESURRECTION HEALTH CARE CORPORATION

Employer identification number
36-2235165

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) PROVENA HEALTH 36-3366652 9223 W ST FRANCIS ROAD FRANKFORT, IL 60423	HEALTH CARE	IL	501(C)(3)	11 TYPE I	PRHN		X
(2) PROVENA HOME HEALTH, INC 46-0483581 19065 HICKORY CREEK DRIVE MOKENA, IL 60448	HEALTH CARE	IL	501(C)(3)	9	PROV.SEN.SER	X	
(3) PROVENA HOSPITALS 36-4195126 9223 W ST FRANCIS ROAD FRANKFORT, IL 60423	HEALTH CARE	IL	501(C)(3)	3	PROV. HEALTH	X	
(4) LAVERNA TERRACE HOUSING CORP 36-3438977 19065 HICKORY CREEK DRIVE MOKENA, IL 60448	HEALTH CARE	IL	501(C)(3)	9	PROV. HOSP.	X	
(5) PROVENA SELF-INSURANCE TRUST 36-2987310 9223 W ST FRANCIS ROAD FRANKFORT, IL 60423	INSURANCE	IL	501(C)(3)	9	PROV. HEALTH	X	
(6) PROVENA SENIOR SERVICES 37-1127787 19065 HICKORY CREEK DRIVE MOKENA, IL 60448	HEALTH CARE	IL	501(C)(3)	7	PROV. HEALTH	X	
(7) PROVISO FAMILY SRVCS D/B/A RES. BEH HLT 36-2709982 1820 SOUTH 25TH AVENUE BROADVIEW, IL 60155	HEALTH CARE	IL	501(C)(3)	3	RES. SERVICE	X	

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

2011

Open to Public Inspection

Name of the organization
RESURRECTION HEALTH CARE CORPORATION

Employer identification number
36-2235165

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) RESURRECTION AMBULATORY SERVICES 36-4286236 7435 WEST TALCOTT AVENUE CHICAGO, IL 60631	HEALTH CARE	IL	501(C)(3)	3	RHCC	X	
(2) RESURRECTION DEVELOPMENT FOUNDATION 36-3330929 150 NORTH RIVER ROAD DES PLAINES, IL 60016	FUNDRAISING	IL	501(C)(3)	7	RHCC	X	
(3) RESURRECTION HOME HEALTH SERVICES 36-2893936 5747 WEST DEMPSTER MORTON GROVE, IL 60053	HOME CARE	IL	501(C)(3)	3	RHCC	X	
(4) RESURRECTION MEDICAL CENTER 36-3330926 7435 WEST TALCOTT AVENUE CHICAGO, IL 60631	HEALTH CARE	IL	501(C)(3)	3	RHCC	X	
(5) RESURRECTION NURSING HOME 14-1348691 90 NORTH MAIN STREET CASTLETON, NY 12033	SENIOR LIVING	NY	501(C)(3)	3	RM NEW YORK	X	
(6) RESURRECTION SENIOR SERVICES 23-7061646 7435 WEST TALCOTT AVENUE CHICAGO, IL 60631	SENIOR LIVING	IL	501(C)(3)	3	RHCC	X	
(7) RESURRECTION SERVICES 36-3330928 7447 WEST TALCOTT AVENUE CHICAGO, IL 60631	HEALTH CARE	IL	501(C)(3)	3	RHCC	X	

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

2011

Open to Public Inspection

Name of the organization
RESURRECTION HEALTH CARE CORPORATION

Employer identification number
36-2235165

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) SAINT FRANCIS HOSPITAL 36-2167800 355 RIDGE AVENUE EVANSTON, IL 60202	HEALTH CARE	IL	501(C)(3)	3	RHCC	X	
(2) SAINT FRANCIS HOSPITAL AUXILIARY OF EVAN 36-6143349 355 RIDGE AVENUE EVANSTON, IL 60202	FUNDRAISING	IL	501(C)(3)	7	ST FRAN.HOSP	X	
(3) SAINTS MARY AND ELIZABETH MEDICAL CENTER 36-2171079 2233 WEST DIVISION STREET CHICAGO, IL 60622	HEALTH CARE	IL	501(C)(3)	3	RHCC	X	
(4) ST JOSEPH HOSPITAL 36-3200170 2900 NORTH LAKE SHORE DRIVE CHICAGO, IL 60657	HEALTH CARE	IL	501(C)(3)	3	RHCC	X	
(5) RAINBOW HOSPICE & PALL. CARE 36-3296367 1550 BISHOP COURT MT PROSPECT, IL 60056	HOSPICE	IL	501(C)(3)	9	RHHS	X	
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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) L GILBRAITH INSURANCE SPC LTD N/A 68 W BAY ROAD, PO BOX 1109 PO BOX 1109 GRAND CAYMAN, CAY	INSURANCE	CJ	RHCC	FOREIGN COMPANY			
(2) PROVENA ASSURANCE CORPORATION 98-0420054 9223 W ST FRANCIS ROAD FRANKFORT, IL 60423	MEDICAL	IL	PROVENA HEALTH	C CORP			
(3) PROVENA PROPERTIES 36-3520630 9223 W ST FRANCIS ROAD FRANKFORT, IL 60423	MEDICAL	IL	PROVENA HEALTH	C CORP			
(4) PROVENA SERVICE CORPORATION 36-4314354 9223 W ST FRANCIS ROAD FRANKFORT, IL 60423	MEDICAL	IL	PROVENA HOSPITA	C CORP			
(5) RESURRECTION HEALTHCARE PREFERRED 36-3974620 100 NORTH RIVER ROAD DES PLAINES, IL 60016	MGD CARE CONTRACT	IL	RHCC	C CORP			
(6) PROVENA VENTURES 37-1168085 9223 W. ST FRANCIS ROAD FRANKFORT, IL 60423	MEDICAL SERVICES	IL	PROVENA HEALTH	C CORP			
(7) RESURRECTION MEDICAL CENTER AUXILIARY 36-6109825 7435 WEST TALCOTT CHICAGO, IL 60631	FUNDRAISING	IL	RES MED CTR	C CORP			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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) RESURRECTION MINISTRIES OF NEW YORK 14-1720818 90 NORTH MAIN STREET CASTLETON, NY 12033	PARENT CORP	NY	RHCC	C CORP			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" to 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 of this schedule.

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

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

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)	SEE SCHEDULE R, PART VII			
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

REIMBURSEMENTS FOR SHARED SERVICES

FORM 990, SCHEDULE R, PART V

RESURRECTION MEDICAL CENTER ("RMC" FEIN: 36-3330926) PAYS ALL OF THE COMPENSATION AND ACCOUNTS PAYABLE FOR ALL ENTITIES WITHIN THE RESURRECTION HEALTH CARE SYSTEM. THEREFORE THESE AMOUNTS ARE REIMBURSED AT COST TO RMC AND ARE PRESENTED ON PART V, LINE 2 OF SCHEDULE R.

TRANSACTIONS WITH RELATED ORGANIZATIONS

SCHEDULE R, PART V, QUESTION 2

NAME OF OTHER ORG	TRANS TYPE	AMOUNT	METHOD
RESURRECTION DEVELOPMENT FOUNDATION	C	$87,895	CASH
RESURRECTION MEDICAL CENTER	O	$101,606,123	FMV
HOLY FAMILY MEDICAL CENTER	P	$3,944,212	FMV
OUR LADY OF THE RES MED CTR	P	$8,703,178	FMV
PROVISO FAMILY SERVICES, INC.	P	$412,955	FMV
RESURRECTION AMBULATORY SERVICES	P	$334,943	FMV
RESURRECTION DEVELOPMENT FOUNDATION	P	$42	FMV
RESURRECTION HOME HEALTH SERVICES	P	$619,729	FMV
RESURRECTION MEDICAL CENTER	P	$15,254,618	FMV
RESURRECTION SENIOR SERVICES	P	$4,741,765	FMV
RESURRECTION SERVICES	P	$1,755,416	FMV
SAINT FRANCIS HOSPITAL	P	$11,285,296	FMV
SAINT JOSEPH HOSPITAL	P	$10,922,150	FMV
SAINTS MARY AND ELIZABETH MED. CTR.	P	$16,343,749	FMV