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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

C Name of organization
Presence RHC Corporation

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
200 SOUTH WACKER DRIVE
Suite

City or town, state or province, country, and ZIP or foreign postal code
Chicago, IL 60606

D Employer identification number
36-2235165

E Telephone number
(773) 774-8000

G Gross receipts $ 275,926,644

F Name and address of principal officer
Sandra Bruce
200 SOUTH WACKER DRIVE
Chicago,IL 60606

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www presencehealth 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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	302,180
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	101,456

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	292,372	323,897
9	Program service revenue (Part VIII, line 2g)	203,042,903	210,459,461
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	48,029,443	57,863,584
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,298,003	7,279,702
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	269,662,721	275,926,644
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)	108,023,240	94,887,376
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	111,784,584	124,934,600
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	219,807,824	219,821,976
19	Revenue less expenses Subtract line 18 from line 12	49,854,897	56,104,668

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	808,420,794	1,127,985,657
21	Total liabilities (Part X, line 26)	935,545,117	1,275,913,690
22	Net assets or fund balances Subtract line 21 from line 20	-127,124,323	-147,928,033

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

****** | 2014-11-17
Signature of officer | Date

ANTHONY J FILER TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JACOB ZEHNDER				P01564049

Firm's name ▶ ERNST & YOUNG US LLP | Firm's EIN ▶

Firm's address ▶ 155 N Wacker Drive
Chicago, IL 60606 | Phone no

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

Part III Statement of Program Service Accomplishments

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

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 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 $ 138,808,057 including grants of $ 0) (Revenue $ 206,499,110)

SEE SCHEDULE O

4b (Code) (Expenses $ 6,488,709 including grants of $ 0) (Revenue $ 8,214,638)

Presence RHC Corporation also operates Presence Resurrection Retirement Community Presence Resurrection Retirement Community offers 471 spacious, well-maintained independent living apartments and licensed assisted living apartments with a focus on the comfort and well being of residents with respect for the individual and value for life

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 145,296,766

Part IV Checklist of Required Schedules

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

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, 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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**	Yes	
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
b	Enter the number of Forms W-2G included 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? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
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		Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	19		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
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**		Yes	
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**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

▶ANTHONY J FILER 200 SOUTH WACKER DRIVE
CHICAGO,IL 60606 (847) 297-1800

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

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

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

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

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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								8,028,345	0	1,454,648

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 ▶184

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
DELOITTE CONSULTING LLP, PO BOX 7247 PHILADELPHIA PA 191706447	CONSULTING SERVICES	25,194,825
BEAR CONSTRUCTION, 1501 ROHLWING ROAD CHICAGO IL 600081336	CONSTRUCTION SRVCS	10,054,941
LEIDOS HEALTH LLC, PO BOX 223866 PITTSBURG PA 152512866	INFO TECHNOLOGY SERV	8,866,631
TEMPLAR CONSTRUCTIONS INC, 1016 W JACKSON BLVD STE 2 CHICAGO IL 60607	CONSTRUCTION SRVCS	5,478,902
IMPACT ADVISORS LLC, 931 W 75TH STREET STE 137-304 NAPERVILLE IL 60565	INFO TECHNOLOGY SRVS	3,672,273

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶126

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	270,213			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	53,684			
	g	Noncash contributions included in lines 1a-1f $		0			
	h	**Total.** Add lines 1a-1f . . . . . ▶		323,897			
Program Service Revenue			Business Code				
	2a	MANAGEMENT FEE REVENUE	561000	195,111,257	195,111,257		
	b	RETIREMENT COMMUNITY RENTAL & OTHER	623000	8,214,637	8,214,637		
	c	LAUNDRY FOR AFFILIATES	812300	5,647,198	5,647,198		
	d	PRINTING	561439	1,486,369	1,486,369		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		210,459,461			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		57,863,584			57,863,584
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	3,381,181				
	b	Less rental expenses					
	c	Rental income or (loss)	3,381,181	0			
	d	Net rental income or (loss) . . . . . ▶		3,381,181	3,381,181		
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . . ▶		0			
	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	ACCESS TO PURCH CONTRACT	541519	99,996		99,996	
	b	MEDICAL SUPPLY REBATES	900099	398,814	398,814		
	c	ANSWERING SERVICE	517000	202,184		202,184	
	d	All other revenue		3,197,527	474,292		2,723,235
	e	**Total.** Add lines 11a–11d . . . . . ▶		3,898,521			
	12	**Total revenue.** See Instructions . . . . . ▶		275,926,644	214,713,748	302,180	60,586,819

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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	5,315,599	4,784,039	531,560	
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	75,362,848	67,826,562	7,536,286	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,542,955	2,288,660	254,295	
9 Other employee benefits	5,906,440	5,315,796	590,644	
10 Payroll taxes	5,759,534	5,200,242	559,292	
11 Fees for services (non-employees)				
a Management	577,085		577,085	
b Legal	4,113,602		4,113,602	
c Accounting	1,200,907		1,200,907	
d Lobbying	362,785	141,460	221,325	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	502,130		502,130	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	66,776,373	30,610,174	36,166,199	
12 Advertising and promotion	9,535,961	112,752	9,423,209	
13 Office expenses	7,098,209	4,687,434	2,410,775	
14 Information technology	17,605,356	17,605,356		
15 Royalties . .	0			
16 Occupancy	3,347,875	1,974,366	1,373,509	
17 Travel	768,441	668,556	99,885	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	270,024	3,284	266,740	
20 Interest	300,369		300,369	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	9,877,456	3,746,191	6,131,265	
23 Insurance	-269,425		-269,425	
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	600,489		600,489	
b DUES AND SUBSCRIPTIONS	1,825,325	76,576	1,748,749	
c TAXES AND ASSESSMENTS	73,974	73,974		
d MEDICAL SUPPLIES	115,418	115,418		
e All other expenses	252,246	65,926	186,320	
25 **Total functional expenses.** Add lines 1 through 24e	219,821,976	145,296,766	74,525,210	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		909,620	2	206,188
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		10,678,001	4	4,765,677
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other 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) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		10,702,851	7	10,702,851
	8	Inventories for sale or use		293,124	8	18,833
	9	Prepaid expenses and deferred charges		22,117,964	9	13,312,483
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 619,212,579			
	b	Less accumulated depreciation	10b 301,166,878	361,336,825	10c	318,045,701
	11	Investments—publicly traded securities		387,097,823	11	763,398,167
	12	Investments—other securities See Part IV, line 11		1,088,209	12	923,090
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		14,196,377	15	16,612,667
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		808,420,794	16	1,127,985,657
Liabilities	17	Accounts payable and accrued expenses		88,622,835	17	75,713,246
	18	Grants payable		0	18	0
	19	Deferred revenue		34,848,592	19	15,956,003
	20	Tax-exempt bond liabilities		458,259,332	20	440,726,422
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other 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		59,775,000	23	84,042,048
	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		294,039,358	25	659,475,971
	26	**Total liabilities.** Add lines 17 through 25		935,545,117	26	1,275,913,690
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-127,479,711	27	-148,318,243
	28	Temporarily restricted net assets		355,388	28	390,210
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), 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		-127,124,323	33	-147,928,033
	34	Total liabilities and net assets/fund balances		808,420,794	34	1,127,985,657

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	275,926,644
2	Total expenses (must equal Part IX, column (A), line 25)	2	219,821,976
3	Revenue less expenses Subtract line 2 from line 1	3	56,104,668
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-127,124,323
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-76,908,378
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-147,928,033

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	Yes	

Additional Data

Software ID:
Software Version:
EIN: 36-2235165
Name: Presence RHC Corporation

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sandra Bruce DIRECTOR EX-OFFICIO PRES/CEO	50 0 8 0	X		X				1,536,136	0	46,525
Haven Cockerham Director	1 0 1 0	X						0	0	0
Sister Patricia Ann Koschalke Director	1 0 2 0	X						0	0	0
Thomas D Settles Director	1 0 2 0	X						0	0	0
James Winikates Director	1 0 1 0	X						0	0	0
Susan McDonough Director	1 0 1 0	X						0	0	0
Victor Orler Director	1 0 1 0	X						0	0	0
Mark Hanson Director	1 0 1 0	X						0	0	0
Thomas R Huberty MD Director	1 0 1 0	X						0	0	0
Sr Clara Frances Kusek CR Director	1 0 1 0	X						228,144	0	9,053
Marsha Ladenburger DIRECTOR	1 0 1 0	X						0	0	0
Sister Terry Maltby RSM DIRECTOR	1 0 1 0	X						0	0	0
Kent Russell DIRECTOR	1 0 1 0	X						0	0	0
Sister Mary Shinnick OSF DIRECTOR	1 0 1 0	X						0	0	0
Guy Wiebking DIRECTOR	1 0 1 0	X						0	0	0
Sister Evelyn Varboncoeur SSCM DIRECTOR	1 0 1 0	X						0	0	0
Bruce Hamory MD DIRECTOR	1 0 1 0	X						0	0	0
Jose Santiago MD DIRECTOR	1 0 1 0	X						0	0	0
Laurie Lafontaine DIRECTOR	1 0 1 0	X						0	0	0
John A Orsini CPA TREASURER (TERMED EXP 1/2013)	40 0 3 0			X				228,935	0	9,651
Jeannie C Frey Secretary	50 0 1 0			X				653,365	0	135,768
Anthony J Filer TREASURER	50 0 1 0			X				878,902	0	172,661
Patrick Quinn Assistant Treasurer	40 0 1 0			X				290,799	0	40,263
Julie Roknich Assistant Secretary	40 0 1 0			X				173,049	0	26,630
David DiLoreto MD SYSTEM SENIOR VICE PRESIDENT	40 0 2 0				X			729,094	0	156,624

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Janelle Reilly SYSTEM VICE PRESIDENT	40 0 1 0					X		547,037	0	125,458
Kathleen Rhine SYSTEM SENIOR VICE PRESIDENT	40 0 0 0					X		499,142		108,066
Paul Skiem SYSTEM SENIOR VICE PRESIDENT	40 0 0 0					X		485,624	0	94,131
George Chessum SYSTEM VICE PRESIDENT	40 0 0 0					X		529,753	0	36,292
Terry Williams SYSTEM SR VP (TERM EXP 5/13)	40 0 0 0					X		627,511	0	457,033
John Walton EXECUTIVE VP & GROUP VP	0 0 0 0						X	620,854	0	36,493

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Presence RHC Corporation

Employer identification number
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 - Non-functionally integrated

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 monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A DISCLOSURE FOR NOT FILING SCHEDULE H	PRESENCE RHC CORPORATION (PRHCC) DOES NOT FILE A SCHEDULE H, EVEN THOUGH PRHCC MARKS THE HOSPITAL BOX IN SCHEDULE A, BECAUSE it is NOT REQUIRED TO BE LICENSED, REGISTERED OR SIMILARLY RECOGNIZED BY THE STATE AS A HOSPITAL

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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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 the organization	Employer identification number
Presence RHC 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-

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-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		141,460
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		221,325
j	Total Add lines 1c through 1i			362,785
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Part IIB, lines 1g &1i	PRESENCE RHC CORPORATION, AS THE PARENT ORGANIZATION PAID ALL ASSOCIATION DUES FOR MEMBERSHIP IN THE AMERICAN HOSPITAL ASSOCIATION, THE ILLINOIS HOSPITAL ASSOCIATION, THE CATHOLIC HEALTH ASSOCIATION, AND THE METROPOLITAN CHICAGO HEALTHCARE COUNCIL, THESE ORGANIZATIONS, AS PART OF THEIR MISSIONS, ADVOCATE IN the Illinois GENERAL ASSEMBLY AND/or CONGRESS ON LEGAL AND POLICY ISSUES THAT AFFECT HEALTHCARE INCLUDING QUALITY, AFFORDABILITY, PATIENT ACCESS AND ACCREDITATION A PORTION OF THE ANNUAL MEMBERSHIP DUES PAID TO THESE ORGANIZATIONS IS ATTRIBUTABLE TO THESE LOBBYING ACTIVITIES AND IS REPORTED IN COLUMN (B) FOR LINE 1I PRESENCE RHC CORPORATION ALSO ENGAGES CERTAIN FIRMS TO LOBBY ON ITS BEHALF REGARDING ISSUES AND POLICIES THAT AFFECT HEALTHCARE SUCH AS QUALITY, AFFORDABILITY, AND PATIENT ACCESS EXPENSE RELATED TO THIS ACTIVITY IS INCLUDED IN LINE 1G PRESENCE RHC CORPORATION MAINTAINS AN ADVOCACY SECTION ON ITS WEBSITE (PRESENCEHEALTH ORG) THAT INCLUDES POSITION PAPERS ON KEY ISSUES AS WELL AS ALERTS FOR PEOPLE TO CONTACT LEGISLATORS ON PARTICULAR PIECES OF LEGISLATION

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Presence RHC 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) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 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 XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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 XIII, the text of the footnote to its financial statements that describes these items

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

(i) 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 XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	355,388	344,301	313,647	272,578	436,845
b	Contributions	157,376	169,957	113,083	189,223	169,963
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs	-122,554	158,870	82,429	148,154	334,230
f	Administrative expenses					
g	End of year balance	635,318	355,388	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 ▶ 100 000 %

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)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,009,612		4,009,612
b Buildings		246,285,110	152,704,094	93,581,016
c Leasehold improvements		11,879,903	539,071	11,340,832
d Equipment		300,195,608	132,242,973	167,952,635
e Other		56,842,346	15,680,740	41,161,606
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				318,045,701

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
DUE TO AFFILIATES	650,060,041
ASBESTOS RETIREMENT OBLIGATION	9,415,930
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	659,475,971

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D SUPPLEMENTAL INFORMATION	Part V, Line 4 - Intended uses of Endowment Fund The endowment funds are temporarily restricted for the use of chapels within the organization Part X - ASC 740-10 PRESENCE HEALTH RECOGNIZES THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION AS OF DECEMBER 31, 2013 AND 2012, PRESENCE HEALTH DOES NOT HAVE ANY LIABILITIES FOR UNRECOGNIZED TAX BENEFITS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Presence RHC 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 Activites 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 and the Caribbean			Investments		164,268,829
(2)					
(3)					
(4)					
(5)					
3a Sub-total					164,268,829
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					164,268,829

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. 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)								

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)*	☑ 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	☑ 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)*	☑ 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	☑ 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	☑ 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	☑ No

Additional Data

Software ID:
Software Version:
EIN: 36-2235165
Name: Presence RHC Corporation

Part V **Supplemental Information**

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).

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Presence RHC Corporation

Employer identification number
36-2235165

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including 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, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
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 and the coporation's sole member, presence health network Such policies and procedures are applied by the human resources committee of Presence Health Network, which consists wholly of independent directors Presence Health Network 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 Presence has three Severance Plans depending upon level These plans allow individuals whose jobs have been eliminated and who have not been able to find a similar position within the System time to transition The number of weeks of wage continuation are based upon length of service The plans are not funded The following individuals received severance payments in calendar year 2013 Terry Williams $234,685 John Walton $617,115 Clara Frances Kusek $228,144 Sister Clara Frances Kusek, CR served as Executive Vice President for the corporation until 10/31/11 but remained on the board of directors
PAYMENTS FROM A SUPPLEMENTAL NON QUALIFIED RETIREMENT PLAN	Schedule J, Part I, Question 4B In order to enhance the ability of Presence Health to attract and retain qualified management personnel by providing eligible executives with additional retirement benefits on a deferred basis, Presence Health Network maintains an unfunded supplemental retirement plan (the "Plan") for a select group of management, which is intended to comply with Section 457(f), and Section 409A of the Internal Revenue Code Under the Plan, Presence Health Network credits to such eligible executive's retirement account an amount based on a percentage of salary Earnings and/or losses on investments are credited at a rate equal to the rate of return over the same period on investment options selected by the Eligible Executive Eligible executives are entitled to receive benefits on the earliest of (I) January 1 of the third calendar year beginning after the year in which such contribution is credited, (II) attaining age 62, or (III) attaining the age of 60 if the eligible executive has completed ten (10) years of service The following listed individuals participated in the organization's section 457(f) plan and earned unvested benefits during 2013 which are reported in column (C) DAVID DILORETO $109,970 JEANNIE C FREY $86,745 JANELLE REILLY $86,329 KATHLEEN RHINE $66,414 PAUL SKIEM $56,877 BRADLEY HOWARD $53,033 PATRICK QUINN $23,604 ANTHONY J FILER $146,954 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 SANDRA BRUCE $187,984 TERRY WILLIAMS $99,518 DAVID DILORETO $34,591 JEANNIE C FREY $41,988 KATHLEEN RHINE $25,299 PAUL SKIEM $45,044 GEORGE CHESSUM $68,738 BRADLEY HOWARD $37,672 JOHN A ORSINI $56,971 SCHEDULE J, PART II COMPENSATION paid to members of a religious order PURSUANT TO HER VOW OF POVERTY, ALL COMPENSATION REPORTED FOR SISTER CLARA FRANCES KUSEK IS PAID DIRECTLY TO HER RELIGIOUS CONGREGATION

Additional Data

Software ID:
Software Version:
EIN: 36-2235165
Name: Presence RHC Corporation

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Sandra Bruce DIRECTOR EX-OFFICIO PRES/CEO	(I) (II)	1,046,184 0	489,952 0	0 0	17,850 0	28,675 0	1,582,661 0	0 0
Sr Clara Frances Kusek CR Director	(I) (II)	0 0	0 0	228,144 0	9,045 0	8 0	237,197 0	0 0
John A Orsini CPA TREASURER (TERMED EXP 1/2013)	(I) (II)	48,134 0	180,801 0	0 0	8,600 0	1,051 0	238,586 0	56,655 0
Jeannie C Frey Secretary	(I) (II)	466,882 0	186,483 0	0 0	108,779 0	26,989 0	789,133 0	36,617 0
David DiLoreto MD SYSTEM SENIOR VICE PRESIDENT	(I) (II)	533,054 0	196,040 0	0 0	130,041 0	26,583 0	885,718 0	34,578 0
Anthony J Filer TREASURER	(I) (II)	629,462 0	139,487 0	109,953 0	146,954 0	25,707 0	1,051,563 0	0 0
Patrick Quinn Assistant Treasurer	(I) (II)	212,851 0	35,937 0	42,011 0	23,604 0	16,659 0	331,062 0	0 0
Julie Roknich Assistant Secretary	(I) (II)	173,049 0	0 0	0 0	5,934 0	20,696 0	199,679 0	0 0
Janelle Reilly SYSTEM VICE PRESIDENT	(I) (II)	464,240 0	82,797 0	0 0	102,755 0	22,703 0	672,495 0	0 0
Kathleen Rhine SYSTEM SENIOR VICE PRESIDENT	(I) (II)	386,495	112,647	0	85,200	22,866	607,208	25,289
Paul Skiem SYSTEM SENIOR VICE PRESIDENT	(I) (II)	355,428 0	130,196 0	0 0	76,560 0	17,571 0	579,755 0	41,160 0
George Chessum SYSTEM VICE PRESIDENT	(I) (II)	369,266 0	160,487 0	0 0	18,084 0	18,208 0	566,045 0	31,613 0
John Walton EXECUTIVE VP & GROUP VP	(I) (II)	3,739 0	0 0	617,115 0	36,485 0	8 0	657,347 0	74,054 0
Terry Williams SYSTEM SR VP (TERM EXP 5/13)	(I) (II)	190,496 0	202,330 0	234,685 0	431,830 0	25,203 0	1,084,544 0	38,002 0

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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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Presence RHC 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) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY	86-1091967	111111111	09-17-2013	179,140,000	REFUND 2005BC W 2013AE		X		X		X
B	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FJF7	06-05-2008	216,815,404	REFUND 08/27/1999 BOND 99AB(08)		X		X		X
C	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FN96	12-22-2009	103,622,597	REFUND 6/5/2008 BOND 09		X		X		X
D	ILLINOIS FINANCE AUTHORITY	86-1091967	45200PE37	05-26-2005	243,800,000	REFUND 8/27/99 BOND 99AB (05)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	141,200,000	30,980,000	132,800,800
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	179,140,000	216,815,404	103,622,597	243,800,000
4	Gross proceeds in reserve funds	0	0	2,686,622	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	0	1,232,394	2,070,783	0
8	Credit enhancement from proceeds	0	197,368	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	179,140,000	1,865,642	0	0
11	Other spent proceeds	0	213,520,000	98,865,192	243,800,000
12	Other unspent proceeds	0	0	0	0
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		X			

Part III Private Business Use *(Continued)*

		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 ▶	0 773 %		0 %		0 %		0 %	
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 ▶	0 759 %							
6	Total of lines 4 and 5	1 533 %							
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X		X			X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	13 853 %		8 066 %					
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?	X		X			X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X	X	
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X			X	X			
b	Exception to rebate?		X		X		X		
c	No rebate due?		X	X			X		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X			X	X	
4a	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	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has 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?		X		X		X		X

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K SUPPLEMENTAL INFORMATION	PART I - BOND B THE 2008 BONDS WERE ISSUED WITH AN ORIGINAL ISSUE PREMIUM (OIP) OF $2,815,404 PART I - BOND C THE 2009 BONDS WERE ISSUED WITH AN ORIGINAL ISSUE DISCOUNT OF $182,403 THEREFORE THIS AMOUNT WILL NEED TO BE ADDED IN ORDER TO RECONCILE TO THE TAX EXEMPT BOND LIABILITY PART II - LINE 1 - BONDS B, c, and d THE ORGANIZATION'S BALANCE SHEET PRESENTS THE BOND'S TOTAL OUTSTANDING BALANCE AT MATURITY PART III - LINE 3A PRESENCE RHC CORPORATION HAS PROCEDURES TO REVIEW CONTRACTS, INCLUDING LEASES, FOR PRIVATE USE IMPLICATIONS PART I & PART III - BONDS A, B & D Bond issue originated August 27, 1999, was reissued in May 26, 2005, A portion was reissued June 5, 2008 ALL 2005 BONDS WERE REDEEMED ON OCTOBER 1, 2013, AND REFINANCED WITH SERIES 2013A AND 2013E BONDS SUBSTANTIALLY ALL PROCEEDS, OTHER THAN PROCEEDS OF $1,865,642 ARISING FROM PREMIUM ON REISSUANCE, WERE SPENT PRIOR TO DECEMBER 31, 2002 THE ORGANIZATION IS REFINING ITS PRIVATE USE CALCULATION IT HAS IDENTIFIED THE TOTAL PRIVATE USE WHICH IS SIGNIFICANTLY LESS THAN 5% OF BOND PROCEEDS FOR PURPOSES OF THIS CALCULATION WE HAVE ALLOCATED ALL OF THE PRIVATE USE TO THE 2013AE BONDS BOND A THE 2013AE ISSUANCE REFINANCED THE ENTIRE OUTSTANDING AMOUNT OF THE 2005BC BONDS, TOTALING $179,140,000 BOND C 100% of bond proceeds refunded the 2008A-B issuance, of which 100% of proceeds refunded the 1999C bonds No new money proceeds subsequent to 12/31/2002 were included in the issuance or prior bond issuances PART III - LINE 8A - BONDS A&B IN ADDITION TO THE REMEDIATED BONDS, THERE HAVE BEEN SALES OR DISPOSITIONS OF BOND-FINANCED ASSETS ONCE ASSETS ARE FULLY DEPRECIATED, IN THE NORMAL COURSE OF OPERATIONS PART IV - LINE 2C - BOND B A REBATE CALCULATION WAS PERFORMED ON OCTOBER 29, 2013, RESULTING IN NO REBATE DUE PART V Although the organization has several general policies within the Code of Conduct to appropriately remediate a variety of issues, we currently do not have procedures addressing these specific tax issues We plan to adopt a policy and institute procedures specific to this issue

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Presence RHC Corporation

Employer identification number
36-2235165

Return Reference	Explanation
FORM 990, PART I	MISSION STATEMENT INSPIRED BY THE HEALING MINISTRY OF JESUS CHRIST, WE PRESENCE HEALTH, A CATHOLIC HEALTH SYSTEM, PROVIDE COMPASSIONATE, HOLISTIC CARE WITH A SPIRIT OF HEALING AND HOPE IN THE COMMUNITIES WE SERVE. FORM 990, PART III, QUESTION 1 MISSION STATEMENT INSPIRED BY THE HEALING MINISTRY OF JESUS CHRIST, PRESENCE HEALTH PROVIDES ADMINISTRATIVE MANAGEMENT AND OTHER SUPPORT TO AFFILIATE CATHOLIC-SPONSORED HOSPITALS, NURSING HOMES, AND OTHER HEALTH CARE PROVIDERS, TO ENABLE THEM TO PROVIDE COMPASSIONATE, HOLISTIC CARE WITH A SPIRIT OF HEALING AND HOPE IN THE COMMUNITIES THEY SERVE. FORM 990, PART III, LINE 4A PROGRAM SERVICE DESCRIPTION PRESENCE RHC CORPORATION RECEIVES MANAGEMENT FEE INCOME FOR THE SERVICES IT PROVIDES TO THE ORGANIZATIONS IN THE SYSTEM. BY CENTRALIZING THESE SERVICES, PRESENCE HEALTH IS ABLE TO PREVENT DUPLICATION AND BETTER UTILIZE SCARCE RESOURCES. FOR EXAMPLE, CERTAIN ACCOUNTING, HUMAN RESOURCES, AND INFORMATION TECHNOLOGY ARE SERVICES PROVIDED CENTRALLY THROUGH PRESENCE RHC CORPORATION. IT MANAGES THE PRESENCE HEALTH CARE WEBSITE (WWW presencehealth ORG) WHICH OFFERS INFORMATION ON MATTERS SUCH AS PRESENCE HEALTHS FINANCIAL ASSISTANCE PROGRAM, AND EDUCATIONAL PROGRAM. PRESENCE RHC CORPORATION OFFERS OTHER SERVICES SUCH AS RES-INFO, A WIDELY UTILIZED PRESENCE HEALTH CARE TELEPHONE SERVICE/CONTACT CENTER THAT PROVIDES NURSE ADVICE, HEALTH INFORMATION, AND HEALTH CARE CLASS REGISTRATION TO CALLERS

Return Reference	Explanation
FORM 990, PART I, QUESTION 5, AND PART V, QUESTION 2	COMPENSATION AND FORM W-3 TRANSMITTAL OF WAGES AND TAX STATEMENT STATEMENT PRESENCE RHC CORPORATION (THE "CORPORATION") 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 THE CORPORATION'S COMPENSATION IS PAID BY PRESENCE RESURRECTION MEDICAL CENTER ("PRMC"), WHICH ISSUES THE FORMS W-2 AND W-3, AND THE EXPENSE IS TRANSFERRED TO THE CORPORATION THE COMPENSATION AMOUNTS REPORTED IN THIS 990 REFLECT THE AMOUNT TRANSFERRED TO THE CORPORATION FROM PRMC

Return Reference	Explanation
FORM 990, PART V, QUESTION 1A	FORM 1096 TRANSMITTAL OF U S INFORMATION RETURNS PRESENCE RHC CORPORATION (THE "CORPORATION") REPORTS 0 ON FORM 990, PART V, QUESTION 1A AS IT IS NOT REQUIRED TO FILE FORM 1096, TRANSMITTAL OF U S INFORMATION RETURNS ALL OF THE CORPORATION'S ACCOUNTS PAYABLE REPORTABLE ON FORM 1096 ARE PAID BY PRESENCE RESURRECTION MEDICAL CENTER ("PRMC"), WHICH ISSUES ALL FORMS 1099, AND THE EXPENSE IS TRANSFERRED TO THE CORPORATION THE COMPENSATION AMOUNTS REPORTED IN THIS 990 REFLECT THE AMOUNT TRANSFERRED TO THE CORPORATION FROM PRMC

Return Reference	Explanation
FORM 990, PART VI, QUESTION 4	CHANGES TO ORGANIZATIONAL DOCUMENTS THE BYLAWS OF THE CORPORATION WERE AMENDED EFFECTIVE DECEMBER 6, 2013 TO CLARIFY MEMBER'S POWERS AND TO FURTHER FACILITATE UNIFORMITY IN ORGANIZATION BETWEEN ENTITIES FROM THE RESURRECTION AND PROVENA HEALTHCARE SYSTEMS INTO ONE SYSTEM, KNOWN AS PRESENCE HEALTH

Return Reference	Explanation
FORM 990, PART VI, QUESTION 6	MEMBERS OR SHAREHOLDERS THE CORPORATION HAS ONE MEMBER, PRESENCE HEALTH NETWORK, WHICH SHARES AN IDENTICAL BOARD OF DIRECTORS WITH THE CORPORATION

Return Reference	Explanation
FORM 990, PART VI, QUESTION 7A	PERSONS WITH AUTHORITY TO ELECT MEMBERS 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, PRESENCE HEALTH NETWORK (PHN) THE MEMBERS OF THE PHN'S BOARD OF DIRECTORS ARE APPOINTED BY PHN'S CORPORATE MEMBER, A BODY CURRENTLY CONSISTING OF TEN CATHOLIC RELIGIOUS WOMEN, EACH OF WHOM IS A MEMBER OF ONE OF THE FIVE SPONSORING MEMBER CONGREGATIONS OF PHN AND ITS AFFILIATES

Return Reference	Explanation
FORM 990, PART VI, QUESTION 7B	DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS THE FOLLOWING POWERS OVER THE CORPORATION AND ITS AFFILIATES ARE RESERVED TO AND SHALL BE EXERCISED EXCLUSIVELY BY PRESENCE HEALTH NETWORK (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) APPOINT AND REMOVE THE CHAIR OF THE CORPORATION'S OR AFFILIATE'S BOARD OF DIRECTORS, AND K) EXERCISE ALL POWERS OF THE MEMBERS OR OWNERS OF ALL MEMBERS OF THE RESURRECTION GROUP EXCEPT TO THE EXTENT OTHERWISE DELEGATED BY THE MEMBER

Return Reference	Explanation
FORM 990, PART VI, QUESTION 11B	FORM 990 REVIEW PROCESS THE DRAFT FORM 990 IS PREPARED BY THE CORPORATION'S ACCOUNTING FIRM WITH ASSISTANCE FROM THE SYSTEM FINANCE DEPARTMENT THE RETURN IS THEN REVIEWED BY MANAGEMENT, INCLUDING SENIOR LEADERS FROM LEGAL, COMPLIANCE, HUMAN RESOURCES AND THE SYSTEM CEO FOR ACCURACY AND COMPLETENESS AS NECESSARY, MANAGEMENT CONSULTS WITH EXTERNAL 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

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	PROCEDURES FOR ADDRESSING CONFLICTS OF INTEREST THE PURPOSE OF THE CONFLICT OF INTEREST POLICY IS TO PROTECT THE INTERESTS OF PRESENCE HEALTH NETWORK AND ALL OF ITS AFFILIATED MINISTRIES (COLLECTIVELY "PRESENCE HEALTH") 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 OTHERS IN A RECENT POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER PRESENCE HEALTH ("INTERESTED PERSONS"), AND CLARIFY THE STANDARDS OF CONDUCT, DUTIES AND OBLIGATIONS OF INTERESTED PERSONS IN THE CONTEXT OF POTENTIAL CONFLICTS OF INTEREST BY PROVIDING A METHOD FOR DISCLOSING AND RESOLVING SUCH POTENTIAL CONFLICTS NO PRESENCE HEALTH ENTITY WILL ENGAGE IN ANY CONTRACT, TRANSACTION OR ARRANGEMENT INVOLVING A CONFLICT OF INTEREST UNLESS DISINTERESTED MEMBERS OF THE APPLICABLE BOARD OF DIRECTORS OR OTHER GOVERNING BODY DETERMINE BY A MAJORITY VOTE THAT APPROPRIATE SAFEGUARDS TO PROTECT THE CHARITABLE MISSION OF PRESENCE HEALTH HAVE BEEN IMPLEMENTED TO FACILITATE THIS POLICY, ALL INTERESTED PERSONS HAVE A CONTINUING OBLIGATION TO PROMPTLY 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 DISCLOSURE SHALL BE ON A CONFLICTS OF INTEREST QUESTIONNAIRE OR SIMILAR FORMAT AS DESCRIBED IN THE CONFLICTS OF INTEREST POLICY ALL INTERESTED PERSONS SHALL ALSO COMPLETE A 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 THAT AN ACTUAL, APPARENT OR A POTENTIAL CONFLICT OF INTEREST IS IDENTIFIED TO THE CORPORATION'S BOARD OF DIRECTORS, WHETHER THROUGH THE VOLUNTARY SUBMISSION OF A DISCLOSURE STATEMENT BY AN INTERESTED PERSON, OR BY A DISCLOSURE BY A PERSON OTHER THAN THE SUBJECT INTERESTED PERSON, THE CORPORATION'S BOARD OR APPLICABLE COMMITTEE SHALL REVIEW THE MATTER AND DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS ONCE ALL NECESSARY INFORMATION HAS BEEN OBTAINED, ONLY DISINTERESTED DIRECTORS/COMMITTEE MEMBERS VOTE TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS IF A CONFLICT IS FOUND TO EXIST THE INTERESTED PERSON WILL GENERALLY BE REQUIRED TO RECUSE HIM OR HERSELF DURING ANY MEETING IN WHICH THE BOARD OF DIRECTORS OR APPLICABLE COMMITTEE CONDUCTS THE EVALUATION OF THE SUBJECT TRANSACTION, EXCEPT TO ANSWER QUESTIONS AS MAY BE NECESSARY TO ENSURE THAT THE PRESENCE HEALTH OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES AND THAT IT DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS EXEMPT STATUS, TRANSACTIONS INVOLVING INTERESTED PERSONS ARE ONLY APPROVED IF, AFTER EXERCISING REASONABLE DUE DILIGENCE, THE BOARD DETERMINES THEY ARE FAIR AND REASONABLE, TAKING INTO ACCOUNT FACTORS SUCH AS WHETHER PRESENCE HEALTH COULD OBTAIN A MORE ADVANTAGEOUS CONTRACT, TRANSACTION OR ARRANGEMENT HOWEVER, LENDING MONEY OR GUARANTYING AN OBLIGATION OF A DIRECTOR, OFFICER, OR EMPLOYEE OF PRESENCE HEALTH (EXCLUSIVE OF CUSTOMARY INSURANCE COVERAGE FOR ACTS DONE IN CONNECTION WITH SUCH INDIVIDUAL'S SERVICE TO OR EMPLOYMENT BY PRESENCE HEALTH) IS STRICTLY PROHIBITED

Return Reference	Explanation
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, PRESENCE HEALTH NETWORK THE CORPORATION USES MARKET DATA COMPILED BY AN INDEPENDENT COMPENSATION CONSULTANT TO ESTABLISH BASE SALARIES AND TOTAL CASH COMPENSATION OPPORTUNITIES THE SYSTEM PARENT'S 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 PRHCC BOARDS

Return Reference	Explanation
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 PRESENCE HEALTH SYSTEM'S BOND DOCUMENTS CONFLICTS OF INTEREST POLICIES ARE NOT MADE AVAILABLE TO THE PUBLIC, HOWEVER A SUMMARY OF THE CURRENT POLICY IS ANNUALLY INCLUDED IN SCHEDULE O OF THE CORPORATION'S FORM 990

Return Reference	Explanation
FORM 990, PART VII, SECTIONS A & B	COMMON PAYMASTER PRESENCE RESURRECTION MEDICAL CENTER (''PRMC'') (FEIN 36-3330926) ACTS AS THE AGENT FOR THE CORPORATION CASH IS SWEPT FROM THE CORPORATION ON A DAILY BASIS TO PRMC AND PRMC ISSUES ALL PAYROLL AND ACCOUNTS PAYABLE CHECKS ON BEHALF OF AND AS AGENT FOR THE CORPORATION AND THE APPROPRIATE ACCOUNTING ENTRIES ARE RECORDED FORM 990, PART IX, LINE 11G TOTAL AMOUNT EXCEEDING 10% OF PART IX, LINE 25 CONSULTING $38,756,771 COLLECTION FEES $4,044,916 OUTSIDE SERVICES $23,321,765 PURCHASED MAINTENANCE $621,547 L GILBRAITH - GOVERNMENT FEES $16,865 PHYSICIANS - EXTERNAL $14,508 ---------- TOTAL $66,776,373 FORM 990, PART IX, LINE 23 INSURANCE EXPENSE INSURANCE EXPENSE WAS ($269,425) DUE TO A REDUCTION IN EXPENSE BOOKED FOLLOWING A REVISED ACTUARIAL EVALUATION OF SELF-INSURANCE

Return Reference	Explanation
FORM 990, PART XI, LINE 5	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 PRESENCE RHC CORPORATION FORM 990, PART XI, LINE 9 CHANGE IN NET ASSETS OR FUND BALANCES PROPERLY Restricted Net Assets $34,823 Bethlehem Woods and Retirement Community and Casa San Carlo Retirement Community's Net Assets (76,943,201) ---------- TOTAL (76,908,378)

Return Reference	Explanation
FORM 990, PART XII, LINE 2B	AUDITED FINANCIAL STATEMENTS AN INDEPENDENT ACCOUNTANT ANNUALLY AUDITS THE CONSOLIDATED FINANCIAL STATEMENTS OF PRESENCE HEALTH NETWORK AND ITS AFFILIATES THE AUDIT OPINION IS ISSUED ON THE CONSOLIDATED FINANCIAL STATEMENTS AND EACH AFFILIATE IS NOT SEPARATELY AUDITED

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Presence RHC Corporation

Employer identification number
36-2235165

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Bel Harlem Surg cntr 3101 N harlem chgo, IL 60634 41-2237162	Medical Service	IL	PRHCS									
(2) RH SLEEP CTR CHI 665 W N AVE Lombard, IL 60148 26-1519627	Medical Service	IL	PRHCS									
(3) RH SLEEP CTR EVAN 665 W N AVE Lombard, IL 60148 26-1519556	Medical Service	IL	PRHCS									
(4) RH SLEEP CTR LP 665 W N AVE Lombard, IL 60148 26-1519667	Medical Service	IL	PRHCS									
(5) RH SLEEP CTR RF 665 W N AVE Lombard, IL 60148 26-2189763	Medical Service	IL	PRHCS									
(6) ALVERNO CLIN LAB 2434 INT PLZ Hammond, IN 46324 20-3240648	Medical Service	IN	NA									

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
See Additional Data Table									

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PRESENCE HEALTH FOUNDATION BOARD OF TRUSTEES	C	185,763	CASH
(2) PRESENCE RESURRECTION MEDICAL CENTER	P	47,744,730	COST

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	

Part VII Supplemental Information

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

Return Reference	Explanation
Reimbursements for Shared Services	Form 990, Schedule R, Part V Presence Resurrection Medical Center (FEIN 36-3330926) pays all of the compensation and accounts payable for all entities under the Presence Health System that were historically part of the Resurrection Health Care System ("Legacy Resurrection Entities") Cash is deposited into an account by all Legacy Resurrection Entities and swept on a monthly basis to reimburse Presence Resurrection Medical Center for these expenses at cost The amounts reported on Part V of Schedule R reflect the total cash transfers to/from Presence Resurrection Medical Center

Additional Data

Software ID:
Software Version:
EIN: 36-2235165
Name: Presence RHC Corporation

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Presence Health Network 200 South Wacker Chicago, IL 60606 36-1649520	Health Care	IL	501(C)(3)	3	na		No
(1) Medicare Value Partners 100 North River Road Des Plaines, IL 60016 36-3495969	Health Care	IL	501(C)(3)	3	PRHCC	Yes	
(2) Presence Holy Family Medical Center 100 North River Road Des Plaines, IL 60016 36-2439318	Health Care	IL	501(C)(3)	3	PRHCC	Yes	
(3) Mount Loretto Nursing Home Inc 302 Swart Hill Road Amsterdam, NY 12010 14-1363014	Senior Living	NY	501(C)(3)	3	RM New York	Yes	
(4) PRESENCE OUR LADY OF RESURR MED CNTR 5645 West Addison Street Chicago, IL 60634 36-2644178	Health Care	IL	501(C)(3)	3	PRHCC	Yes	
(5) Presence Care Home 18927 Hickory Creek Drive 300 Mokena, IL 60448 46-0483587	Health Care	IL	501(C)(3)	9	PLC	Yes	
(6) Presence PRV Health 9223 W St Francis Road Frankfort, IL 60423 36-3366652	Health Care	IL	501(C)(3)	11 - type I	PHN		No
(7) Presence Home Care 18927 Hickory Creek Drive 300 Mokena, IL 60448 46-0483581	Health Care	IL	501(C)(3)	9	PLC	Yes	
(8) Presence Hospitals PRV 9223 W St Francis Road Frankfort, IL 60423 36-4195126	Health Care	IL	501(C)(3)	3	PPRVH	Yes	
(9) Laverna Terrace Housing Corporation 18927 Hickory Creek Drive 300 Mokena, IL 60448 36-3438977	Senior Living	IL	501(C)(3)	9	PHPRV	Yes	
(10) Provena Self-Insurance Trust 9223 W St Francis Road Frankfort, IL 60423 36-2987310	Insurance	IL	501(C)(3)	9	PPRVH	Yes	
(11) Presence Life Connections 18927 Hickory Creek Drive 300 Mokena, IL 60448 37-1127787	Health Care	IL	501(C)(3)	7	PPRVH	Yes	
(12) Presence Behavioral Health 1820 South 25th Avenue Broadview, IL 60155 36-2709982	Health Care	IL	501(C)(3)	3	PHS	Yes	
(13) Presence Ambulatory Services 100 North River Road Des Plaines, IL 60016 36-4286236	Health Care	IL	501(C)(3)	3	PRHCC	Yes	
(14) Presence Health fndn bot 100 North River Road Des Plaines, IL 60016 36-3330929	Fundraising	IL	501(C)(3)	7	PRHCC	Yes	
(15) Presence Home Care Services 5747 West Dempster Morton Grove, IL 60053 36-2893936	Home Care	IL	501(C)(3)	3	PRHCC	Yes	
(16) Presence Resurrection Medical Center 7435 West Talcott Avenue Chicago, IL 60631 36-3330926	Health Care	IL	501(C)(3)	3	PRHCC	Yes	
(17) Resurrection Nursing Home Inc 90 North Main Street Castleton, NY 12033 14-1348691	Nursing	NY	501(C)(3)	3	RM New York	Yes	
(18) Presence RHC Senior Services 100 North River Road Des Plaines, IL 60016 23-7061646	Nursing	IL	501(C)(3)	3	PRHCC	Yes	
(19) Presence Healthcare Services 100 North River Road Des Plaines, IL 60016 36-3330928	Health Care	IL	501(C)(3)	3	PRHCC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(21) Presence Saint Francis Hospital 355 Ridge Avenue Evanston, IL 60202 36-2167800	Health Care	IL	501(C)(3)	3	PRHCC	Yes	
(1) St Francis Hospital Aux OF EVANSTON 355 Ridge Avenue Evanston, IL 60202 36-6143349	Fundraising	IL	501(C)(3)	7	PSFH	Yes	
(2) PRESENCE ST MARY & ELIZABETH MED CNTR 2233 West Division Street Chicago, IL 60622 36-2171079	Health Care	IL	501(C)(3)	3	PRHCC	Yes	
(3) Presence Saint Joseph Hospital Chicago 2900 North Lake Shore Drive Chicago, IL 60657 36-3200170	Health Care	IL	501(C)(3)	3	PRHCC	Yes	
(4) Presence Nazarethville 300 North River Road Des Plaines, IL 60016 36-2801392	Nursing	IL	501(C)(3)	11-Type II	PRHC Snr Srv	Yes	
(5) Arthur Merkle - Clara Knipprath Nursing 1190 E 2900 N Road Clifton, IL 60927 36-2841358	Nursing	IL	501(C)(3)	9	PLC	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
L GILBRAITH INSURANCE SPC LTD 68 W BAY RD PO Box 1109 GRAND CAYMAN, CAYMAN ISLANDS CJ	INSURANCE	CJ	PRHCC	FOREIGN COMPANY	-56,328	775,228	66 000 %	Yes	
Provena Health Assurance SPC 23 LIME TREE BAY AVE PO BOX 1051 GRAND CAYMAN CJ 98-0420054	INSURANCE	CJ	PPRVH	FOREIGN COMPANY				Yes	
PRESENCE PROPERTIES INC 9223 W ST FRANCIS ROAD FRANKFORT, IL 60423 36-3520630	MEDICAL	IL	PPRVH	C CORP				Yes	
PRESENCE SERVICE CORPORATION 9223 W ST FRANCIS ROAD FRANKFORT, IL 60423 36-4314354	MEDICAL	IL	PHPRV	C CORP				Yes	
PRESENCE VENTURES INC 9223 W ST FRANCIS ROAD FRANKFORT, IL 60423 37-1168085	MEDICAL	IL	PPRVH	C CORP				Yes	
RESURRECTION MEDICAL CENTER AUX 7435 WEST TALCOTT AVENUE CHICAGO, IL 60631 36-6109825	FUNDRAISING	IL	PR MED CTR	C CORP				Yes	
RESURRECTION MINISTRIES OF NEW YORK 90 NORTH MAIN STREET CASTLETON, NY 12033 14-1720818	PARENT CORP	NY	PRHCC	C CORP				Yes	
PRESENCE HEALTH CARE PREFERRED 100 NORTH RIVER ROAD DES PLAINES, IL 60016 36-3974620	MGD CARE CONT	IL	PRHCC	C CORP	-2,808,958	20,092,886	100 000 %	Yes	

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TY 2013 Itemized Other Assets Schedule

Name: Presence RHC Corporation

EIN: 36-2235165

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		Deferred reinsurance premium ceded	1,030,508	863,982

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TY 2013 Itemized Other Current Assets Schedule

Name: Presence RHC Corporation

EIN: 36-2235165

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		OTHER CURRENT ASSETS	180,030	10,976

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TY 2013 Other Deductions Schedule

Name: Presence RHC Corporation

EIN: 36-2235165

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Management, audit, and gov't fees		85,346

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TY 2013 Itemized Other Liabilities Schedule

Name: Presence RHC Corporation

EIN: 36-2235165

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		Unearned premium reserve	1,030,508	863,982

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TY 2013 Other Income Statement

Name: Presence RHC Corporation

EIN: 36-2235165

Description	Foreign Amount	Amount
Management fee income		

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TY 2013 Paid-In or Capital Surplus Reconciliation Statement

Name: Presence RHC Corporation

EIN: 36-2235165

Description	Beginning Amount	Ending Amount
PAID-IN CAPITAL	285,194	285,194