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Department of the Treasury

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

OMB No 1545-0047

Open to Public

IIILEIIIAI	Revenue	Service	► Information about Form 99	0 and its instructions is at <u>ww</u>	w.IRS.gov/	form990			Inspection
A Fo	r the 2	2013 cal	endar year, or tax year beginnin	g 07-01-2013 , 2013, and end	ling 06-30-	2014			
B Che	eck if ap	pplicable	C Name of organization Alexian Brothers Behavioral Health H	docnital			D Emplo	yer iden	tification number
┌ Add	Iress ch	nange		тоѕрікаі			36-42	251848	
┌ Na	ne chai	nge	Doing Business As						
┌ Inıt	ıal retui	rn	Number and street (or P O box if n	nail is not delivered to street address)	Room/suite		E Telepho	one numb	nor
Г тег	mınated	d	3040 West Salt Creek Lane	,			•		
┌ Am	ended i	return	City or town, state or province, cou	ntry, and ZIP or foreign postal code			(847)	818-5	100
┌ _{App}	lication	n pending	Arlıngton Heights, IL 600051069				G Gross r	eceipts \$	76,839,807
			F Name and address of prii	ncipal officer		H(a) Is th			
			Clayton Cıha 1650 Moon Lake Blvd				rdinates?		Γ Yes Γ No
			Hoffman Est, IL 60169			H(b) Are a	ıll subordı	nates	Γ Yes Γ No
						inclu		naces	, 105, 110
I Ta	x-exem	npt status	▼ 501(c)(3)	insert no) 4947(a)(1) or 5	527	If"N	o," attach	a list (see instructions)
J W	ebsite	e:⊨ ww	w alexianbrothershealth org			H(c) Grou	ıp exempt	ion num	nber 🕨 0928
K For	n of org	ganızatıon	Corporation Trust Association	on Other 🕨	<u> </u>	L Year of fo	rmation 19	98 M :	State of legal domicile IL
Pa	rt I	Sum	mary			•		•	
	1 8	Briefly de	escribe the organization's mission	on or most significant activities	 5				
	<u> </u>	Psychiat	ric Hospital						
ည် ရ	-								
喜									
<u>\$</u>	2 (Check th	nis box দ if the organization di	scontinued its operations or di	sposed of 1	more than 2	5% of its	net ass	sets
Activities & Governance	۱ ,	Number	of voting mombars of the govern	ung body (Dort VI, line 15)				3	Ç
න් ගු	l		of voting members of the govern of independent voting members					4	· · · · · · · · · · · · · · · · · · ·
Ę			mber of individuals employed in					5	
ş			mber of volunteers (estimate if r					6	12
Q.	 7a 1	Total uni	related business revenue from P	art VIII, column (C), line 12				7a	(
	ьι	Net unre	lated business taxable income f	rom Form 990-T, line 34 .				7b	(
						Prio	r Year		Current Year
g _i	8		butions and grants (Part VIII, li	•			246,		258,793
ă Ha	9	_	m service revenue (Part VIII, li				70,933,		75,940,421
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					-15,		(40.50
	11 12		revenue (Part VIII, column (A), revenue—add lines 8 through 11		· ·		429,	123	640,593
	12		· · · · · · · · · · · · · · · · · · ·				71,593,	320	76,839,807
	13	Grants	and similar amounts paid (Part	IX, column (A), lines 1-3) .				0	C
	14		ts paid to or for members (Part 1					0	C
S R	15	Saları 5-10)	es, other compensation, employ	ee benefits (Part IX, column (A), lines		42,083,	284	42,821,200
ў Ж	16a	•	sional fundraising fees (Part IX,	column (A), line 11e)				0	
Expenses	ь		ndraising expenses (Part IX, column (D						
ш	17		expenses (Part IX, column (A),	·			27,207,	571	27,702,541
	18	Total	expenses Add lines 13–17 (mu	st equal Part IX, column (A), lı	ne 25)		69,290,	855	70,523,741
	19	Reven	ue less expenses Subtract line	18 from line 12			2,302,	465	6,316,066
\$ \$ \$ \$							g of Curre	nt	End of Year
sets afan	20	Totals	assets (Part X, line 16)		ا ا	<u> </u>	'ear 34,167,	143	39,386,326
Net Assets or Fund Balances	21		rabilities (Part X, line 26)				12,953,		12,950,103
2 <u>5</u>	22		sets or fund balances Subtract				21,214,		26,436,223
Pai	t II		ature Block	<u> </u>			. ,		· ,
my k	nowled	dge and l	perjury, I declare that I have ex belief, it is true, correct, and cor nowledge						
		l l				20	015-05-06		
٥.		Signa							
		" "	ature of officer			Da	ate		
Sign Here		Clayt	on Cıha President & CEO			Di	ate		
		Clayt Type	on Ciha President & CEO or print name and title	Dranarar's supature	I not			ртты	
		Clayt Type P L	on Cıha President & CEO	Preparer's signature	Date 201	e Che	eck if employed	PTIN P008556	504

Firm's name 🕨 Deloitte Tax LLP

Firm's address 🟲 111 S Wacker Drive

Chicago, IL 606064301

May the IRS discuss this return with the preparer shown above? (see instructions)

Preparer

Use Only

Firm's EIN 🕨 86-1065772

Phone no (312) 486-1000

✓ Yes ☐ No

0111	1330 (2013)					raye
Par		of Program Serv dule O contains a res	_	lishments o any line in this Part 1		٦
1	Briefly describe the	organization's missior	n			
					on of the Catholic Church as needs of those we are called t	
			•			
2	Did the organization the prior Form 990 o			ervices during the year	which were not listed on	
	If "Yes," describe the	ese new services on S	Schedule O			
3	services?			nt changes in how it co	nducts, any program	
	If "Yes," describe the	ese changes on Sched	dule O			
4	expenses Section 5		4) organizations	s are required to report	ree largest program services t the amount of grants and all	
4a	(Code) (Expenses \$	30,988,088	ıncludıng grants of \$) (Revenue \$	42,763,095)
	adolescents, 3,630 adultreatment and aftercare	ts and 1,000 geriatric patie Our goal is to help individ	ents ABBHH offers luals of all ages lea	the complete continuum of arn ways to manage menta	of 7 8 days ABBHH provided care behavioral health services, from pro- il health and substance abuse proble e meet the highest standards of me	evention and early intervention ems ABBHH is accredited by The
4b	(Code) (Expenses \$	9,498,841	ıncludıng grants of \$) (Revenue \$	21,004,395)
	stabilized and under con back into the communit disorder, self-injury, che low intensity level of ca	itrol The PHP programs off y In fiscal 2014, ABBHH se emical dependency, obsess	fer a highly intense erved more than 3, sive compulsive dis ups for all psychiati	e treatment regimen over a 800 cases with more than order and school refusal pro nc and addiction needs (Se	ams for adolescent and adult patien short period of time in order to heli 37,800 visits related to these cases ograms ABBHH also offers Intensive see Schedule O) In the twelve month	p individuals move comfortably in child/adolescent, adult, eating Outpatient Programs (IOP) Th
4 c	(Code) (Expenses \$	10,177,569	including grants of \$) (Revenue \$	7,952,722)
		ouples and families ABBHI			nal counselors, with extensive sub-s r discharge In fiscal 2014, there we	
	(Code) (Expenses \$	8,184,772	ıncludıng grants of \$) (Revenue \$	2,550,606)
	those in need. In fiscal 2 Services works to foster	2014, this department prov	uded more than 15	6,600 screenings to children	ealth assessments and level of care , adolescents, adults and older adul seling, education services and health	ts Alexian Brothers Parish
4d	Other program serv	ıces (Describe in Sch	edule O)			
	(Expenses \$	8,184,772 ind	cluding grants o	of \$) (Revenue \$	2,550,606)
4e	Total program servi	ce expenses 🕨	58,849,270			

			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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			No
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
	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? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	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
С	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		No
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? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	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	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Par	t 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? <i>If "Yes," complete Schedule J</i>	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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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)			
а	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	Yes	
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</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?	38	Yes	

 b Enter the number reported in Box 3 of Form 1096 b Enter the number of Forms W-2G included in line c Did the organization comply with backup withhold gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form Tax Statements, filed for the calendar year endin by this return b If at least one is reported on line 2a, did the organization have unrelated business ground the organization have unrelated business ground by the sum of lines 1a and 2a is greater that a did not sum of the foreign country (such account)? b If "Yes," has it filed a Form 990-T for this year? I did not grover, a financial account in a foreign country (such account)? b If "Yes," enter the name of the foreign country (such account)? b If "Yes," to line 5a or 5b, did the organization file c If "Yes," to line 5a or 5b, did the organization file a Does the organization have annual gross receipts organization solicit any contributions that were in b If "Yes," did the organization include with every swere not tax deductible? 7 Organizations that may receive deductible contributions that were in b If "Yes," did the organization notify the donor of the organization sell, exchange, or otherwise file form 8282? d If "Yes," indicate the number of Forms 8282 filed to be properly indicated the number of Forms 8282 filed to contract? f Did the organization received a contribution of qual required? h If the organization received a contribution of cars Form 1098-C? 8 Sponsoring organizations maintaining donor advise the supporting organizations maintaining donor advise the supporting organizations maintaining donor advise the supporting organizations maintaining donor advised file form form of the organization make any taxable distribution bid the organization received a contribution included be Gross receipts, included on Form 990, Part VIII, facilities 9 Sponsoring organization	or note to any line in this Part V .	<u> </u>		· · ·	Yes	 N
b Enter the number of Forms W-2G included in line c Did the organization comply with backup withhold gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form Tax Statements, filed for the calendar year endin by this return b If at least one is reported on line 2a, did the organization have unrelated business ground the organization have unrelated business ground over, a financial account in a foreign country (succession) b If "Yes," has it filed a Form 990-T for this year? If year, a financial account in a foreign country (succession) c if "Yes," enter the name of the foreign country (succession) b If "Yes," to line 5a or 5b, did the organization that it is in the firm of the foreign country (succession) c If "Yes," to line 5a or 5b, did the organization file da Does the organization have annual gross receipts organization solicit any contributions that were in the firm of the organization receive any funds, directly of contract? f Did the organization receive any funds, directly of contract? f Did the organization received a contribution of qual required? h If the organization make any taxable distribution of the organization make any taxable distribution but the supporting organizations maintaining donor advised fit business holdings at any time during the year? 9 Sponsoring organization make any taxable distribution but the organization make any taxable distribution of the organization of the firm of t	Enter - 0 - if not applicable	1a		۰	163	- 14
gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form Tax Statements, filed for the calendar year ending by this return	• •	1b		0		
gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form Tax Statements, filed for the calendar year ending by this return	ing rules for reportable payments t	to vendo	ors and reportable	7		
Tax Statements, filed for the calendar year endin by this return				1c		
Note. If the sum of lines 1a and 2a is greater tha Note. If the sum of lines 1a and 2a is greater tha 3a Did the organization have unrelated business gro If "Yes," has it filed a Form 990-T for this year? If 4a At any time during the calendar year, did the organization account in a foreign country (suc account)? If "Yes," enter the name of the foreign country See instructions for filing requirements for Form 15a Was the organization a party to a prohibited tax sb Did any taxable party notify the organization that If "Yes," to line 5a or 5b, did the organization file 16 Does the organization have annual gross receipts organization solicit any contributions that were not 1f "Yes," did the organization include with every swere not tax deductible? 7 Organizations that may receive deductible contributions that may receive deductible contribution of the organization sell, exchange, or otherwise file Form 8 282? If "Yes," did the organization notify the donor of the Old the organization sell, exchange, or otherwise file Form 8 282? If "Yes," indicate the number of Forms 8 282 filed to Did the organization receive any funds, directly oncontract? If the organization received a contribution of cars Form 1098-C? 8 Sponsoring organizations maintaining donor advised file business holdings at any time during the year? 9 Sponsoring organization make any taxable distribution Did the organization make any taxable distribution Did the organization make any taxable distribution of Gross receipts, included on Form 990, Part VIII, facilities 1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from members or shareholders c Section 501(c)(2) qualified nonprofit health ins a Is the organization licensed to issue qualified health ins in which the organization is licensed to issue qualified health ins in whi	with or within the year covered					
Note. If the sum of lines 1a and 2a is greater tha 3a Did the organization have unrelated business gro b If "Yes," has it filed a Form 990-T for this year? I 4a At any time during the calendar year, did the orga over, a financial account in a foreign country (suc account)?		2a		<u> </u>		
b If "Yes," has it filed a Form 990-T for this year? 14a At any time during the calendar year, did the orga over, a financial account in a foreign country (suc account)?				2b		
At any time during the calendar year, did the orga over, a financial account in a foreign country (suc account)? If "Yes," enter the name of the foreign country See instructions for filing requirements for Form 15 Was the organization a party to a prohibited tax sbirt of the organization that cities and capital for the organization file of the organization solicit any contributions that were noted in the organization have annual gross receipts organization solicit any contributions that were noted in the organization nation with every swere not tax deductible? Organizations that may receive deductible contributions that were noted in the organization natify the donor of the organization receive a payment in excess services provided to the payor? If "Yes," did the organization notify the donor of the organization sell, exchange, or otherwise file Form 8282? If "Yes," indicate the number of Forms 8282 filed or the organization receive any funds, directly of contract? Did the organization, during the year, pay premium ground from the organization received a contribution of qual required? If the organization received a contribution of cars form 1098-C? Sponsoring organizations maintaining donor advised further organization received a contribution of cars form 1098-C? Sponsoring organizations maintaining donor advised further organization make any taxable distribution business holdings at any time during the year? Did the organization make any taxable distribution business holdings at any time during the year? All the organization make any taxable distribution of organization fees and capital contributions included by the organization make any taxable distribution of organization organizations. Enter Gross income from members or shar	s income of \$1,000 or more durir	ng the ye	ear [?]	3a		N
over, a financial account in a foreign country (suc account)? b If "Yes," enter the name of the foreign country See instructions for filing requirements for Form 19 Section 501(c) (12) organization and insured in Section 501(c) (29) qualified nonprofit health insured in Section 501(c) (20) qualified nonprofit health insured in Sectio	f "No" to line 3b, provide an explanat	tion in S	chedule O	3b		
See instructions for filing requirements for Form 1 Sa Was the organization a party to a prohibited tax s b Did any taxable party notify the organization that c If "Yes," to line 5a or 5b, did the organization file Ga Does the organization have annual gross receipts organization solicit any contributions that were in b If "Yes," did the organization include with every s were not tax deductible?	h as a bank account, securities ac	ccount, c	or other financial	4a		N
See instructions for filing requirements for Form 15 Was the organization a party to a prohibited tax is bound any taxable party notify the organization that it if "Yes," to line 5a or 5b, did the organization file. Does the organization have annual gross receipts organization solicit any contributions that were in if "Yes," did the organization include with every severe not tax deductible? Organizations that may receive deductible contriled in it is in which the organization receive a payment in excess services provided to the payor? If "Yes," did the organization notify the donor of the interest of its intere						
b Did any taxable party notify the organization that c If "Yes," to line 5a or 5b, did the organization file 6a Does the organization have annual gross receipts organization solicit any contributions that were in If "Yes," did the organization include with every swere not tax deductible? 7 Organizations that may receive deductible contrial Did the organization receive a payment in excess services provided to the payor? b If "Yes," did the organization notify the donor of the organization sell, exchange, or otherwise file Form 8282? d If "Yes," indicate the number of Forms 8282 filed of the organization receive any funds, directly of contract? f Did the organization received a contribution of qual required? h If the organization received a contribution of cars form 1098-C? 8 Sponsoring organizations maintaining donor advised fubusiness holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised fubusiness holdings at any time during the year? 10 Did the organization make any taxable distribution build the organization forganizations. Enter a Gross income from members or shareholders 5 Section 501(c)(12) organizations. Enter a Gross income from other sources (Do not net amagainst amounts due or received from them) 22 Section 501(c)(29) qualified nonprofit health ins a Is the organization license	D F 90-22 1, Report of Foreign Ba	ank and	Financial Accounts	_		
b Did any taxable party notify the organization that c If "Yes," to line 5a or 5b, did the organization file 5a Does the organization have annual gross receipts organization solicit any contributions that were in If "Yes," did the organization include with every swere not tax deductible? 7 Organizations that may receive deductible contrial Did the organization receive a payment in excess services provided to the payor? 8 If "Yes," did the organization notify the donor of the Did the organization sell, exchange, or otherwise file Form 8282? 9 If "Yes," indicate the number of Forms 8282 filed to contract? 10 Did the organization receive any funds, directly of contract? 11 Did the organization, during the year, pay premium ground from the organization received a contribution of qual required? 12 Did the organization received a contribution of qual required? 23 Sponsoring organizations maintaining donor advised further by the supporting organization, or a donor advised further by the supporting organization, or a donor advised further by the organization make any taxable distribution by Did the organization						
C If "Yes," to line 5a or 5b, did the organization file 5a Does the organization have annual gross receipts organization solicit any contributions that were in If "Yes," did the organization include with every swere not tax deductible? 7 Organizations that may receive deductible contributions that organization receive a payment in excess services provided to the payor? b If "Yes," did the organization notify the donor of the Cold the organization sell, exchange, or otherwise file Form 8282? d If "Yes," indicate the number of Forms 8282 filed contract? f Did the organization receive any funds, directly organization received a contribution of qual required? h If the organization received a contribution of cars Form 1098-C? 8 Sponsoring organizations maintaining donor advise the supporting organization, or a donor advised further business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advise a Did the organization make any taxable distribution build the organization form the survey of the facilities Companied to the payor? Companied to the payor? Did the organization forganizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amagainst amounts due or received from them) companied to the payor to the amount of tax-exempt interest year Companied to the payor to the pa		_	•	5a		N
Does the organization have annual gross receipts organization solicit any contributions that were in the property of the prope	it was or is a party to a prohibited	I tax she	Iter transaction?	5b		Ν
organization solicit any contributions that were in If "Yes," did the organization include with every swere not tax deductible?	Form 8886-T?			_]		
organization solicit any contributions that were not if "Yes," did the organization include with every swere not tax deductible?	that are narrelly our thinks . Ad	00.000	55d did +6 -	5c		
were not tax deductible?	t tax deductible as charitable con	ntributio	ns [?]	6a		
a Did the organization receive a payment in excess services provided to the payor?			-	.5 6b		
b If "Yes," did the organization notify the donor of to Did the organization sell, exchange, or otherwise file Form 8282?		tion and	northy for goods and	70		
c Did the organization sell, exchange, or otherwise file Form 8282?				7a 7b		
file Form 8282?						
e Did the organization receive any funds, directly o contract?		-	vilici it was required t	. 7c		Ν
contract?	during the year	7d				
f Did the organization, during the year, pay premium If the organization received a contribution of qual required?	indirectly, to pay premiums on a	persona	l benefit	7e		Ν
If the organization received a contribution of qual required?	ns. directly or indirectly, on a pers	• • sonal be	nefit contract?	7f		N
required?						
Form 1098-C?				7g		
the supporting organization, or a donor advised fubusiness holdings at any time during the year? 9 Sponsoring organizations maintaining donor advise a Did the organization make any taxable distribution b Did the organization make a distribution to a donor of the organization make a distribution to a donor of the organization make a distribution to a donor of the organization make a distribution to a donor of the organization of the organizat		es, dıd th	ne organization file a	7h		
Sponsoring organizations maintaining donor advise Did the organization make any taxable distribution Did the organization make a distribution to a donor Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included Gross receipts, included on Form 990, Part VIII, facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders Gross income from other sources (Do not net amagainst amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts If "Yes," enter the amount of tax-exempt interest year Section 501(c)(29) qualified nonprofit health ins Is the organization licensed to issue qualified health insection of the companization is in which the organization is licensed to issue qualified.	nd maintained by a sponsoring org	ganızatıd				
a Did the organization make any taxable distribution b Did the organization make a distribution to a done 0 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included b Gross receipts, included on Form 990, Part VIII, facilities 1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amagainst amounts due or received from them) 2a Section 4947(a)(1) non-exempt charitable trusts b If "Yes," enter the amount of tax-exempt interest year 3 Section 501(c)(29) qualified nonprofit health ins a Is the organization licensed to issue qualified health ins b Enter the amount of reserves the organization is in which the organization is licensed to issue qualified.				8		
b Did the organization make a distribution to a done 0 Section 501(c)(7) organizations. Enter 1 Initiation fees and capital contributions included b Gross receipts, included on Form 990, Part VIII, facilities 1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders. b Gross income from other sources (Do not net amagainst amounts due or received from them). 2a Section 4947(a)(1) non-exempt charitable trusts b If "Yes," enter the amount of tax-exempt interest year	ed funds.					
Initiation fees and capital contributions included Gross receipts, included on Form 990, Part VIII, facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders Gross income from other sources (Do not net amagainst amounts due or received from them). Section 4947(a)(1) non-exempt charitable trusts If "Yes," enter the amount of tax-exempt interest year Section 501(c)(29) qualified nonprofit health ins Is the organization licensed to issue qualified health instead to the instructions for additional informat Enter the amount of reserves the organization is in which the organization is licensed to issue qualified.	ns under section 4966?			9a		
 a Initiation fees and capital contributions included b Gross receipts, included on Form 990, Part VIII, facilities 1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders. b Gross income from other sources (Do not net amagainst amounts due or received from them). 2a Section 4947(a)(1) non-exempt charitable trusts b If "Yes," enter the amount of tax-exempt interest year	r, donor advisor, or related person	n?		9b		
b Gross receipts, included on Form 990, Part VIII, facilities 1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders. b Gross income from other sources (Do not net amagainst amounts due or received from them). 2a Section 4947(a)(1) non-exempt charitable trusts b If "Yes," enter the amount of tax-exempt interest year						
facilities 1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders. b Gross income from other sources (Do not net amagainst amounts due or received from them). 2a Section 4947(a)(1) non-exempt charitable trusts b If "Yes," enter the amount of tax-exempt interest year	·	10a		4		
 a Gross income from members or shareholders. b Gross income from other sources (Do not net amagainst amounts due or received from them). 2a Section 4947(a)(1) non-exempt charitable trusts b If "Yes," enter the amount of tax-exempt interest year	line 12, for public use of club	10b				
b Gross income from other sources (Do not net amagainst amounts due or received from them). 2a Section 4947(a)(1) non-exempt charitable trusts b If "Yes," enter the amount of tax-exempt interest year						
against amounts due or received from them). 2a Section 4947(a)(1) non-exempt charitable trusts b If "Yes," enter the amount of tax-exempt interest year		11a		_		
 b If "Yes," enter the amount of tax-exempt interest year	·	11b				
 b If "Yes," enter the amount of tax-exempt interest year	. Is the organization filing Form 99	90 ın lıeı	u of Form 1041?	12a		
 Section 501(c)(29) qualified nonprofit health ins Is the organization licensed to issue qualified health Note. See the instructions for additional informat Enter the amount of reserves the organization is in which the organization is licensed to issue quality 	received or accrued during the	12b	= - · -			
 a Is the organization licensed to issue qualified hear Note. See the instructions for additional informat b Enter the amount of reserves the organization is in which the organization is licensed to issue quality. 						
Note. See the instructions for additional informat b Enter the amount of reserves the organization is in which the organization is licensed to issue qua				4.		
ın which the organization is licensed to issue qua	•	n Schedi	ule O	13a		
	•	13b				
C Enter the amount of reserves of fidily	·			-		
An Diddha amanimatica access		13c		_ _		
Did the organization receive any payments for incIf "Yes," has it filed a Form 720 to report these p		-		14a 14b		N

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.

Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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	Yes	,
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		Νο
6	Did the organization have members or stockholders?	6	Yes	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť	1 00	
	more members of the governing body?	7a	Yes	
	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			1
а	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
40-	Did the organization have local chapters, branches, or affiliates?	امما		
TUa	Did the organization have local chapters, branches, or anniates	10a		Νo
	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?	10a 10b		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes	No
b 11a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b	Yes	No
b 11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	No
b 11a b 12a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	No
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes	N o
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b	Yes Yes Yes	No
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13	Yes Yes Yes	No
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	
b 11a b 12a c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No
b 11a b 12a c 13 14 15	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes	No
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes	No No

interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►David B Jones 3040 West Salt Creek Lane Arlington Heights,IL 600053557 (847)818-5100

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

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

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

- 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) A verage hours per week (list any hours	more pers	than on is	one bot	not box h an	offic	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) Lawrence Herforth	1 00	х		х				0	0	(
Director and Chairperson	1 00										
(2) Kathleen Gilmer Director and Vice Chairperson	1 00	х		х				0	0	C	
(3) Brother Daniel McCormick CFA	1 00										
Director and Secretary		х		Х				0	0	C	
(4) Clayton Cıha	1 00 50 00										
Ex-Officio Member & President/CEO		х		Х				o	332,166	65,458	
(5) Christopher D'Agostino MD	1 00 50 00										
. ,		х						0	274,110	20,379	
Director (6) Gregory Teas MD	50 00										
		х						О	380,527	29,230	
Director (7) Thomas Palmer	0 00										
. ,		х						0	0	C	
Director (8) Dominic Mangone	1 00										
		х						О	0	(
Director (start 5/14) (9) James Mortimer	1 00						\vdash				
		х						О	0	(
Director (end 8/13) (10) Patricia Merryweather	1 00										
	1 00	х						o	0	(
Director (11) David Japan	1 00										
(11) David Jones	17 00			х				О	203,179	39,376	
Treasurer (13) Page Courther	33 00										
(12) Donna Gauthier	1 00			х				О	74,489	15,715	
Assistant Secretary	40 00										
(13) Christopher Novak	50 00				х			О	209,035	50,884	
Chief Operating Officer	0 00								,		
(14) Clifton Saper	50 00				х			o	162,978	36,830	
Executive Director, Outpatient Svcs	0 00								, 	,	
(15) Scott Peterson	1 00				х			0	342,755	38,484	
Vice President, Human Resources	50 00					<u> </u>			,. 20	, 10	
(16) Mark Lerman	50 00					×		o	742,637	26,495	
Psychiatrist	0 00							Ů	2,037	20,130	
·											
(17) Michael Brilliant	50 00					x		o	435,895	24,041	

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	check c, unle n office rustee	ss er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estim amount o compen from	ated of other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organız and re organız	lated
, ,	1umataz F Raza	50 00					х		0	424,128	3	25,237
Psych (19) S	atrist Syed Salahuddin	0 00 50 00										
Psych	Natrist	0 00					X		0	360,546	5	17,581
(20) F	Renato De Los Santos	50 00					,,			502.20		7.460
Psych	atrist	0 00					Х		0	502,300)	7,460
(21) [Delia Aldridge	50 00						Х	0	193,598	3	21,800
	er Officer	0 00						<u> </u>			1	
. ,	ım Lewandowskı	0 00						Х	О	722,30	5	15,727
Forme	er Key Employee	0 00									1	
1b	Sub-Total			_	_		<u> </u>					
c	Total from continuation sheets to Part	VII. Section A			•		▶					
d							►		0	5,360,648		434,697
2	Total number of individuals (including b \$100,000 of reportable compensation				ed al	bove	e) who	rec	eived more than			
3	Did the organization list any former offi on line 1a? <i>If "Yes," complete Schedule J</i>				y em	nplo	yee, o	r hıç	ghest compensate	d employee	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations of individual	ne sum of report	able c	ompe								
5	Did any person listed on line 1a receive services rendered to the organization?											No
Se	ection B. Independent Contracto	ors										
1	Complete this table for your five highes compensation from the organization Re	t compensated	ındepe	nden	nt co	ntra	ctors	tha	t received more th	nan \$100,000 of the organization	s tax vear	
		(A) usiness address					. ,			(B) on of services	(C Comper)
											-	
	Total number of independent contractors \$100,000 of compensation from the orga		not lim	ıted t	o th	iose	listed	d ab	ove) who received	more than		

Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f g
Program Serwce Revenue	2a b c d e f
	9 3 4 5 6a b c d
Other Revenue	c d 8a b c 9a b
	10a b c 11a b
	d e

<u>V</u>	Statement of Check if Sched		ponse or note to any lı				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated cam	paigns	1a				
Ь	Membership du	ies	1b				
С	Fundraising ev	ents	1 c				
d	Related organiz	zations	1d 258,793				
e	Government grant	s (contributions)	 1e				
f	All other contributi	ons, gıfts, grants, and	 1f				
'	similar amounts no	ot included above	" ———				
g	Noncash contributi 1a-1f \$	ons included in lines					
h	Total. Add line:	s 1a-1f		258,793			
			Business Code				
2a	Patient Service Re	v	622210	40,478,525	40,478,525		
Ь	Medicare/Medicaid	Rev	622210	, ,	23,998,832		
l c	Group Practice		624190	, ,	7,952,722		
d	Research Revenue		541900	, ,	.,,		2,124,834
e	School Reimburser	ments	900099	, ,	1,289,360		, ,
f	All other progra	am service revenue		96,148	96,148		
	T-4-1 A dd l	- 2- 25		·	,		
3		s 2a-2f come (including divid		75,940,421			
	and other simil	ar amounts)					
4		stment of tax-exempt bo	ond proceeds				
5	Royalties .		•				
62	Gross rents	(ı) Real	(II) Personal				
Ь	Less rental						
c	expenses Rental income						
-	or (loss)						
d	Net rental inco		(u) O thor				<u> </u>
7a	Gross amount	(ı) Securities	(II) O ther				
	from sales of assets other						
Ь р	than inventory Less cost or						
"	other basis and sales expenses						
c	Gain or (loss)						
d	Net gaın or (los	s)					
8a	events (not inc	from fundraising luding					
	\$of contributions See Part IV, lir	 s reported on line 1 one ne 18	:)				
	,		а				
Ь		penses	b				
C			ng events 🛌				
ya		from gaming activitions 19	es				
			а				
		penses	b				
		(loss) from gaming a	ictivities				
10a	Gross sales of returns and allo						
			a				
ь	Less cost of g	oods sold	b				
С		(loss) from sales of					
	Miscellaneou		Business Code	343.050	343.050		
11a	Professional Fe		900099	,	243,850		185,363
b	Cafeteria Reve		611710	·	63,580		100,303
d	Course & Work	shop Fees ue	011/10	147,800	·		
e e	Total. Add line:						
12		See Instructions .		640,593			
~~	iotai ievellue.	occinatiuctiviis .		76,839,807	74,270,817	0	2.310.197

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		 (B)	(c)	 (D)			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21							
2	Grants and other assistance to individuals in the United States See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees							
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages	35,677,883	30,160,952	5,516,931				
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	958,984	840,118	118,866				
9	Other employee benefits	3,823,375	3,349,467	473,908				
10	Payroll taxes	2,360,958	2,034,958	326,000	_			
11	Fees for services (non-employees)							
а	Management							
b	Legal	12,175		12,175				
c	Accounting	-40,500		-40,500				
d	Lobbying	9,269	9,269					
e	Professional fundraising services See Part IV, line 17							
f	Investment management fees							
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,110,708	3,174,955	2,935,753				
12	Advertising and promotion	153,522	153,522	2,555,755				
13	Office expenses	694,681	226,219	468,462				
14	Information technology	45,909	220,217	45,909				
15	Royalties	+3,303		+3,505				
16	Occupancy	1,802,590	1,358,297	444,293				
17	Travel	400,765	266,837	133,928				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	400,703	200,037	133,920				
19	Conferences, conventions, and meetings	55,755	46,517	9,238				
20	Interest	834,972		834,972				
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	973,971	779,177	194,794				
23	Insurance	1,344,541	1,272,535	72,006				
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)							
а	Management Fees	9,017,903	9,017,903	0	0			
b	Medicaid Tax	5,354,648	5,354,648	0	0			
c	Medical Supplies	803,896	803,896	0	0			
d	Dues	123,729	0	123,729	0			
e	All other expenses	4,007		4,007				
25	Total functional expenses. Add lines 1 through 24e	70,523,741	58,849,270	11,674,471	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

1	Check if Schedule O contains a response or note to any line in this Part X			
1		(A) Beginning of year		(B) End of year
	Cash-non-interest-bearing	2,285,408	1	5,914,750
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	7,572,621	4	8,872,037
!	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
Assets	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		6	
88 3	Notes and loans receivable, net		7	
₹ <u>{</u>		92,650	-	111,225
]		103,878	9	334,478
10		·		301,110
	b Less accumulated depreciation 10b 2,354,84	23,896,788	10c	24,028,708
11	·		11	<u>·</u>
12			12	
13			13	
14			14	
15		215,798	15	125,128
16		34,167,143	16	39,386,326
17		4,044,726	17	3,078,976
18		,, ,	18	-,,
19		1,144,620	19	141,127
20		,,,===	20	,
],	·		21	
<u>.</u> <u>0</u> 22				
Liabilit	persons Complete Part II of Schedule L		22	
☐ ₂₃	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	and other liabilities not included on lines 17-24) Complete Part X of Schedule	7 700 700		0.700.000
	D	7,763,768	25	9,730,000
26	Total liabilities. Add lines 17 through 25	12,953,114	26	12,950,103
Ennd Balance	lines 27 through 29, and lines 33 and 34.			
등 27	Unrestricted net assets	21,120,157	27	26,436,223
E 28	Temporarily restricted net assets	93,872	28	0
글 29	Permanently restricted net assets		29	
or Fu	Organizations that do not follow SFAS 117 (ASC 958), check here ► ☐ and complete lines 30 through 34.			
	Capital stock or trust principal, or current funds		30	
A 35 ets 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Paid-in or capital surplus, or land, building or equipment fund		31	
	Retained earnings, endowment, accumulated income, or other funds		32	
돌 33	Total net assets or fund balances	21,214,029	33	26,436,223
34	Total liabilities and net assets/fund balances	34,167,143	34	39,386,326

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)				
-	Total revenue (must equal 1 art v111, column (A), mie 12)	1		76,8	339,807
2	Total expenses (must equal Part IX, column (A), line 25)	2		70,5	523,741
3	Revenue less expenses Subtract line 2 from line 1	3			316,066
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments	5		21,4	214,029
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		-1,0	93,872
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		26,4	136,223
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
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 review a separate basis, consolidated basis, or both	ved on	۱		
	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	rate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	е 2с	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	I			
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?	į	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

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DLN: 93493127014305

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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.

2013

Open to Public Inspection

		ne organization ers Behavioral Health Hospital	Employer Identif	ication n	ımber	
			36-4251848			
Pai	rt I	Reason for Public Charity Status (All organizations must complete this pa	rt.) See instruc	tions.		
he o	rganı	zation is not a private foundation because it is (For lines 1 through 11, check only one bo	x)			
1	Γ	A church, convention of churches, or association of churches described in section 170(b)	(1)(A)(i).			
2	\sqcap	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)				
3	<u>~</u>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	Γ	A medical research organization operated in conjunction with a hospital described in sect hospital's name, city, and state		-		
5	Γ	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	\sqcap	A federal, state, or local government or governmental unit described in section 170(b)(1)	(A)(v).			
7	Γ	An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi). (Complete Part II)	ital unit or from the	e general	public	
8	<u> </u>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)		_	•	
9	J	An organization that normally receives (1) more than 331/3% of its support from contribu			_	S
		receipts from activities related to its exempt functions—subject to certain exceptions, ar	• •			
		its support from gross investment income and unrelated business taxable income (less s	•	om busine	esses	
	_	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part				
10		An organization organized and operated exclusively to test for public safety See section	509(a)(4).			
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functione or more publicly supported organizations described in section 509(a)(1) or section 5 the box that describes the type of supporting organization and complete lines 11e throug a Type I b Type II c Type III - Functionally integrated d T	09(a)(2) See sect	tion 509(a)(3).	Check
е	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organizati section 509(a)(2)		•		
f		If the organization received a written determination from the IRS that it is a Type I, Type check this box		pporting (organı	zation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons? (i) A person who directly or indirectly controls, either alone or together with persons designed.			Yes	No
		and (III) below, the governing body of the supported organization?		11g(i)	1 63	
		(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)		
		(iii) A 33 % controlled entity of a person described in (i) of (ii) above,		1 + + 2 (111)		ı

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see	(iv) Is organizat col (i) lis your gove docume	tion in ted in erning	(v) Did you the organi in col (i) o suppor	zation of your	(vi) Is a column organization column (i) organization column (ii) organization column (vii) organization column (viii) organizati	on in anized	(vii) A mount of monetary support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

Sch	edule A (Form 990 or 990-EZ) 2013						Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
_	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	low, please con	iplete Part .	.111.)
	endar year (or fiscal year beginning	(-) 2000	(1-) 2010	(-) 2011	(4) 2012	(-) 201	(5) T. I.
	in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201:	3 (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						
3	behalf The value of services or facilities						
3	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						
S	ection B. Total Support	I	<u> </u>		I		I
	endar year (or fiscal year beginning	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(e) 2013	(I) I otal
7	A mounts 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	es, etc (see inst	ructions)	•		12	1
13	First five years. If the Form 990 is t	for the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) o	rganızatıon, check
	this box and stop here				<u> </u>	<u> </u>	<u></u>
	ection C. Computation of Pub			4.4 1 (5)			
14	Public support percentage for 2013			11, column (f))		14	
15	Public support percentage for 2012	· ·	•			15	_
16a	33 1/3% support test—2013. If the condition have				line 14 is 33 1/3%	or more, che	ck this box
b	and stop here. The organization qua 33 1/3% support test—2012. If the				and line 15 is 33	8 1/3% or more	
	box and stop here. The organization				, 10 00	. 40.001111011	► F
17a	10%-facts-and-circumstances test-	-2013. If the org	anızatıon dıd not	check a box on lı			
	is 10% or more, and if the organizat						
	in Part IV how the organization mee	ts the "facts-and	d-circumstances'	test The organ	ızatıon qualıfıes a	s a publicly s	
Ь	organization 10%-facts-and-circumstances test-	-2012 . If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and L	▶ 厂
	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat						ublicly
	supported organization				4-71		▶ □
18	Private foundation. If the organizat instructions	ion aid not check	k a box on line 13	, 16a, 16b, 1/a,	or 1/p, check thi	s pox and se	e ▶□
							г,

Schedule A (Form 990 or 990-EZ) 2013 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

Cale		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
2							
_	merchandise sold or services						
	performed, or facilities furnished in						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4							
•	organization's benefit and either						
	paid to or expended on its						
_							<u> </u>
5							
	the organization without charge						
6	Total. Add lines 1 through 5						
7a							
	•						
ь	Amounts included on lines 2 and 3						
	received from other than						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
		() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(5,232	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
In Sifts, 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 for 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 7 and 7 b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) 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 is regularly carried on low businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business is regularly carried on capital assests (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, thi check this box and stop here Section C. Computation of Public Support Percentage		, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,		
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013 Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

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

Part IV		formation. Provide the explanations required by Part II, line 10; Part II, lin ne 12. Also complete this part for any additional information. (See instruction	
		Facts And Circumstances Test	
Retu	ırn Reference	Explanation	
		Schodulo A / Form 000 o	000 E7) 201

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493127014305

OMB No 1545-0047

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.

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

	me of the organization xian Brothers Behavioral Health He	ospital			tification number
Daw	t T-A Complete if the	o organization is evenue	tundor coction EO1/	36-4251848	/ organization
					organization.
	•	ne organization's direct and indi	rect political campaign act	ivities in Part IV	
	Political expenditures			•	\$
3	Volunteer hours	omplete if the organization is exempt under section 501(c) or is a section 527 organization. a description of the organization's direct and indirect political campaign activities in Part IV expenditures er hours omplete if the organization is exempt under section 501(c)(3). a amount of any excise tax incurred by the organization under section 4955 a amount of any excise tax incurred by organization managers under section 4955 a amount of any excise tax incurred by organization managers under section 4955 a amount of any excise tax incurred by organization from 4720 for this year? Yes Note of the organization is exempt under section 501(c), except section 501(c)(3). a amount directly expended by the filing organization for section 527 exempt function activities a emount of the filing organization's funds contributed to other organizations for section 527 function activities a mount of the filing organization's funds contributed to other organizations for section 527 function activities a names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing ton made payments. For each organization listed, enter the amount paid from the filing organizations to which the filing organization is received that were promptly and directly delivered to a separate political organization, such as a regergated 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 organization's fu			
Par	t I-B Complete if the	e organization is exempt	t under section 501(c)(3).	
1	Enter the amount of any e	xcise tax incurred by the organi	ızatıon under section 4955	F	\$
2	Enter the amount of any e	xcıse tax ıncurred by organızatı	on managers under sectioi	n 4955 🕨	\$
3	If the organization incurre	ed 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			
Par	t I-C Complete if the	e organization is exempt	t under section 501(c), except section 50	1(c)(3).
1	Enter the amount directly	expended by the filing organiza	tion for section 527 exemp	ot function activities 🕨	\$
2	Enter the amount of the file exempt function activities		uted to other organizations	s for section 527	\$
3	Total exempt function exp	penditures Add lines 1 and 2 E	nter here and on Form 112	0-POL, line 17b	\$
4	Did the filing organization	file Form 1120-POL for this yea	r?		⊤ Yes
Name	organization made payme amount of political contrib	nts For each organization listed outions received that were prom	d, enter the amount paid fro ptly and directly delivered	om the filing organization's to a separate political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	filing organization's	directly delivered to a separate political organization If none,

Sch	nedule C (Form 990 or 990-EZ) 2013					Page 2
Pä	art II-A Complete if the organization	is exempt under	section 501(c)(3) and file	ed Form 5768	
_	under section 501(h)).		Link in Doub TV an	- h - 66:1: - h - d		a adduces FIN
٠.	Check ► If the filing organization belongs to a expenses, and share of excess lobb		iist in Part IV ea	ch amiliated gro	up members nam	e, address, EIN,
3	Check ► ☐ If the filing organization checked bo		l" provisions app	ly		
	Limits on Lobbying E (The term "expenditures" means ar		l .)		(a) Filing organization's totals	(b) Affiliated group totals
La	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 1	o)		Γ		
d	O ther exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)		Γ		
f	Lobbying nontaxable amount Enter the amount is columns	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lir	ue 1f)				
h	Subtract line 1g from line 1a If zero or less, ent	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file	Form 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t	he instructions fo	ection do not r lines 2a thro	havè to con ough 2f on p		ne five
	Lobbying Exp	enditures During	4-Year Avera ⊤	ging Period	1	1
	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))

Grassroots lobbying expenditures

Pa		zation is exempt under section 501(c)(3) and has I ion under section 501(h)).	TOP				
Eor 4	-	elow, provide in Part IV a detailed description of the lobbying	(;	a)		(b)	
activ		elow, provide in rait IV a decaned description of the lobbying	Yes	No		Amou	nt
1		on attempt to influence foreign, national, state or local luence public opinion on a legislative matter or referendum,					
а	Volunteers?			Νo			
b	Paid staff or management (include com	pensation in expenses reported on lines 1c through 1i)?		Νo			
C	Media advertisements?			No			
d	Mailings to members, legislators, or the	e public?		Νo			
е	Publications, or published or broadcast	statements?		Νo			
f	Grants to other organizations for lobbyi	ng purposes?		Νo			
g	Direct contact with legislators, their sta	affs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, con-	ventions, speeches, lectures, or any similar means?		Νo			
i	O ther activities?		Yes				9,269
j	Total Add lines 1c through 1i						9,269
2a	Did the activities in line 1 cause the org	ganization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax in	curred under section 4912					
c	If "Yes," enter the amount of any tax in	curred by organization managers under section 4912					
d		ion 4912 tax, did it file Form 4720 for this year?		1			
Pai	rt III-A Complete if the organi: 501(c)(6).	zation is exempt under section 501(c)(4), section !	501(c)(5),	or s		
_				ſ		Yes	No
1		ues received nondeductible by members?		No No No (c)(5),	1		1
2		e lobbying expenditures of \$2,000 or less?			2		
3		r lobbying and political expenditures from the prior year?			3		
Pa	501(c)(6) and if either line 3, is answered "Ye	zation is exempt under section 501(c)(4), section ! (a) BOTH Part III-A, lines 1 and 2, are answered " es."	501(c No" C)(5),)R (b)	or s) Pa	ection rt III	n -A,
1	Dues, assessments and similar amount	s from members	1				
2	Section 162(e) nondeductible lobbying expenses for which the section 527(f)	and political expenditures (do not include amounts of political tax was paid).					
а	Current year		2a				
b	Carryover from last year		2b				
C	Total		2c				
3	Aggregate amount reported in section 6	5033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	does the organization agree to carryove	line 2c exceeds the amount on line 3, what portion of the excesser to the reasonable estimate of nondeductible lobbying and					
_	political expenditure next year?		4				
5	Taxable amount of lobbying and politica		5				
	art IV Supplemental Informa						
	ovide the descriptions required for Part I- rt II-B, line 1 Also, complete this part for	A , line 1 , Part l-B , line 4 , Part l-C , line 5 , Part II-A (affiliated grou any additional information	ıp lıst),	Part I	I-A,	line 2,	and
	Return Reference	Explanation					
Part	ıs spe ın or ı	ring expenses represent the portion of dues paid to national and st ecifically allocable to lobbying Alexian Brothers Behavioral Health ntervene in (including the publishing or distributing of statements) f of (or in opposition to) any candidate for public office	n Hospital does not participate				

201104410 0 (101111 330 01 330 12) 2013		i age -i
Part IV Supplemental Information	on <i>(continued)</i>	
Return Reference	Explanation	

Schedule D (Form 990) 2013

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DLN: 93493127014305

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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)

Open to Public

nal Re	evenue Service and its instruct	ions is at <u>www.irs.gov/roriii990</u> .			Inspect	ion
	e of the organization n Brothers Behavioral Health Hospital		Emp	loyer identifica	tion numbe	er
ul	D. S.		36-4	4251848		
irt	Organizations Maintaining Donor Adv		unds	or Accounts	. Complet	e if th
	organization answered "Yes" to Form 990	`		(1) = 1		
_	Catal mumban at and aftires in	(a) Donor advised funds		(b) Funds and o	otner accou	ints
	otal number at end of year ggregate contributions to (during year)					
	ggregate contributions to (during year)					
	ggregate value at end of year		+			
	Did the organization inform all donors and donor advisory			us a d		
	unds are the organization's property, subject to the or		ioi auvi	iseu	☐ Yes	┌ No
ι	Old the organization inform all grantees, donors, and do ised only for charitable purposes and not for the benef conferring impermissible private benefit?	_			┌ Yes	┌ No
	II Conservation Easements. Complete if	the organization answered "Yes" t	o Forn	n 990, Part IV	/, line 7.	
Γ Γ	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of ar Preservation of a	certifie	d historic struc	ture	
e	easement on the last day of the tax year					
				Held at the	End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified histo	• •	2c			
	Number of conservation easements included in (c) acq nistoric structure listed in the National Register	juired after 8/1 //06, and not on a	2d			
	Number of conservation easements modified, transferr the tax year ►	ed, released, extinguished, or terminate	ed by th	ne organization	during	
N	Number of states where property subject to conservati	ion eacement is located by				
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?			violations, and	┌ Yes	┌ No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments o	during the year		
	————Amount of expenses incurred in monitoring, inspecting ▶ \$, and enforcing conservation easement	s durin	g the year		
	Does each conservation easement reported on line 2(on section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 17	70(h)(4)(B)(ı)	┌ Yes	┌ No
b	n Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financia				
t	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures, es" to Form 990, Part IV, line 8.	or Ot	her Similar <i>i</i>	Assets.	
٧	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its reve ts held for public exhibition, education,	or rese	arch in furthera		
I v	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	16 (ASC 958), to report in its revenue ts held for public exhibition, education,	statem	ent and balance		ıc
((i) Revenues included in Form 990, Part VIII, line 1			► \$		
(ii) Assets included in Form 990, Part X					
Ι	If the organization received or held works of art, histor following amounts required to be reported under SFAS					
F	Revenues included in Form 990, Part VIII, line 1			F \$		
	Assets included in Form 990, Part X			•		
-	abbets included in FOIII 220, Falt A			- P		

Part	Organizations Maintaining Collection	ns of Art, H	listor	cal	Treas	ires, or Ot	<u>her</u>	Similar Ass	sets (c	ontinued)
3	Using the organization's acquisition, accession, and collection items (check all that apply)	other records,	check	any	of the fol	lowing that ar	e a	significant use	of its	
а	Public exhibition	•	ı [Loa	an or exc	:hange progra	ms			
b	Scholarly research	•	e [0 tl	her					
C	Preservation for future generations									
4	Provide a description of the organization's collection Part XIII	s and explain l	how the	y fur	ther the	organızatıon's	ex	empt purpose ıı	ו	
5	During the year, did the organization solicit or receive assets to be sold to raise funds rather than to be ma								- Yes	□ No
Par	t IV Escrow and Custodial Arrangement	s. Complete	ıf the	orga	anızatıo					1 110
	Part IV, line 9, or reported an amount of							- L		
1a	Is the organization an agent, trustee, custodian or o included on Form 990, Part X?					or other asse	ts n	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIII and co	omplete the fol	iowing	table			1	Δ m	ount	
С	Beginning balance						c	<u> </u>	Ount	
d	Additions during the year						d			
e	Distributions during the year					1	e			
f	Ending balance					1	f			
2a	Did the organization include an amount on Form 990	. Part X. line 2	1?					Γ	Yes	□ No
ь	If "Yes," explain the arrangement in Part XIII Chec			on h	ac haan	nrovided in Pa	rt V			, L
Pai	t V Endowment Funds. Complete if the o								• • •	
			(b) Prior						(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current year	r end balance ((line 1g	, coli	umn (a))	held as				
а	Board designated or quasi-endowment ►									
b	Permanent endowment ►									
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equa	I 100%								
3a	Are there endowment funds not in the possession of	the organization	on that	are h	eld and	admınıstered	for t	:he		T
	organization by (i) unrelated organizations		_	_	_			3a(i	Yes	No
	(ii) related organizations						٠.	3a(i		
ь	If "Yes" to 3a(II), are the related organizations listed		n Sche	dule I	R?.			3b		
4	Describe in Part XIII the intended uses of the organ								•	
Par	t VI Land, Buildings, and Equipment. Co 11a. See Form 990, Part X, line 10.	mplete if the	orgai	nızat	ion ans	wered 'Yes'	to I	Form 990, Pa	rt IV, lı	ne
	Description of property				or other estment)	(b)Cost or other)		(c) Accumulated depreciation	(d) Bo	ook value
1a	and		\top			1,540,0	00		<u> </u>	1,540,000
b i	Buildings					22,542,4	_	1,622,198		20,920,213
	easehold improvements					50,8		4,188		46,640
d i	Equipment					2,174,1	62	722,158		1,452,004
	Other					76,1	52	6,301	+	69,851
Tota	. Add lines 1a through 1e (Column (d) must equal For	m 990, Part X, c	olumn	B), II.	ne 10(c).)				4,028,708
								Schedule D	(Form 9	90) 2013

See Form 990, Part X, line 12.			
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of ve Cost or end-of-year	
(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. (omplete if the organization	answered 'Ves' to Fo	orm 990 Part IV line 110
See Form 990, Part X, line 13.			
(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
		·	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX Other Assets. Complete if the organizat (a) Description		, Part IV, line 11d See	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line			116.0
Part X Other Liabilities. Complete if the organization of Form 990, Part X, line 25.	ganization answered 'Yes' to	o Form 990, Part IV,	line 11e or 11f. See
1 (a) Description of liability	(b) Book value		
Federal income taxes			
Est Paybles Under 3rd Party Reimbursement Due to Affiliates	2,700,527 5,205,384		
Other Current Liabilities	5,205,384		
Reserve for Outstanding Insurance Losses	1,783,173		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 9,730,000		
2. Liability for uncertain tax positions In Part XIII, provi	de the text of the footnote to th	e organization's financia	I statements that

Par		Revenue per Audited Financial State Wered 'Yes' to Form 990, Part IV, line 12		s With Revenue p	er Re	:turn Complete If
1		er support per audited financial statements			1	
2	Amounts included on line 1 bi	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains on inves	tments	2a			
b	Donated services and use of f	acılıtıes	2b		1	
c	Recoveries of prior year grant	s	2c		1	
d	Other (Describe in Part XIII))	2d		1	
e	Add lines 2a through 2d .				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not inc	luded 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	d 4c. (This must equal Form 990, Part I, line :	12).		5	_
Part		xpenses per Audited Financial States		its With Expenses	per	Return. Complete
1		r audited financial statements			1	
2	A mounts included on line 1 bu	ut not on Form 990, Part IX, line 25				
а	Donated services and use of f	acılıtıes	2a			
b	Prior year adjustments		2b			
c	Otherlosses		2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not incl	uded 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 a	nd 4c. (This must equal Form 990, Part I, line	18)		5	
Part	XIII Supplemental In	formation				
Part	ide the descriptions required foi V, line 4, Part X, line 2, Part XI mation	Part II, lines 3, 5, and 9, Part III, lines 1a a , lines 2d and 4b, and Part XII, lines 2d and a	and 4 , P 4b Also	art IV , lines 1b and 2b complete this part to), provid	e any additional
	Return Reference	Explanation				
Part X	, Line 2	From the consolidated audited financial sta organizations ("The System") which include Hospital The System accounts for uncerta threshold and measurement attribute for fin position taken or expected to be taken in a unrecognized tax benefits or liabilities exist	the ac inty in i ancial s tax reti	tivity of Alexian Brothon ncome tax positions b statement recognition irn The System has do	ers Beh y apply and me	navioral Health ling a recognition lasurement of a tax

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

DLN: 93493127014305

OMB No 1545-0047

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

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

Inspection

Name of the organization Alexian Brothers Behavioral Health Hospital **Employer identification number**

36-4251848 Part I Financial Assistance and Certain Other Community Benefits at Cost Yes No 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . Yes Yes If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year Applied uniformly to all hospital facilities Applied uniformly to most hospital facilities Generally tailored to individual hospital facilities Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care Yes □ 100% □ 150% □ 200% □ Other _____ **b** Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate Yes 60000 00<u>00000000 %</u> C 200% C 250% C 300% C 350% C 400% C Other c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? Yes Did the organization budget amounts for free or discounted care provided under its financial assistance policy during **b** If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . Νo If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? 5с Did the organization prepare a community benefit report during the tax year? 6a Yes **b** If "Yes," did the organization make it available to the public? Yes Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Financial Assistance and Certain Other Community Benefits at Cost (a) Number of Financial Assistance and (b) Persons (c) Total community (d) Direct offsetting (e) Net community benefit (f) Percent of benefit expense revenue expense total expense served **Means-Tested** programs (optional) **Government Programs** (optional) Financial Assistance at cost 703 363,750 363,750 0 520 % (from Worksheet 1) Medicaid (from Worksheet 3, 907 10,126,101 7,004,626 3,121,475 4 430 % column a) Costs of other means-tested government programs (from Worksheet 3, column b) Total Financial Assistance and Means-Tested 1,610 10,489,851 7,004,626 3,485,225 4 950 % Government Programs Other Benefits Community health improvement services and community benefit operations (from Worksheet 4) 92,915 2,733,084 256,427 2,476,657 3 510 % Health professions education 57,705 (from Worksheet 5) . . 4,517 893,549 835,844 1 190 %

12

12

91

150

97,673

99,283

5,809

3,869

3,636,311

14,126,162

Subsidized health services (from Worksheet 6) . Research (from Worksheet 7)

Total. Other Benefits . .

Total. Add lines 7d and 7j .

Cash and in-kind contributions for community benefit (from Worksheet 8)

314,132

3,322,179

6,807,404

0 010 %

0 010 %

4 720 %

9 670 %

Pa	rt II Community Building activities during the of the communities	tax year, an								buildin	
	of the communities	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	1 ' '	rect off evenue	-	(e) Net community building expense		(f) Pero total ex	
1	Physical improvements and housing	, , ,									
2	Economic development										
3	Community support	1	1,330	2,480				2	,480		0 %
4	Environmental improvements		,	,							
5	Leadership development and training										
	for community members Coalition building	1	2,399	15,219			150	15	,069		020 %
7	Community health improvement	<u> </u>	2,399	13,219			130	13	,009		7020 70
	advocacy Workforce development	1	2	92					92		0 %
9	Other										
10	Total	3	3,731	17,791			150	17	,641	0	020 %
	Tt IIII Bad Debt, Medicar	re, & Collec	tion Practic	es						Tv	l N-
Sec (tion A. Bad Debt Expense Did the organization report ba	d debt expense	e in accordance	with Heathcare Fina	ancial Ma	anage	ment As	ssociation		Yes	No
•	Statement No 15?								1	↓	Νo
2	Enter the amount of the organ methodology used by the orga					_		610 107			
3	Enter the estimated amount o					2		619,107			
	patients eligible under the org	anızatıon's fina	ancıal assıstan	ce policy Explain in	Part VI						
	the methodology used by the any, for including this portion					3		61,911			
4	Provide in Part VI the text of					t desc	rıbes ba	·			
_	or the page number on which t	this footnote is	contained in th	ne attached financial	stateme	ents					
	tion B. Medicare		/	1.745)		ı _	ı	17.005.000			
5 6	Enter total revenue received f Enter Medicare allowable cost		` -	•		5 6		17,905,929 17,715,153			
7	Subtract line 6 from line 5 Th					7		190,776			
8	Describe in Part VI the extend Also describe in Part VI the c Check the box that describes	t to which any osting method	shortfall reporte	ed in line 7 should be	treated	l as c		y benefit			
	Cost accounting system	┏ c∘	st to charge ra	tio Г	Other						
Sect	tion C. Collection Practices										
9a	Did the organization have a wr								9a	Yes	
b	If "Yes," did the organization's contain provisions on the coll assistance? Describe in Part	ection practice	s to be followed	d for patients who are	e known	to qua	alify for t	financial	9b	Yes	
Pa	rt IV Management Comp	anies and I	loint Ventur	es (owned 10% or more by o	officers, dire	ctors, tr	ustees, key	employees, and physici			
	(a) Name of entity	(E	o) Description of pr activity of entit		c) Organız orofit % or ownershi	r stock	eı) Officers, directors, trustees, or key mployees' profit % stock ownership %	pro	e) Physio ofit % or ownershi	r stock
1											
2											
3									\top		
4									+		
									+		
									\perp		
6 ——											
7											
8											
9									\top		
10							+		+		
									+		
11									\bot		
12									\perp		
13									1		

Part V Facility Information										
Section A. Hospital Facilities	Licensed	General	Children's	Teachi	Ortical	Resea	ER-24 houre	ER-other		
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year?	ed hospital	ત્રો medical & ક્યા gical	n's hospital	Teaching hospital	l access hospital	Research facility	houre	ner		
and state license number		2							Other (Describe)	Facility reporting group
See Additional Data Table										

Schedule H (Form 990) 2013

Part V Facility Information (continued) Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Alexian Brothers Behavioral Health Hospi

Name of hospital facility or facility reporting group	up

	eporting on Part V, Section B for a single hospital facility only: line number of pital facility (from Schedule H, Part V, Section A)	_		
	,		Yes	No
on	nmunity Health Needs Assessment (Lines 1 through 8c are optional for tax years begining on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community			
	health needs assessment (CHNA)? If "No," skip to line 9	1	Yes	<u> </u>
	If "Yes," indicate what the CHNA report describes (check all that apply) A definition of the community served by the hospital facility			
	Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
	How data was obtained			
е	The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	The process for consulting with persons representing the community's interests			
i	Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA $20 \underline{12}$			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public			
	health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the			
	community, and identify the persons the hospital facility	,	V	
4	consulted	<u>-</u>	Yes	₩
•	facilities in Part VI	4	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	5	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
а	Hospital facility's website (list url) www.alexianbrothershealth.org/abbhh			
b	Other website (list url)			
c	A vailable upon request from the hospital facility			
d	Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
а	Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
ь	Execution of the implementation strategy			
	Participation in the development of a community-wide plan			
	Participation in the execution of a community-wide plan			
	✓ Inclusion of a community benefit section in operational plans			
	Adoption of a budget for provision of services that address the needs identified in the CHNA			
	Prioritization of health needs in its community			
_	Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	Other (describe in Part VI)			
, ' 7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI		ŀ	
	which needs it has not addressed and the reasons why it has not addressed such needs	7		No
oa	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a		Νo
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its			
	hospital faculties? \$	1	1	1

Pa	art V Facility Information (continued)			
	nancial Assistance Policy		Yes	No
9	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>fre</i> e care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	11	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 600 0000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12	Explained the basis for calculating amounts charged to patients?	12	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
а	▼ Income level			
b	Asset level			
С	Medical indigency			
d	Insurance status			
е	Uninsured discount			
f	Medicaid/Medicare			
g	State regulation			
h	Residency			
i	Other (describe in Part VI)			
13	Explained the method for applying for financial assistance?	13	Yes	
14	Included measures to publicize the policy within the community served by the hospital facility?	14	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
а	The policy was posted on the hospital facility's website			
b	The policy was attached to billing invoices			
С	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	The policy was posted in the hospital facility's admissions offices			
e	The policy was provided, in writing, to patients on admission to the hospital facility			
f	The policy was available upon request			
g	Other (describe in Part VI)			
	ling and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
а	Reporting to credit agency			
b	Lawsuits			
c	Liens on residences			
d	Body attachments			
е	Other similar actions (describe in Section C)			
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	17		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
а				
b	Lawsuits			
c	Liens on residences			
d	Body attachments			
_	C Other similar actions (describe in Section C)	1	ıl	l

If "Yes," explain in Part VI

If "Yes," explain in Part VI

cn	ledule in (Form 990) 2013	- 1	Page	6 2
Pä	art V Facility Information (continued)			
18	Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)			
а	Notified individuals of the financial assistance policy on admission			
b	Notified individuals of the financial assistance policy prior to discharge			
c	Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bill	ls		
d	Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
е	Other (describe in Section C)			
Ро	licy Relating to Emergency Medical Care			
			Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	19		No
	If "No," indicate why			
а	The hospital facility did not provide care for any emergency medical conditions			l
b	The hospital facility's policy was not in writing			l
c	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			ĺ
d	Other (describe in Part VI)			
Cha	arges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)			
	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	Other (describe in Part VI)			
21	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance			

22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any

21

22

Νo

Νo

Schedule	Η	Form	990	2013
Schedule		(1 01111	,,,,,,	, 2013

Page 7 **2**

Part V	Facility	Information	(continued)

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1_J, 3, 4, 5d, 6_I, 7, 10, 11, 12_I, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

	33113111
Form and Line Reference	Explanation
See Additional Data Table	

Schedule H (Form 990) 2013

chedule H	(Form 990)	2013

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Part V Facility Information (continue

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?______

Name and address	Tune of Facility (decombs)
Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
7	
8	
9	
10	

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Schedule H (Form 990) 2013 Page 9 2

Part VI Supplemental Information

Provide the following information

1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

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

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

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

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

Form and Line Reference	Explanation
Fait1, Line 30	Every uninsured person, regardless of income receives an automatic 15% discount off of charges Persons who earn less than 600% of federal poverty guidelines are given more significant discounts, depending on their individual situations Federal Poverty Level Patient Discount Uninsured0-200% 100%201-300% 75%301-600% 70%>600% 15%

Form and Line Reference	Explanation
r dre 1, Eme od	Alexian Brothers Hospital Network (ABHN) prepares and files the Annual Non-Profit Hospital Community Benefit Plan Report with the Attorney General's Office of the State of Illinois This report is prepared on a consolidated basis and includes data for Alexian Brothers Medical Center (ABMC), St Alexius Medical Center ("St Alexius") and Alexian Brothers Behavioral Health Hospital (ABBHH)

Form and Line Reference	Explanation
Part I, Line 7	The following costing methodologies were used - Charity at cost - a cost to charge methodology based on the 2014 filed Medicare cost report was used to calculate cost - Unreimbursed Medicaid - costs are calculated using the 2014 filed Medicaid cost report - Other benefits - costs are determined by activity reported in accordance with guidelines published by the Catholic Health Association, costs could include the value of hourly wages, costs of materials, value of space loaned to community groups for meetings, and indirect costs where applicable

Form and Line Reference	Explanation
Activities	In the twelve months ended June 30, 2014, ABBHH concentrated most of its resources in other areas of community benefit that were not "community building" as described by the Catholic Health Association

Form and Line Reference	Explanation
rait III, Ellie 3	Management works very closely with individuals to determine if they qualify for charity. However, not everyone who is eligible for charity completely cooperates with the process, and as a result, management cannot identify all charity cases with 100% certainty. Based on a sample of accounts reviewed that were originally classified as bad debt expense, management believes that 10% of the accounts, or \$61,911 at cost, of our bad debt expense would meet the criteria of our charity program if patients shared their financial condition Discounts and payments are not included in bad debt expense in the financial statements for ABBHH unless the payment is a recovery of amounts previously written off as bad debt. Recoveries are classified as a decrease to bad debt expense.

Form and Line Reference	Explanation
r dictiff, Line 4	ABBHH is part of the Ascension Health Alliance consolidated audit. The footnote that references bad debt expense can be found on page 19 of the audited financial statements ABBHH's share of bad debt expense for ABHS for the twelve months ended June 30, 2014 was \$1,739,065 at charges (\$619,107 at cost). Cost is determined in the same manner as charity at cost

Form and Line Reference	Explanation
Part III, Line 8	Medicare costs are allocated by cost center in accordance with Medicare regulations Healthcare Reform has resulted in billions of dollars being removed from health provider payments, mostly hospital payments. This is a trend that will continue for at least another seven years. The systematic degradation of reimbursement that is already less than the cost of providing the service for the vast majority of hospitals needs to be considered community benefit to accurately represent the significant contributions that hospitals make toward easing government burden in caring for a growing number of its citizens.

Form and Line Reference	Explanation
Part III, Line 9b	It is the policy of ABHS, including ABBHH, to offer patients a payment plan and/or charity assistance when it becomes known or even suspected that a patient needs financial assistance. Financial counselors are notified and every attempt is made to contact and work with the patient or his/her family to help them complete an application with compassion and dignity. Financial counselors work with patients to help determine if there are any third party payers that may be available to help the patient meet his/her obligations. We work with the patient to determine if they are eligible for federal programs including Medicaid, state funded programs including crime victims, alternative insurance including COBRA, Worker's Compensation and or other specialized grant programs such as our mammography grant program for low income women. In the event no third party programs are identified, we then work with the patient to help them apply for charity discounts and payment plans. In addition, all bills and statements include information regarding charity.

Form and Line Reference	Explanation
Part VI, Line 2	The 2012 Community Health Needs Assessment surveyed thirty-eight zip codes representing a total population of more than 2,400,000 persons. Primary research was conducted by telephone survey of 1,000 households. This is a very robust sample size, and the sample was stratified and weighted to assure that the maximum rate of error was +/-3% at the 95% Confidence Level. Secondary data was gathered from the U.S. Census Update, Claritas population projections, the National Center for Health Statistics, Illinois Department of Public Health, Department of Health and Human Services and County Health Departments. As part of the Community Health Needs Assessment, four focus groups were held in June, 2012. The focus groups were distributed geographically froughout the region, including three groups with a county-level focus, and another focusing on the needs of residents specifically in North Cook County. In total, 31 key informants took part, including physicians, other health professionals, social service providers and community leaders. Each of the county-level groups also included representatives with expertise in public health. The focus groups provided qualitative as opposed to quantitative data and were designed to gather input from participants regarding their informed opinions and perceptions of the health of the residents in the area. While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community's health needs. For example, certain population groups such as the honeless or those who only speak a language other than English or Spanish are not represented in the survey data. In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. The following are examples of meeting community need not necessarily identified in the CHINA but through routine interactions with schools, social service providers. Alexian Brothers Behavioral Healeth Hospital (ABBH) utilizes the community health assessment to t
	Everywhere") to provide trainings for our Associates and Community Members on date rape, domestic violence, relational aggression, and workplace violence. The committee also reviews proposed anti-violence legislation drafted by the State Legislature. We created a virtual Resource Center which can be found at www.c4phc. which includes links to books, articles, videos, and events. We also continue to refine the "Up-stander" modules used in the ABBHH treatment of Children and Adolescents. Plus we have been providing "Culture of Compassion" and Leadership Development programs to schools interested in utilizing our psychological expertise in violence prevention.

Form and Line Reference	Explanation
rait v1, Lille 3	Multiple methods are used at ABBHH to communicate its mission of providing care to all who need it regardless of ability to pay Signs posted at registration clearly point out that charity care or financial assistance is available ABHS's website, the main website for all System hospitals, including ABBHH, features information on how to apply for charity care on-line. In the hospital setting, we employ individuals who are available to work with patients to help them apply for charity with dignity. In addition, Alexian Brothers Center for Mental Health (ABCMH), an affiliated community mental health center, employs an individual who works for both ABCMH and ABBHH to help families of our child and adolescent patients apply for Medicaid when appropriate. In addition, all bills and statements include information regarding charity care options.

Form and Line Reference	Explanation
rait v1, Lille 4	A description of the geography served by zip code and mapping is available for each hospital on our website, www alexianbrothershealth org under the community benefit section, choose desired hospital, pages 7-8 The demographics of the population served is available for each hospital on our website, www alexianbrothershealth org under the community benefit section, choose desired hospital, page 10

Form and Line Reference	Explanation
Part VI, Line 5	ABBHH's governing body is known as the Quality Council, The Quality Council reports up through the Alexian Brothers Health System Board of Governors, The majority of the Quality Council members live and work in the community and serve to support the mission and values of the Alexian Brothers, ABBHH extends medical staff privileges to interested and qualified psychiatrists in our community and endeavors to provide them with the safest and most advanced psychiatric interventions available ABBHH strives to fully serve the community through participation in government as well as sponsored healthcare programs such as Medicare, Medicaid, and Tricare, and participating in research and education Pharmaceutical based research includes the persistent disorders of schizophrenia, bipolar disorder and major depressive disorder, as well as research in the disorders of adolescents and childhood ABBHH also operates a center for evidence based practice which researches the efficacy of treatment through outcomes based measurement. On average, ABBHH has 20 research trials at any given time

Form and Line Reference	Explanation
Part VI, Line 6	ABBHH is an affiliate of Alexian Brothers Health System (ABHS) ABHS is the national member and ultimate parent of ABBHH ABHS, with its corporate offices located in Arlington Heights, Illinois, is sponsored by Ascension Health, a Catholic, autional health system consisting primarily of nonprofit corporations that own and operate local health care facilities, or Health Ministries, throughout the United States and the District of Columbia ABHS car rines out its exempt purposes by coordinating and managing the activities of the regional corporations for which it is the National Member. Through these regional corporations, ABHS provides healthcare and other services to communities in suburban Chicago, Illinois, St. Louis, Missouri, Milwakee, Wisconsin, and Signal Mountain and Chattanooga, Tennessee. As a charitable organization, it is recognized that not all individuals possess the ability to purchase essential medical services and further that our mission is to serve the community that propriate and healthcare education. Therefore, in keeping with ABHS' commitment to serve all members of its community, free care and/or subsi idized care, care to persons covered by government programs at or below cost, and health a citivities and programs to support the community are considered and provided when appropriate. These activities include wellness programs, community deucation programs, special programs for the elderly and medically underserved, and a variety of broad community support a citivities including but not limited to educational affiliations, health screenings, counse ling programs, Continuing medical education (CME) programs and donations to community group is Net community benefits expense for ABHS in 2014 is as follows Charity Care at Cost - \$2 1,397,164Language Assistant Services - \$538,260 Excess of Government Sponsored Health Care Cost Over Reimbursement - Medicaid - \$44,099,925 Donations - \$145,028 Education - \$2,546,5525 ubsidized Health Services - \$2,225,984 Other Community Benefit Programs - \$7,490,327
	located in Milwaukee, Wisconsin, provides all levels of care to residents and community members, including skilled nursing care, adult day care services, assisted living and care for those with Alzheimer's disease and dementia Alexian Village of Tennessee - A continuing care retirement

Form and Line Reference	Explanation
Part VI, Line 6	e and dementia Alexian Brothers Lansdowne Village and Alexian Brothers Sherbrooke Village - Skilled nursing facilities located in St Louis, Missouri, provides nursing care, assist ed living and care for those with Alzheimer's disease and dementia, rehabilitation service s and transitional care services (Lansdowne only) Alexian Brothers Community Services - Programs for All Inclusive Care for the Elderly (PACE) located in St Louis, Missouri and Ch attanooga, Tennessee, provides care for frail, elderly, Medicaid eligible individuals, pro vides primary care, daily activities and transportation services, also coordinates care when hospitalization or placement in a skilled nursing facility is required Alexian Brothers Services, Inc - HUD housing project in St Louis, Missouri

Form and Line Reference	Explanation
r dre v 1, Ellie ,	Alexian Brothers Hospital Network (ABHN) prepares and files the Annual Non-Profit Hospital Community Benefit Plan Report with the Attorney General's Office of the State of Illinois This report is prepared on a consolidated basis and includes data for Alexian Brothers Medical Center (ABMC), St Alexius Medical Center ("St Alexius") and Alexian Brothers Behavioral Health Hospital (ABBHH)

Additional Data

Software ID: Software Version:

EIN: 36-4251848

Name: Alexian Brothers Behavioral Health Hospital

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1₁, 3, 4, 5d, 6₁, 7, 10, 11, 12₁, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. Form and Line Explanation Reference Part V, Section B, Line 3 As part of the Community Health Needs Assessment, four focus groups were held in June, 2012 Alexian **Brothers** The focus groups were distributed geographically throughout the region, including three groups with a county-level focus, Behavioral and another focusing on the needs of residents specifically in North Cook County In total, 31 key informants took part, Health including physicians, other health professionals, social service providers and community leaders. Each of the county-level groups also included representatives with expertise in public health. The focus groups provided qualitative as opposed to Hospital quantitative data and were designed to gather input from participants regarding their informed opinions and perceptions of the health of the residents in the area

1), 3, 4, 5d, ه	Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 61, 7, 10, 11, 121, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions lity in a facility reporting group, designated by "Facility A," "Facility B," etc.
Form and Line Reference	Explanation
Alexian Brothers Behavioral Health Hospital	Part V, Section B, Line 4 The other hospital facilities with which the reporting hospital conducted its CHNA include Adventist Midwest Health- Adventist La Grange Memorial Hospital- Adventist GlenOaks Hospital - Adventist Hinsdale HospitalAlexian Brothers Health System - Alexian Brothers Medical Center- St. Alexius Medical Center Cadence Health - Central DuPage HospitalEdward Hospital Elmhurst Memorial Hospital Franciscan St. James HealthIngalls Health System - Ingalls Memorial HospitalLa Rabida Children's HospitalLittle Community of Mary Hospital & Health Care Centers Northwest Community HospitalNorthwestern Lake Forest HospitalNorthwestern Memorial HospitalPalos Community HospitalPresence Health- Holy Family Medical Center- Our Lady of the Resurrection Medical Center- Resurrection Medical Center- Saint Francis Hospital- Saint Joseph Hospital- Saints Mary and Elizabeth Medical CenterRush University Medical Center - Rush Health - Rush Oak Park Hospital Saint Anthony Hospital Saint Bernard Hospital and Health Care

Suburban Medical Center

CenterSwedish Covenant Hospital Thorek Memorial Hospital University of Chicago Medical Center University of Illinois Hospital & Health System Vanguard Health Systems MacNeal HospitalWeiss Memorial Hospital Westlake Hospital West

1j, 3, 4, 5d, 6i, 7, 10, 11,	tal Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions ty reporting group, designated by "Facility A," "Facility B," etc.
Form and Line Reference	Explanation
	Part V, Section B, Line 5d The Implementation Strategy was also made widely available at the following link http://www.alexianbrothershealth.org/CommunityNeeds

1j, 3, 4, 5d	Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 61, 7, 10, 11, 121, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions cility in a facility reporting group, designated by "Facility A," "Facility B," etc.
Form and Line Reference	Explanation
Alexian Brothers Behavioral Health Hospital	Part V, Section B, Line 7 Disproportionate Unmet Community Health Needs Identified - Access to Health Care Services - under and uninsured, cost of medication, lack of access to specialty care- Prevalence of Cancer - Chronic Kidney Disease*-Diabetes - Heart Disease/Stroke* - Low Birth Weight - Mental Health & Mental Disorders - Nutrition and Obesity*- Oral Health - Pneumonia/Influenza Death *Related to, caused by or exacerbated by Type II DiabetesMental Health and Access to Services were consistently the major issues for our community. These observations validated our own community experience and the quantitative data within the study. Mental health access is being addressed through Alexian Brothers Behavioral. Health Hospital (ABBHH). Access to healthcare will be improved through the Affordable Care Act, but there is still a need to support access through the provision of specialty physician care in partnership with Federally Qualified Health Centers Type. II Diabetes was selected as a high priority focus by Alexian Brothers Medical Center (ABMC) and St. Alexius Medical Center (St. Alexius) because many of the other community needs are directly or indirectly related. Chronic kidney disease, heart disease and stroke, nutrition and weight status are affected or even caused by Type II Diabetes. In the Emergency. Departments of ABMC and St. Alexius, many low income and Hispanic patients seek care for untreated diabetes and have no medical home (access to health care services). Additionally, persons with Type II Diabetes complicated by co-morbidities are unable to access specialty endocrinologist care as often, the specialists will not accept the very low reimbursement offered by Medicaid. Low birth weight is being addressed via partnerships with the March of Dimes. Oral health is beginning to be provided by Federally Qualified Health Centers and did not meet feasibility criteria related to financial or clinical resources.

vaccine

mammograms This is likely an artifact of confusion regarding screening recommendations and will be monitored to determine if there is a trend. The other issue is prevalence of cancer overall. This is likely due to the aging population in some parts of our service area, therefore, the number of existing cases may rise as people live longer with these cancers. This issue will require further investigation and trending to understand if this is actually a negative finding or just an artifact Pneumonia and influenza vaccines are given a high priority in quality and outcome measures in the Alexian Brothers Accountable Care. Organization and employed physician practices. In addition, all Alexian employees are required to be vaccinated for influenza to protect our patients. A Pneumonia vaccine is made available to all geriatric inpatients and all those over 18 are offered a fluence.

1 ₁ , 3, 4, 5d,	Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions cility in a facility reporting group, designated by "Facility A," "Facility B," etc.
Form and Line Reference	Explanation
Alexian Brothers Behavioral Health Hospital	Part V, Section B, Line 14g All bills and statements include information regarding charity. The front of the statement includes this message. "If you are an uninsured Illinois resident and meet certain income requirements, you may qualify for a discount through our Alexian Assistance program in accordance with the Hospital Uninsured Patient Discount Act (effective April 1, 2009). For additional information, please contact us at 866-690-3370 or AlexianAssistance@alexian net. The back of the statement includes this message. "If paying this bill presents a financial hardship, you may be eligible for financial assistance. Alexian Brothers Hospital Network provides assistance to patients in need of financial aid to help pay for their hospital bills. You may obtain an application by calling our staff at the number below or you may download the forms from the internet at www alexianbrothershealth org." In addition, all uninsured patients receive a letter from our Patient Financial services department once we complete a process of attempting to identify alternative coverage for uninsured patients. This letter is sent at the beginning of the statement cycle for each uninsured patient. The text of the letter provides as follows. "Thank you for choosing Alexian Brothers Behavioral Health Hospital as your healthcare provider. Your account currently has a balance of \$xx, additional charges may be pending. We have no record that you have health insurance to help in paying your bill. If you have insurance, please provide the necessary information by filling out the stub above and faxing a copy of your insurance card to 847-483-7058, Attn. Correspondence Team If you had insurance that ended within the last

include information regarding charity

60 days, you may be eligible for COBRA coverage from a former employer Please contact your former employer to determine if you are eligible "ABBHH uses multiple methods of communicating its mission of providing care to all who need it regardless of ability to pay Signs posted at registration clearly point out that charity care or financial assistance is available. Alexian Brothers Health System's (ABHS) website, the main website for all System hospitals, including ABBHH, features information on how to apply for charity care on-line. In the hospital setting, we employ individuals who are available to work with patients and we also have Medicaid application specialists to assist patients that may qualify. In addition, all bills and statements

1j, 3, 4, 5d, 6i	ipplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines , 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions y in a facility reporting group, designated by "Facility A," "Facility B," etc.
Form and Line Reference	Explanation
Alexian Brothers Behavioral Health Hospital	Part V, Section B, Line 19d Alexian Brothers Behavioral Health Hospital is a psychiatric hospital which does not operate a typical medical surgical emergency room Patients may arrive at the psychiatric hospital seeking an assessment or treatment for concerns ranging from danger to self or others to traditional outpatient mental health services. For those patients that do arrive in crisis, the hospital is capable of accepting and treating these patients. Factors that will determine whether a patient can be admitted include occupancy levels and bed availability. The hospital does follow the federal IMD exclusion regulation, which does not allow the hospital to treat patients covered under Medicaid that are of an Adult age (22-64) Patients that meet the requirements for admission to the psychiatric facility are admitted regardless of their

insurance coverage or the ability to make payment

١	1յ, 3, 4, 5d, 6i, 7, 10, 11	Ital Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions lity reporting group, designated by "Facility A," "Facility B," etc.
	Form and Line Reference	Explanation
١	Behavioral Health	Part V, Section B, Line 20d Alexian Brothers Behavioral Health Hospital uses the State of Illinois, Hospital Uninsured Patient Discount Act guidelines which specify that eligible patients should be charged 135% of hospital costs

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DLN: 93493127014305

OMB No 1545-0047

Alexian Brothers Behavioral Health Hospital

Schedule J (Form 990)

Department of the Treasury

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.

Open to Public Inspection

Internal Revenue Service Name of the organization

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

Employer identification number

36-4251848

Pa	rt I Questions Regarding Compensatio	n			
				Yes	No
1a		ovided any of the following to or for a person listed in Form I 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		rganization follow a written policy regarding payment or escribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe	reimbursing or allowing expenses incurred by all ecutive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director Check all tused by a related organization to establish compen	·			
	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, or a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	I payment?	4a	Yes	
b	Participate in, or receive payment from, a suppleme	ental nonqualified retirement plan?	4b		No
C	Participate in, or receive payment from, an equity-b	pased compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of				
а	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 compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a		No
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"	, line 1a, did the organization provide any non-fixed describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII,				
_	subject to the initial contract exception described i	n Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III		8		No
9	If "Yes" to line 8, did the organization also follow th section $53 4958-6(c)$?	e rebuttable presumption procedure described in Regulations	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)(1)-(111) 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 o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2013

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
Part I, Line 3	Alexian Brothers Health System, a related organization of Alexian Brothers Behavioral Health Hospital, uses the following methods to establish the compensation of the organization's CEO - Compensation committee - Independent compensation consultant - Form 990 of other organizations - Compensation survey or study - Approval by the Board or Compensation Committee
Part I, Line 4a	The following individuals listed in Schedule J received the referenced amount of change in control payments in calendar year 2013. The payments under a change-of-control arrangement are made in connection with retirement that changed the terms of employment resulting from a change in control of the organization. Jim Lewandowski - \$689,832

Schedule J (Form 990) 2013

Software ID: Software Version:

EIN: 36-4251848

Name: Alexian Brothers Behavioral Health Hospital

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

Form 990, Schedule J, Pa	<u> </u>	1 - Officers, Direct	tors, Trustees, Ke	<u>y Employees, and</u>	nignest compens	sated Employees	,	
(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	Denents	(B)(ı)-(D)	990 or Form 990-EZ
Clayton Cıha Ex- Officio Member & President/CEO	(1) (11)	0 251,527	0 69,206	0 11,433	0 32,152	0 33,306	0 397,624	0 11,433
Christopher D'Agostino MD Director	(1) (11)	0 274,110	0	0	0 9,658	0 10,721	0 294,489	0
Gregory Teas MD Director	(1) (11)	0 318,977	0 44,050	0 17,500	0 14,773	0 14,457	0 409,757	0
David Jones Treasurer	(I) (II)	0 164,048	0 30,857	0 8,274	0 11,269	0 28,107	0 242,555	0 8,274
Christopher Novak Chief Operating Officer	(I) (II)	0 169,216	0 33,816	0 6,003	0 17,817	0 33,067	0 259,919	0
Clifton Saper Executive Director, Outpatient Svcs	(I) (II)	0 147,879	0 15,099	0	0 22,825	0 14,005	0 199,808	0
Scott Peterson Vice President, Human Resources	(I) (II)	0 302,795	0 39,960	0	0 14,311	0 24,173	0 381,239	0
Mark Lerman Psychiatrist	(I) (II)	0 742,637	0	0 0	0 5,644	0 20,851	0 769,132	0
Michael Brilliant Psychiatrist	(I) (II)	0 435,895	0	0 0	0 15,102	0 8,939	0 459,936	0
Mumataz F Raza Psychiatrist	(ı) (ıı)	0 424,128	0	0	0 15,128	0 10,109	0 449,365	0
Syed Salahuddın Psychiatrist	(ı) (ıı)	0 360,546	0	0	0 6,880	0 10,701	0 378,127	0
Renato De Los Santos Psychiatrist	(ı) (ıı)	0 502,300	0	0	0	0 7,460	0 509,760	0
Delia Aldridge Former Officer	(ı) (ıı)	0 193,598	0	0	0 11,971	0 9,829	0 215,398	0
Jım Lewandowskı Former Key Employee	(I) (II)	0	0	1 -1	0	0 15,727	738,032	0 722,305

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DLN: 93493127014305

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

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

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

Open to Public Inspection

Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) and section 61(c)(4) and section 501(c)(4) and section
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Ves No (e) Description of transaction (f) Relationship between disqualified person of transaction person and organization (g) Description of transaction (h) Relationship between disqualified persons during the year under section (g) Description of transaction (h) Relationship between disqualified persons during the year under section (h) Relationship between disqualified persons during the year under section (h) Relationship between disqualified persons during the year under section (h) Purpose of orform the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of line rested persons. (b) Relationship organization and principal amount or form 990, Part X, line 5, 6, or 22 (a) Name of line rested persons. (b) Relationship organization and principal amount or form 990, Part X, line 5, 6, or 22 (a) Name of line rested persons. (b) Relationship organization and principal amount or form 990, Part X, line 5, 6, or 22 (a) Name of line rested persons. (b) Relationship organization and principal amount or form 990, Part X, line 5, 6, or 22
(d) Corrected person and organization (c) Description of transaction person and organization (d) Corrected person and organization managers or disqualified persons during the year under section 4958. 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section person and organization in managers or disqualified persons during the year under section person such part of tax, if any, on line 2, above, reimbursed by the organization person pers
2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958
2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958
A Enter the amount of tax, if any, on line 2, above, reimbursed by the organization
A Enter the amount of tax, if any, on line 2, above, reimbursed by the organization
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Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of Interested Persons. (b) (c) (d) Loan to Organization Purpose of Organization? (a) Name of Interested Persons. (b) (c) (d) Loan to Organization Purpose of Organization? (a) Name of Interested Persons. (b) (c) (d) Loan to Organization Purpose of Organization? (b) Organization Organization? (c) Organization Organization? (d) Loan to Organization Organization? (e) Original Organization Organization? (b) Organization Organization? (c) Organization Organization? (d) Loan to Organization Organization? (e) Original Organization Organization? (f) Balance Organization Organization Organization? (b) Organization Organization Organization? (c) Organization Organization Organization? (d) Loan to Organization Organization? (e) Original Organization Organization Organization? (f) Balance Organization Organization Organization? (i) Written Organization Organization? (ii) Written Organization Organization Organization? (b) Organization Organization Organization? (ii) Written Organization Organization Organization? (iii) Written Organization Organization Organization? (iii) Written Organization Organization Organization? (iii) Written Organization Organiz
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of Interested Persons. (b) (c) (d) Loan to Organization Purpose of Organization? (b) Relationship Purpose of Organization? (c) Purpose of Organization? (d) Loan to Organization? (e) Original Organization Purpose of Organization? (f) Balance Organization Organization? (h) Organization Organization? (i) Written Organization Organization? (b) Organization Organization? (c) Organization Organization? (d) Loan to Organization Organization? (e) Original Organization Organization? (f) Balance Organization Organization Organization? (i) Written Organization Organization? (i) Written Organization Organization? (i) Organization Organization Organization? (ii) Organization Organization Organization? (ii) Organization Organization Organization? (ii) Organization Organization Organization Organization? (ii) Organization Orga
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person with organization Purpose of porganization Purpose of loan organization? (b) (c) Purpose of or from the organization? (a) Name of interested person with organization Purpose of loan organization? (b) (c) Purpose of or from the organization? (c) Purpose of or from the organization? (d) Loan to principal amount organization? (d) Loan to principal due default? (a) Name of interested principal organization? (b) (c) (d) Loan to organization? (c) Purpose of organization? (d) Loan to organization organization? (d) Loan to organization organization? (d) Loan to organization organization? (e) Original due organization organization? (b) (b) (c) (d) Loan to organization organization? (d) Loan to organization organization? (e) Original organization organization? (f) Balance organization organization? (d) Loan to organization organization? (e) Original organization organization? (f) Balance organization organization? (b) (c) (d) Loan to organization organization? (d) Loan to organization organization?
organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of Interested person with organization organization? (b) (c) Purpose of Ioan organization? (d) Loan to Purpose of Organization? (e) Original principal amount of form 4 principal amount organization? (f) Balance due default? Approved by board or committee?
(a) Name of Interested person with organization (b) (c) Purpose of loan (d) Loan to or from the organization? (d) Loan to or from the organization? (e)Original principal amount (f)Balance due (d) In (h) Approved by board or committee? (i)Written agreement?
nterested person with organization Purpose of or from the organization? Purpose of or from the organization? Approved by board or committee?
person with loan organization? amount by board or committee?
organization board or committee?
committee?
To From Yes No Yes No Yes No
otal • \$
Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.
(a) Name of interested (b) Relationship between (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance
person Interested person and the organization
Organization

Part IV Business Transactions : Complete if the organization			ne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	t zation's
				Yes	No
(1) Anthony D'Agostino	Father of Director	299,975	Employment		No
(2) Health Plus Physicians Organization	Chief Medical Officer	151,482	Capitation		No
(a) Name of interested person 1) Anthony D'Agostino					

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part IV	Dr Teas is a Director of Health Plus Physicians Organization ABBHH received capitation and
	administrative payment totaling \$151,482 from this IPA in FY14

Schedule L (Form 990 or 990-EZ) 2013

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DLN: 93493127014305

OMB No 1545-0047

Inspection

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(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.

Name of the organization Alexian Brothers Behavioral Health Hospital Employer identification number

exian Brothers Behavioral Health Hospital		36-4251848
90 Schedule O, Supplemental Return Reference	Information Explanation	ion
Form 990, Part V, Line 1a	Дорианац	
Form 990, Part VI, Section A, line 2	Donna Gauthier, Clayton Ciha, Clifton Saper, Christophones, Scott Peterson and Christopher Novak have a buyment by a common health system entity	
Form 990, Part VI, Section A, line 6	Alexian Brothers Behavioral Health Hospital has two clealth System (the "National Member") and Alexian Brother")	
Form 990, Part VI, Section A, line 7a	Alexian Brothers Health System has the authority to ap tive Officers of Alexian Brothers Behavioral Health Hos	
Form 990, Part VI, Section A, line 7b	All decisions that have a material impact to Alexian Bro financial information or corporation as a whole are sub ember, Alexian Brothers Health System	•
Form 990, Part VI, Section B, line 11	Management, including certain officers, works diligently ched schedules in a thorough manner. Prior to filing the vided the Form 990 and management team members are questions.	e return, all Board members are pro
Form 990, Part VI, Section B, line 12c	The organization regularly and consistently monitors are lict of interest policy in that any director, principal office with governing board delegated powers, who has a dist disclose the existence of the financial interest and be seall material facts to the directors and members of the delegated powers considering the proposed transaction duals on the governing board or committee will decide director, principal officer and member of a committee with responsible signs a statement which affirms such persists of interest policy, has read and understands the policy, and understands that the organization is charitated ederal tax exemption it must engage primarily in activities to purpose	er, or member of a committee irect or indirect financial interest, mu be given the opportunity to disclo ite committees with governing board on or arrangement. The remaining indivi- if conflicts of interest exist. Each with governing board delegated powie con has received a copy of the conflic- icy, has agreed to comply with the able and in order to maintain its f
Form 990, Part VI, Section B, line 15	In determining compensation of the organization's CEO others Health System, a related organization of Alexiar I, included a review and approval by independent pers raneous substantiation of the deliberation and decision Board of Governors of Alexian Brothers Health System on In the review of the compensation, the compensation of those in positions in other similarly situate me or a similar title. During the review and approval of on of the decision was recorded in the Compensation of the decision was recorded in the Compensation of the decision was recorded in the process in ependent persons, comparability data, and contemporation and decision. The Compensation Committee review of the compensation, the other officers or key compared to other similarly situated organizations' emporation buring the review and approval of the compensation documentation of the decision was recorded in the minimum of the decision	n Brothers Behavioral Health Hospita ons, comparability data, and contempo in The Compensation Committee of the impreviewed and approved the compensation on of the CEO was compared to the compensation of the cempensation, the documentati Committee minutes The individual was determining compensation of other office included a review and approval by indianeous substantiation of the deliberation and approved the compensation in the employees of the organization were ologies that hold the same or simila action by the Compensation Committee,
Form 990, Part VI, Section C, line 19	The financial statements of Alexian Brothers Behaviora ugh the Office of the Illinois Attorney General Conflicts governing documents of Alexian Brothers Behavioral F to the public	s of Interest statements and the
Form 990, Part XI, line 9	Working Capital Transfer -1,093,872	
Part XII, Line 2b - Audit Disclosure	The financial statements of Alexian Brothers Behavioral consolidated basis. The Audit Committee of the Board of the System has been delegated the responsibility to over a sand the selection of the independent accountants that	of Governors of Alexian Brothers Heal ersee the audited financial statement

SCHEDULE R

Related Ord

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Alexian Brothers Behavioral Health Hospital

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.

DLN: 93493127014305OMB No 1545-0047

Employer identification number

36-4251848

2013

Open to Public Inspection

t the organization a	answered "Yes" or	i Form 990, Pa	rt IV, line 33.				
(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Dire	(f) ct controlling entity		
	he organization ar	swered "Yes"	on Form 990, Pa	art IV, lır	ne 34 because it	had on	ie
(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sect	(e) Public charity ((if section 501)	status (c)(3))	(f) Direct controlling entity	Section (13) co	512(b ontrolle
						Yes	No
						Τ	
	Cat No 501	<u> </u> 35Y			Schedule R (Form	990) 2	013
	(b) Primary activity ions Complete if that year. (b)	(b) Primary activity Legal domicile (state or foreign country) ions Complete if the organization are ax year. (b) Primary activity (c) Legal domicile (state or foreign country)	(b) (c) (d) Total income or foreign country) ions Complete if the organization answered "Yes" fax year. (b) (c) (d) Total income or foreign country)	Primary activity Legal domicile (state or foreign country) Total income End-of-year assets Total income End-of-year assets	(c) Legal domicile (state or foreign country) It ions Complete if the organization answered "Yes" on Form 990, Part IV, Iir tax year. (b) (c) (c) (d) (e) Exempt Code section (if section 501(c)(3))	(b) Legal domicale (state or foreign country) Indicate of foreign country) Legal domicale (state or foreign country) Indicate or foreign country) Indicate or foreign country) Legal domicale (state or foreign country)	(b) C Legal domicile (state or foreign country) Final income industry in the organization answered "Yes" on Form 990, Part IV, line 34 because it had or fax year. (b) Pinnary activity Legal domicile (state or foreign country) Exempt Code section industry Exempt Code section industry Final income industry Ind

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.

3	•		, ,	,								
(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 Disprop allocat	rtionate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ral or aging ner?	(k) Percentage ownership
				·			Yes	No		Yes	No	
(1) Alexian Rehabilitation Services LLC 935 Beisner Road Elk Grove Village, IL 60007 30-0221481	Rehabilitation Hospital	IL	N/A									
(2) Illinois NeuroMeg Center LLC 3040 W Salt Creek Lane Arlington Heights, IL 60005 87-0783164	Provision of NeuroMeg Services	IL	N/A									
(3) Elk Grove MOB Limited Partnership 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3853289	Medical Office Building	IL	N/A									
(4) Bonaventure Medical Foundation LLC 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3978153	Manages Managed Care Contracts	DE	N/A									
(5) Neurosciences Equipment LLC 3040 W Salt Creek Lane Arlington Heights, IL 60005 86-1115516	Ownership of Gamma Knife	IL	N/A									
(6) St Alexius Center for Sleep Health LLC 1300 S Main Street Lombard, IL 60148 20-5876371	Operations of Sleep Lab	IL	N/A									

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.

Inte 34 Decause it had one of filor	e related organization	15 treated as a corporati	on or trust du	Ting 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)		(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(1 contro entit	on 512 (13) rolled
				l	l			Yes	No
(1) Thelen Corporation 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3266316	Owns/leases property, joint venture partner	IL	N/A	С					No
(2) Alexian Brothers Health Providers Association Inc 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3853286	Messenger model IPA	IL.	N/A	С					No
(3) Alexian Brothers Corpus Christi Housing Project LLC 3040 W Salt Creek Lane Arlington Heights, IL 60005 94-3465394	Tax credit financed housing	IL	N/A	C					No
(4) Alexian Village of Elk Grove 3040 W Salt Creek Lane Arlington Heights, IL 60005 35-2211303	Tax credit financed housing	IL	N/A	С					No
								<u></u>	

nedule R (Form 990) 2013		Р	age 3
Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b.	, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
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)	1 c	Yes	1
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	Yes	:
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
Performance of services or membership or fundraising solicitations for related organization(s)	11		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
• Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
The impurisement paraby related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)	1r	Yes	;
S Other transfer of cash or property from related organization(s)	1s	Yes	;

2	If the answer to any of the above is "	Yes,	see the instructions for information on wh	ho must complete this lin	e, including covere	d relationships and transaction thresholds	
---	--	------	--	---------------------------	---------------------	--	--

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Alexian Brothers Health System	Р	7,222,603	FMV
(2) Alexian Brothers Hospital Network	Р	3,772,612	FMV
(3) Alexian Brothers Health System	R	1,000,000	FMV
(4) Alexian Brothers Health System	J	776,008	FMV
(5) Alexian Brothers Health System	S	14,505,573	FMV
(6) Alexian Brothers Health System	С	258,793	FMV

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

revenue) that was not a related organization. See instructions i													
(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) all partners section 501(c)(3) anizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ⁷	_	(i) Code V ² UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	_	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1	
													_
			<u> </u>				l					<u> </u>	

Schedule R (Form 990) 2013

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2013

36-4251846

Software ID: Software Version:

EIN: 36-4251848

Name: Alexian Brothers Behavioral Health Hospital

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (a) (b) (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile Exempt Code Public charity Direct controlling Section 512 (state (b)(13) section status entity (if section 501(c) controlled or foreign country) (3)) entity? Yes No (1) Ascension Health Alliance National Health System МΟ Section 501(c) Schedule A, Line N/A Νo PO Box 45998 St Louis, MO 631455998 45-3358926 (1) Ascension Health National Health System МΟ Section 501(c) Schedule A, Line Ascension Health Νo Alliance (3)11a PO Box 45998 St Louis, MO 63145 31-1662309 ΙL Section 501(c) (2) Alexian Brothers Health System Schedule A , Line Ascension Health Νo Supports provision of healthcare services for (3) 11c 3040 W Salt Creek Lane related corporations Arlington Heights, IL 60005 36-3260495 Housing and supportive Section 501(c) (3) Alexian Brothers Bonaventure House ΙL Schedule A, Line 9 Alexian Brothers Yes care services for (3) Health System 825 Wellington Avenue persons with HIV/AIDS Chicago, IL 60657 36-3527899 Schedule A, Line (4) Alexian Brothers Health System Inc Investment Trust Manages pooled ΙL Section 501(c) Alexian Brothers Yes investments of related 11c (3) Health System not-for-profit entities 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3801585 Section 501(c) ΙL Schedule A , Line 3 Alexian Brothers (5) Alexian Brothers Specialty Group Specialty physician Yes practice group (3) Health System 3040 W Salt Creek Lane Arlington Heights, IL 60005 80-0710751 (6) Alexian Brothers of San Jose Inc Acute care hospital (sold ΤX Section 501(c) Schedule A, Line Alexian Brothers Yes ın 1998) Health System (3) 11c 3040 W Salt Creek Lane Arlington Heights, IL 60005 94-1530037 (7) Alexian Brothers Senior Ministries Supports the provision of ΙL Section 501(c) Schedule A , Line Alexian Brothers Yes healthcare services for 11c Health System (3) 3040 W Salt Creek Lane related corporations Arlington Heights, IL 60005 36-4484290 Section 501(c) (8) Alexian Brothers Services Inc **HUD** housing ΜO Schedule A, Line 9 Alexian Brothers Yes Health System (3) 3040 W Salt Creek Lane Arlington Heights, IL 60005 43-1295333 (9) Alexian Brothers Hospital Network Supports the provision of ΙL Section 501(c) Schedule A, Line Alexian Brothers Yes healthcare services for (3) 11c Health System 3040 W Salt Creek Lane related corporations Arlington Heights, IL 60005 36-3276552 (10) Alexian Village of Milwaukee Inc Continuing care WI Section 501(c) Schedule A, Line 9 Alexian Brothers Yes retirement community (3) Health System 9301 N 76th Street Milwaukee, WI 53223 39-1351584 Schedule A, Line 9 Alexian Brothers (11) Alexian Brothers Community Services Provides comprehensive ΙL Section 501(c) Yes & coordinated Health System (3) 425 Cumberland Street Suite 110 community based services Chattanooga, TN 37404 36-4344423 (12) Alexian Brothers Senior Neighbors Supports the provision of ΤN Section 501(c) Alexian Brothers Schedule A, Line 7 Yes community services for Health System (3) 250 East 10th Street senior citizens Chattanooga, TN 37402 62-0646376 (13) Alexian Village of Tennessee Continuing care TNSection 501(c) Schedule A , Line 9 Alexian Brothers retirement community (3) Health System 437 Alexian Way Signal Mountain, TN 37377 62-1136742 Section 501(c) (14) Alexian Elderly Services Inc WI Alexian Brothers Community outreach Schedule A , Line 9 Yes Health System 3040 W Salt Creek Lane Arlington Heights, IL 60005 39-2039667 (15) Alexian Brothers Lansdowne Village Section 501(c) Skilled nursing facility МΟ Schedule A, Line 9 Alexian Brothers Yes (3) Health System 4624 Lansdowne St Louis, MO 63116 43-1470362 (16) Alexian Brothers Sherbrooke Village Skilled nursing facility ΜO Section 501(c) Schedule A, Line 9 Alexian Brothers Yes Health System (3) 4005 Ripa Avenue St Louis, MO 63125 43-1592502 Alexian Brothers (17) Savellı Properties Inc Owns or leases ΙL Section 501(c) N/A Yes properties where Health System healthcare services are 3040 W Salt Creek Lane Arlington Heights, IL 60005 delivered 36-3308965 (18) Alexian Brothers Center for Mental Health Outpatient community ΙL Section 501(c) Schedule A , Line 9 Alexian Brothers Yes mental health services (3) Health System 3436 N Kennicott Avenue Arlington Heights, IL 60004 36-3045007 (19) St Alexius Medical Center Acute care hospital ΙL Section 501(c) Schedule A , Line 3 Alexian Brothers Yes (3) Health System 1555 Barrington Road Hoffman Estates, IL 60194

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations											
(a)	(b)	(c)	(d)	(e)	(f)	(g	1)				
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c) (3))	Direct controlling entity	(b)(13 controll entity					
						Yes	No				
(21) Alexian Brothers Ambulatory Group 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-4336931	Physician services	IL	Section 501(c) (3)	Schedule A, Line 3	Alexian Brothers Health System	Yes					
(1) Alexian Brothers Medical Center 800 Biesterfield Road Elk Grove Village, IL 60007 36-2596381	Acute care hospital	TX	Section 501(c) (3)	· ·	Alexian Brothers Health System	Yes					

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) (d) Method of determining Amount Involved Name of other organization Transaction type(a-s) amount involved 7,222,603 FMV Alexian Brothers Health System Ρ 3,772,612 FMV Alexian Brothers Hospital Network Ρ 1,000,000 FMV Alexian Brothers Health System R 776,008 FMV Alexian Brothers Health System J S 14,505,573 FMV Alexian Brothers Health System

Alexian Brothers Health System

258,793 FMV

С

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

Ascension Health Alliance d/b/a Ascension Years Ended June 30, 2014 and 2013 With Reports of Independent Auditors

Consolidated Financial Statements and Supplementary Information

Years Ended June 30, 2014 and 2013

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 $\begin{array}{lll} \text{Ein}(t,x,t) & \text{on}(t,\mathsf{LLP}) & \text{T-I}(t+1)\cdot 14 & \text{so}(1)\cdot t \\ \text{Th-FI}(z_0) & \text{total} & \text{F}(t,x+1)\cdot 14 & \text{so}(1)\cdot t \\ \end{array}$ 111t- 1 - - -1 - - n nd-l-t El z 1 L on 11 / -1 7 -4-4

Report of Independent Auditors

The Board of Directors Ascension Health Alliance d/b/a Ascension

We have audited the accompanying consolidated financial statements of Ascension Health Alliance d/b/a Ascension, which comprise the consolidated balance sheets as of June 30, 2014 and 2013, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with US generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion



Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Ascension Health d/b/a Ascension at June 30, 2014 and 2013, and the consolidated results of their operations and their cash flows for the years then ended in conformity with U S generally accepted accounting principles

Ernst + Young LLP

September 11, 2014

Consolidated Balance Sheets

(Dollars in Thousands)

	June 30,		
	2014		2013
Assets			_
Current assets			
Cash and cash equivalents	\$ 618,418	\$	753,555
Short-term investments	109,081		113,825
Accounts receivable, less allowance for doubtful accounts			
(\$1.260.407 and \$1.297.609 at June 30, 2014 and 2013, respectively)	2,419,616		2,292,521
Inventories	332,739		297.233
Due from brokers (see Notes 4 and 5)	343,757		178,380
Estimated third-party payor settlements	236,559		119.379
Other (see Notes 4 and 5)	562,367		1.026,397
Total current assets	4,622,537		4.781.290
Long-term investments (see Notes 4 and 5)	15,327,255		14.156.447
Property and equipment, net	8,410,629		8.274.854
Otherassets			
Investment in unconsolidated entities	649,888		628,772
Capitalized software costs, net	778,705		718,122
Other	1,509,849		1.487.886
Total other assets	2,938,442		2,834,780

Total assets **\$ 31,298,863** \$ 30.047.371

	June 30,		
	 2014		2013
Liabilities and net assets			
Current liabilities			
Current portion of long-term debt	\$ 91,532	\$	89.869
Long-term debt subject to short-term remarketing arrangements*	1,345,530		1,187,125
Accounts payable and accrued liabilities	2,293,663		2.278.242
Estimated third-party payor settlements	450,054		455,432
Due to brokers (see Notes 4 and 5)	332,169		493,420
Current portion of self-insurance liabilities	226,856		210,115
Other (see Notes 4 and 5)	274,645		639,566
Total current liabilities	5,014,449		5,353,769
No neurrent liabilities			
Long-term debt (senior and subordinated)	4,994,913		5,278,304
Self-insurance habilities	541,859		553,706
Pension and other postretirement liabilities	428,679		554,368
Other (see Notes 4 and 5)	1,343,826		1.178.597
Total noncurrent liabilities	7,309,277		7,564,975
Total liabilities	12,323,726		12.918.744
Net assets			
Unrestricted			
Controlling interest	16,736,190		14,986,302
Noncontrolling interests	1,656,106		1.592.356
Unrestricted net assets	18,392,296		16,578,658
Temporarily restricted	391,226		375,054
Permanently restricted	 191,615		174.915
Total net assets	18,975,137		17.128.627
Total liabilities and net assets	\$ 31,298,863	\$	30.047.371

^{*}Consists of variable rate demand bonds with put options that may be exercised at the option of the bondholders with stated repayment installments through 2047 as well as certain serial mode bonds with scheduled remarketing mandatory tender dates occurring prior to Tune 30-2015. In the event that bonds are not remarketed upon the exercise of put options or the scheduled mandatory tenders management would utilize other sources to access the necessary liquidity. Potential sources include liquidating investments, drawing upon the \$1 billion line of credit.

The accompanying notes are an integral part of the consolidated financial statements

Consolidated Statements of Operations and Changes in Net Assets (Dollars in Thousands)

	Year Ended June 30,			e 30,
		2014	:	2013
Operating revenue				
Net patient service revenue	\$	19,193,307	\$	16.326.684
Less provision for doubtful accounts		1,273,354		1.124.409
Net patient service revenue, less provision				
for doubtful accounts		17,919,953		15,202,275
Other revenue		2,229,767		1,334,623
Total operating revenue		20,149,720		16,536,898
Operating expenses				
Salaries and wages		8,202,294		6.974.951
Employ ee benefits		1,747,739		1,528,119
Purchased services		1,210,276		955,440
Professional fees		1,279,459		1.093,446
Supplies		2,822,102		2,334,427
Insurance		128,535		109,178
Interest		194,616		150,877
Depreciation and amortization		899,389		730,757
Other		2,901,859		2,140,182
Total operating expenses before impairment.				
restructuring and nonrecurring losses, net		19,386,269		16.017.377
Income from operations before self-insurance trust fund investment				
return and impairment, restructuring, and nonrecurring losses, net		763,451		519,521
Self-insurance trust fund investment return		66,174		34,985
Impairment, restructuring and nonrecurring losses, net		(223,834)		(103,344)
Income from operations		605,791		451,162
Nonoperating gains (losses)				
Investment return		1,515,819		736,300
Loss on extinguishment of debt		(1,605)		(4.079)
(Loss) gain on interest rate swaps		(6,020)		53,746
Income from unconsolidated entities		5,539		8,544
Contributions from business combinations, net		_		2,021,963
Other		(63,119)		(69,524)
Total nonoperating gains, net		1,450,614		2.746,950
Excess of revenues and gains over expenses and losses		2,056,405		3,198,112
Less noncontrolling interests		245,893		131,184
Excess of revenues and gains over expenses				
and losses attributable to controlling interest		1,810,512		3,066,928

Continued on next page

Consolidated Statements of Operations and Changes in Net Assets (continued) (Dollars in Thousands)

	Year Ended June 30,		
	2014	2013	
Unrestricted net assets, controlling interest			
Excess of revenues and gains over expenses and losses	\$ 1,810,512	\$ 3,066,928	
Transfers to sponsors and other affiliates, net	(6,566)	(9,152)	
Contributed net assets	(1,534)	(1,050)	
Membership interest changes, net	45,255	_	
Net assets released from restrictions for property acquisitions	62,537	65,706	
Pension and other postretirement liability adjustments	23,990	76,483	
Change in unconsolidated entities' net assets	4,571	23,295	
Other	(24,514)	4,507	
Increase in unrestricted net assets, controlling interest,			
before loss from discontinued operations	1,914,251	3.226.717	
Loss from discontinued operations	(164,363)	(76,829)	
Increase in unrestricted net assets, controlling interest	1,749,888	3,149,888	
Unrestricted net assets, noncontrolling interests			
Excess of revenues and gains over expenses and losses	245,893	131,184	
Distributions of capital	(531,159)	(829,989)	
Contributions of capital	401,546	1,579,187	
Membership interest changes, net	(52,530)	_	
Contributions from business combinations	_	64,738	
Increase in unrestricted net assets, noncontrolling interests	63,750	945,120	
Temporarily restricted net assets, controlling interest			
Contributions and grants	99,885	88,841	
Investment return	31,292	17,232	
Net assets released from restrictions	(115,353)	(108,193)	
Contributions from business combinations	_	44,201	
Other	348	1,088	
Increase in temporarily restricted net assets, controlling interest	16,172	43,169	
Permanently restricted net assets, controlling interest			
Contributions	10,405	2,664	
Investment return	7,942	1,598	
Contributions from business combinations	_	67,846	
Other	(1,647)	(368)	
Increase in permanently restricted net assets, controlling interest	16,700	71,740	
Increase in net assets	1,846,510	4,209,917	
Net assets, beginning of year	17,128,627	12,918,710	
Net assets, end of year	\$ 18,975,137	\$ 17.128.627	

The accompanying notes are an integral part of the consolidated financial statements

Consolidated Statements of Cash Flows

(Dollars in Thousands)

	Year Ended June 30,	
	2014	2013
Operating activities		
Increase m net assets	\$ 1,846,510	\$ 4,209,917
Adjustments to reconcile increase in net assets to net cash		
provided by operating activities		
Depreciation and amortization	899,389	730,757
Amortization of bond premiums	(22,497)	(13.948)
Loss on exinguishment of debt	1,605	4.079
Provision for doubtful accounts	1,275,961	1,128,717
Pension and other postretirement liability adjustments	(23,990)	(76,483)
Contributed net assets	1,534	1,050
Contributions from business combinations	_	(1,742,900)
Interest, dividends, and net (gams) losses on investments	(1,621,227)	(790.115)
Change in market value of interest rate swaps	1,880	(61.349)
Deferred gam on interest rate swaps	(303)	(303)
Gam on sale of assets, net	(25,556)	(4.008)
Impairment and nonrecurring expenses	30,353	17.259
Transfers to sponsor and other affiliates, net	6,566	9.152
Restricted contributions, investment return, and other	(122,232)	(98.755)
Other restricted activity	6,362	15,965
Nonoperating depreciation expense	234	317
(Increase) decrease m		
Short-term investments	4,744	212,624
Accounts receivable	(1,393,667)	(1.134.828)
Inventories and other current assets	437,913	(213,753)
Due from brokers	(165,377)	610.891
Investments classified as trading	466,353	(959.888)
Other assets	(186,983)	(182.693)
Increase (decrease) m	(,	
Accounts payable and accrued liabilities	(685)	(2,009)
Estimated third-party payor settlements, net	(124,475)	30,604
Due to brokers	(161,251)	(387,193)
Other current liabilities	(357,167)	91,435
Self-insurance habilities	4,894	(15,342)
Other noncurrent liabilities	60,731	(153.420)
Net cash provided by continuing operating activities	839,619	1,225,780
Net cash provided by (used in) and adjustments to reconcile change in	,~	
net assets for discontinued operations, including write-down of assets	126,554	(19.386)
Net cash provided by operating activities	966,173	1.206.394

Continued on next page

Consolidated Statements of Cash Flows (continued) (Dollars in Thousands)

	Year Ended June 30,		
	2014	2013	
Investing activities		_	
Property, equipment, and capitalized software additions, net	\$ (1,102,680)	\$ (871.203)	
Proceeds from sale of property and equipment	15,594	26,321	
Net cash used in investing activities	(1,087,086)	(844.882)	
Financing activities			
Issuance of long-term debt	512,231	1.228.995	
Repayment of long-term debt	(606,502)	(1.235.850)	
(Increase) decrease in assets under bond indenture agreements	(17,506)	20,577	
Transfers to sponsors and other affiliates, net	(24,679)	(26.112)	
Restricted contributions, investment return, and other	122,232	98.755	
Net cash (used in) provided by financing activities	(14,224)	86,365	
Net (decrease) increase in cash and cash equivalents	(135,137)	447.877	
Cash and cash equivalents at beginning of year	753,555	305,678	
Cash and cash equivalents at end of year	\$ 618,418	\$ 753,555	

The accompanying notes are an integral part of the consolidated financial statements

Notes to Consolidated Financial Statements (Dollars in Thousands)

June 30, 2014

1. Organization and Mission

Organizational Structure

Ascension Health Alliance, d/b/a Ascension (Ascension), is a Missouri nonprofit corporation formed on September 13, 2011 Ascension is the sole corporate member and parent organization of Ascension Health, a Catholic national health system consisting primarily of nonprofit corporations that own and operate local healthcare facilities, or Health Ministries, located in 23 of the United States and the District of Columbia

Ascension serves as the member or shareholder of various subsidiaries as listed below

- AH Holdings, LLC, d/b/a Ascension Holdings, LLC
- AHV Holding Company, LLC, d/b/a AV Holding Company
- Ascension Health
- Ascension Health Clinical Holdings, d/b/a Ascension Clinical Holdings
- Ascension Health Global Mission, d/b/a Ascension Global Mission
- Ascension Health Insurance, Ltd (AHIL)
- Ascension Health IS Inc., d/b/a Ascension Information Services
- Ascension Health Resource and Supply Management Group, LLC d/b/a The Resource Group
- Ascension Health Leadership Academy, d/b/a Ascension Leadership Academy
- Ascension Health Ventures, d/b/a Ascension Ventures
- Ascension Investment Management, LLC (AIM)
- Ascension Alpha Fund, LLC, f/k/a CHIMCO Alpha Fund, LLC (Alpha Fund)
- Ascension Risk Services, LLC

Ascension and its member organizations are hereafter referred to collectively as the System

Effective July 15, 2013, Ascension Health Leadership Academy, LLC, Ascension Health Global Mission and Ascension Health Clinical Holdings began doing business as Ascension Leadership Academy, Ascension Global Mission and Ascension Clinical Holdings, respectively On July 17, 2013, AH Holdings, LLC began doing business as Ascension Holdings Effective October 14, 2013, CHIMCO Alpha Fund, LLC was renamed Ascension Alpha Fund, LLC

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

1. Organization and Mission (continued)

Effective November 4, 2013, Ascension Health Ventures, LLC was renamed Ascension Ventures, LLC and AHV Holding Company, LLC began doing business as AV Holding Company Effective December 12, 2013, Ascension Health – IS, Inc began doing business as Ascension Information Services Effective January 1, 2014, Catholic Healthcare Investment Management Company (CHIMCO) transferred all of its business and assets to AIM, a limited liability company wholly owned by Ascension and CHIMCO's successor in interest

Sponsorship

Ascension is sponsored by Ascension Sponsor, a Public Juridic Person The Participating Entities of Ascension Sponsor are the Daughters of Charity of St Vincent de Paul, St Louise Province, the Congregation of St Joseph, the Congregation of the Sisters of St Joseph of Carondelet, the Congregation of Alexian Brothers of the Immaculate Conception Province, Inc – American Province, and the Sisters of the Sorrowful Mother of the Third Order of St Francis of Assisi – US/Caribbean Province As more fully described in the Organizational Changes note, Marian Health System, which was previously sponsored by the Sisters of the Sorrowful Mother of the Third Order of St Francis of Assisi – US/Caribbean Province, became part of Ascension Health on April 1, 2013

Mission

The System directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing, and dedicates its resources to spiritually centered care which sustains and improves the health of the individuals and communities it serves. In accordance with the System's mission of service to those persons living in poverty and other vulnerable persons, each Health Ministry accepts patients regardless of their ability to pay. The System uses four categories to identify the resources utilized for the care of persons living in poverty and community benefit programs.

 Traditional charity care includes the cost of services provided to persons who cannot afford healthcare because of inadequate resources and/or who are uninsured or underinsured

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

1. Organization and Mission (continued)

- Unpaid cost of public programs, excluding Medicare, represents the unpaid cost of services provided to persons covered by public programs for persons living in poverty and other vulnerable persons
- Cost of other programs for persons living in poverty and other vulnerable persons includes unreimbursed costs of programs intentionally designed to serve the persons living in poverty and other vulnerable persons of the community, including substance abusers, the homeless, victims of child abuse, and persons with acquired immune deficiency syndrome
- Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for the persons living in poverty, including health promotion and education, health clinics and screenings, and medical research

Discounts are provided to all uninsured patients, including those with the means to pay Discounts provided to those patients who did not qualify for assistance under charity care guidelines are not included in the cost of providing care of persons living in poverty and other community benefit programs. The cost of providing care to persons living in poverty and other community benefit programs is estimated by reducing charges forgone by a factor derived from the ratio of each entity's total operating expenses to the entity's billed charges for patient care

Certain costs such as graduate medical education and certain other activities are excluded from total operating expenses for purposes of this computation

The amount of traditional charity care provided, determined on the basis of cost, was \$580,606 and \$524,605 for the years ended June 30, 2014 and 2013, respectively. The amount of unpaid cost of public programs, cost of other programs for persons living in poverty and other vulnerable persons, and community benefit cost is reported in the accompanying supplementary information.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies

Principles of Consolidation

All corporations and other entities for which operating control is exercised by the System or one of its member corporations are consolidated, and all significant inter-entity transactions have been eliminated in consolidation Investments in entities where the System does not have operating control are recorded under the equity or cost method of accounting Income from unconsolidated entities is included in consolidated excess of revenues and gains over expenses and losses in the accompanying Consolidated Statements of Operations and Changes in Net Assets as follows

	Year Ended June 30,		
	 2014		2013
Other revenue	\$ 83,317	\$	105,173
Nonoperating gains, net	5,539		8,544

Use of Estimates

Management has made estimates and assumptions that affect the reported amounts of certain assets, liabilities, revenues, and expenses Actual results could differ from those estimates

Fair Value of Financial Instruments

Carrying values of financial instruments classified as current assets and current liabilities approximate fair value. The fair values of other financial instruments are disclosed in the Fair Value Measurements note.

Cash and Cash Equivalents

Cash and cash equivalents consist of cash and interest-bearing deposits with original maturities of three months or less

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Short-Term Investments

Short-term investments consist of investments with original maturities exceeding three months and up to one year

Inventories

Inventories, consisting primarily of medical supplies and pharmaceuticals, are stated at the lower of cost or market value using first-in, first-out (FIFO) or a methodology that closely approximates FIFO

Long-Term Investments and Investment Return

Investments, excluding investments in unconsolidated entities, are measured at fair value, are classified as trading securities, and include pooled short-term investment funds, U S government, state, municipal and agency obligations, corporate and foreign fixed income securities, asset-backed securities, and equity securities Investments also include alternative investments and other investments which are valued based on the net asset value of the investments, as further discussed in the Fair Value Measurements note Investments also include derivatives held by the Alpha Fund, also measured at fair value, as discussed in the Pooled Investment Fund note

Long-term investments include assets limited as to use of approximately \$1,431,000 and \$1,311,000, at June 30, 2014 and 2013, respectively, comprised primarily of investments placed in trust and held by captive insurance companies for the payment of self-insured claims and investments which are limited as to use, as designated by donors

Purchases and sales of investments are accounted for on a trade-date basis Investment returns consist of dividends, interest, and gains and losses The cost of substantially all securities sold is based on the average cost method Investment returns on investments, excluding returns of self-insurance trust funds, are reported as nonoperating gains (losses) in the Consolidated Statements of Operations and Changes in Net Assets, unless the return is restricted by donor or law Investment returns of self-insurance trust funds are reported as a separate component of income from operations in the Consolidated Statements of Operations and Changes in Net Assets

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Property and Equipment

Property and equipment are stated at cost or, if donated, at fair market value at the date of the gift A summary of property and equipment at June 30, 2014 and 2013, is as follows

	June 30,			
	2014	2013		
Land and improvements	\$ 880,352	\$ 822,885		
Buildings and equipment	14,933,470	14,427,322		
	15,813,822	15,250,207		
Less accumulated depreciation	7,987,988	7,436,307		
	7,825,834	7,813,900		
Construction in progress	584,795	460,954		
Total property and equipment, net	\$ 8,410,629	\$ 8,274,854		

Depreciation is determined on a straight-line basis over the estimated useful lives of the related assets Depreciation expense in 2014 and 2013 was \$739,853 and \$620,177, respectively

Several capital projects have remaining construction and related equipment purchase commitments of approximately \$301,000

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Intangible Assets

Intangible assets primarily consist of goodwill and capitalized computer software costs, including internally developed software Costs incurred in the development and installation of internal use software are expensed or capitalized depending on whether they are incurred in the preliminary project stage, application development stage, or post-implementation stage

Intangible assets are included in the Consolidated Balance Sheets as presented in the table that follows Capitalized software costs in the table below include software in progress of \$125,451 and \$99,048 at June 30, 2014 and 2013, respectively

	June 30,			
	2014	2013		
Capitalized software costs	\$ 1,557,302	\$ 1,388,880		
Less accumulated amortization	778,597	670,758		
Capitalized software costs, net	778,705	718,122		
Goodwill	181,490	130,306		
Other, net	62,573	71,440		
Intangible assets included in other long-term assets	244,063	201,746		
Total intangible assets, net	\$ 1,022,768	\$ 919,868		

Intangible assets whose lives are indefinite, primarily goodwill, are not amortized and are evaluated for impairment at least annually, while intangible assets with definite lives, primarily capitalized computer software costs, are amortized over their expected useful lives. Amortization expense for these intangible assets in 2014 and 2013 was \$157,150 and \$108,633, respectively

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

The System is in the midst of a significant multi-year, System-wide enterprise resource planning project, including information technology and process standardization (Symphony), which is expected to continue through fiscal year 2016. The project is anticipated to result in a transition to a common software product for various finance, information technology, procurement, and human resources management processes, including standardization of those processes throughout the System Capitalized costs of Symphony were approximately \$320,000 and \$301,000 at June 30, 2014 and 2013, respectively, and are included in capitalized software costs in the preceding table Certain costs of this project were also expensed Beginning September 1, 2012, the software associated with Symphony was considered substantially complete and ready for its intended use and is amortized on a straight-line basis over its expected useful life. Accumulated amortization of Symphony was approximately \$55,000 and \$25,000 at June 30, 2014 and 2013, respectively. See the Impairment, Restructuring, and Nonrecurring Gains (Losses) discussion below for additional information about costs associated with Symphony

Noncontrolling Interests

The consolidated financial statements include all assets, liabilities, revenues, and expenses of entities that are controlled by the System and therefore consolidated Noncontrolling interests in the Consolidated Balance Sheets represent the portion of net assets owned by entities outside the System, for those entities in which the System's ownership interest is less than 100%

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those assets whose use by the System has been limited by donors to a specific time period or purpose Permanently restricted net assets consist of gifts with corpus values that have been restricted by donors to be maintained in perpetuity, which include endowment funds Temporarily restricted net assets and earnings on permanently restricted net assets, including earnings on endowment funds, are used in accordance with the donors' wishes, primarily to purchase equipment and to provide charity care and other health and educational services Contributions with donor-imposed restrictions that are met in the same reporting period are reported as unrestricted

Temporarily and permanently restricted net assets consist solely of controlling interests of the System

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Performance Indicator

The performance indicator is the excess of revenues and gains over expenses and losses Changes in unrestricted net assets that are excluded from the performance indicator primarily include pension and other postretirement liability adjustments, transfers to or from sponsors and other affiliates, net assets released from restrictions for property acquisitions, change in unconsolidated entities' net assets, discontinued operations, and contributions received of property and equipment

Operating and Nonoperating Activities

The System's primary mission is to meet the healthcare needs in its market areas through a broad range of general and specialized healthcare services, including inpatient acute care, outpatient services, long-term care, and other healthcare services Activities directly associated with the furtherance of this purpose are considered to be operating activities. Other activities that result in gains or losses peripheral to the System's primary mission are considered to be nonoperating Additionally, contributions recognized in conjunction with business combination transactions are also classified as nonoperating

Net Patient Service Revenue, Accounts Receivable, and Allowance for Doubtful Accounts

Net patient service revenue is reported at the estimated realizable amounts from patients, third-party payors, and others for services provided and includes estimated retroactive adjustments under reimbursement agreements with third-party payors. The System recognizes patient service revenue at the time services are rendered, even though the patient's ability to pay may not be completely assessed at that time Revenue under certain third-party payor agreements is subject to audit, retroactive adjustments, and significant regulatory actions. Provisions for third-party payor settlements and adjustments are estimated in the period the related services are provided and adjusted in future periods as additional information becomes available and as final settlements are determined

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a possibility that recorded estimates will change by a material amount in the near term. Adjustments to revenue related to prior periods increased net patient service revenue by \$95,591 and \$55,340 for the years ended June 30, 2014 and 2013, respectively

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

The percentage of net patient service revenue, less provision for doubtful accounts earned by payor for the years ended June 30, 2014 and 2013, is as follows

	June 30,			
	2014	2013		
Medicare – traditional and managed	36 %	36 %		
Medicaid – traditional and managed	11	11		
Commercial and other managed care	45	45		
Self-Pay and other	8	8		
	100 %	100 %		

The System grants credit without collateral to its patients, who are primarily local residents and are insured under third-party payor arrangements Significant concentrations of accounts receivable, less allowance for doubtful accounts, at June 30, 2014 and 2013, are as follows

2014 2013	
Medicare – traditional and managed 22 % 2.	%
Medicaid – traditional and managed 9	
Commercial and other managed care 45 45	
Self-Pay and other 24 2	
100 % 10	%

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

The provision for doubtful accounts is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in healthcare coverage, and other collection indicators Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance. The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for doubtful accounts. After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the System follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the System Accounts receivable are written off after collection efforts have been followed in accordance with the System's policies

The methodology for determining the allowance for doubtful accounts and related write-offs on uninsured patient accounts has remained consistent with the prior year. The System has not experienced material changes in write-off trends and has not materially changed its charity care policy in the current fiscal year.

Impairment, Restructuring, and Nonrecurring Gains (Losses)

Long-lived assets are reviewed for impairment whenever events or business conditions indicate the carrying amount of such assets may not be fully recoverable. Initial assessments of recoverability are based on estimates of undiscounted future net cash flows associated with an asset or group of assets. Where impairment is indicated, the carrying amount of these long-lived assets is reduced to fair value based on future discounted net cash flows or other estimates of fair value.

Nonrecurring expenses associated with Symphony include project management and process re-engineering costs, amortization expense for those Health Ministries not yet on Symphony, as well as costs to establish a shared service center and develop a business intelligence data warehouse Costs associated with product deployment are recorded as nonrecurring gains (losses), and costs associated with product support are recorded as recurring operating expenses

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

During the year ended June 30, 2014, the System recorded total impairment, restructuring, and nonrecurring losses, net of \$223,834. This amount was comprised primarily of \$163,293 of nonrecurring expenses associated with Symphony, one-time termination benefits and other restructuring expenses of \$26,012, impairment expenses of \$23,120, and other nonrecurring expenses of \$11,409.

During the year ended June 30, 2013, the System recorded total impairment, restructuring, and nonrecurring losses, net of \$103,344. This amount was comprised primarily of \$113,193 of nonrecurring expenses associated with Symphony, one-time termination benefits and other restructuring expenses of \$57,470, and impairment and other nonrecurring expenses of \$4,998, partially offset by pension curtailment gains of \$72,317, as discussed in the Retirement Plans note

Amortization

Bond issuance costs, discounts, and premiums are amortized over the term of the bonds using a method approximating the effective interest method

Capitalized software, including internally developed software, is amortized on a straight-line basis over the expected useful life of the software

Income Taxes

The member healthcare entities of the System are primarily tax-exempt organizations under Internal Revenue Code Section 501(c)(3) or Section 501(c)(2), and their related income is exempt from federal income tax under Section 501(a) The System accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The System has determined that no material unrecognized tax benefits or liabilities exist as of June 30, 2014

At June 30, 2014, the System has deferred tax assets of approximately \$326,000 for federal and state income tax purposes primarily related to net operating loss carryforwards. A valuation allowance of approximately \$322,000 was recorded due to the uncertainty regarding use of the deferred tax assets.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

Regulatory Compliance

Various federal and state agencies have initiated investigations regarding reimbursement claimed by certain members of the System The investigations are in various stages of discovery, and the ultimate resolution of these matters, including the liabilities, if any, cannot be readily determined, however, in the opinion of management, the results of the investigations will not have a material adverse impact on the consolidated financial statements of the System

Reclassifications

Certain reclassifications were made to the 2013 accompanying consolidated financial statements to conform to the 2014 presentation

Adoption of New Accounting Standards

In December 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No 2011-11, *Disclosures about Offsetting Assets and Liabilities*, an amendment to the accounting guidance for disclosures about offsetting assets and liabilities. In January 2013, the FASB issued ASU No 2013-01, *Clarifying the Scope of Disclosures about Offsetting Assets and Liabilities*. These ASUs expand the disclosure requirements in that entities will be required to disclose both gross and net information about instruments and transactions eligible for offset in the balance sheet Ascension adopted this collective guidance on July 1, 2013, which did not have a material impact on Ascension's consolidated financial statements for the year ended June 30, 2014. See the Derivative Instruments note for disclosures about offsetting assets and liabilities for the year ended June 30, 2014.

Subsequent Events

The System evaluates the impact of subsequent events, which are events that occur after the Consolidated Balance Sheet date but before the consolidated financial statements are issued, for potential recognition in the consolidated financial statements as of the Consolidated Balance Sheet date For the year ended June 30, 2014, the System evaluated subsequent events through September 11, 2014, representing the date on which the accompanying audited consolidated financial statements were issued

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

2. Significant Accounting Policies (continued)

In July 2014, the System signed two separate non-binding letters of intent to sell primarily all assets and liabilities and related operations of Ascension's operations in Kansas City, Missouri and Tucson, Arizona, as discussed in the Organizational Changes note

In August 2014, Ascension Health signed an affiliation agreement to sell primarily all of the assets, liabilities and operations associated with Ascension's operations in Niagara Falls, New York to Catholic Health System, Inc This transaction is intended to close during calendar year 2015, after obtaining all necessary approvals

3. Organizational Changes

Business Combinations

Marian Health System

Effective April 1, 2013, Ascension Health, a subsidiary of the System, became the sole corporate member, through a non-cash business combination transaction, of three regional health systems that formerly comprised Marian Health System, Inc (Marian Health System) Via Christi Health, Inc (Via Christi Health), based in Wichita, Kansas, Ministry Health Care, Inc (Ministry Health Care), based in Milwaukee, Wisconsin, and St John Health System, Inc (St John Health), based in Tulsa, Oklahoma (collectively, the Marian Systems) Prior to this transaction, Marian Health System was the sole corporate member of Ministry Health Care and St John Health, while Ascension Health and Marian Health System were the two corporate members of Via Christi Health

Prior to April 1, 2013, the System accounted for its 50% interest in Via Christi Health under the equity method of accounting The System's investment in Via Christi Health at March 31, 2013, was \$545,018, which was reported in the Consolidated Balance Sheet at that date in investment in unconsolidated entities For the year ended June 30, 2013, the System's excess of revenues and gains over expenses and losses included \$34,141, representing the System's share of Via Christi Health's excess of revenues over expenses prior to the business combination transaction on April 1, 2013 The System's investment in Via Christi Health of \$545,018 at March 31, 2013, was derecognized on April 1, 2013, in conjunction with the accounting for the business combination transaction

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

3. Organizational Changes (continued)

The fair values of the Marian Systems' net assets, by major type, that were recognized in the System's Consolidated Balance Sheet on April 1, 2013, were as follows The valuation of these net assets was finalized during the year ended June 30, 2014, resulting in no material adjustments

Net working capital	\$ 557,274
Intangible assets, including capitalized software	135,819
Property and equipment	1,950,739
Assets limited as to use	1,126,259
Investments and other long-term assets	1,125,652
Noncurrent liabilities assumed	(2,144,948)
Subtotal	2,750,795
Less March 31, 2013 Investment in Via Christi Health	(545,018)
Fair value of net assets	\$ 2,205,777

The fair value of net assets of \$2,205,777 in the preceding table was recognized in the Consolidated Statement of Operations and Changes in Net Assets for the year ended June 30, 2013, as a nonoperating contribution from business combinations of \$2,028,992, contributions of temporarily and permanently restricted net assets of \$44,201 and \$67,846, respectively, and contributions of noncontrolling interests of \$64,738

For the three months ended June 30, 2013, the System recognized revenues of the Marian Systems of \$1,049,259, and an excess of revenues and gains over expenses and losses of the Marian Systems of \$56,670, of which \$55,542 was attributable to controlling interest, with the remaining attributable to noncontrolling interests. Additionally, for the three months ended June 30, 2013, the System recognized an increase in unrestricted net assets – controlling interests, excluding the excess of revenues and gains over expenses and losses of \$56,670 above, of \$53,801, an increase in unrestricted net assets – noncontrolling interests of \$823, an increase in temporarily restricted net assets of \$915, and a decrease in permanently restricted net assets of \$56

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

3. Organizational Changes (continued)

The following unaudited pro forma financial information presents the combined results of operations of the System and the Marian Systems for the year ended June 30, 2013, as though the April 1, 2013 business combination transaction had occurred on July 1, 2011 This pro forma financial information is not necessarily indicative of the results of operations that would have occurred had the System and the Marian Systems constituted a single entity during this period, nor is it necessarily indicative of future operating results

	Year Ended			
	June 30, 2013			
Total operating revenue	\$	20,005,943		
Excess of revenues and gains over expenses and losses		1,230,777		
Increase in unrestricted net assets – controlling interest		1,307,542		
Increase in unrestricted net assets – noncontrolling interests		879,585		
Increase in temporarily restricted net assets		7,497		
Increase in permanently restricted net assets		7,945		

The excess of revenues and gains over expenses and losses and the increase in unrestricted net assets – controlling interest in the table above exclude the nonoperating contribution from the Marian Health System business combination of \$2,028,992 included in the Consolidated Statement of Operations and Changes in Net Assets for the year ended June 30, 2013 The proforma excess of revenues and gains over expenses and losses above includes certain adjustments attributable to the April 1, 2013, business combination transaction

In addition, the increases in unrestricted net assets – controlling interest, temporarily restricted net assets, and permanently restricted net assets in the table above exclude the contributions from business combinations reflected in the contributions of noncontrolling interests, and temporarily and permanently restricted net assets of \$64,738, \$44,201, and \$67,846, respectively

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

3. Organizational Changes (continued)

Mercy Regional Health Center, Inc.

On February 27, 2014 (transaction date), Via Christi Health, a subsidiary of Ascension Health, became the sole corporate member of Mercy Regional Health Center, Inc (MRHC) through a membership transfer agreement with Memorial Hospital Association (MHA) Prior to the transaction date, Via Christi Health held a 50% controlling interest in MRHC, which it consolidated, with a noncontrolling interest recognized for the portion of MRHC held by MHA On the transaction date, Via Christi Health paid cash of approximately \$7,300 to MHA in exchange for MHA's 50% interest valued at approximately \$52,530, along with contingent consideration, paid in the event of a sale or future change in control of either MRHC or Via Christi Health, or the dissolution of MRHC As such, this contingent liability had a value of zero at June 30, 2014 and through September 11, 2014, the date of issuance of Ascension's consolidated financial statements This transaction was accounted for as a \$45,255 increase in controlling interest and a corresponding \$52,530 decrease in noncontrolling interest in Ascension's Consolidated Statement of Operations and Changes in Net Assets for the year ended June 30, 2014

Divestitures and Discontinued Operations

As of June 30, 2014, and through September 11, 2014, the date of issuance of Ascension's consolidated financial statements, the System is in discussions, and has signed related non-binding letters of intent, with certain third parties for the sale of primarily all assets, liabilities and operations, excluding certain non-acute care entities, associated with Ascension's operations in Kansas City, Missouri, Tucson, Arizona, and Niagara Falls, New York (entities held for sale) A noncontrolling interest in the operations in Tucson, Arizona, subsequent to the sale is expected to be retained Completion of these proposed transactions is subject to due diligence and execution of final definitive agreements, including obtaining all necessary approvals

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

3. Organizational Changes (continued)

Assets and liabilities intended to be sold are designated as assets and liabilities held for sale, and included within other assets and other liabilities, respectively, in the System's Consolidated Balance Sheets Assets held for sale were \$431,404 and \$571,350 at June 30, 2014 and 2013, respectively, while liabilities held for sale were \$130,722 and \$142,707 at June 30, 2014 and 2013, respectively Revenues of the entities held for sale were \$870,862 and \$862,838 for the years ended June 30, 2014 and 2013, respectively Losses of the entities held for sale included in the Loss from discontinued operations in the Consolidated Statement of Operations and Changes in Net Assets were \$31,579 and \$74,892 for the years ended June 30, 2014 and 2013, respectively Primarily all of the remaining loss from discontinued operations for the year ended June 30, 2014, was comprised of the write-down of assets in Tucson, Arizona, and Niagara Falls, New York, in conjunction with being classified as held for sale

Other

In June 2014, Alexian Brothers Health System, a subsidiary of Ascension Health, signed a non-binding letter of intent to form a joint operating company with Adventist Midwest Health Completion of this proposed transaction is subject to due diligence and execution of final definitive agreements, including obtaining all necessary approvals

4. Pooled Investment Fund

At June 30, 2014 and 2013, a significant portion of the System's investments consists of the System's interest in the Alpha Fund, a limited liability company organized in the state of Delaware Certain System assets continue to be held through the Ascension Legacy Portfolio, and subsequent to April 2012, the Ascension Legacy Portfolio no longer holds assets for unrelated entities Additional System investments include those held and managed by the Health Ministries' and their consolidated foundations

The Alpha Fund includes the investment interests of the System and other Alpha Fund members AIM, a wholly owned subsidiary of the System, manages and serves as the manager and primary investment advisor of the Alpha Fund, overseeing the investment strategies offered to the Alpha Fund's members AIM provides expertise in the areas of asset allocation, selection and monitoring of outside investment managers, and risk management The Alpha Fund is consolidated in the System's financial statements

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

4. Pooled Investment Fund (continued)

The portion of the Alpha Fund's net assets representing interests held by entities other than the System are reflected in noncontrolling interests in the Consolidated Balance Sheets, which amount to \$1,490,082 and \$1,450,580 at June 30, 2014 and 2013, respectively

The Alpha Fund invests in a diversified portfolio of investments including alternative investments, such as real asset funds, hedge funds, private equity funds, commodity funds, and private credit funds Collectively, these funds have liquidity terms ranging from daily to annual with notice periods ranging from 1 to 180 days Due to redemption restrictions, investments in certain of these funds, whose fair value was \$1,312,677 at June 30, 2014, cannot currently be redeemed However, the potential for the Alpha Fund to sell its interest in these funds in a secondary market prior to the end of the fund term does exist

The Alpha Fund's investments in certain alternative investment funds also include contractual commitments to provide capital contributions during the investment period, which is typically five years and can extend to the end of the fund term. During these contractual periods, investment managers may require the Alpha Fund to invest in accordance with the terms of the agreement. Commitments not funded during the investment period will expire and remain unfunded. As of June 30, 2014, contractual agreements of the Alpha Fund expire between July 2014 and December 2019. The remaining unfunded capital commitments of the Alpha Fund total approximately \$1,459,000 for 95 individual funds as of June 30, 2014. Due to the uncertainty surrounding whether the contractual commitments will require funding during the contractual period, future minimum payments to meet these commitments cannot be reasonably estimated. These committed amounts are expected to be primarily satisfied by the liquidation of existing investments in the Alpha Fund.

In the normal course of operations and within established Alpha Fund guidelines, the Alpha Fund may enter into various exchange-traded and over-the-counter derivative contracts for trading purposes, including futures, option, and forward contracts as well as warrants and swaps These instruments are used primarily to adjust the portfolio duration, restructure term structure exposure, change sector exposure, and arbitrage market inefficiencies. See the Fair Value Measurements note for a discussion of how fair value for the Alpha Fund's derivatives is determined.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

4. Pooled Investment Fund (continued)

At June 30, 2014 and 2013, the notional value of Alpha Fund derivatives outstanding was approximately \$2,377,000 and \$2,126,000, respectively. The fair value of Alpha Fund derivatives in an asset position was \$61,234 and \$35,404 at June 30, 2014 and 2013, respectively, while the fair value of Alpha Fund derivatives in a liability position was \$3,478 and \$84,249 at June 30, 2014 and 2013, respectively. These derivatives are included in long-term investments in the Consolidated Balance Sheets at June 30, 2014 and 2013.

The Alpha Fund also participates in a securities lending program, whereby a portion of the Alpha Fund's investments are loaned to selected established brokerage firms in return for cash and securities from the brokers as collateral for the investments loaned, usually on a short-term basis. The fair value of collateral held by the Alpha Fund associated with such lending agreements amounts to approximately \$3,000 and \$394,000 at June 30, 2014 and 2013, respectively, and is included in other current assets in the Consolidated Balance Sheets, while the liability associated with the obligation to repay such collateral is also approximately \$3,000 and \$394,000 at June 30, 2014 and 2013, respectively, and is included in other current liabilities in the Consolidated Balance Sheets. In addition, the Alpha Fund has liabilities for investments sold, not yet purchased, representing obligations of the Alpha Fund to purchase investments in the market at prevailing prices. The fair value of this Alpha Fund liability is approximately \$179,000 and \$7,000 at June 30, 2014 and 2013, respectively, and is included in other noncurrent liabilities in the Consolidated Balance Sheets.

Due from brokers and due to brokers on the Consolidated Balance Sheets at June 30, 2014 and 2013, represent the Alpha Fund's positions and amounts due from or to various brokers, primarily amounts for security transactions not yet settled, and cash held by brokers for securities sold, not yet purchased

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

5. Cash and Investments

The System's cash and investments are reported in the Consolidated Balance Sheets as presented in the table that follows Total cash and investments, net, includes both the System's membership interest in the Alpha Fund and the noncontrolling interests held by other Alpha Fund members System unrestricted cash and investments, net, represent the System's cash and investments excluding the noncontrolling interests held by other Alpha Fund members and assets limited as to use

	June 30,				
	2014			2013	
Cash and cash equivalents	\$	618,418	\$	753,555	
Short-term investments		109,081		113,825	
Long-term investments		15,327,255		14,156,447	
Subtotal		16,054,754		15,023,827	
Other Alpha Fund assets and liabilities					
In other current assets		30,671		459,050	
In other long-term assets		2,641		2,785	
In accounts payable and other accrued liabilities		(7,013)		(5,680)	
In other current liabilities		(3,341)		(394,763)	
In other noncurrent liabilities		(178,732)		(6,622)	
Due to brokers, net		11,588		(315,040)	
Total cash and investments, net		15,910,568		14,763,557	
Less noncontrolling interests of Alpha Fund		1,490,082		1,450,580	
System cash and investments, including assets limited as to use		14,420,486		13,312,977	
Less assets limited as to use					
Under bond indenture agreement		43,869		33,955	
Self-insurance trust funds		759,388		728,621	
Temporarily or permanently restricted		652,244		561,802	
Total assets limited as to use		1,455,501		1,324,378	
System unrestricted cash and investments, net	\$	12,964,985	\$		

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

5. Cash and Investments (continued)

At June 30, 2014 and 2013, the composition of cash and cash equivalents, short-term investments and long-term investments, which include certain assets limited as to use, is summarized as follows

	June 30,			
		2014		2013
Cash and cash equivalents and short-term investments	\$	828,020	\$	1,113,823
Pooled short-term investment funds	Ψ	302,436	Ψ	311,027
US government, state, municipal and agency obligations		3,301,360		3,447,500
Corporate and foreign fixed income securities		1,660,267		1,664,001
Asset-backed securities		978,429		1,196,168
Equity securities		3,318,063		2,695,483
Alternative investments and other investments				
Private equity and real estate funds		1,039,704		809,341
Hedge funds	•	3,303,800		2,860,776
Commodities funds and other investments		1,322,675		925,708
Total alternative investments and other investments		5,666,179		4,595,825
Total cash and cash equivalents, short-term investments,				
and long-term investments	\$ 10	6,054,754	\$	15,023,827

As of June 30, 2014 and 2013, the System's membership interest in the Alpha Fund totaled \$12,500,448 and \$11,251,590, respectively As of June 30, 2014 and 2013, the noncontrolling interest (see Note 2) in the Alpha Fund, representing interests held by entities other than the System, totaled \$1,490,082 and \$1,450,580, respectively

Investment return recognized by the System for the years ended June 30, 2014 and 2013, is summarized in the following table Total investment return includes the System's return in the Ascension Legacy Portfolio and the investment return of the Alpha Fund System investment return represents the System's total investment return, net of the investment return earned by the noncontrolling interests of other Alpha Fund members

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

5. Cash and Investments (continued)

	Year Ended June 30,			
		2014		2013
Interest and dividends	\$	203,975	\$	169,797
Net gams on investments reported at fair value		1,378,018		601,488
Restricted investment return and unrealized gains, net		39,234		18,830
Total investment return		1,621,227		790,115
Less return earned by noncontrolling interests of Alpha Fund		193,400		106,039
System investment return	\$	1,427,827	\$	684,076

6. Fair Value Measurements

The System categorizes, for disclosure purposes, assets and liabilities measured at fair value in the consolidated financial statements based upon whether the inputs used to determine their fair values are observable or unobservable. Observable inputs are inputs that are based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the reporting entity's own assumptions about pricing the asset or liability, based on the best information available in the circumstances.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an asset's or liability's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement of the asset or liability. The System's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Fair Value Measurements (continued)

The System follows the three-level fair value hierarchy to categorize these assets and liabilities recognized at fair value at each reporting period, which prioritizes the inputs used to measure such fair values Level inputs are defined as follows

Level 1 – Quoted prices (unadjusted) that are readily available in active markets or exchanges for identical assets or liabilities on the reporting date

Level 2 – Inputs other than quoted market prices included in Level 1 that are observable for the asset or liability, either directly or indirectly Level 2 pricing inputs include prices quoted for similar assets and liabilities in active markets or exchanges or prices quoted for identical or similar assets and liabilities in markets that are not active. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Significant pricing inputs that are unobservable for the asset or liability, including assets or liabilities for which there is little, if any, market activity for such asset or liability Inputs to the determination of fair value for Level 3 assets and liabilities require management judgment and estimation

There were no significant transfers between Levels 1 and 2 during the years ended June 30, 2014 and 2013

As of June 30, 2014 and 2013, the assets and liabilities listed in the fair value hierarchy tables below use the following valuation techniques and inputs

Cash and Cash Equivalents and Short-Term Investments

Cash and cash equivalents and certain short-term investments include certificates of deposit, whose fair value is based on cost plus accrued interest Significant observable inputs include security cost, maturity, and relevant short-term interest rates. Other short-term investments designated as Level 2 investments primarily consist of commercial paper, whose fair value is based on the income approach. Significant observable inputs include security cost, maturity, credit rating, interest rate, and par value

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Fair Value Measurements (continued)

Pooled Short-term Investment Fund

The pooled short-term investment fund is a short term exchange traded money market fund primarily invested in treasury securities

U.S. Government, State, Municipal, and Agency Obligations

The fair value of investments in U S government, state, municipal, and agency obligations is primarily determined using techniques consistent with the income approach Significant observable inputs to the income approach include data points for benchmark constant maturity curves and spreads

Corporate and Foreign Fixed Income Securities

The fair value of investments in U S and international corporate bonds, including commingled funds that invest primarily in such bonds, and foreign government bonds is primarily determined using techniques that are consistent with the market approach Significant observable inputs include benchmark yields, reported trades, observable broker-dealer quotes, issuer spreads, and security specific characteristics, such as early redemption options

Asset-backed Securities

The fair value of U S agency and corporate asset-backed securities is primarily determined using techniques consistent with the income approach Significant observable inputs include prepayment speeds and spreads, benchmark yield curves, volatility measures, and quotes

Equity Securities

The fair value of investments in U S and international equity securities is primarily determined using techniques consistent with the market and income approaches. The values for underlying investments are fair value estimates determined by external fund managers based on quoted market prices, operating results, balance sheet stability, growth, dividend, dividend yield, and other business and market sector fundamentals.

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Fair Value Measurements (continued)

Alternative Investments and Other Investments

Alternative investments consist of private equity, hedge funds, private equity funds, commodity funds, and real estate partnerships. The fair value of private equity is primarily determined using techniques consistent with both the market and income approaches, based on the System's estimates and assumptions in the absence of observable market data. The market approach considers comparable company, comparable transaction, and company-specific information, including but not limited to restrictions on disposition, subsequent purchases of the same or similar securities by other investors, pending mergers or acquisitions, and current financial position and operating results. The income approach considers the projected operating performance of the portfolio company.

The fair value of hedge funds, private equity funds, commodity funds, and real estate partnerships is primarily determined using net asset values, which approximate fair value, as determined by an external fund manager based on quoted market prices, operating results, balance sheet stability, growth, and other business and market sector fundamentals

Other investments include derivative assets and derivative liabilities of the Alpha Fund, whose fair value is primarily determined using techniques consistent with the market approach Significant observable inputs to valuation models include interest rates, Treasury yields, volatilities, credit spreads, maturity, and recovery rates

Securities Lending Collateral

The fair value of collateral received under the Alpha Fund's securities lending program is valued using the calculated net asset value for the commingled fund in which the collateral is invested. The underlying investments in the commingled fund are valued using techniques consistent with the market approach, which uses significant observable market inputs such as available trade, quotes, benchmark curves, sector groupings, and matrix pricing

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Fair Value Measurements (continued)

Benefit Plan Assets

The fair value of benefit plan assets is based on original investment into a guaranteed pooled fund, plus guaranteed, annuity contract-based interest rates Significant unobservable inputs to the guaranteed rate include the fair value and average duration of the portfolio of investments underlying annuity contract, the contract value, and the annualized weighted-average yield to maturity of the underlying investment portfolio

Interest Rate Swap Assets and Liabilities

The fair value of interest rate swaps is primarily determined using techniques consistent with the market approach Significant observable inputs to valuation models include interest rates, Treasury yields, volatilities, credit spreads, maturity, and recovery rates

Investments Sold, Not Yet Purchased

The fair value of investments sold, not yet purchased is primarily determined using techniques consistent with the income approach Significant observable inputs to the income approach include data points for benchmark, constant maturity curves, and spreads

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Fair Value Measurements (continued)

The following table summarizes fair value measurements, by level, at June 30, 2014, for all financial assets and liabilities measured at fair value on a recurring basis in the System's consolidated financial statements

	Level 1	Level 2	Level 3	Total
June 30, 2014				
Cash and cash equivalents	\$ 351,934	\$ 3,398	s –	\$ 355,332
Short-term investments	44,193	23,804	293	68,290
Pooled short-term investment funds	302,436	_	_	302,436
U S government, state, municipal				
and agency obligations	_	3,301,360	_	3,301,360
Corporate and foreign fixed				
income securities	_	1,429,694	230,573	1,660,267
Asset-backed securities	_	878,508	99,921	978,429
Equity securities	3,079,815	186,670	51,578	3,318,063
Alternative investments and other investments				
Private equity and real estate funds	388	5,901	1,030,536	1 ,036,825
Hedge funds	_	· <u>-</u>	3,303,800	3 ,303,800
Commodities funds and other investments	134	1,352	1,212,420	1 ,213,906
Assets not at fair value		,		516,046
				· · · · · ·
Cash and investments				\$ 16,054,754
Securities lending collateral, in other				
current assets	s –	\$ 3,341	s –	\$ 3,341
	-	,-	_	
Benefit plan assets, in other				
noncurrent assets	235,991	_	40,749	276,740
	200,571		,,,,,	270,710
Interest rate swaps, in other noncurrent assets	_	69,883	_	69,883
2		0,000		0,,000
Investments sold, not yet purchased, in other				
noncurrent liabilities	_	178,732	_	178,732
noneument moments		170,752		170,752
Interest rate swaps, included in				
other noncurrent liabilities	_	189,659	_	189,659
other hoheument moments		102,000		107,007

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Fair Value Measurements (continued)

US

For the year ended June 30, 2014, the changes in the fair value of the assets and liabilities measured using significant unobservable inputs (Level 3) consisted of the following

		ort-term estments	M	ernment. State. unicipal Agency	Corporate and Foreign Fixed Income Securities	Asset- Backed Securities	Equity Securities	Private Equity and Real Estate Funds	Hedge Funds	Commodities Funds and Other Investments	Benefit Plan Assets
Year Ended									-		
June 30, 2014											
Beginning balance	\$	238	\$	5,829	\$ 391,287	\$117,033	\$ 2,163	\$ 799,414	\$2,857,114	\$ 831,182	\$ 35,662
Total realized and unrealized											
gams (losses)											
Included in income from	n										
operations		_		3	178	1	8,287	_	(11)	8	_
Included in nonoperatir	າຍ										
gams (losses)		55		(27)	19,138	35	(97)	103,975	267,740	413,774	_
Included in changes in											
net assets		_		-	_	-	_	44	577	17	_
Purchases		_		_	104,381	94,926	52,839	337,742	543,162	267,890	202,600
Settlements		_		_	_	_	_	(391)	_	_	_
Sales		_		(5,805)	(273,882)	(2,227)	(10,899)	(210,248)	(376,420)	(299,570)	(216,349)
Transfers into Level 3		_		_	_	_	_	_	11,640	_	77,763
Transfers out of Level 3		_		-	(10,529)	(109,847)	(715)	_	(2)	(881)	(58,927)
Ending balance	\$	293	\$	_	\$ 230,573	\$ 99,921	\$ 51,578	\$1,030,536	\$3,303,800	\$1,212,420	\$ 40,749
The amount of total gains or losses for the period included in nonoperating gains (losses) attributable to the changes in unrealized gains or losses relating to assets still held at June 30, 2014	\$	56	\$	_	\$ 7,605	\$ (239)	\$ 7,394	\$ 70,701	\$ 241,386	\$ 128,351	s –

The basis for recognizing and valuing transfers into or out of Level 3, in the Level 3 rollforward, is as of the beginning of the period in which the transfers occur

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Fair Value Measurements (continued)

The following table summarizes fair value measurements, by level, at June 30, 2013, for all financial assets and liabilities measured at fair value on a recurring basis in the System's consolidated financial statements

	Level 1	I	Level 2	J	Level 3	Total
June 30, 2013						
Cash and cash equivalents	\$ 618,129	\$	14.277	\$	_	\$ 632,406
Short-term investments	21.821		45.258		238	67.317
Pooled short-term investment funds	311.027		_		_	311.027
US government, state, municipal						
and agency obligations	_	3	3.441.671		5.829	3,447,500
Corporate and foreign fixed						
income securities	_	1	.272.714		391.287	1,664,001
Asset-backed secunties	_	1	.079.135		117,033	1,196,168
Equity securities	2,656,950		36,370		2,163	2.695,483
Alternative investments and other investments						
Private equity and real estate funds	529		3,752		799,414	803,695
Hedge funds	_		_	2	2.857.114	2.857.114
Commodities funds and other investments	5,762		(6.061)		831,182	830,883
Assets not at fair value						518.233
Cash and investments					ı	\$ 15.023.827
Securities lending collateral, in other						
current assets	\$ _	\$	394,310	\$	_	\$ 394.310
Benefit plan assets, in other						
noncurrent assets	210,767		_		35,662	246.429
Interest rate swaps, in other noncurrent assets	_		76,650		-	76.650
Investments sold, not yet purchased, in other noncurrent liabilities	_		6.622		-	6.622
Interest rate swaps, included in other noncurrent liabilities	_		194,546		_	194,546

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

6. Fair Value Measurements (continued)

LIS

For the year ended June 30, 2013, the changes in the fair value of the assets and liabilities measured using significant unobservable inputs (Level 3) consisted of the following Level 3 investments of the Alpha Fund are included in transfers in the table below

				US								
		it-teim stments	M and	ernment, State, unicipal d Agency bligations	Corporate and Foreign Fixed Income Securities	Asset- Backed Securities	Equity Securities	Е	Private quity and eal Estate Funds	Hedge Funds	Commodities Funds and Other Investments	Benefit Plan Assets
Year Ended												
June 30, 2013												
Beginning balance	\$	_	\$	7.437	\$ 120,418	\$ 15.297	\$ 13,118	\$	593,753	\$1.887.407	\$ 615.813	\$ 35.373
Total realized and unrealized												
gains (losses)												
Included in income from	n											
operations		_		16	242	10	1.489		_	123	(45)	_
Included in nonoperatir	ıg											
gains (losses)		3		445	1.059	(227)	170		83,975	220,887	80,222	_
Included in changes in												
net assets		-		-	_	-	-		-	293	27	_
Purchases		_		169	328,980	122,703	718		188,085	981.414	401,957	44,150
Settlements		-		_	_	-	-		(25)	-	-	(279)
Sales		_		(2.238)	(58,928)	(17,883)	(13,372)		(66,836)	(232,198)	(266,889)	(41.668)
Transfers into Level 3		235		_	2.962	_	40		927	3,271	139	12.485
Transfers out of Level 3		-		_	(3,446)	(2.867)	-		(465)	(4,083)	(42)	(14.399)
Ending balance	\$	238	\$	5,829	\$ 391,287	\$117,033	\$ 2,163	\$	799,414	\$2,857,114	\$ 831,182	\$ 35,662
The amount of total gains or losses for the period included in nonoperating gains (losses) attributable to the changes in unrealized gains or losses relating to assets still held at June 30, 2013	\$	46	\$	342	\$ (1.682)	\$ (751)	\$ 149	\$	39.300	\$ 234.426	\$ (28.407)	\$ -

The basis for recognizing and valuing transfers into or out of Level 3, in the Level 3 rollforward, is as of the beginning of the period in which the transfers occur

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

7. Long-Term Debt

Long-term debt at June 30, 2014 and 2013, is comprised of the following and is presented in accordance with the specific master trust indenture to which the debt relates As further discussed below, certain portions of long-term debt are secured under the Alexian Brothers Health System Master Trust Indenture, the Mercy Regional Health Center, Inc Master Trust Indenture, The Howard Young Medical Center, Inc Master Trust Indenture, the St John Health System Master Trust Indenture, and the Ministry Health Care Master Trust Indenture

	Jun	e 30,	
	2014		2013
Tax-exempt hospital revenue bonds – secured under Ascension Health Alliance Senior Credit Group Master Trust Indenture Variable rate demand bonds, subject to a put provision that provides for a cumulative 7-month notice and remarketing period, payable through November 2047, interest (0.12% at			
June 30, 2014) tied to a market index plus a spread Variable rate demand bonds, subject to a 7-day put provision, payable through November 2039, interest (0 06% June 30,	\$ 393,425	\$	408,605
2014) set at prevailing market rates Variable rate demand bonds, subject to a 7-day put provision, payable through November 2033, interest (0 06% at June 30, 2014) set at prevailing market rates, swapped to fixed rates of	224,225		225,665
5 454% and 5 544%, respectively, through maturity Indexed put bonds subject to weekly rate resets based on a taxable index, payable through November 2046, interest (2 036% at June 30, 2014) swapped to a variable rate tied to a tax-exempt	307,300		307,300
market index plus a spread through November 2016 Fixed rate put bonds (converted from an indexed put bond mode based on a taxable index in May 2009) payable through November 2046, interest (4 10% at June 30, 2014) swapped to a variable rate tied to a market index plus a spread through	153,800		153,800
November 2016 Fixed rate serial and term bonds payable in installments through	153,690		153,690
November 2051, interest at 3 00% to 5 25% Fixed rate serial and term bonds payable in installments through November 2039, interest at 5 00% swapped to variable rates	1,154,320		1,207,490
over the life of the bonds Fixed rate serial mode bonds payable through 2047 with purchase dates ranging from August 2014 through June 2021, interest at	585,290		587,360
0 90% to 5 00% through the purchase dates	1,221,920		1,224,750

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

7. Long-Term Debt (continued)

	Jun	ie 30,	
	2014		2013
Tax-exempt hospital revenue bonds – unsecured under Ascension Health Alliance Subordinate Master Trust Indenture Variable rate demand bonds, subject to a 7-day put provision, payable through November 2027, interest (0.06% at June 30,			
2014) set at prevailing market rates	\$ 55,100	\$	56,060
Fixed rate serial mode bonds payable through 2027 with purchase dates through November 2019, interest at 0 32% to 5 00% Taxable bonds – secured under Ascension Health Alliance Senior Credit Group Master Trust Indenture	445,435		446,515
Taxable fixed rate term bonds payable in installments through November 2053, interest at 4 847%	425,000		425,000
Total hospital revenue bonds under Senior Master Trust Indenture and Subordinate Master Trust Indenture	5,119,505		5,196,235
Tax-exempt hospital revenue bonds – secured under Alexian Brothers Health System Master Trust Indenture Fixed rate serial and term bonds payable in installments through			
February 2038, interest at 3 50% to 5 50%	153,710		157,000
Total hospital revenue bonds under the Alexian Brothers Health System Master Trust Indenture	153,710		157,000
Tax-exempt hospital revenue bonds – secured under Mercy Regional Health Center. Inc Master Trust Indenture Fixed rate serial and term bonds payable in installments through			
November 2029, interest at 3 00% to 5 00%	24,040		25,060
Total hospital revenue bonds under the Mercy Regional Health Center. Inc Master Trust Indenture	 24,040		25,060
Tax-exempt hospital revenue bonds – secured under The Howard Young Medical Center, Inc. Master Trust Indenture Fixed rate serial and term bonds payable in installments through August 2030, interest at 3 00% to 5 00%	19,185		20,040
Total hospital revenue bonds under The Howard Young Medical Center, Inc Master Trust Indenture	19,185		20,040

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

7. Long-Term Debt (continued)

		June	30,	
		2014		2013
Tax-exempt hospital revenue bonds – secured under St. John Health System Master Trust Indenture Fixed rate serial and term bonds payable in installments through February 2042, interest at 4 00% to 5 00%	<u> </u>	407,550	\$	414,500
Total hospital revenue bonds under the St John Health System Master Trust Indenture		407,550		414,500
Tax-exempt hospital revenue bonds – secured under Ministry Health Care Master Trust Indenture Fixed rate serial and term bonds payable in installments through				
August 2035, interest at 3 00% to 5 50%		358,415		368,260
Total hospital revenue bonds under the Ministry Health Care Master Trust Indenture		358,415		368,260
Total hospital revenue bonds under the Ascension Health Alliance Senior Master Trust Indenture. Ascension Health Alliance Subordinate Master Trust Indenture, the Alexian Brothers Health System Master Trust Indenture, the Mercy Regional Health Center, Inc Master Trust Indenture, The Howard Young Medical Center, Inc Master Trust Indenture, St. John Health System Master Trust Indenture, and Ministry Health Care Master Trust Indenture		6,082,405		6.181.095
Other debt Obligations under capital leases Other		30,623 123,368		41,957 113,710
		6,236,396		6,336,762
Unamortized premium, net		195,579		218,536
Less current portion		(91,532)		(89,869)
Less long-term debt subject to short-term remarketing arrangements		(1,345,530)		(1,187,125)
Long-term debt, less current portion and long-term debt subject to short-term remarketing arrangements	<u>s</u>	4,994,913	\$	5,278,304

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

7. Long-Term Debt (continued)

	June	e 3 0.	,
	2014		2013
Ascension Health Alliance Senior Master Trust Indenture long-term			
debt obligations, including unamortized premium, net	\$ 3,329,323	\$	3,579,334
Ascension Health Alliance Subordinate Master Trust Indenture long-			
term debt obligations, including unamortized premium, net	505,843		511,009
Alexian Brothers Health System Master Trust Indenture long-term			
debt obligations, including unamortized premium, net	160,965		162,594
Mercy Regional Health Center, Inc Master Trust Indenture long-term			
debt obligations, including unamortized premium, net	25,498		27,258
The Howard Young Medical Center, Inc Master Trust Indenture long-			
term debt obligations, including unamortized premium, net	19,942		20,933
St John Health System Master Trust Indenture long-term debt			
obligations, including unamortized premium, net	429,154		437,503
Ministry Health Care Master Trust Indenture long-term debt			
obligations, including unamortized premium, net	381,144		394,781
Other	143,044		144,892
Long-term debt, less current portion, and long-term debt subject to	·		
short-term remarketing arrangements	\$ 4,994,913	\$	5,278,304

Scheduled principal repayments of long-term debt, considering obligations subject to short-term remarketing as due according to their long-term amortization schedule, as of June 30, 2014, are as follows

	l A	cension Health Iliance MTIs	В	Alexian Brothers Health System MTI	Re I	Mercy egional Health Center, nc. MTI	N	e Howard Young Jedical nter, Inc. MTI	t. John Health System MTI]	linistry Health are MTI	Ot	her Debt	Total
Year ending June 3	0													
2015	\$	59.835	\$	340	\$	1.045	\$	875	\$ 7,305	\$	11.185	\$	10,947	\$ 91.532
2016		50,130		7.485		1.080		910	7.680		11,665		22.513	101,463
2017		65,945		13,130		1.125		945	8,070		12,185		9,200	110,600
2018		69.045		15.655		1.175		975	6,890		12,890		35,710	142,340
2019		85,230		5,735		1,230		1,000	7,230		12,265		8,908	121,598
Thereafter	4	.789.320		111.365		18,385		14.480	370,375		298.225		66,713	5,668,863
Total	\$5	5,119,505	\$	153,710	\$	24,040	\$	19,185	\$ 407,550	\$	358,415	\$	153,991	\$ 6,236,396

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

7. Long-Term Debt (continued)

The carrying amounts of variable rate bonds and other notes payable approximate fair value. The fair values of the unsecured fixed rate serial and term bonds are obtained from independent public valuation services. The fair value of fixed rate serial and term bonds, including the component of variable rate demand bonds subject to long-term fixed interest rates, approximates carrying value at June 30, 2014 and 2013. During the years ended June 30, 2014 and 2013, interest paid was approximately \$223,000 and \$170,000, respectively. Capitalized interest was approximately \$5,500 and \$5,400 for the years ended June 30, 2014 and 2013, respectively.

Certain members of the System formed the Ascension Health Alliance Credit Group (Senior Credit Group) Each Senior Credit Group member is identified as either a senior obligated group member, a senior designated affiliate, or a senior limited designated affiliate Senior obligated group members are jointly and severally liable under a Senior Master Trust Indenture (Senior MTI) to make all payments required with respect to obligations under the Senior MTI and may be entities not controlled directly or indirectly by the System Senior designated affiliates and senior limited designated affiliates are not obligated to make debt service payments on the obligations under the Senior MTI. The System may cause each senior designated affiliate to transfer such amounts as are necessary to enable the obligated group to comply with the terms of the Senior MTI, including payment of the outstanding obligations. Additionally, each senior limited designated affiliate has an independent limited designated affiliate agreement and promissory note with the System with stipulated repayment terms and conditions, each subject to the governing law of the senior limited designated affiliate's state of incorporation

Pursuant to a Supplemental Master Indenture dated February 1, 2005, senior obligated group members, which are operating entities, have pledged and assigned to the Master Trustee a security interest in all of their rights, title, and interest in their pledged revenues and proceeds thereof

A Subordinate Credit Group, which is comprised of subordinate obligated group members, subordinate designated affiliates, and subordinate limited designated affiliates, was created under the Subordinate Master Trust Indenture (Subordinate MTI) The subordinate obligated group members are jointly and severally liable under the Subordinate MTI to make all payments required with respect to obligations under the Subordinate MTI and may be entities not controlled directly or indirectly by the System Subordinate designated affiliates and subordinate limited designated affiliates are not obligated to make debt service payments on the obligations under the Subordinate MTI. The System may cause each subordinate designated affiliate to

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

7. Long-Term Debt (continued)

transfer such amounts as are necessary to enable the obligated group members to comply with the terms of the Subordinate MTI, including payment of the outstanding obligations Additionally, each subordinate limited designated affiliate has an independent subordinate limited designated affiliate agreement and promissory note with the System, with stipulated repayment terms and conditions, each subject to the governing law of the subordinate limited designated affiliate's state of incorporation

The unsecured variable rate demand bonds of both the Senior and Subordinate Credit Groups, while subject to long-term amortization periods, may be put to the System at the option of the bondholders in connection with certain remarketing dates. To the extent that bondholders may, under the terms of the debt, put their bonds within 12 months after June 30, 2014, the principal amount of such bonds has been classified as a current liability in the accompanying Consolidated Balance Sheets. Management believes the likelihood of a material amount of bonds being put to the System to be remote. However, to address this possibility, management has taken steps to provide various sources of liquidity in the event any bonds would be put, including the line of credit, commercial paper program, and maintaining unrestricted assets as a source of self-liquidity

On January 1, 2012, Alexian Brothers became part of the System Subsequently, the System redeemed or refinanced a portion of Alexian Brothers' debt, however, a portion of the bonds previously issued for the benefit of Alexian Brothers remains outstanding (the Alexian Brothers' Bonds) The Alexian Brothers' Bonds continue to be secured by the Alexian Brothers Health System Master Trust Indenture (As Amended and Restated), dated October 1, 1992, between the Members of the Alexian Brothers Health System Obligated Group established under this document and the Alexian Brothers Health System Master Trustee

On April 1, 2013, Marian Health System joined Ascension Health Subsequently, the System redeemed or refinanced a portion of the debt of the Marian Systems, however, a portion of the bonds previously issued for the benefit of the Marian Systems remains outstanding These bonds continue to be secured by the respective Master Trust Indentures, including the Amended and Restated Master Trust Indenture dated October 1, 1999, by and between St John Health System and the St John Health Master Trustee, the Master Trust Indenture dated October 1, 1984, by and between Ministry Health Care and the Ministry Health Care Master Trustee, the Master Trust Indenture dated August 15, 1993, between The Howard Young Medical Center, Inc., a subsidiary of Ministry Health Care, and The Howard Young Medical Center, Inc. Master

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

7. Long-Term Debt (continued)

Trustee, and the Master Trust Indenture dated January 15, 2013, between Mercy Regional Health Center, Inc (a subsidiary of Via Christi Health) and the Mercy Regional Health Center, Inc Master Trustee

In June 2013, the System issued a total of \$521,865 of tax-exempt bonds, Series 2013A and 2013B, through the Wisconsin issuing authority In June 2013, the System also issued a total of \$425,000 of taxable bonds, Series 2013A The proceeds of the bonds, including original issue premium, were used to refinance debt and general corporate purposes

Due to aggregate financing activity during the fiscal years ended June 30, 2014 and 2013, losses on extinguishment of debt of \$1,605 and \$4,079, respectively, were recorded, which are included in nonoperating gains (losses) in the accompanying Consolidated Statements of Operations and Changes in Net Assets

The System is a party to multiple interest rate swap agreements that convert the variable or fixed rates of certain debt issues to fixed or variable rates, respectively See the Derivative Instruments note for a discussion of these derivatives

As of June 30, 2014, the Senior Credit Group has a line of credit of \$1,000,000 which may be used as a source of funding for unremarketed variable debt (including commercial paper) or for general corporate purposes, towards which bank commitments totaling \$1,000,000 extend to November 9, 2014 As of June 30, 2014 and 2013, there were no borrowings under the line of credit

As of June 30, 2014, the Senior Credit Group has a \$75,000 revolving line of credit related to its letters of credit program toward which a bank commitment of \$75,000 extends to November 26, 2014 The revolving line of credit may be accessed solely in the form of Letters of Credit issued by the bank for the benefit of the members of the Credit Groups Of this \$75,000 revolving line of credit, letters of credit totaling \$57,455 have been issued as of June 30, 2014 No borrowings were outstanding under the letters of credit as of June 30, 2014 and 2013

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

8. Derivative Instruments

The System uses interest rate swap agreements to manage interest rate risk associated with its outstanding debt. Interest rate swaps with varying characteristics are outstanding under the Master Trust Indentures of the System, Alexian Brothers, Ministry Health Care, and St. John Health. These swaps have historically been used to effectively convert interest rates on variable rate bonds to fixed rates and rates on fixed rate bonds to variable rates. At June 30, 2014 and 2013, the notional values of outstanding interest rate swaps were as follows.

	June	30.	,
	 2014		2013
Ascension Health Alliance MTI	\$ 2,128,757	\$	2,128,757
Alexian Brothers Health System MTI	39,220		47,220
Mınıstry Health Care MTI	192,950		270,880
St John Health System MTI	100,000		125,000
Total	\$ 2,460,927	\$	2,571,857

The System recognizes the fair value of its interest rate swaps in the Consolidated Balance Sheets as assets, recorded in other noncurrent assets, or liabilities, recorded in other noncurrent liabilities, as appropriate The respective fair values of interest rate swaps in an asset and liability position for the System, Alexian Brothers, Ministry Health Care and St John Health were as follows

	June 3	30, 2	2014	June 30, 2013				
	Asset]	Liability		Asset	Liability		
Ascension Health Alliance MTI	\$ 66,981	\$	169,031	\$	73,846	\$ 174,413		
Alexian Brothers Health System MTI	_		1,934		_	2,685		
Mınıstry Health Care MTI	2,902		17,938		2,804	16,492		
St John Health System MTI	_		756		_	956		
Total	\$ 69,883	\$	189,659	\$	76,650	\$ 194,546		

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

8. Derivative Instruments (continued)

The System's interest rate swap agreements include collateral requirements for each counterparty under such agreements, based upon specific contractual criteria, subject to master netting arrangements. Collateral requirements are separately calculated for the System, Alexian Brothers, Ministry Health Care, and St. John Health based on the credit ratings of each. In the case of the System, the applicable credit rating is the Senior Credit Group long-term debt credit ratings (Senior Debt Credit Ratings), as obtained from each of two major credit rating agencies. Credit rating and the net liability position of total interest rate swap agreements outstanding with each counterparty determine the amount of collateral to be posted. Collateral and net fair value of interest rate swap agreements with credit-risk-related contingent features at June 30, 2014 and 2013, based upon the respective net liability positions and applicable credit ratings were as follows.

	June 3	0, 2	014	June 30, 2013			
	Net Fair	C	ollateral	Net Fair	Collateral		
	Value]	Posted	Value	Posted		
Ascension Health Alliance MTI	\$ (102,050)	\$	_	\$(100,567)	\$ -		
Alexian Brothers Health System MTI	(1,934)		_	(2,685)	_		
Mmstry Health Care MTI	(15,036)		16,218	(13,688)	23,024		
St John Health System MTI	(756)			(956)	_		
Total	\$ (119,776)	\$	16,218	\$(117,896)	\$ 23,024		

Prior to July 1, 2006, the System designated certain of its interest rate swaps as cash flow hedges, for accounting purposes, and accordingly deferred gains or losses associated with those swaps in net assets As of June 30, 2014, the deferred net gain associated with these interest rate swaps was \$4,054 The portion of this gain that will be reclassified into nonoperating gains (losses) over the next 12 months is immaterial

Beginning July 1, 2006, the System's previously designated cash flow hedging relationships were de-designated for accounting purposes Accordingly, all changes in the fair value of interest rate swaps have been recognized in nonoperating gains (losses) in the accompanying Consolidated Statements of Operations and Changes in Net Assets A net nonoperating gain of \$1,752 was recognized for the year ended June 30, 2014, while a net nonoperating loss of \$61,651 was recognized for the year ended June 30, 2013

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Retirement Plans

Defined-Benefit Plans

Certain System entities participate in defined-benefit pension plans (the System Plans), which are noncontributory, defined-benefit pension plans covering substantially all eligible employees of certain System entities Benefits are based on each participant's years of service and compensation All of the System Plans' assets are invested in Trusts, which include the Master Pension Trust (the Trust) and other trusts (the Other Trusts) The System Plans' assets primarily consist of cash and cash equivalents, equity, fixed income funds, and alternative investments, consisting of various hedge funds, real estate funds, private equity funds, commodity funds, private credit funds, and certain other private funds Contributions to the System Plans are based on actuarially determined amounts sufficient to meet the benefits to be paid to participants

During previous fiscal years, the System approved and communicated to employees a redesign of associate retirement benefits, which affects certain System Plans, as well as provides an enhanced comprehensive defined contribution plan This redesign resulted in the recognition of a curtailment gain of \$73,198, for the year ended June 30, 2013, which was recognized in total impairment, restructuring, and nonrecurring losses, net for the year ended June 30, 2013 This redesign resulted in a decrease to the projected benefit obligation and is included in pension and other postretirement liabilities in the Consolidated Balance Sheets

The assets of the System Plans are available to pay the benefits of eligible employees and retirees of all participating entities. In the event entities participating in the System Plans are unable to fulfill their financial obligations under the System Plans, the other participating entities are obligated to do so

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Retirement Plans (continued)

The following table sets forth the combined benefit obligations and assets of the System Plans at June 30, 2014 and 2013, components of net periodic benefit costs for the years then ended, and a reconciliation of the amounts recognized in the accompanying consolidated financial statements

	Year Ended June 30,				
		2014		2013	
Change in projected benefit obligation				_	
Projected benefit obligation at beginning of year	\$	7,201,780	\$	6,437,246	
Service Cost		51,176		119,018	
Interest Cost		343,781		289,634	
Amendments		290		(12,792)	
Assumption change		408,908		(363,778)	
Actuarial (gain) loss		55,623		(28,641)	
Business combinations		_		1,137,270	
Curtailment		(4,193)		(74,962)	
Benefits paid		(365,406)		(301,215)	
Projected benefit obligation at end of year		7,691,959		7,201,780	
Accumulated benefit obligation at end of year		7,649,965		7,155,166	
Change in plan assets					
Fair value of plan assets at beginning of year		6,742,384		5,992,677	
Actual return on plan assets		1,046,540		121,715	
Employer contributions		41,597		54,541	
Business combinations		_		874,666	
Benefits paid		(365,406)		(301,215)	
Fair value of plan assets at end of year		7,465,115		6,742,384	
Net amount recognized at end of year and funded status	\$	(226,844)	\$	(459,396)	

The System Plans' funded status as a percentage of the projected benefit obligation at June 30, 2014 and 2013, was 97 1% and 93 6%, respectively The System Plans' funded status as a percentage of the accumulated benefit obligation at June 30, 2014 and 2013, was 97 6% and 94 2%, respectively

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Retirement Plans (continued)

Included in unrestricted net assets at June 30, 2014 and 2013, are the following amounts that have not yet been recognized in net periodic pension cost for the System Plans

	Year Ended June 30,				
	 2014		2013		
Unrecognized prior service credit	\$ (17,348)	\$	(23,080)		
Unrecognized actuarial loss	330,938		364,739		
	\$ 313,590	\$	341,659		

Changes in plan assets and benefit obligations recognized in unrestricted net assets for System Plans during 2014 and 2013 include

	Year Ende 2014			ine 30, 2013
Current year actuarial gain	\$	(27,867)	\$	(87,934)
Amortization of actuarial (gain) loss		(5,934)		19,725
Current year prior service cost (credit)		290		(12,792)
Amortization of prior service credit		5,442		5,944
	\$	(28,069)	\$	(75,057)
	Year Ended June 30,			,
Components of not notice dis bounts and		2014		2013
Components of net periodic benefit cost	•	51 17 <i>(</i>	σ	110.010
Service cost	\$		\$	119,018
Interest cost		343,781		289,634
Expected return on plan assets		(558,335)		(500,497)
Amortization of prior service credit		(4,017)		(6,242)
Amortization of actuarial loss		7,709		53,783
Curtailment gain		(1,426)		(73,198)
Settlement gam		(1,774)		(12)
Net periodic benefit cost	\$	(162,886)	\$	(117,514)

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Retirement Plans (continued)

The prior service credit and actuarial gain included in unrestricted net assets and expected to be recognized in net periodic pension cost during the year ending June 30, 2015, are \$4,000 and \$24,955, respectively

The assumptions used to determine the benefit obligation and net periodic benefit cost for the System Plans are set forth below

	June 30,			
	2014	2013		
Weighted-average discount rate	4.35%	4.88%		
Weighted-average rate of compensation increase	3.81%	3.81%		
Weighted-average expected long-term rate of				
return on plan assets	8.30%	8.30%		

The System Plans' assets invested in the Trust are invested in a portfolio designed to protect principal and obtain competitive investment returns and long-term investment growth, consistent with actuarial assumptions, with a reasonable and prudent level of risk Diversification is achieved by allocating to funds and managers that correlate to one of three economic strategies growth, deflation, and inflation Growth strategies include U S equity, emerging market equity, global equity, international equity, directional hedge funds, private equity, high yield, and private credit Deflation strategies include core fixed income, absolute return hedge funds, and cash Inflation strategies include inflation-linked bonds, commodity-related investments, and real assets The System Plans use multiple investment managers with complementary styles, philosophies, and approaches In accordance with the System Plans' objectives, derivatives may also be used to gain market exposure in an efficient and timely manner

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Retirement Plans (continued)

In accordance with the System Plans' asset diversification targets, as presented in the table that follows, the Trust holds certain alternative investments, consisting of various hedge funds, real asset funds, private equity funds, commodity funds, private credit funds, and certain other private funds. These investments do not have observable market values. As such, each of these investments is valued at net asset value as determined by each fund's investment manager, which approximates fair value. The fair value of the System Plans' alternative investments in the Trust as of June 30, 2014, is reported in the fair value measurement table that follows. Collectively, these funds have liquidity terms ranging from daily to annual with notice periods ranging from 1 to 180 days. Due to redemption restrictions, investments of certain private funds, whose fair value was approximately \$1,313,000 at June 30, 2014, cannot be redeemed. However, the potential for the System Plans to sell their interest in real asset funds and private equity funds in a secondary market prior to the end of the fund term does exist.

The investments in these alternative investment funds may also include contractual commitments to provide capital contributions during the investment period, which is typically five years, and may extend to the end of the fund term During these contractual periods, investment managers may require the System Plans to invest in accordance with the terms of the agreement Commitments not funded during the investment period will expire and remain unfunded As of June 30, 2014, investment periods expire between July 2014 and March 2018 The remaining unfunded capital commitments of the Trust total approximately \$416,000 for 62 individual contracts as of June 30, 2014

The weighted-average asset allocation for the System Plans in the Trust at the end of fiscal 2014 and 2013 and the target allocation for fiscal 2015, by asset category, are as follows

	Target Allocation	Percentage of Plan Assets At Year-End			
Asset Category	2015	2014	2013		
Growth	50%	53%	52%		
Deflation	30	29	29		
Inflation	20	18	19		
Total	100%	100%	100%		

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Retirement Plans (continued)

The System Plans' assets in the Other Trusts are invested in portfolios designed to best serve the participants of the System Plans' through a long-term investment strategy designed to ensure that funds are available to pay benefits as they become due and to maximize the total return at a prudent level of investment risk. The System Plans' assets invested in the Other Trusts are diversified among various assets classes based upon established investment guidelines.

	Target Allocation	Percentage of Plan Assets At Year-End			
Asset Category	2015	2014	2013		
Cash	1%	1%	6%		
Growth	62	67	61		
Income	32	28	25		
Other	5	4	8		
Total	100%	100%	100%		

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Retirement Plans (continued)

The following tables summarize fair value measurements at June 30, 2014 and 2013, by asset class and by level, for the System Plans' assets and liabilities. As also discussed in the Fair Value Measurements note, the System follows the three-level fair value hierarchy to categorize plan assets and liabilities recognized at fair value, which prioritizes the inputs used to measure such fair values. The inputs and valuation techniques discussed in the Fair Value Measurements note also apply to the System Plans' assets and liabilities as presented in the following tables.

	Level 1	Level 2	Level 3	Total
June 30, 2014				
Short-term investments	\$ 191,495	\$ 399	s –	\$ 191,894
Derivatives receivable	7	15,245	19,404	34,656
US government, state, municipal				
and agency obligations	_	1,704,131	_	1,704,131
Corporate and foreign fixed				
income securities	_	673,696	47,850	721,546
Asset-backed securities	_	232,484	24,080	256,564
Equity securities	1,649,136	395,372	3,045	2,047,553
Alternative investments and other investments				
Private equity and real estate funds	_	_	909,980	909,980
Hedge funds	_	_	1,448,274	1 ,448,274
Commodities funds and other investments	_	_	295,563	295,563
Assets not at far value				154,023
Total				7,764,184
Derivatives payable	26	160,907	2,980	163,913
Investments sold, not yet purchased	1,555	_	_	1,555
Liabilities not at fair value				133,601
Total				299,069
Fair value of plan assets				\$ 7,465,115

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Retirement Plans (continued)

Short-term investments \$324.803 \$20.331 \$ — \$345.134 Derivatives receivable 1.078 337 21.059 22.474 U.S. government, state, municipal and agency obligations — 1.671.493 1.266 1.672.759 Corporate and foreign fixed income securities 25.843 566.812 53.729 646.384 Asset-backed securities — 226.920 22.838 249.758 Equity securities — 1.317.933 18.741 2.936 1.339.610 Alternative investments and other investments Private equity and real estate funds — 747.864 747.864 Hedge funds — 316.971 271.282 588.253 Assets not at fair value — 316.971 271.282 588.253 Labilities not at fair value — 3.723 Liabilities not at fair value — 438.546 Total — — — 438.546 Total — — — — — — — — —		Level 1	Level 2	Level 3	Total
Derivatives receivable 1.078 337 21.059 22.474 U.S. government, state, municipal and agency obligations - 1.671.493 1.266 1.672.759 Corporate and foreign fixed meome securities 25.843 566.812 53.729 646.384 Asset-backed securities - 226.920 22.838 249.758 Equity securities 1.317.933 18.741 2.936 1.339.610 Alternative investments and other investments Private equity and real estate funds - - 747.864 747.864 Hedge funds 34.708 - 1.452.190 1.486.898 Commodities funds and other investments - 316.971 271.282 588.253 Assets not at fair value 334.875 Total 7.434.009 Commodities funds and other investments 68 300 248.988 249.356 Investments sold, not yet purchased 3.794 (71) - 3.723 Liabilities not at fair value 438.546 Total 691.625 Control of the contr	June 30, 2013				
US government, state, municipal and agency obligations — 1.671.493 1.266 1.672.759 Corporate and foreign fixed	Short-term investments	\$ 324.80	3 \$ 20.331	\$ -	\$ 345,134
Asset short at fair value Commodities funds and other investments Commodities funds Co	Dern atn es recen able	1.07	78 337	21.059	22,474
Corporate and foreign fixed income securities 25.843 566.812 53.729 646.384 Asset-backed securities - 226.920 22.838 249.758 Equity securities 1.317.933 18.741 2.936 1.339.610 Alternative investments and other investments - - 747.864 747.864 Hedge funds 34.708 - 1.452.190 1.486.898 Commodities funds and other investments - 316.971 271.282 588.253 Assets not at fair value 334.875 7.434.009 7.434.009 Derivatives payable 68 300 248.988 249.356 Investments sold, not yet purchased 3.794 (71) - 3.723 Liabilities not at fair value 438.546 438.546 Total 691.625	US government, state, municipal				
mcome securities 25.843 566.812 53.729 646.384 Asset-backed securities - 226.920 22.838 249.758 Equity securities 1.317.933 18.741 2.936 1.339.610 Alternative investments and other investments - - 747.864 747.864 Private equity and real estate funds - - 747.864 747.864 Hedge funds 34.708 - 1.452.190 1.486.898 Commodities funds and other investments - 316.971 271.282 588.253 Assets not at fair value 334.875 7.434.009 7.434.009 Derivatives payable 68 300 248.988 249.356 Investments sold, not yet purchased 3.794 (71) - 3.723 Liabilities not at fair value 438.546 Total 691.625	and agency obligations		- 1.671.493	1,266	1.672.759
Asset-backed securities	Corporate and foreign fixed				
Equity securities 1.317.933 18.741 2.936 1.339.610 Alternative investments and other investments — — 747.864 747.864 Private equity and real estate funds — — 747.864 747.864 Hedge funds 34.708 — 1.452.190 1.486.898 Commodities funds and other investments — 316.971 271.282 588.253 Assets not at fair value — 334.875 Total — 68 300 248.988 249.356 Investments sold, not yet purchased 3.794 (71) — 3.723 Liabilities not at fair value — 438.546 Total — 691.625	income securities	25,84	3 566.812	53,729	646,384
Alternative investments and other investments Private equity and real estate funds Hedge funds Commodities funds and other investments Assets not at fair value Total Derivatives payable Investments sold, not yet purchased Total Total Alternative investments 747,864 747.864 747.864 747.864 747.864 747.864 747.864 747.864 747.864 747.864 747.864 747.864 747.864 747.864 747.864 747.864 747.864 688.253 Assets not at fair value 7434.409 Alternative investments and other investments 747.864 74.864 74.864 74.864 74.864 74.864 74.864 74.864 74.864 74.864 74.864 74.864 74.864 74.864 74.864 74.864 74.864 74.864 74.864 74.8	Asset-backed secunties		- 226,920	22,838	249,758
Private equity and real estate funds — — 747.864 747.864 Hedge funds 34.708 — 1.452.190 1.486.898 Commodities funds and other investments — 316.971 271.282 588.253 Assets not at fair value — 334.875 Total — 7.434.009 Derivatives payable 68 300 248.988 249.356 Investments sold, not yet purchased 3.794 (71) — 3.723 Liabilities not at fair value 438.546 Total — 691.625	Equity securities	1,317,93	3 18,741	2,936	1,339,610
Hedge funds	Alternative investments and other investments				
Commodities funds and other investments - 316.971 271.282 588.253 Assets not at fair value 334.875 Total 7.434.009 Derivatives payable 68 300 248.988 249.356 Investments sold, not yet purchased 3.794 (71) - 3.723 Liabilities not at fair value 438.546 Total 691.625	Private equity and real estate funds			747,864	747.864
Assets not at fair value 334.875 Total 7.434.009 Derivatives payable 68 300 248.988 249.356 Investments sold, not yet purchased 3.794 (71) - 3.723 Liabilities not at fair value 438.546 Total 691.625	Hedge funds	34,70	- 8	1,452,190	1,486,898
Total 7.434.009 Derivatives payable 68 300 248.988 249.356 Investments sold, not yet purchased 3.794 (71) - 3.723 Liabilities not at fair value 438.546 Total 691.625	Commodities funds and other investments		- 316,971	271,282	588,253
Derivatives payable 68 300 248.988 249.356 Investments sold, not yet purchased 3.794 (71) - 3.723 Liabilities not at fair value 438.546 Total 691.625	Assets not at fair value				334,875
Investments sold, not yet purchased 3.794 (71) - 3.723 Liabilities not at fair value 438.546 Total 691.625	Total				7.434.009
Investments sold, not yet purchased 3.794 (71) - 3.723 Liabilities not at fair value 438.546 Total 691.625	Derry atives payable	6	8 300	248,988	249,356
Liabilities not at fair value 438.546 Total 691.625	• •	3,79	94 (71) –	3,723
Total 691.625			(-	•	
	Total				
Fair value of plan assets \$ 6.742.384	Fair value of plan assets				\$ 6,742,384

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Retirement Plans (continued)

For the years ended June 30, 2014 and 2013, the changes in the fair value of the System Plans' assets measured using significant unobservable inputs (Level 3) consisted of the following

U.S.

	De	Net rivatives	Mu anc	ernment, State, unicipal I Agency ligations	and I	orporate I Foreign Fixed ncome ccurities	1	Asset- Backed ecurities		Equity curities	Private Equity and Real Estate Funds	Hedge Funds	F	mmodities unds and Other vestments
June 30, 2014														
Beginning balance	\$ (227,929)	\$	1,266	\$	53,729	\$	22,838	\$	2,936	\$ 747,864	\$1,452,190	\$	2 71,282
Total actual return on assets		123,117		23		5,784		1,182		353	70,779	105,507		21,672
Purchases, issuances, and settlements	(108,811)		(1,289)		(9,038)		16,599		(351)	91,337	(109,423)		2,609
Transfers into (out of) Level 3		230,047		_		(2,625)		(16,539)		107	_	_		_
Ending balance	\$	16,424	\$	_	\$	47,850	\$	24,080	\$	3,045	\$ 909,980	\$1,448,274	\$	2 95,563
Actual return on plan assets relating to plan assets still held at June 30, 2014	<u>s</u>	16,515	s	_	\$	2,823	\$	869	\$	555	\$ 56,528	\$ 146,882	\$	(20,343)
	De	Net rivatives	Mu anc	U.S. ernment, State, unicipal I Agency ligations	anc I	orporate I Foreign Fixed ncome ccurities	l	Asset- Backed ecurities		Equity curities	Private Equity and Real Estate Funds	Hedge Funds	F	mmodities unds and Other vestments
June 30, 2013														
Beginning balance	\$	8,174	\$	1.903	\$	28,308	\$	14.243	\$	1.514	\$ 546,165	\$1,187,124	\$	2 82.320
Acquisitions		_		-		-		-		_	37.048	-		9.994
Total actual return on assets	,	154,133)		130		(171)		(89)		5	54.153	147.977		(21.032)
Purchases, issuances, and settlements	(122,486)		(767)		31,994		20.384		1.417	98.174	156.513		_
Transfers into (out of) Level 3	- ID .	40.516	4D	- 1 2//	10	(6,402)	dD.	(11,700)	40	2.034	12.324	(39,424)	dD.	2.71.202
Ending balance	\$(227.929)	3	1 .266	3	53,729	5	22.838	\$	2.936	\$ 747.864	\$1.452.190	\$	2 71.282
Actual return on plan assets relating to plan assets still held at June 30, 2013	\$(280,606)	\$	59	\$	(2,202)	\$	(115)	\$	227	\$ 54.968	\$ 147.248	\$	(21.024)

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Retirement Plans (continued)

The Trust has entered into a series of interest rate swap agreements with a net notional amount of \$2,958,450. The combined targeted duration of these swaps and the Trust's fixed income investments approximates the duration of the liabilities of the Trust Currently, 75% of the dollar duration of the liability is subject to this economic hedge. The purpose of this strategy is to economically hedge the change in the net funded status for a significant portion of the liability that can occur due to changes in interest rates.

The expected long-term rate of return on the System Plans' assets is based on historical and projected rates of return for current and planned asset categories in the investment portfolio Assumed projected rates of return for each asset category were selected after analyzing historical experience and future expectations of the returns and volatility for assets of that category using benchmark rates Based on the target asset allocation among the asset categories, the overall expected rate of return for the portfolio was developed and adjusted for historical and expected experience of active portfolio management results compared to benchmark returns and for the effect of expenses paid from plan assets

Information about the expected cash flows for the System Plans follows

Expected employer contributions 2015	\$	41,714
Expected benefit payments		
2015		502,046
2016		478,701
2017		494,566
2018		502,342
2019		506,546
2020-2024	2	2,499,041

The contribution amount above includes amounts paid to Trusts The benefit payment amounts above reflect the total benefits expected to be paid from Trusts

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

9. Retirement Plans (continued)

Other Postretirement Benefit Plans

In addition to the retirement plan described above, certain Health Ministries sponsor postretirement benefit plans that provide healthcare benefits to qualified retirees who meet certain eligibility requirements. The total benefit obligation of these plans at June 30, 2014 and 2013, is \$44,473 and \$45,308, respectively. The net asset included in pension and other postretirement liabilities in the accompanying Consolidated Balance Sheets at June 30, 2014, is \$756, while the net obligation included in pension and other postretirement liabilities in the accompanying Consolidated Balance Sheets at June 30, 2013, is \$6,624. The change in the plans' assets and benefit obligations recognized in unrestricted net assets during the year ended June 30, 2014, was a decrease of \$1,471.

Defined-Contribution Plans

System entities participate in contributory and noncontributory defined-contribution plans covering all eligible associates. There are three primary types of contributions to these plans employer automatic contributions, employee contributions, and employer matching contributions. Benefits for employer automatic contributions are determined as a percentage of a participant's salary and, for certain entities, increases over specified periods of employee service. These benefits are funded annually, and participants become fully vested over a period of time. Benefits for employer matching contributions are determined as a percentage of an eligible participant's contributions each payroll period. These benefits are funded each payroll period, and participants become fully vested in these employer contributions immediately. Expenses for the defined-contribution plans were \$280,223 and \$193,856 during 2014 and 2013, respectively

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

10. Self-Insurance Programs

Certain System hospitals and other entities participate in pooled risk programs to insure professional and general liability risks and workers' compensation risks to the extent of certain self-insured limits. In addition, various umbrella insurance policies have been purchased to provide coverage in excess of the self-insured limits. The System provides its self-insurance through various trust funds and captive insurance companies. Actuarially determined amounts, discounted at 6% for the System, are contributed to the trust funds and the captive insurance companies to provide for the estimated cost of claims. The loss reserves recorded for estimated self-insured professional, general liability, and workers' compensation claims include estimates of the ultimate costs for both reported claims and claims incurred but not reported, which are discounted at 6% in 2014 and 2013 for the System. Those entities not participating in the self-insured programs are insured under separate policies.

Professional and General Liability Programs

Professional and general liability coverage is provided on a claims-made or occurrence basis through a wholly owned onshore trust and through AHIL

The wholly owned onshore trust has a self-insured retention of \$10,000 per occurrence with no aggregate Excess coverage is provided through AHIL with limits up to \$205,000 AHIL retains \$5,000 per occurrence and \$5,000 annual aggregate for professional liability AHIL also retains a 20% quota share of the first \$25,000 of umbrella excess. The remaining excess coverage is reinsured by commercial carriers

Sunflower Assurance, Inc (Sunflower) was acquired when Marian Health System joined the System Sunflower provided excess coverage with limits up to \$75,000 above the primary coverage for Via Christi Health and retained 10% of the first reinsurance layer of \$10,000 on a quota share basis. The remaining excess coverage was reinsured by commercial carriers. As of October 1, 2013, Via Christi's primary and excess medical professional and general liability and employed physician programs were integrated into the System trust and AHIL. After January 1, 2014, the employer stop loss and employee life insurance coverage provided by Sunflower to Via Christi were not renewed and are in run off

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

10. Self-Insurance Programs (continued)

Self-insured entities in the states of Indiana, Kansas, Pennsylvania, and Wisconsin are provided professional liability coverage with limits in compliance with participation in the Patient Compensation Funds The Patient Compensation Funds apply to claims in excess of the primary self-insured limit, except the Fund in Kansas, which only covers claims up to the first \$1,000 and then the trust and AHIL cover amounts above \$1,000

Included in operating expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets is professional and general liability expense of \$99,568 and \$68,437 for the years ended June 30, 2014 and 2013, respectively Included in current and long-term self-insurance liabilities on the accompanying Consolidated Balance Sheets are professional and general liability loss reserves of \$604,846 and \$614,913 at June 30, 2014 and 2013, respectively

AHIL also offers physician professional liability coverage through insurance or reinsurance arrangements to nonemployed physicians practicing at the System's various facilities, primarily in Michigan, Indiana, Texas, Florida and Illinois Coverage is offered to physicians with limits ranging from \$100 per claim to \$1,000 per claim with various aggregate limits Beginning October 1, 2013, AHIL offered similar coverage to employed physicians from Marian Health System in Kansas and Wisconsin

Edessa Insurance Company Ltd (Edessa) was acquired as part of the Alexian Brothers business combination effective January 1, 2012 Effective July 1, 2012, the self-insurance programs of Edessa were consolidated into AHIL, and Edessa ceased operations

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

10. Self-Insurance Programs (continued)

Workers' Compensation

Workers' compensation coverage is provided on an occurrence basis through a grantor trust. The self-insured trust provides coverage up to \$1,500 per occurrence with no aggregate. The trust provides a mechanism for funding the workers' compensation obligations of its members. Prior to October 1, 2013, workers' compensation coverage for Marian Health System was self-insured or commercially insured up to various limits and excess insurance against catastrophic loss was obtained through commercial insurers. As of October 1, 2013, the Marian Systems are provided coverage under the self-insured trust. Premium payments made to the trust are expensed and represent claims reported and claims incurred but not reported.

Included in operating expenses in the accompanying Consolidated Statements of Operations and Changes in Net Assets is workers' compensation expense of \$42,052 and \$41,699 for the years ended June 30, 2014 and 2013, respectively Included in current and long-term self-insurance liabilities on the accompanying Consolidated Balance Sheets are workers' compensation loss reserves of \$114,237 and \$137,825 at June 30, 2014 and 2013, respectively

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

11. Lease Commitments

Future minimum payments under noncancelable operating leases with terms of one year or more are as follows

Year ending June 30	
2015 \$	188,138
2016	172,635
2017	138,931
2018	104,991
2019	75,410
Thereafter	209,295
Total \$	889,400

Certain System entities are lessees under operating lease agreements for the use of space in buildings owned by third parties, including medical office buildings (MOBs) and medical and information technology equipment. In addition, certain System entities have subleased space within buildings where the entity has a current operating lease commitment. Certain System entities are also lessors under operating lease agreements, primarily ground leases related to third-party-owned MOBs on land owned by the System entity

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

11. Lease Commitments (continued)

The System's future minimum noncancelable payments associated with operating leases where a System entity is the lessee, as well as future minimum noncancelable receipts associated with operating leases where a System entity is the sublessor or lessor, are presented in the table that follows Future minimum payments and receipts relate to noncancelable leases with terms of one year or more

	Future Payments Where the System is Lessee		Fu	ture Receipts Where the System is Sublessor/ Lessor	Net Future Payments (Receipts)		
Year ending June 30							
2015	\$	188,138	\$	50,118	\$	138,020	
2016		172,635		41,175		131,460	
2017		138,931		32,104		106,827	
2018		104,991		26,333		78,658	
2019		75,410		20,626		54,784	
Thereafter		209,295		300,833		(91,538)	
Total	\$	889,400	\$	471,189	\$	418,211	

Rental expense under operating leases amounted to \$391,928 and \$347,087 in 2014 and 2013, respectively

12. Contingencies and Commitments

The System is involved in litigation and regulatory investigations arising in the ordinary course of business Regulatory investigations also occur from time to time In the opinion of management, after consultation with legal counsel, these matters are expected to be resolved without material adverse effect on the System's Consolidated Balance Sheet

In March 2013, the System and some of its subsidiaries were named as defendants to litigation surrounding the Church Plan status of its System Plans On May 9, 2014, the United States District Court, Eastern District of Michigan, Southern Division, issued its Decision and Order Granting Defendants' Motion to Dismiss, which effectively dismissed the case against the System On June 11, 2014, the plaintiff in the case filed a Notice of Appeal, and the appeal is pending Regardless of the outcome of such appeal, the System does not believe that this matter will have a material adverse effect on the System's financial position or results of operations

Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

12. Contingencies and Commitments (continued)

In September 2010, Ascension Health received a letter from the U.S. Department of Justice (the DOJ) in connection with its nationwide review to determine whether, in certain cases, implantable cardioverter defibrillators (ICD) were provided to certain Medicare beneficiaries in accordance with national coverage criteria. In connection with this nationwide review, identified System hospitals are reviewing applicable medical records and responding to the DOJ. The DOJ's investigation spans a time frame beginning in 2003 and extending through the present time. To date, four System hospitals have entered into settlements with the DOJ and the System is having settlement discussions with the DOJ regarding two other System hospitals subject to the ICD investigation.

The System enters into agreements with non-employed physicians that include minimum revenue guarantees. The terms of the guarantees vary. The carrying amounts of the liability for the System's obligation under these guarantees were \$37,623 and \$44,553 at June 30, 2014 and 2013, respectively, and are included in other current and noncurrent liabilities in the accompanying Consolidated Balance Sheets. The maximum amount of future payments that the System could be required to make under these guarantees is approximately \$95,700.

The System entered into agreements with sponsors for support through January 2017 The System's obligation under these agreements totals \$31,000 at June 30, 2014, and is included in other current and noncurrent liabilities in the accompanying Consolidated Balance Sheet

The System entered into Master Service Agreements for information technology services provided by third parties. The maximum amount of future payments that the System could be required to make under these agreements is approximately \$190,700.

Guarantees and other commitments represent contingent commitments issued by Ascension Health Alliance Senior and Subordinate Credit Groups, generally to guarantee the performance of an affiliate to a third party in borrowing arrangements such as commercial paper issuances, bond financing, and other transactions The terms of guarantees are equal to the terms of the related debt, which can be as long as 26 years The following represents the remaining guarantees and other commitments of the Senior and Subordinate Credit Groups at June 30, 2014

Hospital de la Concepción 2000 Series A debt guarantee	\$ 29,240
St Vincent de Paul Series 2000A debt guarantee	28,300
Other guarantees and commitments	36,200

Supplementary Information



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Report of Independent Auditors on Supplementary Information

The Board of Directors Ascension

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole The accompanying Schedule of Net Cost of Providing Care of Persons Living in Poverty and Community Benefit Programs, the Details of Consolidated Balance Sheet – Alexian Brothers Health System Obligated Group, the Details of Consolidated Statement of Operations and Changes in Net Assets – Alexian Brothers Health System Obligated Group, and Statement of Cash Flows – Alexian Brother Health System Obligated Group are presented for purposes of additional analysis and is not a required part of the financial statements Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole

September 11, 2014

Ernst + Young LLP

Schedule of Net Cost of Providing Care of Persons Living in Poverty and Other Community Benefit Programs (Dollars in Thousands)

Years Ended June 30, 2014 and 2013

The net cost of providing care to persons living in poverty and other community benefit programs is as follows

	Year Ended June 30,				
	2014			2013	
Traditional charity care provided	\$	580,606	\$	524,605	
Unpaid cost of public programs for persons living in poverty		641,981		488,959	
Other programs for persons living in poverty and other vulnerable persons		117,990		89,923	
Community benefit programs		480,866		383,583	
Care of persons living in poverty and other community benefit programs	\$	1,821,443	\$	1,487,070	

Details of Consolidated Balance Sheet – Alexian Brothers Health System Obligated Group

(Dollars in Thousands)

June 30, 2014

	C onsolidated Ascension	C onsolidated Ascension less Health Ministries Presented	Reclassification	C onsolidated Alexian Brothers Health System	C onsolidated Alexian Brothers Health System less Alexian Brothers Health System Obligated Group Presented	C onsolidated Alexian Brothers Health System Obligated Group	Alexian Brothers Health System	Alexian Brothers Hospital Network
Assets								
Current assets								
Cash and cash equivalents	\$ 018418		\$ -				\$ (51.283)	S –
Short-term investments	109 081	103 584	=	5 40-	5 334	103	-	-
Interest in investments held by Ascension	-	-	-	-	-	-	-	_
Accounts receivable less allowances for								
uncollectible accounts (\$1 200 407 in 2014)	2 419 010		=	120 498	8 200	112 232	_	_
Inventories	332 739		-	lo 787	1	10 780	_	3 400
Due from brokers	343 757	343 757	_	-	_	_	_	_
Estimated third-party payor settlements	230 550		_	445	-	445	-	-
Other	502 30	550 132	_	12 235	(20 004)	41 329	270	32 330
Total current assets	4 022 537	4 463 135	-	150 402	(14 800)	174 301	(51 004)	35 ~48
Long-term investments	15 327 255	14 938 070	300 401	10001	-	10001	1-000	-
Interest in investments held by Ascension	-	-	(300 401)	300 401	3 001	300 400	204 214	-
Property and equipment net	8 410 020	7 718 155	-	092 474	14270	0-8 105	٥ 508	20 15"
Other assets								
Investment in unconsolidated entities	040 888	044 725		5 1 0 3	3 023	1 540	1	53 042
Capitalized software costs net	8 -05	700 351	=-	0 354	-	0 354	-	9 354
Other	1 500 840	1 401 085	=	18 164	5 001	13 0~3	11 010	=
Total other assets	2 938 442	2 905 701	-	32 081	8 -14	23 %	11 01	03 200
Total assets	\$ 31 298 803	\$ 30 025 121	\$ -	\$ 12 ⁻³ ⁻ 42	\$ 11.095	-	\$ 281.434	\$ 125.201

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n Brothers cal C enter	Saint Alexius Medical Center	Alexian Brothers Behavioral Health Hospital	Savelli	Alexian Village of Milwaukee Inc	Alexian Village of Tennessee	Alexian Brothers Landsdowne Village		Alexian Brothers Community Services	Alexian Brothers San Jose	C redit Group Elinunations
\$ 26 523	\$ 22 04	\$ 5015		\$ 73	\$ 44	\$ 92	\$ 133	\$ (150)	\$ -	\$ -
-	-	-	103	-	-	-	-	-	_	-
-	_	_	_	-	_	_	-	=	=	_
57 147	40 002	8 8 2	=-	18-4	-04	1 504	1 481	1 048	-	(1.150)
8 537	4 247	111	=	128	80	23	10	235	=	=
-	-	-	-	-	-	-	-	_	_	-
-	445	-	-	-	-	-	-	_	_	-
 (040)	1 933	452	115	110	351	100	112	5 120		1 352
91 258	00 274	15 350	230	2 104	1 239	1 815	1 742	o 24"	-	202
-	-	-	-	232	2 303	-	53	-	-	-
-	-	-	-	14.475	1 028	14 232	10 248	20 203	-	-
210 022	205 244	24 029	10 333	27 522	09 823	3 570	24 937	- 050	-	-
								_		
164	1 3 - 5	-	-	-	-	-	-	-	-	(53 942)
-	-	-	-	_	-	-	-	_	_	-
 140	(298)	-	10	1 028	(1)	_	_	550	_	_
310	1 0~~	-	10	1 028	(1)	_	-	550	-	(53 942)
\$ 301 500	\$ 335 505	\$ 39 380	\$ 10.585	\$ 45.451	\$ 74,392	\$ 10 024	\$ 42 980	\$ 40149	\$ -	\$ (53 ~40)

Details of Consolidated Balance Sheet – Alexian Brothers Health System Obligated Group (continued) (Dollars in Thousands)

June 30, 2014

Consolidated Alexian Brothers Health System less Consolidated Alexian Brothers Consolidated Alexian Alexian Consolidated Health System Brothers Ascension less Alexian Brothers Brothers Health Ministries Alexian Brothers Obligated Group Health System Consolidated Alexian Brothers Hospital Medical Health System Obligated Group Health System Ascension Presented Presented Network Center Liabilities and net assets 91 532 \$ 80 olo - \$ 4010 S 4 º10 \$ 4010 \$ Current portion of long-term debt Long-term debt subject to short-term remarketing arrangements 1 345 530 1 345 530 2 293 003 2 202 770 00 803 - 323 83 570 3-001 15.457 Accounts payable and accrued liabilities o 285 Estimated third-party payor settlements 300 048 450 054 80 100 80 10 42 639 (1) 332 109 Due to brokers 332 109 Current portion of self-insurance liabilities 220 850 221 390 5 400 225 5 241 2 300 1.517 Other 274 645 205 708 88--2 400 (190.370) 130 491 33 303 0.408 Total current habilities 5 014 449 101 Fc8 F 190 258 0.050 180 302 (145.187) 130 770 orolo 4 004 013 4 518 701 4°o 212 4°o 212 4°0 212 Long-term debt (senior and subordinated) 4.172 5.11.850 510 050 21 900 17 728 8 0 2 0 Self-insurance liabilities Pension and other postretirement liabilities 428 079 414 383 14.296 (1) 14 207 11 058 1 343 826 1 280 052 4 133 53 041 Total noncurrent liabilities 300.5 0 730 005 500 582 8 304 501.278 489 834 12.256 Total liabilities 12 323 720 11 503 880 .20 STU 18 200 344 641 105 172 Net assets Unrestricted Controlling interest 10 730 100 10 231 402 504 728 (7108) 511 890 (70.292)(11.575)100 025 Noncontrolling interests 1 o 5o 10o 1 050 013 Unrestricted net assets 18 302 200 17 888 075 504 221 (7108) 511 389 (70.292) (11.575) 190 418 Temporarily restricted 391 220 382 247 8000 o 871 Permanently restricted 191 015 18 975 13 513 902 18 461 235 (63.213) (11.575) Total net assets (7.165) 521 0o 190 418 Total liabilities and net assets 31,298,863 \$ 30,025,121 \$ 1,273,742 \$ 11,095 \$ 1,202,047 \$ 281_434 \$ 125,201 \$

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St	Alexius Medical Center	Alexian Brothers Behavioral Health Hospital	Savellı Properties Inc	Alexian Village of Milwaukee Inc	Alexian Village of Tennessee		Alexian Brothers Sherbrooke Village	Alexian Brothers Community Services	Alexian Brothers San Jose	C redit Group Eliminations
\$	=	\$ =	\$ =	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	=	-	_	-	-	-	=	=	-	=
	13 927	2 918	253	1 500	1 0	558	854	3 113	10	(1.150)
	33 8°o	2 701	=	=	=	3~	=	854	=	=
	=	_	=	=	-	=	=	-	-	=
	1 257	101	-	-	-	-	-	-	-	-
	21 521	5 387	(108)	4	15	20	40	1 510	312	1 352
	70 581	11 10-	85	1 003	1 -01	021	900	8 510	328	202
	_	=	=	=	=	=	_	_	=	=
	1	1 783	_	25	30	30	34	23	_	_
	_	_	_	_	_	_	_	_	3 239	-
	_	_	1	14 001	28 881	33	11	2 715	(1)	_
_	1	1 783	1	14 020	28 917	00	45	2 ~38	3 238	_
	78 352	12 950	80	10 229	30 -11	000	012	11 254	3 500	202
	257 243	20 430	10 400	29 039	41 300	18 928	41 982	28 850	(3.500)	(53 942)
	_	_	_	_	_	_	_	_	_	_
	257 243	20 430	10 100	20 030	41 300	18 928	41 982	28 850	(3.500)	(53 042)
	_	_	_	150	1 853	0	53	45	_	_
	=	=	=	33	450	=	=	=	=	=
	257 243	20 430	10 100	20 222	43 081	18 934	42 035	28 805	(3.500)	(53 042)
\$	335,505	\$ 39,386	\$ 10,585	\$ 45,451	\$ 74,392	\$ 19,024	\$ 42,980	\$ 40,149	\$ -	\$ (53,740)

Details of Consolidated Statement of Operations and Changes in Net Assets – Alexian Brothers Health System Obligated Group

(Dollars in Thousands)

Year Ended June 30, 2014

Consolidated Alexian Brothers Health System less Consolidated Alexian Brothers Consolidated Alexian Ascension less Consolidated Health System Alexian Brothers Brothers Alexian Consolidated Health Ministries Alexian Brothers **Obligated Group** Health System Brothers Hospital Alexian Brothers Health System Obligated Group Health System Medical Center Ascension Presented Presented Network Operating revenue 10 103 307 18157384 \$ 1 035 923 \$ 57 731 078 102 \$ \$ 450 247 Net patient service revenue 1 273 354 1 237 094 2 123 1 103 Less provision for doubtful accounts 36 260 34 137 14 543 Net patient service revenue less provision for 1-010053 10 920 290 000 003 55 008 044 055 (1.103) 435 704 doubtful accounts Other revenue 2 181 869 47 898 47.08 84 219 101 00 15 070 811 20 149 720 19 102 159 1 047 501 08.388 451 o83 Total operating revenue 50 419 001 142 84 219 Operating expenses 8 202 294 7 80o 437 305 857 50 045 339 212 24 335 15 801 134 459 Salaries and wages 1 747 730 1 000 342 8- 30-9.062 78.335 9.009 7 313 32 043 Employee benefits 1 210 276 1 003 485 110 701 10o 115 35 100 17 041 10 0 0 Purchased services 20.310 Professional fees 1 270 450 1 225 401 54 058 3 643 50 415 2 142 8.071 40 040 2 822 102 2 089 802 3 0 7 5 129 225 Supplies 132 300 8-75 781 02 115 515 5 703 Insurance 128 535 13 020 1.162 11.858 374 7 372 178 344 10 000 (2 749) 194 010 10 272 173 Interest 800 380 843 705 55 504 53 978 15 132 15 118 Depreciation and amortization Lolo 1.492 2 001 850 132 747 124 403 (8.344) 10 644 85079 Other 2 884 Total operating expenses before impairment 18 390 5== restructuring and nonrecurring losses net 19 380 209 005 002 017 084 80 494 0-4-4 422 o01 Income (loss) from operations before self-insurance trust fund investment, investment return and 703 451 3 725 711 582 51.800 (21.289) 73 158 914 29 082 impairment restructuring and nonrecurring losses net 00174 Self-insurance trust fund investment return 00.174 (531) Impairment restructuring and nonrecurring losses net (223 834) (222,338) (1.490) (905) (285) 005 701 555 418 (22 254) 014 28 707 Income (loss) from operations 50.373 2 02 Nonoperating gains (losses) 1 470 230 287 1515819 36 580 30 203 20 905 Investment return Loss on extinguishment of debt (1.605) (1.605)(6.020) (5 0 5 4) Loss on interest rate swaps (300) (300) (300)523 Income from unconsolidated entities 5 530 5.016 523 (63.119) (913) (62.308) (811) 103 Total nonoperating gains (losses) net 012 35 014 25 540 1 450 o14 1 414 688 35 020 81 Excess (deficit) of revenues and gains over expenses and 2 050 405 1 970 100 80 200 (21.342) 10~ 641 29 265 014 28 878 losses 245 893 245 964 Less noncontrolling interests (1) (1) (1) Excess (deficit) of revenues and gains over expenses and losses attributable to controlling interest 1 810 512 1 724 142 86 370 (21.342) 10~~12 29 265 914 28 949

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St Alexius Medical Center	Alexian Brothers Behavioral Health Hospital	Savelli Properties Inc	Alexian Village of Milwaukee Inc	Alexian Village of Tennessee	Alexian Brothers Landsdowne Village	Alexian Brothers Sherbrooke Village	Alexian Brothers Community Services	Alexian Brothers San Jose	C redit Group Eliminations
\$ 351 123		\$ -	\$ 22 902			\$ 15.854		\$ -	\$ (5.557)
10 205	1 738	_	104	08	180	111	25		_
334 918	71 057	-	22 738	23 524	10 ~10	15.743	35.712	_	(5.557)
0 034	5010	2 510	1 008	⁻ 31	40	18-	1.51~	-	(144 220)
344 852	77 270	2 510	23 800	24 255	10 705	15 930	37 220	-	(140)
0-300	35 040	-	8 o	5 -1-	3 -01	o 113	11 189	-	(3 909)
21 ~~2	- 44-	-	1 050	1 840	-02	1 232	2 701	(29)	(~4)
13 705	4 202	28	4173	5 520	1 030	2 204	1 418	2	(0.010)
29 505	- 840	~1	3 280	3 534	2 504	1 ~44	14 80~	-	(63 183)
45 524	1 138	-	1 000	00	908	850	2 004	-	-
4 351	1 030	10	48	90	20	30	⁻ 4	-	-
0 202	835	-	500	1	81	538	152	-	(135)
14810	0-1	025	1 530	2 280	505	808	020	-	=
000	11 808	2 345	2 189	3 478	1 212	080	2 429	_	(08 900)
314 384	70 923	3 088	23 491	23 249	11 440	14 040	3o 123	(2~)	(140 011)
30 408	o 353	(572)	315	1 000	(084)	1 284	1 100	2-	134
_	_	_	_	_	_	_	_	_	_
(208)	(38)	-	-	_	_	_	-	-	_
30 200	0.315	(572)	315	1 000	(084)	1 284	1 100	27	134
_	-	_	1 445	2	1 480	1 540	5 04"	_	(135)
-	-	-	-	-	-	-	-	-	-
_	-	-	_	-	-	_	-	_	-
_	-	-	_	-	-	-	-	-	-
10	_	-	_	(5)	-	-	_	_	-
10	-	-	1 445	(3)	1 480	1 540	5 047	_	(135)
30 270	o 315	(5-2)	1 -00	1 003	-0 ₀	2 833	o 153	2-	(1)
-	-	-	-	-	-	-	-	-	-
30 270	o 315	(572)	1 ~00	1 003	-0 ₀	2 833	o 153	2-	(1)

Details of Consolidated Statement of Operations and Changes in Net Assets – Alexian Brothers Health System Obligated Group (continued)

(Dollars in Thousands)

Year Ended June 30, 2014

Consolidated Alexian Brothers Health System less Consolidated Alexian Brothers Consolidated Alexian Ascension less Consolidated Health System Alexian Brothers Brothers Alexian Alexian Consolidated Health Ministries Alexian Brothers **Obligated Group** Health System **Brothers Health** Hospital Brothers Health System Obligated Group Medical Center Ascension Presented Presented System Network Unrestricted net assets, controlling interest Excess (deficit) of revenues and gains over 1 810 512 \$ 1 724 142 \$ 80.370 \$ (21/342) \$ 107 712 \$ 29 205 \$ 014 \$ 28 040 expenses and losses Transfer from (to) sponsors and other 0 005 19 501 (35 162) (0 000) (0.500) (15 001) (0.000) affiliates net (1.534)Contributed net assets (1.534)45 255 45 255 Membership interest changes net Net assets released from restrictions for 62.537 00 010 1 012 1 018 841 property acquisitions Pension and other postretirement liability 23 000 21.851 2 130 2 130 2 311 adjustments Change in unconsolidated entities net assets 4 571 4 571 (24.514) (24.550) 42 240 (204) (1) (1^{--}) Other Increase in unrestricted net assets, controlling interest 1 914 251 1 839 743 74 508 -0 00-25 519 914 19 014 before loss from discontinued operations (1.589) (164 363) Loss from discontinued operations (104 303) Increase (decrease) in unrestricted net assets 1 ~40 888 1 o 75 380 74 508 (1.589) -000 25 510 014 19 014 controlling interest Unrestricted net assets, noncontrolling interest Excess of revenues and gains over expenses 245 893 245 964 and losses (-1)(71)(71) (531 159) (531 159) Distributions of capital Contributions of capital 401 546 401 546 (52 530) (52 530) Membership interest changes net Increase (decrease) in unrestricted net assets noncontrolling interest 03 750 03 821 (71) (1) (1) Temporarily restricted net assets, controlling interest 99 885 95019 0.374 Contributions and grants 4.200 (2.108)2.800 31 292 570 445 30 710 570 Investment return (115.353) (110.562) (4 701) (4.733) (58) (3.829)Net assets released from restrictions 1 0 5 2 348 (262) (1.314)(729) Other (1) Increase (decrease) in temporarily restricted net 10 172 1o 383 (211) (1.114) 003 (720) assets controlling interest Permanently restricted net assets, controlling interest 10 405 Contributions 10 405 - 042 042 Investment return (480) (4~1) (1.647)(1.167) (0) 208 (0-0) Other Increase (decrease) in permanently restricted net 10 700 17 180 (480) (0) assets controlling interest (471)208 (0-0) 1 840 510 1 772 764 -3 -4o (2 712) ~o 458 25 148 914 18 135 Increase (decrease) in net assets (12.489) 178 283 17 128 62 Lo o88 471 440 156 (4.453)444 609 (88.361) Net assets, beginning of period 18 4o1 235

74 1403-1210450

Net assets end of period

aus Medical enter	Alexian Brothers Behavioral Health Hospital	Savelli Properties Inc	Alexian Village of Milwaukee Inc	Alexian Village of Tennessee	Alexian Brothers Landsdowne Village	Alexian Brothers Sherbrooke Village	Alexian Brothers Community Services	Alexian Brothers San Jose	C redit Group Elinunations
\$ 30 2 70	\$ 0315	\$ (572)	\$ 1 To0	\$ 1003	\$ -00	\$ 2833	\$ 0.153	\$ 2~	\$ (1)
(12 000)	(1 000)	(1)	٥٥	16 451	-	(1)		=	=
-	-	-	-	=	-	= -	- -	-	=
2~1	-	-	-	500	-	-	-	-	-
-	-	-	-	-	-	-	-	(172)	-
 -	- 1	- 1	- (1)	(31)	- 1	2	(3)	-	- 1
18 541 -	5310	(5 ⁷ 2)	1 840	1-023	-0-	2 834	(1o 4º3) -	(145)	=
18 541	5310	(572)	1 840	17.923	-0-	2 834	(10 493)	(145)	-
- -	-	-	-	-	-	- -	- -	- -	
= =	- -	-	- -	-	- -	- -	- -	- -	
-	-	-	-	-	-	-	-	-	-
- -	- -	- -	142	-402 121	25	40 -	21 10	- -	2 °38 -
- (504)	- (94)	=	(134)		(20)	(39)	- 14		=
(504)	(94)	-	8	(182)	(11	1	15	-	2 938
-	-	-	-	- -	- -	-	-	- -	- -
-	_	_	_	_	_	_	_	_	
 -	_	_	_	_	_	_	_	_	
\$ 18 03 ⁻ 23º 20º 25 ⁻ 243	5 222 21 214 \$ 20 430	(5 ⁻ 2) 110 ⁻ 1 \$ 10499	185 ⁻ 2 ⁻ 305 \$ 29222	17 -41 25 040 \$ 43 081	18 138 \$ 18 934	2 835 39 200 \$ 42 035	(1o 448) 45 343 \$ 28 895	(3.421)	2 938 (50 880) \$ (53 942)

Statement of Cash Flows – Alexian Brothers Health System Obligated Group

(Dollars in Thousands)

June 30, 2014

Operating activities	
Increase in net assets	\$ 76,458
Adjustments to reconcile increase in net assets to net	
cash provided by operating activities	
Depreciation and amortization	53.978
Provision for doubtful accounts	34,137
Amortization of fair value of debt adjustment	(1.289)
Interest, dividends, and net (gains) losses on investments	36,293
Impairment, restructuring, and nonrecurring expenses	(531)
Transfers from (to) sponsor and other affiliates, net	(35,162)
Pension and other postretirement liability adjustments	(2,139)
Restricted contributions, investment return and other restricted activity	(431)
(Increase) decrease in	
Short-term investments	4,472
Accounts receivable	(45,890)
Estimated third-party payor settlements	1.171
Inventories and other current assets	(6,352)
Investments, including interest in investments held by Ascension	(54.784)
Other assets	5,392
Increase (decrease) in	
Accounts payable and accrued liabilities	(17.390)
Estimated third-party payor settlements	(8,302)
Self-insurance liabilities	(2)
Other current liabilities	2.177
Other noncurrent liabilities	30,649
Net cash provided by operations	72,455
Investing activities	
Property and equipment additions, net	 (66,551)
Net cash used in investing activities	(66.551)
Financing activities	
Issuance of long-term debt	_
Repayment of long-term debt	(7,960)
(Increase) in trustee-held funds	(374)
Net cash used in financing activities	 (8.334)
Net change in cash and cash equivalents	(2,430)
Cash and cash equivalents, beginning of year	 5,776
Cash and cash equivalents, end of year	\$ 3,346