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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131047337

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Alexian Brothers Health System

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
Arlington Heights, IL 60005

D Employer identification number
36-3260495

E Telephone number
(847) 818-5100

G Gross receipts $ 92,993,476

F Name and address of principal officer
Mark Frey
3040 West Salt Creek Lane
Arlington Heights, IL 60005

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www.alexianbrothershealth.org

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

L Year of formation 1983

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
National member for Catholic Health System

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	0
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	7,408
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,041,630	9,902,660
9	Program service revenue (Part VIII, line 2g)	91,443,613	80,322,863
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,282,489	1,776,224
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	436,702	239,984
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	105,204,434	92,241,731
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,241,492	3,482,780
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	31,991,680	28,157,630
16a	Professional fundraising fees (Part IX, column (A), line 11e)	108,408	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,973,229		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	70,149,111	103,191,897
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	105,490,691	134,832,307
19	Revenue less expenses Subtract line 18 from line 12	-286,257	-42,590,576

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	340,627,882	416,499,067
21	Total liabilities (Part X, line 26)	290,998,063	497,373,135
22	Net assets or fund balances Subtract line 21 from line 20	49,629,819	-80,874,068

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2017-05-11

Mark Frey President & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Alexian Brothers Health System ("ABHS") carries out the healing mission of the Catholic Church through the Alexian Brothers ministries by identifying and developing effective responses to the health and housing needs of those we are called to serve

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 115,175,541 including grants of $ 3,482,780) (Revenue $ 80,322,863)

Alexian Brothers Health System - Ranked among the nation's best-performing health systems, Alexian Brothers Health System (ABHS) is a health care ministry comprised of two acute care hospitals, 3 specialty hospitals, a community mental health center, clinical institutes, diagnostic imaging facilities and the Alexian Brothers Medical Group, which includes 15 primary care locations, seven immediate care centers, seven occupational health centers and several specialty programs We serve more than two million people across Chicago's northwest suburbs and beyond with innovative care and world-class medical specialists ABHS strives to provide a prophetic, holistic approach to health care, rooted in Gospel values and the legacy of the Alexian Brothers, an 800-year-old Congregation that carries out the healing ministry of Jesus Christ in the tradition of the Roman Catholic Church (CONTINUED ON SCHEDULE O)

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

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

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶** 115,175,541

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
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? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17	Yes	
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	Yes	
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	Yes	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	978		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7,408		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Paul Belter 3040 West Salt Creek Lane Arlinton Heights, IL 60005 (847) 818-5100

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK FREY EX-OFFICIO DIRECTOR & PRESIDENT/CEO	50 0 9 0	X		X				2,250,984	0	38,737
(2) ROBERT J HENKEL FACHE DIRECTOR & CHAIRPERSON	1 0 49 0	X		X				0	8,227,349	62,803
(3) JOSEPH R IMPICCICHE DIRECTOR	1 0 49 0	X						0	3,456,464	53,225
(4) DAVID B PRYOR MD DIRECTOR	1 0 49 0	X						0	3,466,556	69,404
(5) ANTHONY J SPERANZO DIRECTOR	1 0 49 0	X						0	5,161,410	60,205
(6) PAUL BELTER VICE PRESIDENT & TREASURER	50 0 7 0			X				623,565	0	54,883
(7) DONNA GAUTHIER ASSISTANT SECRETARY	40 0 11 0			X				74,341	0	17,743
(8) TRACY ROGERS VICE PRESIDENT (THROUGH 8/28/15)	50 0 6 0			X				603,873	0	59,594
(9) PEG WENDELL SECRETARY	1 0 50 0			X				408,375	0	48,623
(10) PATRICIA CASSIDY VICE PRESIDENT (EFFECTIVE 10/1/15)	1 0 56 0			X				501,940	0	44,723
(11) BRYAN BERTOGLIO MD PEDIATRIC NEUROSURGEON	0 0 50 0					X		955,336	0	32,494
(12) MOHAMMED KHAN MD CARDIOLOGIST	0 0 50 0					X		956,363	0	28,886
(13) TIMOTHY MALISCH MD INTERVENTIONAL NEURORADIOLOGIST	0 0 50 0					X		896,273	0	26,034
(14) SZYMON S ROSENBLATT MD NEUROSURGEON	0 0 50 0					X		984,535	0	35,151

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DANIEL SAURI MD CARDIOLOGIST	0 0 50 0					X		941,021	0	28,837
(16) SCOTT PETERSON FORMER KEY EMPLOYEE	0 0 0 0						X	110,504	0	0
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								9,307,109	20,311,779	661,343

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MCKESSON ONE POST STREET SAN FRANCISCO, CA 94104	MEDICAL SUPPLY COMPANY	34,314,805
TOUCHPOINT SUPPORT SERVICES 4721 MORRISON DR SUITE 300 MOBILE, AL 36609	CAFETERIA AND ENVIRONMENTAL SERVICES	33,797,637
OWENS AND MINOR DISTRIBUTION INC 437N TOWER BLVD CAROL STREAM, IL 60188	MEDICAL EQUIPMENT DISTRIBUTION	19,401,298
EFFICIENCY MEDIA 3616 WINNETKA RD GLENVIEW, IL 60026	MEDIA PLANNING BUYING SERVICE	5,089,426
CARDINAL HEALTH SPECIALTY PHARACEUTICAL 14265 COLLECTION DRIVE CHICAGO, IL 60693	PHARMACEUTICAL SUPPLY	4,439,375

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 228

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c	634,005			
	d	Related organizations . . . 1d	25,000			
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	9,243,655			
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	9,902,660			
Program Service Revenue		Business Code				
	2a	Management Fees	561000	68,925,027	68,925,027	
	b	Leased Employee Benefits	900099	8,111,557	8,111,557	
	c	AMITA Unconsolidated Operating Income	900099	2,393,252	2,393,252	
	d	Rent to Afilliates	532000	893,027	893,027	
	e					
	f	All other program service revenue		0	0	0
	g	**Total.** Add lines 2a–2f . . . . . ▶		80,322,863		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		1,776,224		1,776,224
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents: 448,607				
	b	Less rental expenses: 389,292				
	c	Rental income or (loss): 59,315 / 0				
	d	Net rental income or (loss) . . . . . ▶		59,315		59,315
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss): 0 / 0				
	d	Net gain or (loss) . . . . . ▶				
	8a	Gross income from fundraising events (not including $ 634,005 of contributions reported on line 1c) See Part IV, line 18 . . a 289,943				
	b	Less direct expenses . . . b 360,453				
	c	Net income or (loss) from fundraising events . . ▶		-70,510		-70,510
	9a	Gross income from gaming activities See Part IV, line 19 . . . a 20,780				
	b	Less direct expenses . . . b 2,000				
	c	Net income or (loss) from gaming activities . . . ▶		18,780		18,780
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	Cafeteria Revenue 900099		188,327		188,327
	b	Discounts 900099		24,045		24,045
	c	Miscellaneous Revenue 900099		20,027		20,027
	d	All other revenue		0	0	0
	e	**Total.** Add lines 11a–11d . . . . . ▶		232,399		
	12	**Total revenue.** See Instructions . . . . . ▶		92,241,731	80,322,863	0 2,016,208

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,482,780	3,482,780		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,727,381	4,727,381		0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			0
7 Other salaries and wages	17,447,745	16,134,267		1,313,478
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,372,095	1,372,095		
9 Other employee benefits	3,406,297	2,968,078		438,219
10 Payroll taxes	1,204,112	1,122,090		82,022
11 Fees for services (non-employees)				
a Management	10,429,776	10,429,776		
b Legal	1,289,331		1,289,331	
c Accounting	540,446		540,446	
d Lobbying				
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)	62,581	0	0	62,581
12 Advertising and promotion	347,529	342,516		5,013
13 Office expenses	2,344,744	2,292,891		51,853
14 Information technology	38,733,224	38,733,224		
15 Royalties				
16 Occupancy	5,859,832	5,859,832		
17 Travel	119,606	103,060		16,546
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,364	18,889		2,475
20 Interest	-983,995	-983,995		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	529,249	529,249		
23 Insurance	405,135	405,135		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Ascension System Office	11,991,373	11,991,373		
b Project Symphony Fees	11,000,000	11,000,000		
c Loss on Extinguishment	7,745,106	7,745,106		
d Ascension System Wide IT Expense	5,431,388	5,431,388		
e All other expenses	7,325,208	7,324,166	0	1,042
25 **Total functional expenses.** Add lines 1 through 24e	134,832,307	131,029,301	1,829,777	1,973,229
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	3,821,155	1	1,867,412
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,335,978	3	7,072,432
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	307,036	6	469,767
	7	Notes and loans receivable, net	595,040	7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	981,848	9	884,147
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 13,948,896			
	b	Less accumulated depreciation — 10b: 3,198,061	10,018,592	10c	10,750,835
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	308,667,829	12	357,460,284
	13	Investments—program-related See Part IV, line 11	0	13	
	14	Intangible assets	1,277,700	14	425,900
	15	Other assets See Part IV, line 11	13,622,704	15	37,568,290
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	340,627,882	16	416,499,067
Liabilities	17	Accounts payable and accrued expenses	36,666,443	17	35,437,915
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	153,370,000	20	68,159,417
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties	6,335,343	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	94,626,277	25	393,775,803
	26	**Total liabilities.** Add lines 17 through 25	290,998,063	26	497,373,135
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	42,658,561	27	-92,608,182
	28	Temporarily restricted net assets	6,729,540	28	11,492,396
	29	Permanently restricted net assets	241,718	29	241,718
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	49,629,819	33	-80,874,068
	34	Total liabilities and net assets/fund balances	340,627,882	34	416,499,067

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	92,241,731
2	Total expenses (must equal Part IX, column (A), line 25)	2	134,832,307
3	Revenue less expenses Subtract line 2 from line 1	3	-42,590,576
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	49,629,819
5	Net unrealized gains (losses) on investments	5	-9,830,869
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-1,268,707
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-76,813,735
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-80,874,068

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131047337

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Alexian Brothers Health System

Employer identification number
36-3260495

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☑ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations **9**

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

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total9					0	

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990)*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990)*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		No

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2	Yes	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3	Yes	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☑ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a	Yes	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b	Yes	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part I SUPPORT	ABHS SUPPORTS THE PROVISION OF HEALTHCARE SERVICES AT THE CORPORATIONS TO WHICH IT IS THE NATIONAL MEMBER BY THE PROVISION OF CENTRALIZED ADMINISTRATIVE SUPPORT, INCLUDING SERVICES SUCH AS MISSION INTEGRATION, ACCOUNTING, ACCOUNTS PAYABLE, TREASURY (INCLUDING CASH, INVESTMENT AND DEBT MANAGEMENT), INSURANCE, PAYROLL, HUMAN RESOURCES, COMPLIANCE, LEGAL, EDUCATION, WELLNESS, AND PATIENT SAFETY AND QUALITY ALL COSTS OF ABHS ARE CHARGED TO THE MEMBERS THROUGH A MANAGEMENT FEE TRANSACTIONS WITH EACH MEMBER ARE DELINEATED ON SCHEDULE R
Schedule A, Part III, Line 19a Supported Orgs Listed By Name	ABHS doesn't list the supported entities-each supported entity lists ABHS There is a historic and continuing relationship between ABHS and each of its supported entities ABHS currently provides support in the form of services such as accounting, payroll, legal, compliance and other administrative support, and has also provided this support in the past
Schedule A, Part IV, Section C, Line 1 Supp Org Have Significant Voice In Investment Policies	INVESTMENT POLICIES ARE APPROVED AT THE ASCENSION HEALTH LEVEL DUE TO THE FACT THAT BOTH THE SUPPORTED ORGANIZATION(S) AND THE SUPPORTING ORGANIZATION ARE UNDER THE CONTROL OF ASCENSION HEALTH, THE SUPPORTED ORGNANIZATION(S) HAVE A VOICE IN THE INVESTMENT POLICIES THROUGH ASCENSION HEALTH
Schedule A, Part IV, Section E, Line 1c Power To Appoint/Elect Majority of Officer/Director/Trustee	Alexian Brothers Health System, as the National Member, has the authority to approve changes to the governing documents of its supported organizations, approve the mission and vision statements for its respective supported organizations, approve the formation or acquisition of legal entities, and, appoint, upon the recommendation of the governing board of the applicable supported organization, or removal, the Board Chair and members of the governing board of such supported organization
Schedule A, Part IV, Section E, Line 2a Substantial Direction Over Policies/Programs/Activities	All decisions that have a material impact to each of the supporting organization's financial information or corporation as a whole are subject to approval by the national Member, Alexian Brothers Health System

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 36-3260495
Name: Alexian Brothers Health System

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	Amount of other support (see (vi) instructions)
			Yes	No		
(A) ALEXIAN BROTHERS SERVICES INC	431295333			No	0	0
(A) ALEXIAN BROTHERS CENTER FOR MENTAL HEALTH	363045007			No	0	0
(B) ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL	364251848			No	0	0
(C) ST ALEXIUS MEDICAL CENTER	364251846			No	0	0
(D) ALEXIAN BROTHERS AMBULATORY GROUP	364336931			No	0	0
(E) ALEXIAN BROTHERS SPECIALTY GROUP	800710751			No	0	0
(F) ALEXIAN BROTHERS BONAVENTURE HOUSE	363527899			No	0	0
(G) ALEXIAN BROTHERS MEDICAL CENTER	362596381			No	0	0
(H) ALEXIAN BROTHERS MEDICAL CARE GROUP NFP	471930457			No	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131047337

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Alexian Brothers Health System

Employer identification number
36-3260495

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	207,527	191,127	646,997	3,202,679	3,293,690
b	Contributions		0	0	250	10,824
c	Net investment earnings, gains, and losses		19,849	0	-44,617	1,553
d	Grants or scholarships		3,449	455,870	2,511,315	103,388
e	Other expenditures for facilities and programs			0		
f	Administrative expenses			0		
g	End of year balance	207,527	207,527	191,127	646,997	3,202,679

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 %
- c Temporarily restricted endowment ▶

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		1,770,000		1,770,000
b Buildings		6,774,026	1,000,426	5,773,600
c Leasehold improvements		2,916,308	1,599,214	1,317,094
d Equipment		950,321	432,589	517,732
e Other		1,538,241	165,832	1,372,409
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				10,750,835

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Flex Plan Capital Accum	372,111	
(B) Investment Deposit Other	336,206,516	
(C) Interest in investments held by Ascension	-19	
(D) Trustee held	16,249,503	
(E) Restricted Fund INVestments	4,632,173	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	357,460,284	

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

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

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

(a) Description	(b) Book value
(1) Other Assets- Miscellaneous	2,616,229
(2) Land held for future development	1,523,600
(3) Cash surender value	6,102,565
(4) Less split dollar incl on line 5	
(5) Due from affiliates	27,325,896
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	37,568,290

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	393,775,803

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	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, 2016

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 36-3260495
Name: Alexian Brothers Health System

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
Supplemental employee retirement plan liab	
Unclaimed property/Execu-flex accumulation	
Negative Cash	
Health/Dental Liability	
Intercompany debt to Ascension Health	
Swap LT Liability	
LT Pension Liability	
Due to affiliates	
Notes Payable	
Restricted Pledges	
Negative accounts receivable	
Unclaimed Property	262,524
Notes Payable	377,815,377
Pension Liability	15,325,791
FLex Plan Liability	372,111

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131047337

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Alexian Brothers Health System

Employer identification number
36-3260495

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	TrueSense Marketing Donor Engagement Team 155 Commerce Drive Freedom, PA 15042	telephone solicitation		No	40,239	88,468	-48,229
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶	40,239	88,468	-48,229

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

IL

Part II Fundraising Events.
Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 2016 Ball de Fleur (event type)	(b) Event #2 2015 Golf Classic (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	598,305	173,500	152,143	923,948
	2 Less Contributions	430,740	124,600	78,665	634,005
	3 Gross income (line 1 minus line 2)	167,565	48,900	73,478	289,943
Direct Expenses	4 Cash prizes	4,500	0	0	4,500
	5 Noncash prizes	0	1,050	750	1,800
	6 Rent/facility costs	735	26,800	1,500	29,035
	7 Food and beverages	125,465	6,212	38,630	170,307
	8 Entertainment	13,800	0	3,345	17,145
	9 Other direct expenses	98,937	21,966	16,763	137,666
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				360,453
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-70,510

Part III Gaming.
Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			20,780	20,780
Direct Expenses	2 Cash prizes			2,000	2,000
	3 Noncash prizes			0	0
	4 Rent/facility costs			0	0
	5 Other direct expenses			0	0
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				2,000
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				18,780

9 Enter the state(s) in which the organization conducts gaming activities IL

a Is the organization licensed to conduct gaming activities in each of these states? ☑ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," explain

11 Does the organization conduct gaming activities with nonmembers? ☑ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☑ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	50 %
b An outside facility	**13b**	50 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ Julie Baker

Address ▶ 3040 Salt Creek lane
Arlington Heights, IL 60005

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $ 1,958

Description of services provided ▶ JULIE BAKER MANAGES FOUNDATION FUNDRAISING EVENTS AND RAFFLES HELD AT EVENTS TWO PERCENT OF HER (FULLY-LOADED) SALARY HAS BEEN ESTIMATED TO BE COMPENSATION DIRECTLY RELATED TO RAFFLE MANAGEMENT

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☑ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 18,780

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
Schedule G, Part I, Line 2b(v)	TrueSense Marketing Donor Engagement Team tracks expenses incurred and provides detail of those items as well as the professional fee charged Fulfillment $505 Postage $6,483 Registration $275 Professional fees $81,205
Schedule G, Part III, Line 17 Distributions required under state law	STATE=ILLINOIS,MANDATORY DISTRIBUTION AMOUNT=18780,

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131047337

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Alexian Brothers Health System

Employer identification number
36-3260495

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 6

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	Grant funds reported are disbursed to entities owned by Alexian Brothers Health System (ABHS) The disbursement of the funds is centralized within ABHS The entity requesting funds must fill out a form that describes the use of the funds The form must be approved by an operational Vice President in the requesting entity prior to submission The form is then reviewed by and signed off on by executives in the ABHS Foundation and in ABHS Finance prior to approval No funds are disbursed without going through this intensive process

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 36-3260495
Name: Alexian Brothers Health System

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Alexian Brothers Medical Center 800 Biesterfield Road Elk Grove Village,IL 60007	36-2596381	Section 501(c)(3)	484,140				GENERAL SUPPORT
St Alexius Medical Center 1555 Barrington Road Hoffman Estates,IL 60194	36-4251846	Section 501 (c)(3)	462,698				GENERAL SUPPORT
Alexian Brothers Behavioral Health Hospital 1650 moon Lake Blvd Hoffman Estates,IL 60194	36-4251848	Section 501(c)(3)	372,515				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Alexian Brothers Specialty Group 3040 W Salt Creek Lane Arlington Heights,IL 60005	80-0710751	Section 501(c)(3)	44,590				GENERAL SUPPORT
Alexian Brothers Center for Mental Health 3436 N Kennicott Avenue Arlington Heights,IL 60004	36-3045007	Section 501(c)(3)	1,019,593				GENERAL SUPPORT
Alexian Brothers Bonaventure House 825 W Wellington Avenue Chicago,IL 60657	36-3527899	Section 501(c)(3)	799,504				GENERAL SUPPORT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131047337

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Alexian Brothers Health System

Employer identification number
36-3260495

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part II FORM 990, PART VII, SECTION A, LINE 5	The following individual(s) was compensated by Adventist Health System Sunbelt Healthcare Corporation "AHSSHC" in 2015 for services provided to the filing organization Please see our response to Form 990, Part III, Line 4A for a discussion concerning the filing organization's affiliation with AHSSHC Individuals that are considered Officers have been reported in Part VII Individuals that are considered Key Employees have not been reported in Part VII since they did not receive reportable compensation in excess of $150,000 from this organization and/or related organizations Name of Employer Adventist Health System Sunbelt Healthcare Corporation Name of Employee David L Crane, Key Employee Type and Amount of Compensation Paid/Accrued from AHSSHC for services rendered to the filing organization Base Compensation $756,033 Bonus & Incentive Compensation $236,919 Other Reportable Compensation $1,710,168 Retirement & Other Deferred Compensation $135,272 Nontaxable benefits $45,454 Name of Employer Adventist Health System Sunbelt Healthcare Corporation Name of Employee Donald J Russell, Key Employee Type and Amount of Compensation Paid/Accrued from AHSSHC for services rendered to the filing organization Base Compensation $312,868 Bonus & Incentive Compensation $40,291 Other Reportable Compensation $31,149 Retirement & Other Deferred Compensation $20,149 Nontaxable benefits $40,754
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	Alexian Brothers - AHS Midwest Region Health Co , a related organization of the filing organization, 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 Compensation Committee
Schedule J, Part I, Line 4a Severance or change-of-control payment	The following individuals listed in Schedule J were paid the referenced amount of severance payments in calendar year 2015 Scott Peterson - $110,504
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Alexian Brothers Health System offers a Supplemental Employee Retirement Plan to CERTAIN employees who participate in the executive benefits program and whose compensation exceeds the IRS allowable limit for a qualified pension plan The purpose of the plan is to restore retirement benefits that are restricted because of compensation limits for the executives No distributions from the supplemental nonqualified retirement plan were made in the current year
Schedule J, Part I, Line 7 Non-fixed payments	Alexian Brothers Health System provides incentive payments to certain employees after operating and performance goals are achieved Incentive payment plans are reviewed and approved by the Alexian Brothers - AHS Midwest Region Health Co Compensation Committee Alexian Brothers - AHS Midwest Region Health Co is a related organization of the filing organization

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 36-3260495
Name: Alexian Brothers Health System

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MARK FREY EX-OFFICIO DIRECTOR & PRESIDENT/CEO	(I)	804,452	1,428,532	18,000	17,434	21,303	2,289,721	0
	(II)	0	0	0	0	0	0	0
1ROBERT J HENKEL FACHE DIRECTOR & CHAIRPERSON	(I)	0	0	0	0	0	0	0
	(II)	1,212,960	6,405,000	609,389	34,702	28,101	8,290,152	0
2JOSEPH R IMPICCICHE DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	774,484	2,355,000	326,980	22,202	31,023	3,509,689	0
3DAVID B PRYOR MD DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	776,045	2,355,000	335,511	25,025	44,379	3,535,960	0
4ANTHONY J SPERANZO DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	1,041,557	3,543,750	576,103	25,042	35,163	5,221,615	0
5PAUL BELTER VICE PRESIDENT & TREASURER	(I)	469,949	132,868	20,748	28,456	26,427	678,448	20,748
	(II)	0	0	0	0	0	0	0
6TRACY ROGERS VICE PRESIDENT (THROUGH 8/28/15)	(I)	376,254	154,996	72,623	40,969	18,625	663,467	72,623
	(II)	0	0	0	0	0	0	0
7PEG WENDELL SECRETARY	(I)	333,605	61,801	12,969	26,844	21,779	456,998	12,969
	(II)	0	0	0	0	0	0	0
8PATRICIA CASSIDY VICE PRESIDENT (EFFECTIVE 10/1/15)	(I)	380,202	112,938	8,800	15,751	28,972	546,663	0
	(II)	0	0	0	0	0	0	0
9SCOTT PETERSON FORMER KEY EMPLOYEE	(I)	0	0	110,504	0	0	110,504	0
	(II)	0	0	0	0	0	0	0
10BRYAN BERTOGLIO MD PEDIATRIC NEUROSURGEON	(I)	877,336	60,000	18,000	10,080	22,414	987,830	0
	(II)	0	0	0	0	0	0	0
11MOHAMMED KHAN MD CARDIOLOGIST	(I)	650,623	305,740	0	5,300	23,586	985,250	0
	(II)	0	0	0	0	0	0	0
12TIMOTHY MALISCH MD INTERVENTIONAL NEURORADIOLOGIST	(I)	853,273	25,000	18,000	10,798	15,236	922,307	0
	(II)	0	0	0	0	0	0	0
13 SZYMON S ROSENBLATT MD NEUROSURGEON	(I)	951,783	32,752	0	11,278	23,873	1,019,686	0
	(II)	0	0	0	0	0	0	0
14DANIEL SAURI MD CARDIOLOGIST	(I)	600,295	340,726	0	5,300	23,537	969,859	0
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131047337

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

Alexian Brothers Health System

Employer identification number

36-3260495

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Illinois Finance Authority	86-1091967	45200FFH7	04-23-2008	44,028,000	Construct a facilty		X		X		X
B	Illinois Finance Authority	86-1091967	45200FY94	04-21-2010	134,586,814	Partial refunding issue 08/11/05 and construction		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	41,925,000	74,540,000		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	44,028,000	134,787,913		
4	Gross proceeds in reserve funds	0	12,264,528		
5	Capitalized interest from proceeds	0	59,307		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	788,514	1,904,465		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	43,239,485	50,145,550		
11	Other spent proceeds	0	70,420,000		
12	Other unspent proceeds	0	0		
13	Year of substantial completion	2009	2012		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %				
6	Total of lines 4 and 5		0 %		0 %				
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
c	No rebate due?	X		X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

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

Return Reference	Explanation
Schedule K, Part I, Column (b) and Part II Line 3	Differences between the issue price shown on Part I, column (e) and the total proceeds shown on Part II, line 3 are due to investment earnings

Return Reference	Explanation
Schedule K, Part II, Line 4 Reserve Funds Gross Proceeds	Only amounts constituting debt service reserve funds are included on line 4 In addition, ABHS has the following amounts at June 30, 2016 in debt service funds $42,297 for Series 2008, $16,207,206 for Series 2010

Return Reference	Explanation
Schedule K, Part II, Line 4 Col A	At issuance, sale proceeds of the Series 2008 bonds funded a $4,500,000 debt service reserve fund The reserve was subsequently replaced by a $4,500,000 letter of credit, and the proceeds expended on the project

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN A	Issuer name Illinois Finance Authority The calculation for computing no rebate due was performed on 03/14/2013

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name Illinois Finance Authority The calculation for computing no rebate due was performed on 06/16/2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131047337

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Alexian Brothers Health System

Employer identification number
36-3260495

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-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	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
TRACY (1) ROGERS	SENIOR VP & COO	SPLIT DOLLAR LIFE INSURANCE		X	141,905	141,905		No	Yes		Yes	
(2) PAUL BELTER	SENIOR VP & TREASURER	SPLIT DOLLAR LIFE INSURANCE		X	134,378	134,378		No	Yes		Yes	
(3) PEG WENDELL	OFFICER-SECRETARY	SPLIT DOLLAR LIFE INSURANCE		X	95,576	95,576		No	Yes		Yes	
PATRICIA (4) CASSIDY	VICE PRESIDENT	SPLIT DOLLAR LIFE INSURANCE		X	97,908	97,908		No	Yes		Yes	
Total		▶ $				469,767						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131047337

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Alexian Brothers Health System

Employer identification number
36-3260495

Return Reference	Explanation
Form 990, Part III, Line 4a OTHER PROGRAM SERVICES	CHARITY CARE AND COMMUNITY BENEFITS THE AMOUNTS AND TYPES OF CHARITY CARE AND COMMUNITY BENEFITS PROVIDED IN THE ENTIRE ALEXIAN BROTHERS HEALTH SYSTEM ARE AS FOLLOWS CHARITY CARE AT COST - $11,382,000 EXCESS OF GOVERNMENT SPONSORED HEALTH CARE COST OVER REIMBURSEMENT - MEDICAID - $36,763,000 DONATIONS - $295,000 EDUCATION - $2,744,000 SUBSIDIZED HEALTH SERVICES - $3,637,000 OTHER COMMUNITY BENEFITS - $3,438,000 TOTAL CHARITY CARE AND COMMUNITY BENEFITS - $58,260,000 EXCESS OF GOVERNMENT SPONSORED HEALTH CARE COST OVER REIMBURSEMENT - MEDICARE - $58,260,000 BAD DEBT EXPENSE AT COST - $7,100,000

Return Reference	Explanation
Form 990, Part III, Line 4a Continued From Part III	Through partnerships with our associates, physicians and the community, we identify and develop effective responses to the health and housing needs of those we are called to serve Alexian Brothers Health System is a Ministry Organization of Ascension Health, the largest Catholic health system in the nation The Alexian Brothers Health System provides the community with a full range of comprehensive healthcare services and access to the most advanced medical technology We are passionate about delivering exceptional health care and are proud of the powerful, cutting edge technology our skilled professionals are able to access In addition, we offer a wide range of community health services, corporate wellness programs, preventive care and education Our ministries exist to continue the Alexian Brothers mission of caring for the sick, the poor and the dying and promoting the physical, mental, spiritual and social health and well-being of all individuals we serve Adventist Health System Sunbelt Healthcare Corporation and Ascension Health, the sponsors of Adventist Midwest Health (AMH) and Alexian Brothers Health System (ABHS), respectively, entered into an Affiliation Agreement that established the Joint Operating Company, Alexian Brothers-AHS Midwest Region Health Co which became operational on February 1, 2015 The purpose of the Joint Operating Company is to provide a financially and operationally integrated organization for the common management and operation of the health care facilities and operations of AMH and ABHS while preserving the Adventist and Catholic identities and mission priorities that define AMH and ABHS, respectively In April 2015, AMITA Health was announced as the d/b/a for Alexian Brothers-AHS Midwest Region Health Co The word AMITA is inspired by words from several languages friendship in Italian, honesty and truth in Hebrew, and spiritual light and boundlessness in Hindi These words reflect our core values of friendship, truth, and mutual respect for all, as well as our faith-based call to healing Although the name is new, the values of our two great organizations will continue to be the foundation of who we are and how we care for our communities into the future The dedication and promise our caregivers show every day to our patients, their families and each other is deeply rooted in the new name - AMITA Health Locations Alexian Brothers Medical Center Ranked 10th in the Chicago Metro Area and Illinois by US News & World Report, Alexian Brothers Medical Center (ABMC), is a 387-bed acute care hospital located in Elk Grove Village, Illinois that has been providing outstanding healthcare to the residents of the Chicago's northwest suburbs for more than 40 years Located at 800 Biesterfield Road, ABMC is a full-service hospital with a Neurosciences Institute, Cancer Institute, Heart & Vascular Institute, as well as additional specialties in Older Adult (including an emergency room designed for seniors, a geropsych unit and a new hospice residence), Pediatrics, Bariatric Surgery, Orthopedics and Obstetrics It also includes a 66-bed inpatient rehabilitation hospital ABMC is a Certified Comprehensive Stroke Center and has received Disease Specific Certification from The Joint Commission in Stroke, Heart Failure, Acute Myocardial Infarction, and Joint Replacement ABMC is regionally ranked in 6 specialties and high performing in 4 specialties by U S News & World Report St Alexius Medical Center Ranked 8th in the Chicago Metro Area and Illinois by US News & World Report, St Alexius Medical Center (SAMC) is a 339-bed acute care hospital located in Hoffman Estates, Illinois that has provided outstanding healthcare to the residents of the Chicago's northwest suburbs for more than 30 years Located at 1555 Barrington Road, SAMC is nationally ranked in 1 specialty, regionally ranked in 7 specialties and high performing in 2 specialties by U S News & World Report SAMC is a full-service hospital with a Neurosciences Institute, Cancer Institute, Heart & Vascular Institute, as well as additional specialties in Older Adult, Pediatrics, Bariatric Surgery, Orthopedics and Obstetrics The Alexian Brothers Women & Children's Hospital opened in April 2013 SAMC has received Disease Specific Certification from The Joint Commission in Stroke, Heart Failure, and Knee and Hip Joint Replacement Alexian Brothers Behavioral Health Hospital Alexian Brothers Behavioral Health Hospital (ABBHH), located at 1650 Moon Lake Boulevard in Hoffman Estates, Illinois, provides comprehensive inpatient and outpatient behavioral health services ABBHH offers the complete continuum of behavioral health services, from prevention and early intervention to treatment and aftercare We offer inpatient and outpatient services, as well as clinical psychiatric research Our goal is to help individuals of all ages to learn ways to manage mental health and substance abuse problems Alexian Rehabilitation Hospital Alexian Rehabilitation Hospital (ARH), part of Alexian Brothers Medical Center in Elk Grove Village, Illinois, is a 66-bed inpatient rehabilitation facility Its physicians, nurses and therapists are experts in every aspect of rehabilitation medicine ARH is a joint venture between the health system and the Rehabilitation Institute of Chicago, they work together through a team approach to meet the physical, emotional and spiritual needs of patients and families The ARH staff strives to provide each patient with the best possible care by recognizing that every patient's needs and goals are different Alexian Brothers Center for Mental Health The Alexian Brothers Center for Mental Health (ABCMH) offers a wide spectrum of high quality and innovative mental health services Located at 3436 North Kennicott Avenue in Arlington Heights, Illinois, its primary service area spans the 10 towns that comprise Palatine and Wheeling Townships Services and programming include therapy and psychiatry services for all ages, case management, psychosocial rehabilitation, community support services, vocational rehabilitation, supported education, crisis services, supported residential services, school-based mental health services, a Partial Hospitalization Program and more Alexian Brothers Ambulatory Group, d/b/a Alexian Brothers Medical Group (ABMG) provides primary care, immediate care, and occupational health services at fifteen locations Sites are staffed by physicians trained to provide chronic and acute care for all illnesses and injuries, including work and sports-related injuries Primary care involves the widest scope of healthcare and includes patients of all ages seeking to maintain optimal health and manage chronic conditions, such as high blood pressure, high cholesterol, diabetes, and back pain Immediate care is for the treatment of patients with an injury or illness that requires immediate attention but is not serious enough to warrant a visit to a hospital emergency room No appointment needed for either adults or children Occupational health medicine is primarily for the treatment and prevention of work-related illness and injury No appointment is needed Alexian Brothers Bonaventure House d/b/a Alexian Brothers Housing and Health Alliance Alexian Brothers Housing and Health Alliance (ABHHA) has been serving people impacted by HIV/AIDS and related co-morbidities in the Chicago metropolitan region for more than 20 years, providing housing, comprehensive services, and spiritual care With services located at The Harbor in Waukegan, Illinois, Bonaventure House on the North Side of Chicago, Bettendorf Place on the South Side of Chicago and at scattered sited throughout the Chicago metro area, ABHHA strives to transform the lives of people who are homeless and living with HIV/AIDS within a supportive, compassionate community Clinical Institutes Cancer Institute The Cancer Institute provides comprehensive oncology services across the entire Alexian Brothers Health System Accredited by the American College of Surgeons as a Comprehensive Community Hospital Program, our Cancer Institute boasts five-year survival rates that exceed the American Cancer Society's national statistics for breast, ovarian, lung and colon cancers Heart & Vascular Institute The Heart & Vascular Institute offers high-level cardiovascular care Our cardiac team includes some of the most highly respected cardiologists and cardiovascular surgeons in the area, many who are regionally and nationally known Neurosciences Institute The Neurosciences Institute offers the latest medical advances and technology to help patients with neurological conditions Our spectrum of care includes advanced diagnostic procedures, treatment strategies, and proven approaches to help patients achieve high quality of life In addition, we are working to provide scientific insight into how to lower the risk of developing certain neurological diseases

Return Reference	Explanation
Form 990, Part V, Line 1a IRS FILINGS AND TAX COMPLIANCE	ALEXIAN BROTHERS HEALTH SYSTEM USES A COMMON BANK ACCOUNT TO COMPENSATE ALL INDEPENDENT CONTRACTORS WITHIN THE HEALTH SYSTEM THE NUMBER ATTRIBUTABLE TO EACH ORGANIZATION IS NOT EASILY DISTINGUISHED THE TOTAL NUMBER OF FORMS 1099 FILED FOR THE ENTIRE HEALTH SYSTEM APPEARS ON PART V, LINE 1A OF THE ALEXIAN BROTHERS HEALTH SYSTEM FORM 990

Return Reference	Explanation
Form 990, Part VI, Line 15 PROCESS TO ESTABLISH COMPENSATION	IN DETERMINING THE COMPENSATION OF THE ORGANIZATION'S CEO, THE PROCESS, PERFORMED BY Alexian Brothers - AHS Midwest Region Health Co , A RELATED ORGANIZATION OFthe filing organization, INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE Alexian Brothers - AHS Midwest Region Health Co COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE CEO WAS COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE COMMITTEE MINUTES THE INDIVIDUAL WAS NOT PRESENT WHEN HIS/HER COMPENSATION WAS DECIDED IN DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION, THE PROCESS PERFORMED BY Alexian Brothers - AHS Midwest Region Health Co , A RELATED ORGANIZATION OF the filing organization INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION IN THE REVIEW OF THE COMPENSATION, THE OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION WERE COMPARED TO OTHER SIMILARLY SITUATED ORGANIZATIONS' EMPLOYEES THAT HOLD THE SAME OR SIMILAR TITLE

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	Alexian Brothers Health System has a single corporate member, Ascension Health (the Sponsor")

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	Alexian Brothers Health System has a single corporate member, Ascension Health, which has the ability to elect members to the governing body of Alexian Brothers Health System, which is also SUBJECT TO THE RATIFICATION OF THE BOARD OF ALEXIAN BROTHERS-AHS MIDWEST REGION HEALTH CO

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	Ascension Health has designed a system authority matrix which assigns authority for key decisions that are necessary in the operation of the system Specific areas that are identified in the authority matrix include the following new organizations for which Ascension Health will serve as the controlling entity and major transactions, governing documents, appointment/removal of the Chair of the Board and Chief Executive Officer, debt limits, strategic and financial plans, the transfer of assets, and, system policies and procedures These areas are subject to certain levels of approval by Ascension Health per the system authority matrix and are sUBJECT TO CERTAIN LEVELS OF APPROVAL BY ASCENSION HEALTH PER THE SYSTEM AUTHORITY MATRIX, WHICH IS SUBJECT TO THE APPROVAL OF ALEXIAN BROTHERS-AHS MIDWEST REGION HEALTH, CO

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner Prior to filing the return, all Board members are provided the Form 990 and management team members are available to answer any Board Members' questions

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement The remaining individuals on the governing board or committee will decide if conflicts of interest exist Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The financial statements of Alexian Brothers Health System are available through the Office of the Illinois Attorney General Conflicts of Interest statements and the governing documents of Alexian Brothers Health System are not made available to the public

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Transfers with Affiliates - -73376033, FAS 158 Pension - -3437702,

Return Reference	Explanation
Form 990, Part XII, Line 2b Audit Disclosure	The activity of Alexian Brothers Health System is reported in the consolidated financial statements of Ascension Health Alliance No individual audit of Alexian Brothers Health System is completed Ascension Health Alliance's audit committee assumes responsibility for oversight of the audit of the financial statements The audited financial statements are of Ascension Health Alliance and Affiliates, which include the activity of Alexian Brothers Health System

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131047337

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Alexian Brothers Health System

Employer identification number
36-3260495

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Alexian Rehabilitation Services LLC 935 Beisner Elk Grove Village, IL 60007 30-0221481	Rehabilitation hospital	IL	NA	N/A								0 %
(2) Illinois NeuroMeg Center LLC 3040 W Salt Creek Lane Arlington Heights, IL 60005 87-0783164	Provision of NeuroMeg services	IL	NA	N/A								0 %
(3) Elk Grove MOB Limited Partnership 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3853289	Medical office building	IL	NA	N/A								0 %
(4) Neurosciences Equipment LLC 3040 W Salt Creek Lane Arlington Heights, IL 60005 86-1115516	Ownership of Gamma Knife	IL	NA	N/A								0 %
(5) St Alexius Center for Sleep Health LLC 1300 S Main Street Lombard, IL 60148 20-5876371	Operation of sleep lab	IL	NA	N/A								0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) Thelen Corporation 3040 W Salt Creek Arlington Heights, IL 60005 36-3266316	Owns/ leases property, joint venture partner	IL	NA	C Corporation					No
Alexian Brothers Health **(2)**Providers Association Inc 3040 W Salt Creek Arlington Heights, IL 60005 36-3853286	Messenger model IPA	IL	Alexian Brothers Health System	C Corporation	-191,614	331,753		Yes	
(3) Alexian Village of Elk Grove 3040 W Salt Creek Arlington Heights, IL 60005 35-2211303	Tax credit financed housing	IL	Alexian Brothers Health System	C Corporation	557,019	2,635,650		Yes	

Part V **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
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)**royalties, or**(iv)**rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	No
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	Yes
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o	Sharing of paid employees with related organization(s)	1o	No
p	Reimbursement paid to related organization(s) for expenses	1p	Yes
q	Reimbursement paid by related organization(s) for expenses	1q	Yes
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 who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 36-3260495
Name: Alexian Brothers Health System

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Alexian Brothers - AHS Midwest Region Health Co 3040 W Salt Creek Lane Arlington Heights, IL 60005 47-2360513	Joint Operating Company	IL	501(c)(3	Type II	NA		No
Ascension Health Alliance PO Box 45998 St Louis, MO 631455998 45-3358926	National Health System	MO	501(c)(3	Type I	NA		No
Ascension Health PO Box 45998 St Louis, MO 63145 31-1662309	National Health System	MO	501(c)(3	Type I	Ascension Health Alliance		No
Alexian Brothers Bonaventure House 825 Wellington Avenue Chicago, IL 60657 36-3527899	Housing and supportive care services for persons with HIV/AIDS	IL	501(c)(3	9	Alexian Brothers Health System	Yes	
Alexian Brothers of San Jose Inc 3040 W Salt Creek Lane Arlington Heights, IL 60005 94-1530037	Acute care hospital (sold in 1998)	TX	501(c)(3	Type I	Alexian Brothers Health System	Yes	
Alexian Brothers Services Inc 3040 W Salt Creek Lane Arlington Heights, IL 60005 43-1295333	HUD housing	MO	501(c)(3	9	Alexian Brothers Health System	Yes	
Alexian Brothers Senior Ministries 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-4484290	Supports the provision of healthcare for related corporations	IL	501(c)(3	Type III-FI	Alexian Brothers Health System	Yes	
Alexian Brothers Hospital Network 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3276552	Supports the provision of healthcare services for related corporations	IL	501(c)(3	Type III-FI	Alexian Brothers Health System	Yes	
Alexian Brothers Medical Center 800 Biesterfield Road Elk Grove Village, IL 60007 36-2596381	Acute care hospital	TX	501(c)(3	3	Alexian Brothers Health System	Yes	
Savelli Properties Inc 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3308965	Owns or leases properties where healthcare services are delivered	IL	501(c)(2		Alexian Brothers Health System	Yes	
Alexian Brothers Behavioral Health Hospital 1650 Moon Lake Blvd Hoffman Estates, IL 60169 36-4251848	Behavioral health hospital	IL	501(c)(3	3	Alexian Brothers Health System	Yes	
St Alexius Medical Center 1555 Barrington Road Hoffman Estates, IL 60194 36-4251846	Acute care hospital	IL	501(c)(3	3	Alexian Brothers Health System	Yes	
Alexian Brothers Ambulatory Group 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-4336931	Physician services	IL	501(c)(3	3	Alexian Brothers Health System	Yes	
Alexian Brothers Specialty Group 3040 W Salt Creek Lane Arlington Heights, IL 60005 80-0710751	Specialty physician practice group	IL	501(c)(3	3	Alexian Brothers Health System	Yes	
Alexian Brothers Center for Mental Health 3436 N Kennicott Avenue Arlington Heights, IL 60004 36-3045007	Outpatient community mental health services	IL	501(c)(3	9	Alexian Brothers Health System	Yes	
Alexian Brothers Medical Care Group NFP 3040 W Salt Creek Lane Arlington Heights, IL 60005 47-1930457	Physician services	IL	501(c)(3	3	Alexian Brothers Health System	Yes	
ALEXIAN BROTHERS MEDICAL GROUP SPECIALITY CARE 3040 W SALT CREEK LANE ARLINGTON HEIGHTS, IL 60005 81-1110738	SPECIALITY PHYSICIAN PRACTICE GROUP	IL	501(c)(3	3	ALEXIAN BROTHERS HEALTH SYSTEM	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	ALEXIAN BROTHERS AMBULATORY GROUP	S	6,950,604	FMV
(1)	ALEXIAN BROTHERS AMBULATORY GROUP	J	30,971	FMV
(2)	ALEXIAN BROTHERS AMBULATORY GROUP	K	2,336,598	FMV
(3)	ALEXIAN BROTHERS AMBULATORY GROUP	Q	6,414,061	FMV
(4)	ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL	S	11,389,269	FMV
(5)	ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL	K	753,893	FMV
(6)	ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL	Q	11,477,089	FMV
(7)	ALEXIAN BROTHERS HEALTH PROVIDERS	S	307,020	FMV
(8)	ALEXIAN BROTHERS HEALTH PROVIDERS	Q	114,864	FMV
(9)	ALEXIAN BROTHERS HOSPITAL NETWORK	P	63,747,372	FMV
(10)	ALEXIAN BROTHERS HOSPITAL NETWORK	K	142,100	FMV
(11)	ALEXIAN BROTHERS HOSPITAL NETWORK	Q	1,085,836	FMV
(12)	ALEXIAN BROTHERS HOSPITAL NETWORK	S	3,333,997	FMV
(13)	ALEXIAN BROTHERS HOSPITAL NETWORK	R	186,654,378	FMV
(14)	ALEXIAN BROTHERS BONVENTURE HOUSE	R	292,263	FMV
(15)	ALEXIAN BROTHERS MEDICAL CARE GROUP	K	403,029	FMV
(16)	ALEXIAN BROTHERS MEDICAL CARE GROUP	Q	530,160	FMV
(17)	ALEXIAN BROTHERS MEDICAL CARE GROUP	S	5,848,956	FMV
(18)	ALEXIAN BROTHERS MEDICAL CENTER	S	68,650,401	FMV
(19)	ALEXIAN BROTHERS MEDICAL CENTER	J	926,027	FMV
(20)	ALEXIAN BROTHERS MEDICAL CENTER	K	711,843	FMV
(21)	ALEXIAN BROTHERS MEDICAL CENTER	Q	70,491,917	FMV
(22)	ALEXIAN BROTHERS OF SAN JOSE	R	6,919,452	FMV
(23)	ALEXIAN BROTHERS SENIOR MINISTRIES	S	60,157	FMV
(24)	ALEXIAN BROTHERS SENIOR MINISTRIES	Q	95,550	FMV

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	ALEXIAN BROTHERS SPECIALTY GROUP	K	897,777	FMV
(1)	ALEXIAN BROTHERS SPECIALTY GROUP	Q	1,964,748	FMV
(2)	ALEXIAN BROTHERS SPECIALTY GROUP	S	13,602,581	FMV
(3)	ALEXIAN BROTHERS SPECIALTY GROUP	R	24,860,984	FMV
(4)	ALEXIAN CENTER FOR MENTAL HEALTH	S	449,462	FMV
(5)	ALEXIAN CENTER FOR MENTAL HEALTH	Q	229,862	FMV
(6)	ALEXIAN CENTER FOR MENTAL HEALTH	R	366,309	FMV
(7)	ALEXIAN REHABILIATION SERVICES LLC	R	4,274,624	FMV
(8)	BONAVENTURE MEDICAL FOUNDATION	S	2,682,486	FMV
(9)	SAVELLI PROPERTIES INC	J	2,672,134	FMV
(10)	SAVELLI PROPERTIES INC	S	1,833,200	FMV
(11)	SAVELLI PROPERTIES INC	Q	338,479	FMV
(12)	SAVELLI PROPERTIES INC	R	4,252,677	FMV
(13)	ST ALEXIUS MEDICAL CENTER	S	54,391,259	FMV
(14)	ST ALEXIUS MEDICAL CENTER	J	625,373	FMV
(15)	ST ALEXIUS MEDICAL CENTER	K	217,512	FMV
(16)	ST ALEXIUS MEDICAL CENTER	Q	54,200,637	FMV
(17)	THELEN CORPORATION	J	692,163	FMV
(18)	THELEN CORPORATION	Q	253,321	FMV
(19)	THELEN CORPORATION	R	516,079	FMV
(20)	ALEXIAN BROTHERS - AHS MIDWEST REGION HEALTH CO	S	137,917	FMV
(21)	ALEXIAN BROTHERS - AHS MIDWEST REGION HEALTH CO	Q	11,182,785	FMV
(22)	ALEXIAN BROTHERS - AHS MIDWEST REGION HEALTH CO	P	11,235,055	FMV