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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

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

C Name of organization
Alexian Brothers Behavioral Health Hospital

Doing business as

Number and street (or P O box if mail is not delivered to street address) 1650 Moon Lake Blvd | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Hoffman Estates, IL 60169

D Employer identification number
36-4251848

E Telephone number
(314) 733-8000

G Gross receipts $ 81,447,656

F Name and address of principal officer
Clayton Ciha
1650 Moon Lake Blvd
Hoffman Estates, IL 60169

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 amitahealth org

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

L Year of formation 1998

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To improve the health and well-being of all people in the communities we serve

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**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	26
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)	372,515	317,977
9	Program service revenue (Part VIII, line 2g)	80,659,135	80,701,236
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	14,049
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	653,927	414,394
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	81,685,577	81,447,656
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	46,478,825	47,667,953
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	29,213,987	32,062,547
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	75,692,812	79,730,500
19	Revenue less expenses Subtract line 18 from line 12	5,992,765	1,717,156

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	34,482,465	35,941,744
21	Total liabilities (Part X, line 26)	13,083,429	17,544,403
22	Net assets or fund balances Subtract line 21 from line 20	21,399,036	18,397,341

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: 2018-05-15

Tonya Mershon Tax Officer
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 Behavioral Health Hospital ("ABBHH") carries out the healing mission of the Catholic Church as an Alexian Brothers ministry by identifying and developing effective responses to the health needs of those we are called to serve

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 37,845,437 including grants of $) (Revenue $ 47,362,303)

See Additional Data

4b (Code) (Expenses $ 15,310,767 including grants of $) (Revenue $ 19,854,405)

See Additional Data

4c (Code) (Expenses $ 7,592,219 including grants of $) (Revenue $ 11,129,664)

See Additional Data

(Code) (Expenses $ 1,820,377 including grants of $ 0) (Revenue $ 2,501,518)

OTHER PROGRAM SERVICES THE ACCESS DEPARTMENT AT ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL (ABBHH) OFFERS MENTAL HEALTH ASSESSMENTS AND LEVEL OF CARE SCREENINGS FREE OF CHARGE TO THOSE IN NEED IN FISCAL 2017, THIS DEPARTMENT PROVIDED MORE THAN 14,256 SCREENINGS TO CHILDREN, ADOLESCENTS, ADULTS AND OLDER ADULTS

4d Other program services (Describe in Schedule O)

(Expenses $ 1,820,377 including grants of $) (Revenue $ 2,501,518)

4e **Total program service expenses ▶** 62,568,800

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	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		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
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**		No
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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 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**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**		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**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** 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 10		
	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 6		
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		No
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		No
	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 ▶David Jones 3040 West Salt Creek Lane Arlington Heights, IL 600053557 (847) 818-5100

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

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) CLAY CIHA EX-OFFICIO DIRECTOR AND PRESIDENT/CEO	50 0 3 0	X		X				0	400,513	64,925
(2) BRUCE WOLFE CHAIRPERSON	1 0 2 0	X		X				0	0	0
(3) KATHLEEN GILMER VICE CHAIRPERSON	1 0 2 0	X		X				0	0	0
(4) CHRISTOPHER D'AGOSTINO DIRECTOR	50 0 0 0	X						0	444,887	49,816
(5) JOANNE LESKI EDD RN CNE DIRECTOR	1 0 2 0	X						0	0	0
(6) MARIJO LETIZIA PHD DIRECTOR	1 0 2 0	X						0	0	0
(7) THOMAS R PALMER JD DIRECTOR	1 0 2 0	X						0	0	0
(8) GREGORY A TEAS MD DIRECTOR	40 0 0 0	X						0	414,271	56,553
(9) JOHN D TOURTELOT JUDGE DIRECTOR (START 10/2016)	1 0 2 0	X						0	0	0
(10) KUMUDINI GINDE MD DIRECTOR (START 10/2016)	1 0 50 0	X						0	220,038	37,609
(11) DIANA WOYTKO SECRETARY	1 0 52 0			X				0	351,930	72,362
(12) DAVID JONES TREASURER	17 0 33 0			X				0	248,704	58,197
(13) DONNA GAUTHIER ASSISTANT SECRETARY	1 0 51 0			X				0	78,988	28,978
(14) CHRIS NOVAK CHIEF OPERATING OFFICER	50 0 0 0				X			0	245,253	43,490
(15) CLIFTON J SAPER EXECUTIVE DIRECTOR OF OUT PATIENT SERVICES	50 0 0 0				X			0	193,851	67,099
(16) MUMTAZ F RAZA PSYCHIATRIST	50 0 0 0					X		0	506,124	51,243
(17) SACHIN J BHALERAO DO PSYCHIATRIST	50 0 0 0					X		0	504,956	15,412

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			
(18) MICHAEL BRILLIANT PSYCHIATRIST	50 0 0 0					X		0	489,606	55,001
(19) SALAHUDDIN I SYED PSYCHIATRIST	50 0 0 0					X		0	517,077	22,793
(20) SHUBHRAJAN S WADYAL MD PSYCHIATRIST	50 0 0 0					X		0	546,954	7,247
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								0	5,163,152	630,725

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

Section B. Independent Contractors

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

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

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 ▶ 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . 1a				
	b Membership dues . . 1b				
	c Fundraising events . . 1c				
	d Related organizations 1d	317,977			
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f				
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶	317,977			
Program Service Revenue		Business Code			
	2a Patient Service Revenue	622210	40,930,924	40,930,924	
	b Medicare/Medicaid Revenue	622210	17,828,784	17,828,784	
	c Group Practice Revenue	624190	19,854,405	19,854,405	
	d School/ Aftercare Program	900099	1,159,366	1,159,366	
	e I/C MANAGEMENT FEES	541610	927,757	927,757	
	f All other program service revenue		0	0	0
	g Total. Add lines 2a–2f . . . . ▶	80,701,236			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	14,049			14,049
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)	0	0		
	d Net rental income or (loss) . . . . . ▶				
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)	0	0		
	d Net gain or (loss) . . . . . ▶				
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from fundraising events . . ▶				
	9a Gross income from gaming activities See Part IV, line 19 . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . a				
	b Less cost of goods sold . . b				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a EDUCATION/WORKSHOPS	611710	132,419	132,419	
	b Cafeteria Revenue	722514	267,740		267,740
	c Other Revenue	900099	14,235	14,235	
	d All other revenue		0	0	0
	e Total. Add lines 11a–11d . . . . . ▶		414,394		
	12 Total revenue. See Instructions . . . . . ▶		81,447,656	80,847,890	0

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	39,112,882	32,498,253	6,614,629	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,159,241		1,159,241	
9 Other employee benefits	4,721,196	3,737,762	983,434	
10 Payroll taxes	2,674,634	2,190,906	483,728	
11 Fees for services (non-employees)				
a Management	28,646		28,646	
b Legal	40,004		40,004	
c Accounting	6,050		6,050	
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)	2,038,821	1,476,680	562,141	0
12 Advertising and promotion	1,936		1,936	
13 Office expenses	380,749		380,749	
14 Information technology	341		341	
15 Royalties				
16 Occupancy	1,357,029	882,069	474,960	
17 Travel	188,528		188,528	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	126,788		126,788	
20 Interest	842,856		842,856	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,035,330		1,035,330	
23 Insurance	1,302,284		1,302,284	
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 Management Fees	11,658,216	11,658,216		
b Medicaid Tax	6,170,206	6,170,206		
c purchased services	4,725,513	2,764,056	1,961,457	
d medical supplies	979,683	894,899	84,784	
e All other expenses	1,179,567	295,753	883,814	0
25 **Total functional expenses.** Add lines 1 through 24e	79,730,500	62,568,800	17,161,700	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		123,096	1	-206,795
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		10,050,274	4	10,467,832
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		132,252	8	118,030
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 28,455,798			
	b	Less accumulated depreciation	10b 5,320,138	23,869,437	10c	23,135,660
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		0	12	
	13	Investments—program-related See Part IV, line 11		0	13	
	14	Intangible assets		0	14	47,144
	15	Other assets See Part IV, line 11		307,406	15	2,379,873
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		34,482,465	16	35,941,744
Liabilities	17	Accounts payable and accrued expenses		3,421,515	17	5,574,266
	18	Grants payable			18	
	19	Deferred revenue		146,438	19	140,464
	20	Tax-exempt bond liabilities			20	
	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		0	22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		9,515,476	25	11,829,673
	26	**Total liabilities.** Add lines 17 through 25		13,083,429	26	17,544,403
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		21,399,036	27	18,397,341
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		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		21,399,036	33	18,397,341
	34	Total liabilities and net assets/fund balances		34,482,465	34	35,941,744

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	81,447,656
2	Total expenses (must equal Part IX, column (A), line 25)	2	79,730,500
3	Revenue less expenses Subtract line 2 from line 1	3	1,717,156
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,399,036
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,718,851
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,397,341

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		

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 36-4251848
Name: Alexian Brothers Behavioral Health Hospital

Form 990 (2016)

Form 990, Part III, Line 4a:

INPATIENT PROGRAMS IN FISCAL 2017, ABBHH HAD CLOSE TO 5,800 ADMISSIONS WITH AN AVERAGE LENGTH OF STAY OF 8 05 DAYS ABBHH PROVIDED CARE TO APPROXIMATELY 1,500 ADOLESCENTS, 3,500 ADULTS AND 800 GERIATRIC PATIENTS 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 LEARN WAYS TO MANAGE MENTAL HEALTH AND SUBSTANCE ABUSE PROBLEMS ABBHH IS ACCREDITED BY THE JOINT COMMISSION AND LICENSED BY THE DIVISION OF ALCOHOL AND SUBSTANCE ABUSE, WHICH MEANS WE MEET THE HIGHEST STANDARDS OF MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT 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

Form 990, Part III, Line 4b:

GROUP PRACTICE A TEAM OF EXPERIENCED PSYCHIATRISTS, PSYCHOLOGISTS, NURSES, SOCIAL WORKERS AND PROFESSIONAL COUNSELORS, WITH EXTENSIVE SUB-SPECIALTY CERTIFICATIONS, PROVIDE THERAPY TO INDIVIDUALS, COUPLES AND FAMILIES ABBHH INPATIENTS MAY ALSO UTILIZE THIS OUTPATIENT CARE AFTER DISCHARGE IN FISCAL 2017, THERE WERE APPROXIMATELY 116,400 OUTPATIENT VISITS IN THE GROUP PRACTICE

Form 990, Part III, Line 4c:

OUTPATIENT PROGRAMS ABBHH OFFERS PARTIAL HOSPITALIZATION (PHP) PROGRAMS ALSO KNOWN AS DAY TREATMENT PROGRAMS FOR ADOLESCENT AND ADULT PATIENTS WHOSE SYMPTOMS ARE STABILIZED AND UNDER CONTROL THE PHP PROGRAMS OFFER A HIGHLY INTENSE TREATMENT REGIMEN OVER A SHORT PERIOD OF TIME IN ORDER TO HELP INDIVIDUALS MOVE COMFORTABLY BACK INTO THE COMMUNITY IN FISCAL 2017, ABBHH SERVED MORE THAN 4,900 CASES WITH MORE THAN 32,000 VISITS RELATED TO THESE CASES IN CHILD/ADOLESCENT, ADULT, EATING DISORDER, SELF-INJURY, CHEMICAL DEPENDENCY, OBSESSIVE COMPULSIVE DISORDER AND SCHOOL ANXIETY PROGRAMS ABBHH ALSO OFFERS INTENSIVE OUTPATIENT (IOP) PROGRAMS THIS LOW INTENSITY LEVEL OF CARE IS OFFERED TO ALL AGE GROUPS FOR ALL PSYCHIATRIC AND ADDICTION NEEDS IN FISCAL 2017, WE SERVED OVER 2,400 CASES AND OFFERED MORE THAN 23,000 UNITS OF SERVICE

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Alexian Brothers Behavioral Health Hospital

Employer identification number
36-4251848

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

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

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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 _____

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- 10 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)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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		
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		
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		
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 12a or 12b in Part I, answer (b) and (c) below*	4a		
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		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
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 I of Schedule L (Form 990 or 990-EZ)*	8		
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		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) 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		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
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		

Part IV Supporting Organizations (continued)

			Yes	No
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		
b	A family member of a person described in (a) above?	11b		
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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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		
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		

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		
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		

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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Alexian Brothers Behavioral Health Hospital	36-4251848

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		910
j	Total Add lines 1c through 1i			910
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Lobbying expenses represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying Alexian Brothers Behavioral Health Hospital does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Lobbying expenses represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying Alexian Brothers Behavioral Health Hospital does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office

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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

2016

Open to Public Inspection

Name of the organization
Alexian Brothers Behavioral Health Hospital

Employer identification number
36-4251848

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- 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)		
(ii) related organizations . . . . . 3a(ii)		
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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		1,540,000		1,540,000
b Buildings		23,884,819	3,953,958	19,930,861
c Leasehold improvements		50,696	24,702	25,994
d Equipment		2,234,978	1,261,581	973,397
e Other		745,305	79,897	665,408
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				23,135,660

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

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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	361,135
(2) Intra/Intercompany AR	1,396,714
(3) Other Receivables	622,024
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	2,379,873

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
(1) Federal income taxes	
Due to affiliates	9,370,976
Other current liabilities	149,985
Reserve for outstanding insurance losses	
Estimated Settlement to Third-Party Payor	2,199,422
recovery tail liability	109,290
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	11,829,673

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 36-4251848
Name: Alexian Brothers Behavioral Health Hospital

Supplemental 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 thre shold and measurement attribute for financial statement recognition and measurement of a t ax 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, 2017

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Alexian Brothers Behavioral Health Hospital

Employer identification number
36-4251848

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 60000 %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		769	744,319		744,319	0 93 %
b Medicaid (from Worksheet 3, column a)		474	10,421,349	5,469,356	4,951,993	6 21 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	1,243	11,165,668	5,469,356	5,696,312	7 14 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		11,989	1,317,347	185	1,317,162	1 65 %
f Health professions education (from Worksheet 5)		456	906,281		906,281	1 14 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)		6	986		986	0 %
j **Total.** Other Benefits	0	12,451	2,224,614	185	2,224,429	2 79 %
k **Total.** Add lines 7d and 7j	0	13,694	13,390,282	5,469,541	7,920,741	9 93 %

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development					0	0 %
3 Community support					0	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development					0	0 %
9 Other		212	4,551		4,551	0 01 %
10 Total	0	212	4,551	0	4,551	0 01 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	596,720		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	59,672		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	17,869,267		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	19,082,764		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-1,213,497		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

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

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Alexian Brothers Behavioral Health Hospital

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) www amitahealth org/about-us/community-benefit/alexian-brothers-behavioral-health			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) www amitahealth org/about-us/community-benefit/alexian-brothers-behavioral-health			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Alexian Brothers Behavioral Health Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 600 0 %			
b ☐	Income level other than FPG (describe in Section C)			
c ☑	Asset level			
d ☑	Medical indigency			
e ☑	Insurance status			
f ☑	Underinsurance discount			
g ☑	Residency			
h ☐	Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15	Explained the method for applying for financial assistance?	**15**	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑	Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑	Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☐	Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐	Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	**16**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑	The FAP was widely available on a website (list url) www alexianbrothershealth org/pay-my-bill			
b ☑	The FAP application form was widely available on a website (list url) www alexianbrothershealth org/pay-my-bill			
c ☑	A plain language summary of the FAP was widely available on a website (list url) www alexianbrothershealth org/pay-my-bill			
d ☑	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑	The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☐	A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☐	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☑	Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Alexian Brothers Behavioral Health Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Alexian Brothers Behavioral Health Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? **0**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c FAP Eligibility	Every uninsured person, regardless of income receives an automatic 15% discount off of charges Persons who earn less than 600% of federal poverty guidelines are given more significant discounts, depending on their individual situations Federal Poverty Level - 0-200% Patient Discount Uninsured - 100% Federal Poverty Level - 201-300% Patient Discount Uninsured - 73% Federal Poverty Level - 301-600% Patient Discount Uninsured - 73% Federal Poverty Level - >600% Patient Discount Uninsured - 38 6%

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community Benefit Report Filing	Alexian Brothers Hospital Network (ABHN), EIN# 36-3276552, prepares and files the Annual Non-Profit Hospital Community Benefit Plan Report with the Attorney General's Office of the State of Illinois This report is prepared on a consolidated basis and includes data for Alexian Brothers Medical Center (ABMC), St Alexius Medical Center (St Alexius) and Alexian Brothers Behavioral Health Hospital (ABBHH)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 17 Billing and Collection Policy	During tax year 2017, the organization learned via verbal comments of IRS agents at public events that the IRS intends that the "readily obtainable" standard in the 501(r) regulations for the AGB calculation and billing and collection policy is only met if those items are posted to the organization's web site The organization had interpreted that web posting standard to be a safe harbor after consulting with external counsel and tax advisors, and timely took other steps to make the information readily obtainable Consequently, the organization does not believe its decision to not post these documents to its web site rises to the level of a failure, nor does it believe the circumstances were either willful or egregious, having otherwise timely taken the steps necessary to attain and continue to maintain compliance with the other requirements related to the billing and collection policy and the AGB, as part of its policies and procedures for ensuring compliance with all aspects of 501(r) However, the organization is making this voluntary disclosure in order to communicate to the IRS the changes it is undertaking in response to the recent IRS informal guidance on this specific point concerning the "readily obtainable" standard, and the fact that the organization has started the work necessary to post its AGB information and billing and collection policy to its web site and will complete those additional postings as soon as reasonably possible The other web postings required under 501(r) (i e , those related to the community health needs assessment and the financial assistance policy) were timely completed and continue to remain in place as required The organization believes its safeguards worked as intended in this case (i e , the organization has regular communications with a number of external law firms and tax consultants and the timely attention to the recent guidance was supported by the framework of regular access to subject matter experts) These changes are in the process of being incorporated into corporate policies and procedures that apply to the organization

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The following costing methodologies were used - Charity at cost - a cost to charge methodology based on the filed 2017 Medicare cost report was used to calculate costs - Unreimbursed Medicaid - costs are calculated using the 2017 filed Medicaid cost report - -Other benefits - costs are determined by activity reported in accordance with guidelines published by the Catholic Health Association, costs could include the value of hourly wages, costs of materials, value of space loaned to community groups for meetings, and indirect costs where applicable

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	The community building efforts are led by the member hospitals, ALEXIAN BROTHERS MEDICAL CENTER AND ST ALEXIUS MEDICAL CENTER, which include economic development opportunities with chambers, providing internships and scholarships to local colleges, sponsoring fundraisers for community organizations

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Alexian Brothers Behavioral Health Hospital follows established guidelines for placing certain past-due patient balances within collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health Accounts receivable are written off after collection efforts have been followed in accordance with the Corporation's policies

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	MANAGEMENT WORKS VERY CLOSELY WITH INDIVIDUALS TO DETERMINE IF THEY QUALIFY FOR CHARITY HOWEVER, NOT EVERYONE WHO IS ELIGIBLE FOR CHARITY COMPLETELY COOPERATES WITH THE PROCESS, AND AS A RESULT, MANAGEMENT CANNOT IDENTIFY ALL CHARITY CASES WITH 100% CERTAINTY BASED ON A SAMPLE OF ACCOUNTS REVIEWED THAT WERE ORIGINALLY CLASSIFIED AS BAD DEBT EXPENSE, MANAGEMENT BELIEVES THAT 10% OF THE ACCOUNTS AND OF OUR BAD DEBT EXPENSE WOULD MEET THE CRITERIA OF OUR CHARITY PROGRAM IF PATIENTS SHARED THEIR FINANCIAL CONDITION DISCOUNTS AND PAYMENTS ARE NOT INCLUDED IN BAD DEBT EXPENSE IN THE FINANCIAL STATEMENTS FOR ABBHH UNLESS THE PAYMENT IS A RECOVERY OF AMOUNTS PREVIOUSLY WRITTEN OFF AS BAD DEBT RECOVERIES ARE CLASSIFIED AS A DECREASE TO BAD DEBT EXPENSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	FROM THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE (WHICH INCLUDE THE ACTIVITY OF ABBHH) THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING ECONOMIC CONDITIONS, HISTORICAL EXPERIENCE, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED THE HEALTH MINISTRY FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE HEALTH MINISTRY'S POLICIES

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- Alexian Brothers Behavioral Health Hospital Line 16a URL www alexianbrothershealth org/pay-my-bill,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- Alexian Brothers Behavioral Health Hospital Line 16b URL www alexianbrothershealth org/pay-my-bill,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- Alexian Brothers Behavioral Health Hospital Line 16c URL www alexianbrothershealth org/pay-my-bill,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	ABBHH uses existing secondary data sources to complement the research quality of this Community Health Needs Assessment Data were obtained from the following sources Center for Applied Research and Environmental Systems (CARES) * Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention * Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS) * Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics * Community Commons * Connecticut Department of Public Health * ESRI ArcGIS Map Gallery * National Cancer Institute, State Cancer Profiles * OpenStreetMap (OSM) * US Census Bureau, American Community Survey * 10 * US Census Bureau, County Business Patterns * US Census Bureau, Decennial Census * US Department of Agriculture, Economic Research Service * US Department of Health & Human Services * US Department of Health & Human Services, Health Resources and Services Administration (HRSA) * US Department of Justice, Federal Bureau of Investigation * US Department of Labor, Bureau of Labor Statistics Secondary data indicators reflect county-level data for Cook, Lake, and DuPage counties While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs For example, certain population groups - such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish - are not represented in the survey data Other population groups - for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups - might not be identifiable or might not be represented in numbers sufficient for independent analyses In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	IN THE ABBHH SERVICE AREA, THE POPULATION IS SLIGHTLY OLDER WITH 15 4% OF RESIDENTS OVER AGE 65 AS COMPARED TO 13 9% IN ILLINOIS 19 2% OF THE POPULATION IS HISPANIC, A HIGHER PERCENTAGE AS COMPARED TO 16 7% IN ILLINOIS AND 17 4% IN THE US THE COMMUNITY'S SOCIAL DETERMINANTS ARE FAIRLY AVERAGE, EXCEPT THAT THERE ARE 7 6% OF RESIDENTS THAT IS CONSIDERED "LINGUISTICALLY ISOLATED" I E DO NOT SPEAK ENGLISH NEARLY 15% OF THE POPULATION LIVES AT OR BELOW 100% OF THE POVERTY LEVEL AND 32 3% ARE AT OR BELOW THE 200% OF THE POVERTY LEVEL, REPRESENTING 2,174,865 INDIVIDUALS IN THE ASSESSMENT, IT IS MOST OFTEN THESE INDIVIDUALS THAT HAVE DIFFICULTY ACCESSING SERVICES AND HAVE POORER OVERALL HEALTH, AND SO OUR EFFORTS TO PROVIDE THE COMMUNITY WITH NEEDED SERVICES SHOULD BE DIRECTED IN MOST CASES TOWARDS THIS POPULATION

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	Alexian Brothers Behavioral Health Hospital d/b/a AMITA Health Alexian Brothers Behavioral Health Hospital, Hoffman Estates, is a member hospital of Alexian Brothers Health System (ABHS), a comprehensive and diversified healthcare organization located in Arlington Heigh ts, Illinois, a community in Chicago's northwestern suburbs A ministry organization of As censions, the largest Catholic health system in the nation, ABHS consists of two acute-care hospitals, three specialty hospitals, a community mental health center, clinical institut es, diagnostic imaging facilities and the Alexian Brothers Ambulatory Group, d/b/a Alexian Brothers Medical Group, which is part of the AMITA Health Medical Group Adventist Health System Sunbelt Healthcare Corporation and Ascension Health, the sponsors of Adventist Mid west Health (AMH) and ABHS, respectively, entered into an Affiliation Agreement that estab lished the Joint Operating Company, Alexian Brothers-AHS Midwest Region Health Co , which became operational Feb 1, 2015 The purpose of the Joint Operating Company is to provide a financially and operationally integrated organization for the common management and oper ation of the healthcare facilities and operations of AMH and ABHS, while preserving the Ad ventist and Catholic identities and mission priorities that define AMH and ABHS, respectiv ely In April 2015, AMITA Health was announced as the d/b/a for Alexian Brothers-AHS Midwe st Region Health Co The word AMITA is inspired by words from several languages friendshi p in Italian, honesty and truth in Hebrew, and spiritual light and boundlessness in Hindi These words reflect the organization's core values of friendship, truth and mutual respec t for all, as well as its faith-based call to healing The covered affiliates within AMITA Health provide the community with a full range of comprehensive healthcare services and a ccess to the most advanced medical technology Their healthcare professionals are passiona te about delivering exceptional healthcare and are proud of the powerful, cutting-edge tec hnology offered by the system The covered affiliates within AMITA Health also offer a wid e range of community health services, corporate wellness programs, preventive care and edu cation As charitable organizations, they recognize that not everyone can afford essential medical services and that their mission is to serve the community by providing healthcare services and healthcare education Therefore, in keeping with AMITA Health's commitment t o serving all members of its community, free care and/or subsidized care, care to persons covered by government programs at or below cost, and health activities and programs to sup port the community are considered and provided when appropriate These activities include wellness programs, community education programs, special programs for the elderly and medi cally underserved, and a variety of broad community support activities including, but not limited to, educational affiliations, health screenings, counseling programs, continuing m edical education (CME) programs and donations to community groups Certain covered affilia tes within AMITA Health, and the services they provide, are described below ABHS Affiliat es AMITA Health Alexian Brothers Medical Center Elk Grove Village - An acute-care hospital located in Elk Grove Village, Illinois, that provides inpatient, outpatient and emergency services, including specialties such as bariatrics, cardiology, gastroenterology, gastroi ntestinal surgery, geriatrics, home health, hospice, interventional radiology, nephrology, neurosciences/stroke, oncology, orthopedics, pulmonology and urology AMITA Health Alexia n Brothers Rehabilitation Hospital, Elk Grove Village - A specialty-care hospital located in Elk Grove Village, Illinois, that operates in partnership with the Rehabilitation Insti tute of Chicago DBA Shirley Ryan AbilityLab The hospital provides inpatient, day rehabili tation and outpatient care, including physical, occupational and speech therapy and numero us specialty services AMITA Health St Alexius Medical Center, Hoffman Estates - An acute -care hospital located in Hoffman Estates, Illinois, that provides inpatient, outpatient a nd emergency services, including specialties such as bariatrics, cardiology, diabetes and endocrinology, gastroenterology, gastrointestinal surgery, geriatrics, nephrology, neurosc iences/stroke, oncology, orthopedics, pediatrics, pulmonology and urology AMITA Health Al exian Brothers Women & Children's Hospital, Hoffman Estates - A specialty-care hospital on the campus of AMITA Health St Alexius Medical Center located in Hoffman Estates, Illinoi s, that provides obstetrics care and advanced pediatric care and treats premature infants in a Level III neonatal intensive care unit The hospital also specializes in the emergenc y transport of critically ill babies from outside hospitals Alexian Brothers Center for M ental Health - A provider of community mental heal

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	th services in northwest suburban Chicago, including vocational training programs, transit ional living programs and partial hospitalization programs Foglia Family Foundation Resid ential Treatment Center - A residential treatment center located in Elk Grove Village, Ill inois, for people struggling with obsessive-compulsive disorder (OCD), anxiety and addicti ons The center specializes in treating multisymptomatic patients, providing services such as individual therapy, group therapy, virtual reality treatments and psychiatric care/med ication management Alexian Brothers Bonaventure House and Alexian Brothers Bettendorf Pla ce, LLC, d/b/a Alexian Brothers Housing and Health Alliance - A provider of housing and he alth and support services for homeless individuals living with HIV/AIDS and other chronic diseases The Alliance offers more than 250 units of transitional, permanent and scattered -site housing from Joliet, Illinois, to Chicago and Waukegan, Illinois Alexian Brothers A mbulatory Group, d/b/a Alexian Brothers Medical Group - A provider of ambulatory services to suburban Chicago, including primary-care physician services, specialty-care physician s ervices and pediatric physician services Alexian Brothers Medical Group is part of AMITA Health Medical Group, the physician enterprise comprised of employed physicians from ABHS and AMH Alexian Brothers Specialty Group - A provider of cardiology services to suburban Chicago residents through cardiologists employed by ABHS AMH Affiliates AMITA Health Adve ntist Medical Center, Bolingbrook - An acute-care hospital located in Bolingbrook, Illinoi s, that provides inpatient, outpatient and emergency services, including specialties such as bariatrics, cardiology, gastroenterology, geriatrics, home health, hospice, interventio nal radiology, neurology, oncology, pediatrics and stroke care AMITA Health Adventist Med ical Center, GlenOaks - An acute-care hospital located in Glendale Heights, Illinois, that provides inpatient, outpatient and emergency services, including specialties such as beha vioral healthcare, cardiology, gastroenterology, interventional radiology, obstetrics, onc ology, ophthalmology, orthopedics and podiatry AMITA Health Adventist Medical Center, Hin sdale - An acute-care hospital located in Hinsdale, Illinois, that provides inpatient, out patient and emergency services, including a Level III neonatal intensive care unit and spe cialties such as behavioral healthcare, heart/vascular, home health, hospice, gastroentero logy, gastrointestinal surgery, geriatrics, interventional radiology, nephrology, neurosci ences/stroke, oncology, orthopedics and pediatrics AMITA Health Adventist Medical Center, La Grange - An acute-care hospital located in La Grange, Illinois, that provides inpatien t, outpatient and emergency services, including specialties such as endocrinology, gastroe nterology, geriatrics, heart/vascular, home health, hospice, interventional radiology, neu rology, obstetrics, oncology, orthopedics, pediatrics, rheumatology and urology Adventist Health Partners - A provider of ambulatory services to suburban Chicago, including primar y-care physician services, specialty-care physician services and pediatric physician servi ces Adventist Health Partners is part of AMITA Health Medical Group, the physician enterp rise comprised of employed physicians from ABHS and AMH

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	IL

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 36-4251848
Name: Alexian Brothers Behavioral Health Hospital

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	Alexian Brothers Behavioral Health Hospital 1650 Moon Lake Boulevard Hoffman Estates, IL 601691010 www alexianbrothers org/abbhh 0005009	X								Behavioral Health Hospital	

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - Alexian Brothers Behavioral Health Hospital A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY HOSPITALS PARTICIPATING IN THE METROPOLITAN CHICAGO HEALTHCARE COUNCIL (MCHC) LED HOSPITAL COALITION, AND INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, SOCIAL SERVICE PROVIDERS AND A VARIETY OF OTHER COMMUNITY LEADERS PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK AS WELL AS THE COMMUNITY OVERALL TWENTY-NINE AGENCIES/INDIVIDUALS PROVIDED COMMENT INPUT FROM THE FOLLOWING ORGANIZATIONS WAS GATHERED during the period August to October 2016 A SAFE HAVEN FOUNDATION ANTOICH AREA HEALTHCARE ACCESSIBILITY ALLIANCE AUSTIN CHILDCARE PROVIDERS NETWORK CHICAGO DEPARTMENT OF PUBLIC HEALTH DUPAGE COUNTY HEALTH DEPARTMENT DUPAGE FEDERATION ON HUMAN SERVICES REFORM ELMHURST CUSD 205 ENLACE CHICAGO ERIE FAMILY HEALTH CENTER/ERIE HEALTHREACH WAUKEGAN HEALTHCARE FOUNDATION OF NORTHERN LAKE COUNTY ILLINOIS DEPARTMENT OF PUBLIC HEALTH, BELLWOOD REG OFFICE LAKE COUNTY FOREST PRESERVES LAKE COUNTY HEALTH DEPARTMENT LAKE COUNTY COMMUNITY HEALTH CENTER LORETTO HOSPITAL METROPOLITAN CHICAGO HEALTHCARE COUNCIL NAPERVILLE SCHOOL DISTRICT 203 NEW MOMS, INC NORTHWEST COMMUNITY HEALTHCARE NORTHWEST COMPASS, INC NORTHWESTERN LAKE FOREST HOSPITAL PCC COMMUNITY WELLNESS CENTER PEOPLE'S RESOURCE CENTER ST JOSEPH SERVICES UNITED WAY OF METROPOLITAN CHICAGO VILLAGE OF ADDISON VILLAGE OF ARLINGTON HEIGHTS WEST HUMBOLDT PARK DEVELOPMENT COUNCIL WHEELING TOWNSHIP GENERAL ASSISTANCE OFFICE THROUGH THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY POPULATIONS (INCLUDING AFRICAN-AMERICAN, ARABIC, ASIAN, AUTISTIC CHILDREN, THE DISABLED, EASTERN EUROPEAN, ELDERLY, ETHNIC MINORITIES, HISPANIC, THE HOMELESS, IMMIGRANTS, INDIAN, JAPANESE, LGBT POPULATION, LOW-INCOME RESIDENTS, MULTILINGUAL, MULTIRACIAL, NON-ENGLISH SPEAKING, POLISH, RUSSIAN, SOUTH AMERICAN, UNDOCUMENTED, UNINSURED/UNDERINSURED, WOMEN, YOUTH), OR OTHER MEDICALLY UNDERSERVED POPULATIONS (INCLUDING AFRICAN-AMERICAN, THE DISABLED, ELDERLY, EX-OFFENDERS, FREE CARE, HISPANIC, THE HOMELESS, IMMIGRANTS, LGBT COMMUNITY, LOW-INCOME, MEDICAID/MEDICARE, THE MENTALLY ILL, NON-ENGLISH SPEAKING ADULTS, PREGNANT TEENS, SUBSTANCE ABUSERS, UNDOCUMENTED, UNINSURED/UNDERINSURED, VETERANS, YOUNG ADULTS, YOUTH)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - Alexian Brothers Behavioral Health Hospital The other hospital facilities with which the reporting hospital conducted its CHNA include Adventist LaGrange Memorial Hospital St Alexius Medical Center Alexian Brothers Medical Center Franciscan St James Health Ingalls Memorial Hospital Little Company of Mary Hospital and Health Care Centers Loretto Hospital Northwest Community Healthcare Northwestern memorial Hospital Palos Community Hospital Rush Oak Park Hospital Rush University Medical Center Saint Anthony Hospital St Bernard Hospital and Health Care Center Swedish Covenant Hospital The University of Chicago Medicine Thorek Memorial Hospital Adventist Glen Oaks Hospital Adventist Hinsdale Hospital Edward Hospital & Health Services Elmhurst Memorial Healthcare Central Dupage Hospital Northwestern Lake Forest Hospital Adventist Bolingbrook Hospital

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - Alexian Brothers Behavioral Health Hospital ISSUES INJURY AND VIOLENCE/ M ENTAL HEALTH/ SUBSTANCE ABUSE THERE IS A HIGHER RATE OF HOMICIDE AND VIOLENT CRIME IN THE ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL (ABBHH) AREA THAN IN THE MCHC REGION OR IN ILL INOIS THIS MAY BE RELATED TO A RELATIVELY HIGH PERCENTAGE OF HOUSEHOLDS WITH FIREARMS TH IS MAY ALSO BE RELATED TO A LACK OF MENTAL HEALTH SERVICES FOR SOME RESIDENTS IN THE ABBH H COMMUNITY MORE THAN HALF OF VERY LOW INCOME RESIDENTS EXPERIENCE SYMPTOMS OF CHRONIC DEP RESSION AND YET HAVE THE LEAST ACCESS TO SERVICES 82% OF KEY STAKEHOLDERS HAVE RATED ACCE SS TO MENTAL HEALTH SERVICES AS THEIR NUMBER ONE CONCERN IN THE ABBHH AREA THE PERCENTAGE OF RESIDENTS SELF-REPORTING "FAIR" OR "POOR" MENTAL HEALTH HAS RISEN FROM 7 6% IN 2009, T O 10 2% IN 2012 AND 12 0% IN 2015 THE VERY LOW INCOME AND HISPANIC COMMUNITY ARE MOST AFF ECTED CLOSELY RELATED TO MENTAL HEALTH ACCESS, THIS ISSUE REMAINS A TOP CONCERN DUE TO LO W INCOME RESIDENTS' INABILITY TO ACCESS SERVICES, ESPECIALLY AS STATE FUNDING FOR SOCIAL S ERVICE AGENCIES HAS BEEN WITHHELD SO WHILE THE COMMUNITY STATISTICS MAY BE AVERAGE, KEY S TAKEHOLDERS NOTE A LACK OF SERVICES FOR THIS POPULATION ACTIONS TAKEN THE CRISIS INTERVEN TION LED BY ABBHH IS A SERVICE AVAILABLE TO THE COMMUNITY 24 HOURS A DAY, 7 DAYS A WEEK AN D 365 DAYS A YEAR AT NO CHARGE THESE SERVICES ASSIST CLIENTS AND FAMILY MEMBERS IN ACUTE CRISIS SITUATIONS WHEN NECESSARY, THEY ARE REFERRED TO THE CORRECT PROFESSIONAL TO HANDLE THEIR CASES IN FY2017, ABBHH HAS ASSISTED 1,697 PEOPLE IN FINDING PSYCHIATRIC SERVICES A ND RESOURCES OUTSIDE OF THE ALEXIAN BROTHER HEALTH SYSTEM, RANGING FROM OUTPATIENT SERVICE S TO INPATIENT OR RESIDENTIAL SERVICES ABBHH OFFERED CLINICAL ACCESS ASSESSMENTS FOR MENT AL HEALTH, FREE OF CHARGE TO THE COMMUNITY THEY SERVED AN AVERAGE OF 500 PEOPLE PER MONTH WITH A TOTAL OF 6,548 PEOPLE SERVED IN FY2017 ABBHH HOUSES SEVERAL SUPPORT GROUPS IN REG ARDS TO DEALING AND MANAGING MENTAL ISSUES THESE INCLUDE EATING DISORDER GROUP, ANXIETY A ND OCD GROUP, AND YOUNG ADULTS GROUP YOUNG ADULTS GROUP IS DESIGNED FOR INDIVIDUALS AGED 18 TO 30 WHO ARE STRUGGLING TO MANAGE SYMPTOMS OF THEIR MENTAL HEALTH DURING THIS TRANSITI ON PHASE OF LIFE ABBHH LICENSED CLINICAL SOCIAL WORKER OFFERED SCHOOL STAFF, PARISH STAFF , COACHES, SCOUT LEADERS AN OPPORTUNITY TO LEARN ABOUT SUICIDE AWARENESS, PREVENTION AND I NTERVENTION UPON REQUEST ABBHH PROVIDES ONGOING EDUCATIONAL SEMINARS ON AUTISM SPECTRUM D ISORDER (ASD) THEY ALSO OFFERED FREE ASD SCREENING TO MEET THE NEEDS OF THE COMMUNITY IN ORDER TO CONNECT THEM TO RESOURCES THE ASD SCREENING HAS SERVED OVER 390 PEOPLE IN THE CO MMUNITY THE ASD LIFE TRANSITIONS GROUP IS INTENDED TO HELP TEENS AND YOUNG ADULTS WITH AU TISM SPECTRUM DISORDERS AND THEIR FAMILIES BY PROVIDING EDUCATION AND NETWORKING AS WELL A S OPPORTUNITIES TO MEET AND CONNECT EACH MONTH, A DIFFERENT SPEAKER TALKS TO THE GROUP AN D ADDRESS A VARIETY OF ISSUES

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	SPECIFIC TO THIS POPULATION, INCLUDING COLLEGE TRANSITION AND ACCOMMODATIONS, JOB SKILLS, INDEPENDENT LIVING, VOLUNTEER OPPORTUNITIES, GOVERNMENT BENEFITS, DRIVING, EXERCISE AND MO RE TOPICS OF INTEREST ABBHH OFFERED SCHOOL REFUSAL/SCHOOL ANXIETY PROGRAM TO THE COMMUNIT Y FOR SOME, SCHOOL ANXIETY WILL MANIFEST INTO SCHOOL AVOIDANCE WHICH MAY IMPACT ATTENDANC E, ACADEMIC PERFORMANCE, SOCIAL INTERACTIONS, FAMILY RELATIONSHIPS, AND PHYSICAL HEALTH W ITHOUT PROPER INTERVENTION, THESE PROBLEMS CAN HAVE A PROFOUND EFFECT ON BOTH THE FAMILY A ND A STUDENT'S CHANCE FOR SUCCESS PROGRAM DIRECTORS ALSO REACH OUT TO SCHOOL PROFESSIONAL S AND PARENTS ON IDENTIFYING THE STUDENTS IN NEED AND RAISE AWARENESS THE SEMINAR SERIES PROVIDED PROFESSIONALS IN THE COMMUNITY EDUCATIONAL INFORMATION ABOUT ALL NEURODEVELOPMENT AL DISORDERS AS WELL AS OPPORTUNITIES TO MEET AND CONNECT EACH MONTH ABBHH INVITED A DIFF ERENT SPEAKER TO ADDRESS A VARIETY OF ISSUES SPECIFIC TO THIS POPULATION, INCLUDING DIAGNO SIS AND TREATMENT, FUTURE PLANNING, BEHAVIORAL THERAPY, GOVERNMENT BENEFITS, AND MORE TOPI CS OF INTEREST ABBHH IS A CHARTER MEMBER OF THE KENNEDY FORUM, A CONSORTIUM OF PROVIDERS AND AGENCIES WHICH ADVOCATE AT THE STATE AND FEDERAL LEVEL FOR IMPROVED ACCESS TO MENTAL H EALTH SERVICES THE KENNEDY FORUM OF ILLINOIS FOCUSES ON INCREASING ACCESS TO MENTAL HEALT H PROVIDERS, ADVANCING THE POLICIES AND PROGRAMMING OF BEHAVIORAL HEALTH AND IMPROVING THE LIVES OF INDIVIDUALS LIVING WITH MENTAL ILLNESS AND ADDICTION STAND AGAINST VIOLENCE EVE RYONE/EVERYWHERE (SAVE-2) INITIATIVE PROVIDES SCHOOLS WITH PROGRAMS FOR FAMILIES ON BULLYI NG, BULLYING PREVENTION, SUICIDE PREVENTION AND DEVELOPING OF A CULTURE OF COMPASSION AT B OTH MIDDLE AND HIGH SCHOOL LEVELS ONE EXAMPLE IS THE EPIDEMIC PROGRAM IS EVIDENCE BASED 4 -DAY BULLYING PREVENTION PROGRAM FOR 8TH GRADERS THE PROGRAM HELPS DEVELOP INTERNAL AND E XTERNAL RESOURCES A CHILD CAN USE WHEN CONFRONTED WITH POTENTIALLY DANGEROUS INTERPERSONAL ENCOUNTERS NOT ONLY DOES IT OFFER SUPPORT FOR THE STUDENTS, BUT IT ALSO PROVIDES CRUCIAL SUPPORT TO PARENTS AND SCHOOL PROFESSIONALS IN THE ABBHH SERVICE AREA, THE POPULATION IS SLIGHTLY OLDER WITH 15 4% OF RESIDENTS OVER AGE 65 AS COMPARED TO 13 9% IN ILLINOIS 19 2 % OF THE POPULATION IS HISPANIC, A HIGHER PERCENTAGE AS COMPARED TO 16 7% IN ILLINOIS AND 17 4% IN THE US THE COMMUNITY'S SOCIAL DETERMINANTS ARE FAIRLY AVERAGE, EXCEPT THAT THERE ARE 7 6% OF RESIDENTS THAT IS CONSIDERED "LINGUISTICALLY ISOLATED" I E DO NOT SPEAK ENGL ISH NEARLY 15% OF THE POPULATION LIVES AT OR BELOW 100% OF THE POVERTY LEVEL AND 32 3% AR E AT OR BELOW THE 200% OF THE POVERTY LEVEL, REPRESENTING 2,174,865 INDIVIDUALS IN THE AS SESSMENT, IT IS MOST OFTEN THESE INDIVIDUALS THAT HAVE DIFFICULTY ACCESSING SERVICES AND H AVE POORER OVERALL HEALTH, AND SO OUR EFFORTS TO PROVIDE THE COMMUNITY WITH NEEDED SERVICE S SHOULD BE DIRECTED IN MOST CASES TOWARDS THIS POPULATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - Alexian Brothers Behavioral Health Hospital ALL BILLS AND STATEMENTS INCLUDE INFORMATION REGARDING CHARITY THE FRONT OF OUR STATEMENT INCLUDES THIS MESSAGE "IF YOU ARE AN UNINSURED ILLINOIS RESIDENT AND MEET CERTAIN INCOME REQUIREMENTS, YOU MAY QUALIFY FOR A DISCOUNT THROUGH OUR ALEXIAN ASSISTANCE PROGRAM IN ACCORDANCE WITH THE STATE OF ILLINOIS, HOSPITAL UNINSURED PATIENT DISCOUNT ACT (EFFECTIVE APRIL 1, 2009) FOR ADDITIONAL INFORMATION, PLEASE CONTACT US AT 866-690-3370 OR ALEXIANASSISTANCE@ALEXIAN NET" THE BACK OF OUR STATEMENT INCLUDES THIS MESSAGE "IF PAYING THIS BILL PRESENTS A FINANCIAL HARDSHIP, YOU MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE ALEXIAN BROTHERS HOSPITAL NETWORK PROVIDES ASSISTANCE TO PATIENTS IN NEED OF FINANCIAL AID TO HELP PAY FOR HIS/HER HOSPITAL BILLS YOU MAY OBTAIN AN APPLICATION BY CALLING OUR STAFF AT THE NUMBER BELOW OR YOU MAY DOWNLOAD THE FORMS FROM THE INTERNET AT WWW ALEXIANBROTHERSHEALTH ORG" IN ADDITION, ALL UNINSURED PATIENTS RECEIVE A LETTER FROM OUR PATIENT FINANCIAL SERVICES DEPARTMENT ONCE WE COMPLETE A PROCESS OF ATTEMPTING TO IDENTIFY ALTERNATIVE COVERAGE FOR UNINSURED PATIENTS THIS LETTER IS SENT AT THE BEGINNING OF OUR STATEMENT CYCLE FOR EACH UNINSURED PATIENT THE TEXT OF THE LETTER IS "THANK YOU FOR CHOOSING ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL AS YOUR HEALTHCARE PROVIDER YOUR ACCOUNT CURRENTLY HAS A BALANCE OF $XX, ADDITIONAL CHARGES MAY BE PENDING WE HAVE NO RECORD THAT YOU HAVE HEALTH INSURANCE TO HELP IN PAYING YOUR BILL IF YOU HAVE INSURANCE, PLEASE PROVIDE THE NECESSARY INFORMATION BY FILLING OUT THE STUB ABOVE AND FAXING A COPY OF YOUR INSURANCE CARD TO 847-483-7058, ATTN CORRESPONDENCE TEAM IF YOU HAD INSURANCE THAT ENDED WITHIN THE LAST 60 DAYS, YOU MAY BE ELIGIBLE FOR COBRA COVERAGE FROM A FORMER EMPLOYER PLEASE CONTACT YOUR FORMER EMPLOYER TO DETERMINE IF YOU ARE ELIGIBLE ABBHH USES MULTIPLE METHODS OF COMMUNICATING ITS MISSION OF PROVIDING CARE TO ALL WHO NEED IT REGARDLESS OF ABILITY TO PAY SIGNS POSTED AT REGISTRATION CLEARLY POINT OUT THAT CHARITY CARE OR FINANCIAL ASSISTANCE IS AVAILABLE ALEXIAN BROTHERS HEALTH SYSTEM'S (ABHS) WEBSITE, THE MAIN WEBSITE FOR ALL SYSTEM HOSPITALS, INCLUDING ABBHH, FEATURES INFORMATION ON HOW TO APPLY FOR CHARITY CARE ONLINE IN THE HOSPITAL SETTING, WE EMPLOY FINANCIAL COUNSELORS WHO ARE AVAILABLE TO WORK WITH PATIENTS AND WE ALSO HAVE MEDICAID APPLICATION SPECIALISTS TO ASSIST PATIENTS THAT MAY QUALIFY IN ADDITION, ALL BILLS AND STATEMENTS INCLUDE INFORMATION REGARDING CHARITY

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" 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 Behavioral Health Hospital

Employer identification number
36-4251848

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed 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 idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed 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**		No
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**		No
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 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 4b Supplemental nonqualified retirement plan	Eligible executives participate in a program that provides for supplemental retirement benefits The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the organization Benefits under the program are unfunded and non-vested Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid No individuals received current year distributions

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 36-4251848
Name: Alexian Brothers Behavioral Health Hospital

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1 CLAY CIHA EX-OFFICIO DIRECTOR AND PRESIDENT/CEO	(I)	0	0	0	0	0	0	0
	(II)	272,231	97,476	30,806	35,026	-29,899	-465,438	0
1 CHRISTOPHER D'AGOSTINO DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	327,213	117,674	0	26,589	-23,227	-494,703	0
2 GREGORY A TEAS MD DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	336,793	76,338	1,140	33,884	-22,669	-470,824	0
3 KUMUDINI GINDE MD DIRECTOR (START 10/2016)	(I)	0	0	0	0	0	0	0
	(II)	206,313	13,725	0	20,570	-17,039	-257,647	0
4 DIANA WOYTKO SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	230,989	101,846	19,095	50,433	-21,929	-424,292	0
5 DAVID JONES TREASURER	(I)	0	0	0	0	0	0	0
	(II)	187,629	53,589	7,486	31,761	-26,436	-306,901	0
6 CHRIS NOVAK CHIEF OPERATING OFFICER	(I)	0	0	0	0	0	0	0
	(II)	180,802	52,744	11,707	15,286	-28,204	-288,743	0
7 CLIFTON J SAPER EXECUTIVE DIRECTOR OF OUT PATIENT SERVICES	(I)	0	0	0	0	0	0	0
	(II)	162,274	30,617	960	47,161	-19,938	-260,950	0
8 MUMTAZ F RAZA PSYCHIATRIST	(I)	0	0	0	0	0	0	0
	(II)	472,826	33,298	0	32,095	-19,148	-557,367	0
9 SACHIN J BHALERAO DO PSYCHIATRIST	(I)	0	0	0	0	0	0	0
	(II)	480,327	24,629	0	5,300	-10,112	-520,368	0
10 MICHAEL BRILLIANT PSYCHIATRIST	(I)	0	0	0	0	0	0	0
	(II)	465,905	23,701	0	35,632	-19,369	-544,607	0
11 SALAHUDDIN I SYED PSYCHIATRIST	(I)	0	0	0	0	0	0	0
	(II)	472,570	44,507	0	16,635	-6,158	-539,870	0
12 SHUBHRAJAN S WADYAL MD PSYCHIATRIST	(I)	0	0	0	0	0	0	0
	(II)	494,921	52,033	0	0	-7,247	-554,201	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

2016

Open to Public Inspection

Name of the organization
Alexian Brothers Behavioral Health Hospital

Employer identification number
36-4251848

Part I Excess Benefit Transactions (section 501(c)(3), 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
Total				▶ $								

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
(1) ANTHONY D'AGOSTINO	FATHER OF DIRECTOR	294,383	EMPLOYMENT		No

Part V **Supplemental Information**

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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

2016

Open to Public Inspection

Name of the organization
Alexian Brothers Behavioral Health Hospital

Employer identification number
36-4251848

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses $ 1,820,377 including grants of $ 0)(Revenue $ 2,501,518) OTHER PROGRAM SERVICES THE ACCESS DEPARTMENT AT ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL (ABBHH) OFFERS MENT AL HEALTH ASSESSMENTS AND LEVEL OF CARE SCREENINGS FREE OF CHARGE TO THOSE IN NEED IN FIS CAL 2017, THIS DEPARTMENT PROVIDED MORE THAN 14,256 SCREENINGS TO CHILDREN, ADOLESCENTS, A DULTS AND OLDER ADULTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IV, Line 20b AUDITED FINANCIAL STATEMENTS	The activity of Alexian Brothers Behavioral Health Hospital is reported in the consolidate d financial statements of Ascension Health Alliance No individual audit of Alexian Brothe rs Behavioral Health Hospital is completed Therefore, the attached audited financial stat ements are of Ascension Health Alliance and Affiliates, which include the activity of Alex ian Brothers Behavioral Health Hospital

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1a IRS FILINGS AND TAX COMPLIANCE	ALEXIAN BROTHERS HEALTH SYSTEM, A RELATED ORGANIZATION OF ALEXIAN BROTHERS BEHAVIORAL HEAL TH HOSPITAL, USES A COMMON BANK ACCOUNT TO COMPENSATE ALL INDEPENDENT CONTRACTORS WITHIN T HE 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, LIN E 1A OF THE ALEXIAN BROTHERS HEALTH SYSTEM FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 2a Number of Employees Reported on W-3	Alexian Brothers Behavioral Health Hospital has a common paymaster, Alexian Brothers Healt h System, a related organization, to compensate all employees within the Health System Th e number of employees attributable to each organization is not easily distinguished The t otal number of employees reported on Form W-3 filed for the entire Health System appears o n Part V, Line 2a of the Alexian Brothers Health System Form 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	IN DETERMINING THE COMPENSATION OF THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER, THE PROCESS , PERFORMED BY ALEXIAN BROTHERS - AHS MIDWEST REGION HEALTH CO , A RELATED ORGANIZATION OF ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL, INCLUDED A REVIEW AND APPROVAL BY INDEPENDEN T PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND D ECISION THE ALEXIAN BROTHERS - AHS MIDWEST REGION HEALTH CO COMPENSATION COMMITTEE REVIE WED 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 REV IEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE CO MMITTEE MINUTES THE INDIVIDUAL WAS NOT PRESENT WHEN THEIR COMPENSATION WAS DECIDED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	IN DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS OR KEY EMPLOYEES, THE PROCESS P ERFORMED BY ALEXIAN BROTHERS - AHS MIDWEST REGION HEALTH CO , A RELATED ORGANIZATION OF AL EXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL, INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT P ERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DEC ISION THE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE OFFICERS' SALARIES WERE COMPARED TO INDIVIDUALS AT OTHER ORGANIZATI ONS IN THE AREA THAT HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATI ON, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE MINUTES INDIVIDUALS WERE NOT PRESEN T WHEN THEIR COMPENSATION WAS DECIDED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	Alexian Brothers Behavioral Health Hospital has two classes of members, Alexian Brothers H ealth System (the "National Member") and Alexian Brothers Hospital Network (the "Area Memb er")

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	Subject to the ratification of the Board of Alexian Brothers - AHS Midwest Region Health C o , Alexian Brothers Health System has the authority to appoint and remove Directors and E xecutive Officers of Alexian Brothers Behavioral Health Hospital

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	All decisions that have a material impact to Alexian Brothers Behavioral Health Hospital's financial information or corporation as a whole are subject to approval by the National M ember, Alexian Brothers Health System, subject to the approval of Alexian Brothers - AHS M idwest Region Health Co

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	DURING THE RETURN PREPARATION PROCESS, THE TAX DEPARTMENT WORKS WITH OTHER FUNCTIONAL AREAS INCLUDING FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN UPON COMPLETION, THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S INTERNAL TAX DEPARTMENT WHICH CONSISTS OF ATTORNEYS AND CPAS A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO THE ORGANIZATION'S PRESIDENT, FINANCIAL OFFICER, AND/OR OTHER KEY OFFICERS IN LIEU OF THE FULL BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	The organization regularly and consistently monitors and enforces compliance with the conf lict 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, mu st disclose the existence of the financial interest and be given the opportunity to disclo se all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement The remaining indivi duals 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 powe rs annually signs a statement which affirms such person has received a copy of the conflic ts 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 f ederal tax exemption it must engage primarily in activities which accomplish its tax-exemp t purpose

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The Organization will provide any documents open to public inspection upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Equity Adjustment - Working Capital Transfer - -4718851,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c oversight of audit or selection of independent accountant	ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL is included in the consolidated financial statements of Ascension Health Alliance The Finance and Audit committee of Ascension Health Alliance's Board assumes responsibility for the consolidated organization as a whole

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Alexian Brothers Behavioral Health Hospital

Employer identification number
36-4251848

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

(a) Name, address, and EIN (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.

See Additional Data Table

(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) Section 512(b)(13) controlled entity? No

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								
(2) Elk Grove MOB Limited Partnership 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3853289	Medical office building	IL	NA	N/A								
(3) Bonaventure Medical Foundation LLC 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3978153	Manages managed care contracts	DE	NA	N/A								
(4) Neurosciences Equipment LLC 3040 W Salt Creek Lane Arlington Heights, IL 60005 86-1115516	Ownership of Gamma Knife	IL	NA	N/A								
(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								

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 Lane Arlington Heights, IL 60005 36-3266316	Owns/ leases property, joint venture partner	IL	NA	C Corporation				Yes	
(2) Alexian Brothers Health Providers Association Inc 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3853286	Messenger model IPA	IL	NA	C Corporation				Yes	
(3) Alexian Village of Elk Grove 3040 W Salt Creek Lane Arlington Heights, IL 60005 35-2211303	Tax credit financed housing	IL	NA	C Corporation				Yes	
(4) Amita Health Clinically Integrated Network LLC 3040 W Salt Creek Lane Arlington Heights, IL 60005 80-0967178	Clinically Integrated Network	IL	NA	C Corporation				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		No
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	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
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	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

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

See Additional Data Table

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

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)

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 36-4251848
Name: Alexian Brothers Behavioral Health Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 3040 W Salt Creek Lane Arlington Heights, IL 60005 47-2360513	Joint Operating Company	IL	501(c)(3)	Type II	NA		No
(1) PO Box 45998 St Louis, MO 631455998 45-3358926	National Health System	MO	501(c)(3)	Type I	NA		No
(2) PO Box 45998 St Louis, MO 63145 31-1662309	National Health System	MO	501(c)(3)	Type I	Ascension Health Alliance		No
(3) 825 Wellington Avenue Chicago, IL 60657 36-3527899	Housing and supportive care services for persons with HIV/AIDS	IL	501(c)(3)	10	Alexian Brothers Health System	Yes	
(4) 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-3260495	Supports the provision of healthcare services for related corporations for which it is a member	IL	501(c)(3)	Type III-FI	Ascension Health		No
(5) 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	
(6) 3040 W Salt Creek Lane Arlington Heights, IL 60005 43-1295333	HUD housing	MO	501(c)(3)	10	Alexian Brothers Health System	Yes	
(7) 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	
(8) 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	
(9) 800 Biesterfield Road Elk Grove Village, IL 60007 36-2596381	Acute care hospital	TX	501(c)(3)	3	Alexian Brothers Health System	Yes	
(10) 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	
(11) 1555 Barrington Road Hoffman Estates, IL 60194 36-4251846	Acute care hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
(12) 3040 W Salt Creek Lane Arlington Heights, IL 60005 36-4336931	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
(13) 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	
(14) 3436 N Kennicott Avenue Arlington Heights, IL 60004 36-3045007	Outpatient community mental health services	IL	501(c)(3)	10	Alexian Brothers Health System	Yes	
(15) 3040 W Salt Creek Lane Arlington Heights, IL 60005 47-1930457	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
(16) 3040 W SALT CREEK LANE ARLINGTON HEIGHTS, IL 60005 81-1110738	SPECIALTY 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 Medical Center	L	129,900	Fair Market Value
(1)	Alexian Brothers Medical Center	M	239,465	Fair Market Value
(2)	Alexian Brothers Medical Center	P	2,297,190	Fair Market Value
(3)	St Alexius Medical Center	L	575,381	Fair Market Value
(4)	St Alexius Medical Center	M	325,365	Fair Market Value
(5)	St Alexius Medical Center	P	1,739,858	Fair Market Value
(6)	Alexian Brothers Speciality Group	M	60,000	Fair Market Value