

Advocate Aurora Health, Inc. and its Affiliates and Subsidiaries

Interim Unaudited Condensed Consolidated Financial Statements and Other Information
As of and for the Periods Ended December 31, 2018



Document Dated as of March 27, 2019

ADVOCATE AURORA HEALTH, INC. AND ITS AFFILIATES AND SUBSIDIARIES
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ADVOCATE AURORA HEALTH, INC. AND ITS AFFILIATES AND SUBSIDIARIES
INTERIM UNAUDITED CONDENSED CONSOLIDATED BALANCE SHEET
(dollars in thousands)

	December 31, 2018
Assets	
Current assets:	
Cash and cash equivalents	\$ 584,887
Assets limited as to use	106,244
Patient accounts receivable	1,486,260
Other current assets	512,556
Third-party payors receivables	17,793
Collateral proceeds under securities lending program	18,869
Total current assets	2,726,609
Assets limited as to use:	
Internally designated for capital and other	6,941,646
Held for self-insurance	632,372
Donor restricted	119,759
Investments under securities lending program	18,310
Total assets limited as to use	7,712,087
Property and equipment, net	5,626,475
Other assets:	
Intangible assets and goodwill, net	89,329
Investments in unconsolidated entities	202,331
Reinsurance receivable	60,741
Other noncurrent assets	315,217
Total other assets	667,618
Total assets	\$ 16,732,789

(Continued)

ADVOCATE AURORA HEALTH, INC. AND ITS AFFILIATES AND SUBSIDIARIES
INTERIM UNAUDITED CONDENSED CONSOLIDATED BALANCE SHEET
(dollars in thousands)

	December 31, 2018
Liabilities and net assets	
Current liabilities:	
Current portion of long-term debt	\$ 49,927
Long-term debt subject to short-term financing arrangements	162,025
Accounts payable and accrued liabilities	1,671,124
Third-party payors payables	303,633
Current portion of accrued insurance and claim costs	122,361
Collateral under securities lending program	18,869
Total current liabilities	2,327,939
Noncurrent liabilities:	
Long-term debt, less current portion	2,796,906
Accrued insurance and claims cost, less current portion	593,296
Accrued losses subject to insurance recovery	60,741
Obligations under swap agreements	65,376
Other noncurrent liabilities	645,554
Total noncurrent liabilities	4,161,873
Total liabilities	6,489,812
Net assets:	
Without donor restrictions:	
Controlling interest	9,900,718
Noncontrolling interest in subsidiaries	118,468
Total net assets without donor restrictions	10,019,186
With donor restrictions	223,791
Total net assets	10,242,977
Total liabilities and net assets	\$ 16,732,789

(Concluded)

See accompanying notes to interim unaudited condensed consolidated financial statements.

ADVOCATE AURORA HEALTH, INC. AND ITS AFFILIATES AND SUBSIDIARIES
INTERIM UNAUDITED CONDENSED CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

(dollars in thousands)

	Three Months Ended December 31, 2018	Nine Months Ended December 31, 2018
Revenue:		
Patient service revenue	\$ 2,606,237	\$ 7,533,468
Capitation revenue	348,863	1,035,995
Other revenue	<u>232,368</u>	<u>643,943</u>
Total revenue	3,187,468	9,213,406
Expenses:		
Salaries, wages and benefits	1,716,806	4,993,014
Supplies and purchased services	783,342	2,233,107
Contract medical services	170,598	478,393
Depreciation and amortization	139,647	410,790
Interest	27,359	81,385
Other	<u>186,357</u>	<u>602,668</u>
Total expenses	<u>3,024,109</u>	<u>8,799,357</u>
Operating income before nonrecurring expenses	163,359	414,049
Nonrecurring expenses	<u>29,924</u>	<u>55,182</u>
Operating income	133,435	358,867
Nonoperating loss:		
Investment loss, net	(465,486)	(258,118)
Loss on debt refinancing	—	(29,859)
Change in fair value of interest rate swaps	(8,632)	993
Other nonoperating (loss) income, net	<u>(6,686)</u>	<u>646</u>
Total nonoperating loss, net	<u>(480,804)</u>	<u>(286,338)</u>
(Deficit) excess of revenue over expenses	(347,369)	72,529
Less noncontrolling interest	<u>(11,097)</u>	<u>(34,383)</u>
(Deficit) excess of revenue over expenses - attributable to controlling interest	\$ (358,466)	\$ 38,146

(Continued)

ADVOCATE AURORA HEALTH, INC. AND ITS AFFILIATES AND SUBSIDIARIES
INTERIM UNAUDITED CONDENSED CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

(dollars in thousands)

	Three Months Ended December 31, 2018	Nine Months Ended December 31, 2018
Net assets without donor restrictions, controlling interest		
(Deficit) excess of revenue over expenses - attributable to controlling interest	\$ (358,466)	\$ 38,146
Pension-related changes other than net periodic pension costs	(91,716)	(86,283)
Net assets released from restrictions for purchase of property and equipment	1,601	5,460
Other, net	<u>(593)</u>	<u>(414)</u>
Decrease in net assets without donor restrictions, controlling interest	(449,174)	(43,091)
Net assets without donor restrictions, noncontrolling interest		
Excess of revenue over expenses	11,097	34,383
Distributions to noncontrolling interest	(6,956)	(20,572)
Other, net	<u>—</u>	<u>(81)</u>
Increase in net assets without donor restrictions, noncontrolling interest	4,141	13,730
Net assets with donor restrictions		
Contributions	7,741	16,614
Investment loss, net	(5,272)	(2,347)
Net assets released from restrictions for operations	(7,614)	(17,720)
Net assets released from restrictions for purchase of property and equipment	(1,601)	(5,460)
Other, net	<u>243</u>	<u>858</u>
Decrease in net assets with donor restrictions	(6,503)	(8,055)
Decrease in net assets	(451,536)	(37,416)
Net assets at beginning of period	<u>10,694,513</u>	<u>10,280,393</u>
Net assets at end of period	<u>\$ 10,242,977</u>	<u>\$ 10,242,977</u>

(Concluded)

See accompanying notes to interim unaudited condensed consolidated financial statements.

ADVOCATE AURORA HEALTH, INC. AND ITS AFFILIATES AND SUBSIDIARIES
INTERIM UNAUDITED CONDENSED CONSOLIDATED STATEMENT OF CASH FLOWS
(dollars in thousands)

	<u>Three Months Ended December 31, 2018</u>	<u>Nine Months Ended December 31, 2018</u>
Cash flows from operating activities		
Decrease in net assets	\$ (451,536)	\$ (37,416)
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation, amortization and accretion	137,016	404,012
Loss on debt refinancing	—	29,859
Gain on sale of property and equipment	(2,723)	(3,853)
Change in fair value of swap agreements	8,633	(993)
Pension-related changes other than net periodic pension cost	91,716	86,283
Restricted contributions and gains on investments, net of assets released from restrictions used for operations	(4,771)	(11,304)
Distribution to noncontrolling interest	1,747	33,101
Changes in operating assets and liabilities		
Trading securities, net	643,666	348,851
Accounts receivable, net	66,629	(15,547)
Accounts payable and accrued liabilities	(50,886)	141,680
Third-party payors receivable and payable, net	(93,500)	(14,993)
Other assets and liabilities, net	12,087	(79,962)
Net cash provided by operating activities	<u>358,078</u>	<u>879,718</u>
Cash flows from investing activities		
Capital expenditures	(258,229)	(552,933)
Proceeds from sale of property and equipment	5,443	7,626
(Purchases) sales of investments designated as non-trading, net	(4,501)	10,093
Investments in unconsolidated entities, net	(2,168)	(3,100)
Other	(5,485)	3,118
Net cash used in investing activities	<u>(264,940)</u>	<u>(535,196)</u>
Cash flows from financing activities:		
Proceeds from long-term debt	—	1,226,853
Repayments of long-term debt and other obligations	(28,452)	(1,371,174)
Distribution to noncontrolling interest	(1,747)	(33,101)
Proceeds from restricted contributions and gains on investments	1,799	9,682
Net cash used in financing activities	<u>(28,400)</u>	<u>(167,740)</u>
Net increase in cash and cash equivalents	64,738	176,782
Cash and cash equivalents at beginning of period	520,149	408,105
Cash and cash equivalents at end of period	<u>\$ 584,887</u>	<u>\$ 584,887</u>

See accompanying notes to interim unaudited condensed consolidated financial statements.

ADVOCATE AURORA HEALTH, INC. AND ITS AFFILIATES AND SUBSIDIARIES
NOTES TO INTERIM UNAUDITED CONDENSED CONSOLIDATED FINANCIAL STATEMENTS
FOR THE PERIOD ENDED DECEMBER 31, 2018
(dollars in thousands)

1. ORGANIZATION AND BASIS OF PRESENTATION

Description of Business

On April 1, 2018, Advocate Aurora Health, Inc., a Delaware nonprofit corporation (the Parent Corporation) became the sole corporate member of Advocate Health Care Network, an Illinois not-for-profit corporation (Advocate) and Aurora Health Care, Inc., a Wisconsin nonstock not-for-profit corporation (Aurora) (the Affiliation). The Parent Corporation, Advocate and Aurora and their controlled subsidiaries and affiliates are collectively referred to herein as the "System." The System was formed in further the parties' common and unifying charitable health care mission to promote and improve the quality and expand the scope and accessibility of affordable health care and health care-related services for the communities they serve.

The System is comprised of various not-for-profit and for-profit entities, the primary activities are the delivery of health care services or the provision of goods and services ancillary thereto.

The System provides a continuum of care through its 25 acute care hospitals, an integrated children's hospital and a psychiatric hospital, primary and specialty physician services, outpatient centers, physician office buildings, pharmacies, behavioral health care, rehabilitation and home health and hospice care in northern and central Illinois and eastern Wisconsin.

Basis of Presentation

The accompanying interim unaudited condensed consolidated financial statements for the three and nine months ended December 31, 2018, have been prepared in accordance with accounting principles generally accepted in the United States (GAAP) for interim reporting. In the opinion of management, all adjustments (consisting of normal recurring accruals) considered necessary for a fair presentation have been included in these financial statements. Included in the System's interim unaudited condensed consolidated financial statements are all its controlled subsidiaries and affiliates. All significant intercompany transactions have been eliminated in consolidation. The interim unaudited condensed consolidated financial statements do not include all the information and footnotes required by GAAP for complete annual financial statements.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Use of Estimates

The preparation of consolidated financial statements in conformity with GAAP requires management to make estimates, assumptions and judgments that affect the reported amounts of assets, liabilities and notes to the interim unaudited condensed consolidated financial statements at the date of the interim unaudited condensed consolidated financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Although estimates are considered to be fairly stated at the time made, actual results could differ materially from those estimates.

Cash Equivalents

The System considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents.

Investments

The System has designated substantially all of its investments as trading. Investments in debt and equity securities with readily determinable fair values are measured at fair value using quoted market prices or otherwise observable inputs. Investments in private equity limited partnerships and derivative products (hedge funds) are reported at fair value using net asset value as a practical expedient. Commingled funds are carried at fair value based on other observable inputs. Investment income or loss (including realized gains and losses, interest, dividends and unrealized gains and losses) is included in the nonoperating section of the interim unaudited condensed consolidated statement of operations and changes in net assets unless the income or loss is restricted by donor or law or is related to assets designated for self-insurance programs. Investment income on self-insurance trust funds is reported in other revenue. Investment income that is restricted by donor or law is reported as a change in net assets with donor restrictions.

Assets Limited as to Use

Assets limited as to use consist of investments set aside by the System for future capital improvements and certain medical education and other health care programs. The System retains control of these investments and may, at its discretion, subsequently use them for other purposes. Additionally, assets limited as to use include investments held by trustees or in trust under debt agreements, self-insurance trusts, assets held in reinsurance trust accounts and donor-restricted funds.

Patient Service Revenue and Accounts Receivable

Patient service revenue is reported at the amount that reflects the consideration to which the System expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including managed care payors and government programs) and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews and investigations. Generally, patients and third-party payors are billed within days after the services are performed or shortly after discharge. Revenue is recognized as performance obligations are satisfied. Provisions for third-party payor settlements and adjustments are estimated in the period the related services are provided and adjusted in future periods as additional information becomes available and final settlements are determined.

As the System's performance obligations relate to contracts with a duration of less than one year, the System has applied the optional exemption provided in the guidance and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

As provided for under the guidance, the System does not adjust the promised amount of consideration from patients and third-party payers for the effects of a significant financing component due to the expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payer pays for that service will be one year or less.

The System has entered into payment arrangements with patients that allow for payments over a term in excess of one year. The System has evaluated historical collections in excess of one year and current market interest rates to determine whether a significant financing component exists which would require an adjustment to the promised amount of consideration from patients and third-party payors. The System has determined that the impact of implicit financing arrangements for payment agreements in excess of one year is insignificant to the interim unaudited condensed consolidated statement of operations and changes in net assets.

The System does not incur significant incremental costs in obtaining contracts with patients. As permitted in the guidance, any costs which are incurred are expensed in the period of occurrence, as the amortization period of any asset that the System would have recognized is one year or less in duration.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is a possibility that recorded estimates will change by a material amount.

Inventories

Inventories, consisting primarily of medical supplies, pharmaceuticals and durable medical equipment, are stated at the lower of cost (first-in, first-out) or market. Retail pharmaceutical inventories are stated at replacement cost.

Reinsurance Receivables

Reinsurance receivables are recognized in a manner consistent with the liabilities relating to the underlying reinsured contracts.

Intangible Assets and Goodwill, Net

Goodwill of \$65,862 is included in intangible assets and goodwill, net in the accompanying interim unaudited condensed consolidated balance sheet. Goodwill is not amortized and is evaluated for impairment at least annually. Intangible assets with expected useful lives are amortized over that period.

Asset Impairment

The System considers whether indicators of impairment are present and performs the necessary tests to determine if the carrying value of an asset is appropriate. Impairment write-downs are recognized in the interim unaudited condensed consolidated statement of operations and changes in net assets as a component of operating expense at the time the impairment is identified.

Property and Equipment, Net

Property and equipment are reported at cost or, if donated, at fair value at the date of the gift. Costs of computer software developed or obtained for internal use, including external and internal direct costs of materials and labor directly associated with internal-use software development projects, are capitalized and included in property and equipment. Internal labor and interest expense incurred during the period of construction of significant capital projects is capitalized as a component of the costs of the asset.

Property and equipment capitalized under capital leases are recorded at the net present value of future minimum lease payments and are amortized on the straight-line method over the lesser of the related lease term or the estimated useful life of the asset. Amortization of property and equipment under capital leases is included in the accompanying interim unaudited condensed consolidated statement of operations and changes in net assets in depreciation and amortization expense.

Property and equipment assets are depreciated on the straight-line method over a period ranging from 3 years to 80 years.

Investments in Unconsolidated Entities

Investments in unconsolidated entities are accounted for using the cost or equity method. The System applies the equity method of accounting for investments in unconsolidated entities when its ownership or membership interest is 50% or less and the System has the ability to exercise significant influence over the operating and financial policies of the investee. All other unconsolidated entities are accounted for using the cost method. The income (loss) on health-related unconsolidated entities is included in other operating revenue in the accompanying interim unaudited condensed consolidated statement of operations and changes in net assets. Nonhealth-related unconsolidated entities are included within other nonoperating (loss) income, net.

Derivative Financial Instruments

The System has entered into transactions to manage its interest rate, credit and market risks. Derivative instruments, including exchange-traded and over-the-counter derivative contracts and interest rate swaps, are recorded as either assets or liabilities at fair value. Subsequent changes in a derivatives fair value are recognized in other nonoperating (loss) income, net.

Bond Issuance Costs, Discounts and Premiums

Bond issuance costs, discounts and premiums are amortized over the term of the bonds using the effective interest method and are included in long-term debt in the interim unaudited condensed consolidated balance sheet.

General and Professional Liability Risks

The provision for self-insured general and professional liability claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported. The System measures the cost of its unfunded obligations under such programs based upon actuarial calculations and records a liability on a discounted basis.

Net Assets with Donor Restrictions

Net assets with donor restrictions are those assets whose use by the System has been limited by donors to a specific time period or purpose, or consist of gifts with corpus values that have been restricted by donors to be maintained in perpetuity. Net assets with donor restrictions are used in accordance with the donor's wishes primarily to purchase property and equipment, to fund medical education or to fund health programs.

Assets released from restrictions to fund purchases of property and equipment are reported in the interim unaudited condensed consolidated statement of operations and changes in net assets as increases to net assets without donor restrictions. Those assets released from restriction for operating purposes are reported in the interim unaudited condensed consolidated statement of operations and changes in net assets as other revenue. When restricted, earnings are recorded as net assets with donor restrictions until amounts are expended in accordance with the donor's specifications.

Other Nonoperating (Loss) Income, Net

Revenues and expenses from delivering health care services and the provision of goods and services ancillary thereto are reported in operations. Income and losses that arise from transactions that are peripheral or incidental to the System's main purpose are included in other nonoperating (loss) income, net. Other nonoperating (loss) income, net primarily consists of impairment charges that are not related to delivering health care services, fund-raising expenses, contributions to charitable organizations, income taxes and the net non-service components of the periodic benefit income on the System's pension plans.

Excess of Revenues Over Expenses and Changes in Net Assets

The interim unaudited condensed consolidated statement of operations and changes in net assets includes the excess of revenues over expenses as the performance indicator. Changes in net assets without donor restrictions, which are excluded from excess of revenues over expenses, primarily include contributions of long-lived assets (including assets acquired using contributions, which by donor restriction were to be used for the purposes of acquiring such assets), pension-related changes other than net periodic pension costs and distributions to noncontrolling interests.

Nonrecurring Expenses

The System has incurred salary, purchased services and other expenses in connection with the Affiliation and the implementation of an electronic medical records system. As a result, these costs were recorded as nonrecurring in the interim unaudited condensed consolidated statement of operations and changes in net assets.

Accounting Pronouncements Adopted

In August 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities*. The guidance requires net assets to be categorized either as net assets with donor restrictions or net assets without donor restrictions rather than the previous three classes of net assets. The guidance also requires additional quantitative and qualitative disclosures related to liquidity and financial performance, as well as disclosure of expenses by their natural and functional classifications. The System adopted this guidance for annual reporting as of December 31, 2018.

Accounting Pronouncements Not Yet Adopted

In August 2018, the FASB issued ASU 2018-15, *Intangibles-Goodwill and Other-Internal-Use Software (Subtopic 350-40): Customer's Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement That Is a Contract*. This guidance requires an entity in a hosting arrangement that is a service contract to follow the guidance in Subtopic 350-40 to determine which implementation costs to capitalize as an asset and which costs to expense as incurred. Also, this guidance requires the entity to expense the capitalized implementation costs of a hosting arrangement that is a service contract over the term of the hosting arrangement. Further, the guidance requires the entity to present the expense related to the capitalized implementation costs in the same line item in the consolidated statement of operations and changes in net assets as the fees associated with the hosting element (service) of the arrangement and classify payments for capitalized implementation costs in the consolidated statement of cash flows in the same manner as payments made for fees associated with the hosting element. The entity is also required to present the capitalized implementation costs in the interim unaudited condensed consolidated balance sheet in the same line item that a prepayment for the fees of the associated hosting arrangement would be presented. This guidance is effective for the fiscal years and interim periods within those fiscal years beginning after December 15, 2020, early adoption is permitted. The System early adopted this guidance effective January 1, 2019, on a prospective basis.

In June 2018, the FASB issued ASU 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. This guidance clarifies whether a transfer of assets is a contribution or an exchange transaction and further clarifies how an entity determines whether a resource provider is participating in an exchange transaction by evaluating whether the resource provider is receiving commensurate value in return for the resources transferred. This standard was effective for the System beginning January 1, 2019, on a modified prospective basis. This guidance did not have a material impact on the System's interim unaudited condensed consolidated statement of operations and changes in net assets.

In November 2016, the FASB issued ASU 2016-18, *Restricted Cash*. This guidance will require restricted cash and restricted cash equivalents to be included with cash and cash equivalents when reconciling the beginning of period and end of period total amounts shown on the consolidated statement of cash flows. This guidance is effective for the fiscal years and interim periods within those fiscal years beginning after December 15, 2018. The System adopted this standard effective January 1, 2019. This guidance did not have a material impact on the System's interim unaudited condensed consolidated statement of cash flows.

In August 2016, the FASB issued ASU 2016-15, *Classification of Certain Cash Receipts and Cash Payments*, which amends guidance in Accounting Standards Codification (ASC) 230 on the classification of certain cash receipts and payments in the statement of cash flows. This standard is effective for the System beginning January 1, 2019. This guidance did not have a material impact on the System's interim unaudited condensed consolidated statement of cash flows, with the primary change being the movement of certain distributions from equity method investees from cash used in investing activities to cash flows from operations.

In February 2016, the FASB issued ASU 2016-02, *Leases*. This guidance introduces a lessee model that brings most leases on to the balance sheet. The standard also aligns certain of the underlying principles of the new lessor model with those in ASU 2014-09, the new revenue recognition standard. This standard was effective for the System effective January 1, 2019, and was adopted using a modified retrospective approach. The System recorded a right of use asset and right of use liability of approximately \$425,000 due to the adoption of this standard. This guidance did not have a material impact on the System's interim unaudited condensed consolidated statement of operations and changes in net assets.

3. REVENUE AND RECEIVABLES

Patient Service Revenue

Patient service revenue is reported at the amount that reflects the consideration to which the System expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including managed care payors and government programs) and others and include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews and investigations. Generally, patients and third-party payors are billed shortly after discharge. Revenue is recognized as performance obligations are satisfied.

Performance obligations are identified based on the nature of the services provided. Revenue associated with performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected (or actual) charges. Performance obligations satisfied over time relate to patients receiving inpatient acute care services. The System measures the performance obligation from admission into the hospital to the point when there are no further services required for the patient, which is generally the time of discharge. For outpatient services, the performance obligation is satisfied as the patient simultaneously receives and consumes the benefits provided as the services are performed. In the case of these outpatient services, recognition of the obligation over time yields the same result as recognizing the obligation at a point in time. Management believes this method provides a faithful depiction of the transfer of services over the term of performance obligations based on the inputs needed to satisfy the obligations.

The System uses a portfolio approach to account for categories of patient contracts as a collective group rather than recognizing revenue on an individual contract basis. The portfolios consist of major payor classes for inpatient revenue and major payor classes and types of services provided for outpatient revenue. Based on the historical collection trends and other analysis, the System believes that revenue recognized by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach were used.

The System determines the transaction price, which involves significant estimates and judgment, based on standard charges for goods and services provided, reduced by explicit and implicit price concessions, including contractual adjustments provided to third-party payors, discounts provided to uninsured and underinsured patients in accordance with policy and/or implicit price concessions based on the historical collection experience of patient accounts. The System determines the transaction price associated with services provided to patients who have third-party payor coverage based on reimbursement terms per contractual agreements, discount policies and historical experience. For uninsured (and underinsured in the case of Advocate) patients who do not qualify for charity care, the System determines the transaction price associated with services on the basis of charges reduced by implicit price concessions. Implicit price concessions included in the estimate of the transaction price are based on historical collection experience for applicable patient portfolios. Patients who meet the System's criteria for free care "charity" are provided care without charge; such amounts are not reported as revenue. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care using the most likely outcome method. These settlements are estimated based on the terms of the payment agreements with the payor, correspondence from the payor and historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated

with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as new information becomes available or as years are settled or are no longer subject to such audits, reviews and investigations.

For the nine months ended December 31, 2018, changes in the System's estimates of implicit price concessions, discounts and contractual adjustments or other reductions to expected payments for performance obligations in prior years were not significant.

In certain instances, the System does receive payment in advance of the services provided and would consider these amounts to represent contract liabilities. Contract liabilities at December 31, 2018 were not significant.

Currently, the state of Illinois utilizes supplemental reimbursement programs to supplement reimbursement to providers to offset a portion of the cost of providing care to Medicaid and indigent patients. These programs are designed with input from the Centers for Medicare and Medicaid Services and are funded with a combination of state and federal resources including assessments levied on the providers. Under these supplemental programs, the System recognizes revenue and related expenses in the period in which amounts are estimable and collection is reasonably assured. Reimbursement under these programs is reflected in patient service revenue and the assessment is reflected in other expense in the interim unaudited condensed consolidated statement of operations and changes in net assets. For the three months ended December 31, 2018, patient service revenue includes \$67,815 related to this program and expenses include \$41,306, of tax assessment fees. For the nine months ended December 31, 2018, patient service revenue includes \$197,614 related to this program and expenses include \$124,898 of tax assessment fees.

The state of Wisconsin assesses a fee or tax on gross patient service revenue. The revenues from this assessment are used to increase payments made to hospitals for services provided to Medicaid and other medically indigent patients. The System's patient service revenue reflects this increase in payment for services to Medicaid and other medically indigent patients and hospital tax assessment expense reflects the fees assessed by the state. For the three months ended December 31, 2018, patient service revenue includes \$28,900, related to this program, and expenses include \$24,600, of tax assessment fees. For the nine months ended December 31, 2018, patient service revenue includes \$79,600, related to this program, and other operating expenses include \$73,800 of tax assessment fees.

The System has filed formal appeals relating to the settlement of certain prior-year Medicare cost reports. The outcome of these appeals cannot be determined at this time.

Management has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the payors geographical location, the line of business that renders services to patients and the timing of when revenue is recognized and billed. The composition of patient service revenue by payor for the three and nine months ended December 31, 2018, is as follows:

	Three Months Ended December 31, 2018		Nine Months Ended December 31, 2018	
Managed care	\$ 1,482,835	57%	\$ 4,232,627	56%
Medicare	767,041	29	2,269,578	30
Medicaid - Wisconsin	98,700	4	299,951	4
Medicaid - Illinois	182,453	7	529,780	7
Self-pay and other	75,208	3	201,532	3
	<u>\$ 2,606,237</u>	<u>100%</u>	<u>\$ 7,533,468</u>	<u>100%</u>

Deductibles, copayments and coinsurance under third-party payment programs which are the patient's responsibility are included within the primary payor category in the table above.

The composition of patient service revenue by service line and state for the three and nine months ended December 31, 2018, is as follows:

Three Months Ended December 31, 2018

	Wisconsin	Illinois	Patient Service Revenue	Percent of Total
Hospital	\$ 928,493	\$ 990,848	\$ 1,919,341	74%
Clinic	448,824	139,787	588,611	23
Home Health	31,058	32,188	63,246	2
Other	13,297	21,742	35,039	1
Total	<u>\$ 1,421,672</u>	<u>\$ 1,184,565</u>	<u>\$ 2,606,237</u>	<u>100%</u>

Nine Months Ended December 31, 2018

	Wisconsin	Illinois	Patient Service Revenue	Percent of Total
Hospital	\$ 2,679,106	\$ 2,927,812	\$ 5,606,918	75%
Clinic	1,235,242	433,896	1,669,138	22
Home Health	88,529	79,310	167,839	2
Other	22,898	66,675	89,573	1
Total	<u>\$ 4,025,775</u>	<u>\$ 3,507,693</u>	<u>\$ 7,533,468</u>	<u>100%</u>

Capitation Revenue

The System has agreements with various managed care organization under which the System provides or arranges for medical care to members of the organizations in return for a monthly payment per member. Revenue is earned each month as a result of agreeing to provide or arrange for their medical care.

Substantially all of the System's capitation revenue is generated in Illinois.

Other Revenue

Other revenue is recognized at an amount that reflects the consideration to which the System expects to be entitled in exchange for providing goods and services. The amounts recognized reflect consideration due from customers, third-party payors and others. Primary categories of other revenue include income

from joint ventures, retail pharmacy revenue, grant revenue, cafeteria revenue, rent revenue and other miscellaneous revenue.

Patient Accounts Receivable

The System's patient accounts receivable is reported at the amount that reflects the consideration to which it expects to be entitled, in exchange for providing patient care.

The revenues related to patient accounts receivable are reported at net realizable value based on certain assumptions. For third-party payors including Medicare, Medicaid and Managed Care, the net realizable value is based on the estimated contractual reimbursement percentage, which is based on current contract prices or historical paid claims data by payor. For self-pay, the net realizable value is determined using estimates of historical collection experience including an analysis by aging category. These estimates are adjusted for expected recoveries and any anticipated changes in trends including significant changes in payor mix, shared revenue cycle operations, economic conditions or trends in federal and state governmental health care coverage.

The composition of patient accounts receivable is summarized as follows:

	December 31, 2018		April 1, 2018	
Managed care	\$ 627,409	42%	\$ 607,349	41%
Medicare	285,837	19	261,674	18
Medicaid - Wisconsin	39,958	3	45,394	3
Medicaid - Illinois	229,139	15	223,888	15
Self-pay and other	303,917	21	332,408	23
	<u>\$ 1,486,260</u>	<u>100%</u>	<u>\$ 1,470,713</u>	<u>100%</u>

The self-pay patient accounts receivable above includes amounts due from patients for co-insurance, deductibles, installment payment plans and amounts due from patients without insurance.

4. POOLED INVESTMENT FUND

In September 2018, a pooled investment fund (pool) was created. The pool investments are owned by Advocate Health and Hospitals Corporation (AHC), a System subsidiary. Each participant in the pool is an affiliate of AHC. Per the Investment Agreement, each participant in the pool has no ownership interest in the pool's investment assets. The participant receives a commensurate value in units of the pool which is adjusted each month to the current market value. If redemption is sought under the terms of the agreement, the participant is only entitled to receive the fair market value of its units in cash.

At December 31, 2018, the total value of the pool investments is \$7,483,361. The pool invests in a diversified portfolio of investments, including alternative investments, such as real asset funds, hedge funds and private equity limited partnerships. Collectively, these funds have liquidity terms ranging from daily to annual with notice periods typically ranging from 1 to 90 days. Due to redemption restrictions, investments in certain of these funds, whose fair value was approximately \$3,685,071 at December 31, 2018, cannot currently be redeemed for periods ranging from one to eleven years. However, the potential for the pool to sell its interest in these funds in a secondary market prior to the end of the fund term does exist, for prices at or other than the then carrying value.

At December 31, 2018, the System had additional commitments to fund alternative investments, including recallable distributions of \$1,043,005 over the next seven years.

In the normal course of operations and within established investment policy guidelines, the System may enter into various exchange-traded and over-the-counter derivative contracts for trading purposes, including futures, options and forward contracts. These instruments are used primarily to maintain the System's strategic asset allocation. These instruments require the System to deposit cash collateral with the broker or custodian. At December 31, 2018, the collateral provided was \$44,560. At December 31, 2018, the notional value of the derivatives in long positions was \$190,305 and those in a short position was \$(129,391).

By using derivative financial instruments, the System exposes itself to credit risk and market risk. Credit risk is the failure of the counterparty to perform under the terms of the derivative contracts. When the fair value of a derivative contract is positive, the counterparty owes the System, which creates credit risk for the System. When the fair value of a derivative contract is negative, the System owes the counterparty, and therefore, it does not possess credit risk. The System minimizes the credit risk in derivative instruments by entering into transactions that may require the counterparty to post collateral for the benefit of the System based on the credit rating of the counterparty and the fair value of the derivative contract. Market risk is the adverse effect on the value of a financial instrument that results from a change in the underlying reference security. The market risk associated with market changes is managed by establishing and monitoring parameters that limit the types and degree of market risk that may be undertaken.

Receivables and payables for investment trades not settled are presented with other current assets and accounts payable and accrued liabilities. Unsettled sales resulted in receivables due from brokers of \$37,699 at December 31, 2018. Unsettled purchases resulted in payables of \$13,494 at December 31, 2018.

5. INVESTMENTS

Investment returns for assets limited as to use and cash and cash equivalents are comprised of the following for the three and nine months ended December 31, 2018:

	Three Months Ended December 31, 2018	Nine Months Ended December 31, 2018
Interest income and dividends	\$ 2,120	\$ 55,944
(Loss) income from alternative investments	(141,800)	19,556
Net realized (losses) gains	(28,458)	156,757
Net unrealized losses	(304,574)	(474,189)
Total	<u>\$ (472,712)</u>	<u>\$ (241,932)</u>

Investment returns are included in the interim unaudited condensed consolidated statement of operations and changes in net assets as follows for the three and nine months ended December 31, 2018:

	Three Months Ended December 31, 2018	Nine Months Ended December 31, 2018
Other revenue	\$ (1,954)	\$ 18,533
Investment loss, net	(465,486)	(258,118)
Net assets with donor restrictions	(5,272)	(2,347)
Total	<u>\$ (472,712)</u>	<u>\$ (241,932)</u>

6. FAIR VALUE

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

The fair value of all assets and liabilities recognized or disclosed at fair value is classified based on the lowest level of significant inputs. Assets and liabilities that are measured at fair value are disclosed and classified in one of three categories. Category inputs are defined as follows:

Level 1 — Quoted prices (unadjusted) in active markets for identical assets or liabilities on the reporting date.

Level 2 — Inputs other than quoted market prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 — Inputs that are unobservable for the asset or liability for which there is little or no market data.

The following section describes the valuation methodologies used by the System to measure financial assets and liabilities at fair value. In general, where applicable, the System uses quoted prices in active markets for identical assets and liabilities to determine fair value. This pricing methodology applies to Level 1 investments such as domestic and international equities, exchange-traded funds and agency securities.

If quoted prices in active markets for identical assets and liabilities are not available to determine fair value, then quoted prices for similar assets and liabilities or inputs other than quoted prices that are observable either directly or indirectly are used. These investments are included in Level 2 and consist primarily of corporate notes and bonds, foreign government bonds, mortgage-backed securities, fixed-income securities, including fixed-income government obligations, commercial paper and certain agency, United States and international equities, which are not traded on an active exchange. The fair value for the obligations under swap agreements included in Level 2 is estimated using industry standard valuation models. These models project future cash flows and discount the future amounts to a present value using market-based observable inputs, including interest rate curves. The fair values of the obligation under swap agreements include adjustments related to the System's credit risk.

Investments owned by the System are exposed to various kinds and levels of risk. Equity securities and equity funds expose the entity to market risk, performance risk and liquidity risk for both domestic and international investments. Market risk is the risk associated with major movements of the equity markets. Performance risk is that risk associated with a company's operating performance. Fixed-income securities and fixed-income mutual funds expose the System to interest rate risk, credit risk and liquidity risk. As interest rates change, the value of many fixed income securities is affected, including those with fixed interest rates. Credit risk is the risk that the obligor of the security will not fulfill its obligations. Liquidity risk is affected by the willingness of market participants to buy and sell particular securities. Liquidity risk tends to be higher for equities related to small capitalization companies and certain alternative investments. Due to the volatility in the capital markets, there is a reasonable possibility of subsequent changes in fair value resulting in additional gains and losses in the near term.

The carrying values of cash and cash equivalents, accounts receivable and payable, other current assets and accrued liabilities are reasonable estimates of their fair values due to the short-term nature of these financial instruments.

The fair values of financial assets and liabilities that are measured at fair value on a recurring basis at December 31, 2018, are as follows:

	December 31, 2018	Quoted Prices in Active Markets for Identical Assets (Level 1)	Other Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>Assets</u>				
<u>Investments</u>				
Cash and short-term investments	\$ 807,549	\$ 430,889	\$ 376,660	\$ —
Corporate bonds and other debt securities	577,406	—	577,406	—
United States government bonds	609,160	—	609,160	—
Bond and other debt security funds	578,088	102,552	475,536	—
Non-government fixed-income obligations	26,328	—	26,328	—
Equity securities	1,164,533	1,164,533	—	—
Equity funds	933,104	185,247	747,857	—
	4,696,168	<u>\$ 1,883,221</u>	<u>\$ 2,812,947</u>	<u>—</u>
Investments at net asset value				
Hedge funds	2,593,506			
Private equity limited partnerships	1,113,544			
Total investments	<u>\$ 8,403,218</u>			
Collateral proceeds received under securities lending program	<u>\$ 18,869</u>		<u>\$ 18,869</u>	
<u>Liabilities</u>				
Obligations under swap agreements	<u>\$ (65,376)</u>		<u>\$ (65,376)</u>	
Obligations to return capital under securities lending program	<u>\$ (18,869)</u>		<u>\$ (18,869)</u>	

7. PROPERTY AND EQUIPMENT

The components of property and equipment at December 31, 2018, are summarized as follows:

Land and improvements	\$ 473,862
Buildings and fixed equipment	7,102,622
Movable equipment and computer software	2,956,722
Construction-in-progress	<u>306,531</u>
Total property and equipment	10,839,737
Accumulated depreciation and amortization	<u>(5,213,262)</u>
Property and equipment, net	<u>\$ 5,626,475</u>

Property and equipment include net assets under capitalized leases and other financing arrangements totaling \$157,452 (gross of \$232,971, accumulated amortization of \$75,519) at December 31, 2018.

For the three months and nine months ending December 31, 2018, depreciation expense was \$139,374 and \$409,950, respectively.

8. INVESTMENTS IN UNCONSOLIDATED ENTITIES

The System has a 49% interest in Bay Area Medical Center (BAMC), a 99-bed general acute care hospital located in Marinette, Wisconsin. The System's investment in BAMC is accounted for under the equity method of accounting and is presented within investments in unconsolidated entities in the accompanying interim unaudited condensed consolidated balance sheet. The System's investment in BAMC at December 31, 2018, was \$26,547. In January 2019, the System entered into an agreement to acquire the remaining 51% interest in BAMC. See additional discussion of this transaction in Note 15. SUBSEQUENT EVENTS.

The System has a 27% interest in Aurora Bay Area Medical Group (ABAMG), which provides inpatient, outpatient and other necessary professional medical services in Marinette, Wisconsin and its surrounding communities. BAMC owns the remaining 73% of ABAMG. The System's investment in ABAMG is accounted for under the equity method and is presented within investments in unconsolidated entities in the accompanying interim unaudited condensed consolidated balance sheet. The System leases employees and buildings to ABAMG and recognized \$4,484 and \$12,888 of other revenue for the three and nine months ended December 31, 2018, respectively under these leasing agreements. The System made additional capital contributions to ABAMG of \$1,455 during the three months ended December 31, 2018 and \$4,361 during the nine months ended December 31, 2018. The System's investment in ABAMG was \$703 at December 31, 2018.

In connection with the acquisition of a medical center, the System acquired an interest in the net assets of the Masonic Family Health Foundation (MFHF), an independent organization, under the terms of an asset purchase agreement (the Agreement). The use of substantially all of MFHF's net assets are designated to support the operations and/or capital needs of one of the System's medical facilities. Additionally, 90% of MFHF's investment yield, net of expenses, on substantially all of MFHF's investments is designated for the support of one of the System's medical facilities. MFHF must pay the System, annually, 90% of the investment yield or an agreed-upon percentage of the beginning of the year net assets.

The interest in the net assets of MFHF amounted to \$81,865 at December 31, 2018, and is presented within investments in unconsolidated entities in the accompanying interim unaudited condensed

consolidated balance sheet. The System's interest in the investment income is reflected in the interim unaudited condensed consolidated statement of operations and changes in net assets and amounted to \$(9,570) and \$(4,270) for the three months and nine months ended December 31, 2018, respectively. There were no cash distributions received by the System from MFHF under terms of the Agreement during the three months and nine months ended months ended December 31, 2018. In addition, MFHF made \$354 in contributions to the System for program support during the three and nine months ended December 31, 2018.

At December 31, 2018, the System had a 49.5% ownership interest in RML Health Providers, L.P. (RML) that is accounted for on an equity basis. RML is an Illinois, not-for-profit limited partnership that operates a 115-bed licensed long-term acute care hospital in Hinsdale, Illinois, and 86-bed licensed long-term acute care hospital in Chicago, Illinois. The System's carrying value of this interest was \$33,883 at December 31, 2018, and is presented within investments in unconsolidated entities in the accompanying interim unaudited condensed consolidated balance sheet.

RML leases the Chicago, Illinois, facility from the System. The lease has a fixed term through June 30, 2020, with a five-year renewal term remaining executable at the option of RML. The System recorded rental income of \$288 and \$847 for the three month and nine months ended December 31, 2018, respectively.

The summarized financial position and results of operations for significant entities accounted for under the equity method as of and for the periods ending December 31, 2018, is as follows:

	<u>BAMC</u>	<u>ABAMG</u>	<u>RML</u>	<u>MFHF</u>
As of December 31, 2018				
Total assets	\$ 232,239	\$ 4,898	\$ 125,087	\$ 85,533
Total liabilities	106,444	2,294	56,994	3,440
Equity	125,795	2,604	68,093	82,093
Three Months Ended December 31, 2018				
Total revenue	28,335	6,173	27,232	(4,279)
Net income (loss)	7,820	(4,095)	2,809	(4,834)
Nine Months Ended December 31, 2018				
Total revenue	80,715	17,091	83,208	(3,075)
Net income (loss)	13,478	(14,942)	11,400	(5,265)

9. LONG-TERM DEBT

Long-term debt, net of unamortized original issue discount or premium and unamortized deferred bond issuance costs, consisted of the following at December 31, 2018:

Revenue bonds and revenue refunding bonds:

Series 2003A (weighted average rate of 1.38%)	\$ 10,153
Series 2003C (weighted average rate of 1.60%)	10,169
Series 2008A (weighted average rate of 5.00%)	123,078
Series 2008C (weighted average rate of 1.43%)	320,718
Series 2010D (coupon of 5.00%)	15,014
Series 2011A (coupon of 4.00% to 5.00%)	32,378
Series 2011B (weighted average rate of 1.78%)	69,274
Series 2011C (weighted average rate of 2.31%)	49,722
Series 2011D (weighted average rate of 2.31%)	49,722
Series 2012 (coupon of 4.00% to 5.00%)	147,826
Series 2013A (coupon of 5.00%)	93,356
Series 2014 (coupon of 4.00% to 5.00%)	330,682
Series 2015 (coupon of 4.13% to 5.00%)	102,705
Series 2015B (coupon of 4.00% to 5.00%)	72,428
Series 2018A (coupon of 4.00% to 5.00%)	106,345
Series 2018B (coupon of 5.00%)	211,196
Series 2018C (weighted average rate of 2.09%)	198,182
	<hr/>
	1,942,948

Taxable bonds:

Taxable Bond Series 2018 (coupon of 3.83% to 4.27%)	709,392
	<hr/>
	709,392

Capital lease obligations and financing arrangements

241,677

Taxable term loan (weighted average rate 2.61%)

114,841

3,008,858

Less amounts classified as current:

Current portion of long-term debt (49,927)

Long-term debt subject to short-term financing arrangements (162,025)

(211,952)

\$ 2,796,906

Maturities of long-term debt, capital leases, and sinking fund requirements, assuming remarketing of the variable rate demand revenue refunding bonds, for the five years ending December 31, 2023, are as follows: 2019 - \$49,927; 2020 - \$53,631; 2021 - \$53,333; 2022 - \$56,603; and 2023 - \$58,164.

The System's outstanding bonds are secured by obligations issued under the Second Amended and Restated Master Trust Indenture dated as of August 1, 2018, as the same may be amended from time to time, between Advocate Aurora Health, Inc., the other affiliates identified therein as the Members of the Obligated Group and U.S. Bank National Association, as master trustee (the System Master Indenture). Under the terms of the bond indentures and other arrangements, various amounts are to be on deposit

with trustees, and certain specified payments are required for bond redemption and interest payments. The System Master Indenture and other debt agreements, including bank agreements, also place restrictions on the System and require the System to maintain certain financial ratios.

The System's unsecured variable rate revenue bonds, Series 2008A-3 of \$42,795 and Series 2011B of \$70,000, while subject to a long-term amortization period, may be put to the System at the option of the bondholders in connection with certain remarketing dates. To the extent that bondholders may, under the terms of the debt, put their bonds within 12 months after December 31, 2018, the principal amount of such bonds has been classified as a current obligation in the accompanying interim unaudited condensed consolidated balance sheet. Management believes the likelihood of a material amount of bonds being put to the System is remote. However, to address this possibility, the System has taken steps to provide various sources of liquidity, including assessing alternate sources of financing, including lines of credit and/or net assets without donor restrictions as a source of self-liquidity.

The System has standby bond purchase agreements with banks to provide liquidity support for substantially all of the Series 2008C Bonds. In the event of a failed remarketing of a supported Series 2008C Bond upon its tender by an existing holder and subject to compliance with the terms of the standby bond purchase agreement, the standby bank would provide the funds for the purchase of such tendered bonds, and the System would be obligated to repay the bank for the funds it provided for such bond purchase (if such bond is not subsequently remarketed), with the first installment of such repayment commencing on the date one year and one day after the bank purchases the bond. As of December 31, 2018, there were no bank-purchased bonds outstanding. To the extent that the standby bond purchase agreement expiration date is within 12 months after December 31, 2018, the principal amount of such bonds has been classified as a current obligation in the accompanying interim unaudited condensed consolidated balance sheet. The standby bond purchase agreements expire as follows: \$49,829 in August 2019; \$129,456 in August 2020; and \$145,919 in August 2021.

In August 2018, the Wisconsin Health and Educational Facilities Authority (WHEFA), for the benefit of the System, issued its Revenue Bonds, Series 2018ABC, in the amount of \$487,895 and the System issued Taxable Bonds, Series 2018 in the amount of \$714,500. The proceeds of the Series 2018ABC Bonds and the Series 2018 Taxable Bonds were used to refund certain WHEFA Bonds previously issued for the benefit of Aurora, refinance Aurora's taxable bonds, the drawn portion of an Aurora line of credit and to pay certain financing costs. In connection with this transaction, the System recognized a loss on refinancing in the amount of \$29,859.

The System maintains an interest rate swap program on certain of its variable rate debt as described in Note 10. INTEREST RATE SWAP PROGRAM.

The System's interest paid, net of capitalized interest, amounted to \$27,859 and \$80,559 for the three and nine months ended December 31, 2018, respectively. The System capitalized interest of \$607 and \$1,207 for the three and nine months ended December 31, 2018, respectively.

At December 31, 2018, the System had lines of credit with banks aggregating to \$585,000. These lines of credit provide for various interest rates and payment terms and expire as follows: \$100,000 in December 2019, \$275,000 in August 2020, \$50,000 in September 2020 and \$160,000 in August 2021. These lines of credit may be used to redeem bonded indebtedness, to pay costs related to such redemptions, for capital expenditures or for general working capital purposes. As of December 31, 2018, under a line of credit there were three letters of credit issued totaling \$40,947. As of December 31, 2018, no amounts were outstanding on these lines or letters of credit.

10. INTEREST RATE SWAP PROGRAM

The System has interest rate-related derivative instruments to manage exposure of its variable rate debt instruments. By using derivative financial instruments to manage the risk of changes in interest rates, the System exposes itself to credit risk and market risk. Credit risk is the failure of the counterparty to perform under the terms of the derivative contracts. When the fair value of a derivative contract is positive, the counterparty owes the System, which creates credit risk for the System. When the fair value of a derivative contract is negative, the System owes the counterparty, and therefore, it does not possess credit risk. The System minimizes the credit risk in derivative instruments by entering into transactions that may require the counterparty to post collateral for the benefit of the System based on the credit rating of the counterparty and the fair value of the derivative contract. Market risk is the adverse effect on the value of a financial instrument that results from a change in interest rates. The market risk associated with interest rate changes is managed by establishing and monitoring parameters that limit the types and degree of market risk that may be undertaken. The System also mitigates risk through periodic reviews of its derivative positions in the context of its total blended cost of capital.

At December 31, 2018, the System maintains an interest rate swap program on its Series 2008C variable rate demand revenue bonds. These bonds expose the System to variability in interest payments due to changes in interest rates. The System believes that it is prudent to limit the variability of its interest payments. To meet this objective and to take advantage of low interest rates, the System entered into various interest rate swap agreements to manage fluctuations in cash flows resulting from interest rate risk. These swaps convert the variable rate cash flow exposure on the variable rate demand revenue bonds to synthetically fixed cash flows. The notional amount under each interest rate swap agreement is reduced over the term of the respective agreement to correspond with reductions in the principal outstanding under various bond series. The following is a summary of the outstanding positions under these interest rate swap agreements at December 31, 2018:

Bond Series	Notional Amount	Maturity Date	Rate Received	Rate Paid
2008C-1	\$ 129,900	November 1, 2038	61.7% of LIBOR + 26bps	3.605%
2008C-2	108,425	November 1, 2038	61.7% of LIBOR + 26bps	3.605%
2008C-3	88,000	November 1, 2038	61.7% of LIBOR + 26bps	3.605%

The swaps are not designated as hedging instruments, and therefore, hedge accounting has not been applied. As such, unrealized changes in fair value of the swaps are classified as changes in fair value of interest rate swaps in the interim unaudited condensed consolidated statement of operations and changes in net assets. The net cash settlement payments, representing the realized changes in fair value of the swaps, are included as interest expense in the interim unaudited condensed consolidated statement of operations and changes in net assets.

The fair value of the interest rate swap agreements was a liability of \$65,376 and no collateral was posted under these swap agreements as of December 31, 2018.

Amounts recorded in the interim unaudited condensed consolidated statement of operations and changes in net assets for the swap agreements for the three and nine months ended December 31, 2018, are as follows:

	<u>Three Months Ended December 31, 2018</u>	<u>Nine Months Ended December 31, 2018</u>
Net cash payments on interest rate swap agreements (interest expense)	\$ 1,500	\$ 4,850
Change in fair value of interest rate swaps	\$ (8,633)	\$ 993

The interest rate swap instruments contain provisions that require the System to maintain an investment grade credit rating on its tax-exempt bonds from certain major credit rating agencies. If the System's tax-exempt bonds were to fall below investment grade on the valuation date, it would be in violation of these provisions and the counterparty to the derivative instruments could request immediate payment or demand immediate and ongoing full overnight collateralization on derivative instruments in net liability positions.

11. RETIREMENT PLANS

The System maintains various employee retirement benefit plans available to qualifying employees and retirees.

Advocate maintains defined benefit pension plans that cover substantially all its employees. The interim unaudited condensed consolidated balance sheet contains an other noncurrent liability related to the Advocate Health Care Network Pension Plan (Advocate Plan) totaling \$45,570 at December 31, 2018. In addition, the interim unaudited condensed consolidated balance sheet contains an other noncurrent asset related to the Condell Health Network Retirement Plan (Condell Plan) of \$1,424 at December 31, 2018. The Condell Plan was frozen effective January 1, 2008, to new participants and participants ceased to accrue additional pension benefits. During the nine months ended December 31, 2018, no contributions were made to the Advocate or Condell Plans.

The interim unaudited condensed consolidated balance sheet contains an other noncurrent liability related to the Aurora defined benefit pension plan (Aurora Plan) of \$104,979 at December 31, 2018. The Aurora Plan covers substantially all of its employees, hired before January 1, 2013, with at least 1,000 hours of work in a calendar year. The Aurora Plan was frozen on December 31, 2012. During the nine months ended December 31, 2018, cash contributions of \$22,200 were made to the Aurora Plan.

Pension plan expense (income) included in the interim unaudited condensed consolidated statement of operations and changes in net assets is as follows for the three and nine months ended December 31, 2018:

Three Months Ended December 31, 2018

	<u>Advocate</u>	<u>Condell</u>	<u>Aurora</u>	<u>Total</u>
Service cost	\$ 13,759	\$ —	\$ —	\$ 13,759
Interest cost	8,778	627	15,125	24,530
Expected return on plan assets	(16,632)	(708)	(19,141)	(36,481)
Amortization of:				
Actuarial loss	1,326	419	8,816	10,561
Prior service cost	(995)	—	(5,877)	(6,872)
Settlement/curtailment	—	787	—	787
Net pension expense (income)	<u>\$ 6,236</u>	<u>\$ 1,125</u>	<u>\$ (1,077)</u>	<u>\$ 6,284</u>

Nine Months Ended December 31, 2018

	<u>Advocate</u>	<u>Condell</u>	<u>Aurora</u>	<u>Total</u>
Service cost	\$ 41,279	\$ —	\$ —	\$ 41,279
Interest cost	26,332	1,877	45,375	73,584
Expected return on plan assets	(49,884)	(2,124)	(57,426)	(109,434)
Amortization of:				
Actuarial loss	3,974	1,259	8,816	14,049
Prior service cost	(2,987)	—	2	(2,985)
Settlement/curtailment	—	787	—	787
Net pension expense (income)	<u>\$ 18,714</u>	<u>\$ 1,799</u>	<u>\$ (3,233)</u>	<u>\$ 17,280</u>

The components of net periodic benefit costs other than the service cost component are included in other nonoperating income, net in the interim unaudited condensed consolidated statement of operations and changes in net assets.

Expected employee benefit payments are as follows:

	<u>Advocate</u>	<u>Condell</u>	<u>Aurora</u>	<u>Total</u>
2019	\$ 79,786	\$ 6,739	\$ 62,238	\$ 148,763
2020	66,794	4,310	66,384	137,488
2021	71,046	4,087	70,097	145,230
2022	75,632	3,865	73,191	152,688
2023	75,410	4,982	76,022	156,414
2024-2028	409,915	18,761	413,823	842,499
Total	<u>\$ 778,583</u>	<u>\$ 42,744</u>	<u>\$ 761,755</u>	<u>\$ 1,583,082</u>

The System's asset allocation and investment strategies are designed to earn returns on plan assets consistent with a reasonable and prudent level of risk. Investments are diversified across classes, economic sectors and manager style to minimize the risk of loss. The System utilizes investment managers specializing in each asset category and, where appropriate, provides the investment manager with specific guidelines that include allowable and/or prohibited investment types. The System regularly monitors manager performance and compliance with investment guidelines.

The System's target and actual pension asset allocations for the plans are as follows:

Asset Category - Advocate Plan	December 31, 2018	
	Target	Actual
Domestic and international equity securities	35%	34%
Alternative investments	45	46
Cash and fixed-income securities	20	20
	<u>100%</u>	<u>100%</u>

Asset Category - Condell Plan	December 31, 2018	
	Target	Actual
Domestic and international equity securities	15%	15%
Cash and fixed-income securities	85	85
	<u>100%</u>	<u>100%</u>

Asset Category - Aurora Plan	December 31, 2018	
	Target	Actual
Domestic and international equity securities	33%	33%
Real estate	3	3
Cash and fixed-income securities	64	64
	<u>100%</u>	<u>100%</u>

Assumptions used to determine benefit obligations are as follows:

	December 31, 2018
Discount rate - Advocate and Condell Plans	4.38%
Discount rate - Aurora Plan	4.48%
Assumed rate of return on assets - Advocate Plan	7.00%
Assumed rate of return on assets - Condell Plan	4.25%
Assumed rate of return on assets - Aurora Plan	5.50%

The assumed rate of return on Advocate and Condell Plans assets is based on historical and projected rates of return for asset classes in which the portfolio is invested. The expected return for each asset class was then weighted based on the target asset allocation to develop the overall expected rate of return on assets for the portfolio. The Aurora Plan's expected long-term rate of return is based on the asset allocation of the total portfolio considering capital return assumptions from various sources.

In addition to these plans, the System sponsors various defined contribution plans for its employees. Contributions to these plans, which are included in salaries, wages and benefits expense in the interim unaudited condensed consolidated statement of operations and changes in net assets, were \$46,009 for the three months ended December 31, 2018 and \$140,381 for the nine months ended December 31, 2018.

12. GENERAL AND PROFESSIONAL LIABILITY RISKS

The System is self-insured for substantially all general and professional liability risks. The self-insurance programs combine various levels of self-insured retention with excess commercial insurance coverage. Aurora's hospitals, clinics, surgery centers, physicians and certified registered nurse anesthetist providers that provide health care in Wisconsin are qualified health care providers that are fully covered for losses in excess of statutory limits through mandatory participation in the State of Wisconsin Injured Patients and Families Compensation Fund. In addition, various umbrella insurance policies have been purchased to provide coverage in excess of the self-insured limits. Revocable trust funds, administered by a trustee and a captive insurance company, have been established for the self-insurance programs. Actuarial

consultants have been retained to determine the estimated cost of claims, as well as to determine the amount to fund into the irrevocable trust and captive insurance company.

The estimated cost of claims is actuarially determined based on past experience, as well as other considerations, including the nature of each claim or incident and relevant trend factors. Accrued insurance liabilities and contributions to the trust were determined using a discount rate of 3.00% as of December 31, 2018.

The System entities are defendants in certain litigation related to professional and general liability risks, and other matters. Although the outcome of the litigations cannot be determined with certainty, management believes, after consultation with legal counsel, that the ultimate resolution of the litigations will not have a material adverse effect on the System's operations or financial condition.

13. LEGAL, REGULATORY AND OTHER CONTINGENCIES

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. During the last few years, due to nationwide investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, exclusion from the Medicare and Medicaid programs and revocation of federal or state tax-exempt status. Moreover, the System expects that the level of review and audit to which it and other health care providers are subject will increase.

Various federal and state agencies have initiated investigations, which are in various stages of discovery, relating to reimbursement, billing practices and other matters of the System. There can be no assurance that regulatory authorities will not challenge the System's compliance with these laws and regulations, and it is not possible to determine the impact, if any, such claims or penalties would have on the System. To foster compliance with applicable laws and regulations, the System maintains a compliance program designed to detect and correct potential violations of laws and regulations related to its programs.

14. AFFILIATION

On April 1, 2018, Advocate Aurora Health, Inc. became the sole corporate member of Advocate Health Care Network and Aurora Health Care, Inc. The System was formed in furtherance of the parties' common and unifying charitable health care mission to promote and improve the quality and expand the scope and accessibility of affordable health care and health care-related services for the communities they serve.

The Affiliation was accounted for as a merger in accordance with GAAP; therefore, the System has accounted for the merger by applying the carryover method.

The following pro forma financial information is prepared on a consolidated basis utilizing accounting records of Advocate and Aurora as if the System had been operating for the twelve-month period ended December 31, 2018 as a combined company. The System's pro forma revenues have been adjusted to include a previously non-consolidated lab joint venture (A2CL) as well as associated eliminations of activity and balances due between Advocate and Aurora. Additionally, certain accounting policies have been adjusted to align Advocate and Aurora within the pro forma information presented. Management believes the assumptions underlying the pro forma financial information presented, including the assumptions regarding the elimination of inter-company activity and accounting policy changes are reasonable. Nevertheless, the pro forma information may not reflect the results of operations and financial position

had the System been a combined company and is not intended to project the System's results of operations for any future periods.

Total revenue	\$	12,155,979
Increase in assets without donor restrictions-attributable to controlling interest	\$	74,009
Increase in net assets without donor restrictions- noncontrolling interest	\$	2,166
Decrease in net assets with donor restrictions	\$	(10,597)

ADVOCATE AURORA HEALTH, INC. AND ITS AFFILIATES AND SUBSIDIARIES
PROFORMA CONDENSED CONSOLIDATED BALANCE SHEET
(dollars in thousands)

	April 1, 2018				
	Aurora	Advocate	A2CL	Eliminations	Consolidated
ASSETS					
CURRENT ASSETS:					
Cash and cash equivalents	\$ 171,402	\$ 235,425	\$ 1,278	\$ —	\$ 408,105
Assets limited as to use	4,523	104,543	—	—	109,066
Patient accounts receivable	744,668	726,045	—	—	1,470,713
Other current assets	193,669	348,921	12,317	(21,510)	533,397
Total current assets	1,114,262	1,414,934	13,595	(21,510)	2,521,281
Assets limited as to use	1,737,381	6,187,437	—	—	7,924,818
Property and equipment, net	2,445,763	2,987,734	—	—	5,433,497
Total other assets	273,788	498,605	1,579	(10,075)	763,897
TOTAL	<u>\$ 5,571,194</u>	<u>\$ 11,088,710</u>	<u>\$ 15,174</u>	<u>\$ (31,585)</u>	<u>\$ 16,643,493</u>
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES:					
Current portion of long term-debt	\$ 136,239	\$ 120,901	\$ —	\$ —	\$ 257,140
Accounts payable and accrued liabilities	623,687	829,635	18,127	(21,510)	1,449,939
Other current liabilities	31,653	425,468	—	—	457,121
Total current liabilities	791,579	1,376,004	18,127	(21,510)	2,164,200
NONCURRENT LIABILITIES:					
Long-term debt, less current portion	1,266,070	1,539,105	—	—	2,805,175
Accrued Insurance and claims costs, less current portion	27,381	636,856	—	—	664,237
Other long-term liabilities	382,919	359,597	—	(13,028)	729,488
Total noncurrent liabilities	1,676,370	2,535,558	—	(13,028)	4,198,900
Total liabilities	2,467,949	3,911,562	18,127	(34,538)	6,363,100
NET ASSETS:					
Without donor restrictions:					
Controlling interest	2,934,281	7,009,528	(2,953)	2,953	9,943,809
Noncontrolling interest in subsidiaries	104,168	570	—	—	104,738
Total net assets without donor restrictions	3,038,449	7,010,098	(2,953)	2,953	10,048,547
Net assets with donor restrictions	64,796	167,050	—	—	231,846
Total net assets	3,103,245	7,177,148	(2,953)	2,953	10,280,393
TOTAL	<u>\$ 5,571,194</u>	<u>\$ 11,088,710</u>	<u>\$ 15,174</u>	<u>\$ (31,585)</u>	<u>\$ 16,643,493</u>

15. SUBSEQUENT EVENTS

In January 2019, the System entered into a definitive agreement to acquire the remaining 51% interest in BAMC in exchange for a donation to a foundation to benefit BAMC. Upon completion of the transaction, BAMC and ABAMG will be fully consolidated within the consolidated financial statements of Aurora. This transaction is expected to close on April 1, 2019 pending regulatory approval. As of the issuance date of this report, management is unable to estimate the impact of this transaction to the consolidated financial statements.

On March 5, 2019, the System issued commercial paper in the amount of \$50,000. The proceeds of the commercial paper were used to redeem the Series 2008C-2A bonds of \$49,230 plus accrued interest, and certain costs related to the issuance of the commercial paper. The remaining proceeds were used for general corporate purposes. The standby bond purchase agreement related to the Series 2008C-2A bonds was canceled effective March 5, 2019.

The System evaluated events and transactions subsequent to December 31, 2018 through March 27, 2019, the date of financial statement issuance.

MANAGEMENT'S DISCUSSION AND ANALYSIS OF RESULTS OF OPERATIONS AND FINANCIAL POSITION

This quarterly report includes the interim unaudited condensed consolidated financial statements and analysis for Advocate Aurora Health, Inc., a Delaware nonprofit corporation (the Parent Corporation), and its affiliates and subsidiaries. References to "the System", "we", "our", or "us" in this document are to the Parent Corporation and all of the affiliates and subsidiaries consolidated with it pursuant to accounting principles generally accepted in the United States of America (GAAP). References to the Parent Corporation are references only to the Parent Corporation, and should not be read to include any of the Parent Corporation's affiliates and subsidiaries. References to "Legacy Systems" in this document refers to Advocate Health Care Network and Subsidiaries (Advocate) and Aurora Health Care, Inc., and Affiliates (Aurora) either individually or collectively.

The following proforma financial statements included within this quarterly report were prepared on a consolidated basis utilizing accounting records of Advocate and Aurora as if the System had been operating as a combined company for the periods presented. These financial statements have been prepared in accordance with GAAP. The System's revenues and expenses have been adjusted to include a previously non-consolidated lab joint venture (A2CL) as well as associated eliminations of activity and balances due between Advocate and Aurora. Additionally, certain accounting policies have been adjusted to align Advocate and Aurora within the proforma statements presented. Management believes the assumptions underlying the proforma financial statements presented, including the assumptions regarding the elimination of inter-company activity and accounting policy changes are reasonable. Nevertheless, the proforma statements may not reflect the results of operations had the System been a combined company during the periods presented and is not intended to project the System's results of operations for future periods.

The financial information should be read together with our interim unaudited condensed consolidated financial statements and related notes included elsewhere in this quarterly report, as well as the audited consolidated financial statements of the System as of and for the period ended December 31, 2018; Advocate and Aurora as of and for the years ended December 31, 2017 and 2016, which are available from the Municipal Securities Rulemaking Board (the MSRB) on its Electronic Municipal Market Access (EMMA) system, found at <http://emma.msrb.org>. Additional information can be found on the investor relations section of the System's website at <https://www.advocateaurorahealth.org/investor-relations>.

Certain statements included in this quarterly report constitute forward-looking statements that involve risks and uncertainties. Actual results may differ significantly from the results discussed in the forward-looking statements as a result of known and unknown risks, uncertainties and other factors which may cause actual results, performance or achievements described to be materially different from any future results, performance or achievements expressed or implied by such forward-looking statements. We do not plan to issue any updates or revisions to those forward-looking statements if or when the expectations, or events, conditions or circumstances on which such statements are based occur.

ADVOCATE AURORA HEALTH, INC. AND ITS AFFILIATES AND SUBSIDIARIES
KEY FINANCIAL RATIOS
FOR THE PERIOD ENDED DECEMBER 31, 2018

	Three Months Ended,	
	December 31, 2018	December 31, 2017 ^(A)
Profitability:		
Operating margin ⁽¹⁾	5.1%	7.1%
Operating cash flow margin ⁽²⁾	10.4%	12.3%
Excess Margin ⁽³⁾	(12.8)%	10.4%
EBIDA margin ⁽⁴⁾	(5.7)%	16.2%
	Year Ended,	
	December 31, 2018 ^(A)	December 31, 2017 ^(A)
Profitability:		
Operating margin ⁽¹⁾	4.5%	5.2%
Operating cash flow margin ⁽²⁾	9.9%	10.5%
Excess margin ⁽³⁾	1.6%	10.3%
EBIDA margin ⁽⁴⁾	7.0%	16.3%
	As of December 31, 2018	As of December 31, 2017 ^(A)
Leverage and Liquidity:		
Debt to capitalization ⁽⁵⁾	23.1%	24.1%
Cash to debt ⁽⁶⁾	252%	252%
Days cash on hand ⁽⁷⁾	247	270

^(A) - See previous discussion of the preparation of proforma statements.

Profitability:

⁽¹⁾ Operating income before nonrecurring expenses/Total operating revenue

⁽²⁾ (Operating income before nonrecurring expenses + Interest + Depreciation and amortization)/Total operating revenue

⁽³⁾ Excess of revenue over expenses/(Total revenue + Total nonoperating income, net)

⁽⁴⁾ (Excess of revenue over expenses + Interest + Depreciation and amortization)/Total operating revenue

Liquidity:

⁽⁵⁾ (Current portion of long-term debt + Long-term debt subject to short-term financing arrangements + Long-term debt, less current portion) / (Current portion of long-term debt + Long-term debt subject to short-term financing arrangements + Long-term debt, less current portion + Total net assets without donor restrictions)

⁽⁶⁾ Unrestricted cash and investments / (Current portion of long-term debt + Long-term debt subject to short-term financing arrangements + Long-term debt, less current portion)

⁽⁷⁾ Unrestricted cash and investments / (Total operating expenses - Depreciation and amortization) / days in period). The days cash on hand ratio is calculated from expenses for the year ended December 31, 2018.

(Continued)

ADVOCATE AURORA HEALTH, INC. AND ITS AFFILIATES AND SUBSIDIARIES
KEY FINANCIAL RATIOS
AS OF AND FOR THE PERIOD ENDED DECEMBER 31, 2018
(dollars in thousands)

Debt Service Coverage	Year Ended, December 31, 2018^(A)
Excess of revenue over expenses	\$ 150,461
Adjustments:	
Depreciation and amortization expense	545,426
Interest expense	107,867
Unrealized loss on investments	506,203
Unrealized gain on interest rate swap obligation	(8,498)
Pension settlement loss	787
Loss on early extinguishment of debt	29,859
Asset impairment charges	17,408
Gain on sale of assets not in the ordinary course of business	(329)
Nonrecurring expenses	74,631
Total income available for debt service	<u>1,423,815</u>
Debt service requirements	210,050
Historical debt service coverage ratio	6.8

Days Cash on Hand	Year Ended, December 31, 2018^(A)
Cash and cash equivalents	\$ 584,887
Assets limited as to use, current	106,244
Assets limited as to use, noncurrent	7,712,087
Less: restricted funds	858,741
Unrestricted cash and investments	<u>7,544,477</u>
Operating expenses	11,608,941
Plus: nonrecurring expenses	74,631
Less: depreciation and amortization	545,426
Adjusted operating expenses	<u>11,138,146</u>
Number of days in period	365
Operating expense per day	30,515
Days cash on hand	<u>247</u>

^(A) - See previous discussion of the preparation of proforma statements.

(Continued)

ADVOCATE AURORA HEALTH, INC. AND ITS AFFILIATES AND SUBSIDIARIES
KEY FINANCIAL RATIOS
AS OF AND FOR THE PERIOD ENDED DECEMBER 31, 2018
(dollars in thousands)

Debt to Capitalization	Year Ended, December 31, 2018^(A)
Debt	
Current portion of long-term debt	\$ 49,927
Long-term debt subject to short-term financing arrangements	162,025
Long-term debt, less current portion	2,796,906
Total debt	<u>3,008,858</u>
Capitalization	
Total debt	3,008,858
Total net assets without donor restrictions	10,019,186
Adjusted operating expenses	<u>13,028,044</u>
Debt to capitalization	23.1%

^(A) - See previous discussion of the preparation of proforma statements.

(Concluded)

ADVOCATE AURORA HEALTH, INC. AND ITS AFFILIATES AND SUBSIDIARIES
HISTORICAL UTILIZATION

	Three Months Ended December 31, 2018	Proforma Three Months Ended December 31, 2017	Change	% Change
Discharges ⁽¹⁾	66,919	68,905	(1,986)	(2.9)%
Observation Cases	25,409	23,777	1,632	6.9 %
Outpatient Visits	1,173,434	1,096,637	76,797	7.0 %
Physician Visits	2,368,864	2,242,210	126,654	5.6 %
Home Care Visits	195,335	176,205	19,130	10.9 %
Capitated Member Lives ⁽²⁾	307,323	320,504	(13,181)	(4.1)%

	Proforma Year Ended December 31, 2018	Proforma Year Ended December 31, 2017	Change	% Change
Discharges ⁽¹⁾	272,949	275,469	(2,520)	(0.9)%
Observation Cases	98,838	95,329	3,509	3.7 %
Outpatient Visits	4,613,817	4,405,106	208,711	4.7 %
Physician Visits	9,257,981	8,961,074	296,907	3.3 %
Home Care Visits	754,018	711,163	42,855	6.0 %

⁽¹⁾ Includes Legacy Advocate transitional care

⁽²⁾ As of the date set forth in the column header

ADVOCATE AURORA HEALTH, INC. AND ITS AFFILIATES AND SUBSIDIARIES
PROFORMA CONDENSED CONSOLIDATED STATEMENTS OF OPERATIONS

(dollars in thousands)

	Three Months Ended December 31, 2018	Three Months Ended December 31, 2017 ^(A)
REVENUE:		
Patient service revenue	\$ 2,606,237	\$ 2,503,849
Capitation revenue	348,863	340,963
Other revenue	<u>232,368</u>	<u>233,044</u>
Total revenue	3,187,468	3,077,856
EXPENSES:		
Salaries, wages and benefits	1,716,806	1,621,799
Supplies and purchased services	783,342	754,237
Contract medical services	170,598	171,029
Depreciation and amortization	139,647	131,460
Interest	27,359	28,912
Other	<u>186,357</u>	<u>153,171</u>
Total expenses	<u>3,024,109</u>	<u>2,860,608</u>
OPERATING INCOME BEFORE NONRECURRING EXPENSES	163,359	217,248
Nonrecurring expenses	<u>29,924</u>	<u>53,134</u>
OPERATING INCOME	<u>133,435</u>	<u>164,114</u>
NONOPERATING (LOSS) INCOME:		
Investment (loss) income, net	(465,486)	212,193
Change in fair value of interest rate swaps	(8,632)	7,487
Other nonoperating loss, net	<u>(6,686)</u>	<u>(45,914)</u>
Total nonoperating (loss) income, net	<u>(480,804)</u>	<u>173,766</u>
(DEFICIT) EXCESS OF REVENUE OVER EXPENSES	(347,369)	337,880
Less noncontrolling interest	<u>(11,097)</u>	<u>(14,947)</u>
(DEFICIT) EXCESS OF REVENUE OVER EXPENSES - attributable to controlling interest	<u>\$ (358,466)</u>	<u>\$ 322,933</u>

^(A) See previous discussion of the preparation of proforma statements.

ADVOCATE AURORA HEALTH, INC. AND ITS AFFILIATES AND SUBSIDIARIES
PROFORMA CONDENSED CONSOLIDATED STATEMENTS OF OPERATIONS
(dollars in thousands)

	Year Ended December 31, 2018 ^(A)	Year Ended December 31, 2017 ^(A)
REVENUE:		
Patient service revenue	\$ 9,973,684	\$ 9,585,527
Capitation revenue	1,356,765	1,318,052
Other revenue	825,530	846,149
Total revenue	12,155,979	11,749,728
EXPENSES:		
Salaries, wages and benefits	6,595,233	6,320,938
Supplies and purchased services	2,923,171	2,775,685
Contract medical services	620,810	606,922
Depreciation and amortization	545,426	515,871
Interest	107,867	115,346
Other	816,434	807,162
Total expenses	11,608,941	11,141,924
OPERATING INCOME BEFORE NONRECURRING EXPENSES	547,038	607,804
Nonrecurring expenses	74,631	53,134
OPERATING INCOME	472,407	554,670
NONOPERATING (LOSS) INCOME:		
Investment (loss) income, net	(267,271)	772,114
Loss on debt refinancing	(29,859)	(5,971)
Change in fair value of interest rate swaps	8,498	5,748
Other nonoperating income (loss), net	11,499	(40,952)
Total nonoperating (loss) income, net	(277,133)	730,939
EXCESS OF REVENUE OVER EXPENSES	195,274	1,285,609
Less noncontrolling interest	(44,813)	(52,298)
EXCESS OF REVENUE OVER EXPENSES - attributable to controlling interest	<u>\$ 150,461</u>	<u>\$ 1,233,311</u>

^(A) See previous discussion of the preparation of proforma statements.

ANALYSIS OF RESULTS OF OPERATIONS

(dollars in thousands)

The management discussion and analysis section refers to the proforma condensed consolidated statements of operations. The proforma information should not be construed to accurately reflect what the actual results would have been had the Affiliation been consummated as of the comparative periods presented in 2017.

Results of Operations – Three Months Ended December 31, 2018 Compared to Three Months Ended December 31, 2017

Operating income before nonrecurring expenses was \$163,359 for the three months ended December 31, 2018, resulting in an operating margin of 5.1%, compared to operating income before nonrecurring expense of \$217,248 for the three months ended December 31, 2017, resulting in an operating margin of 7.1%. Nonrecurring expenses of \$29,924 for the three months ended December 31, 2018 consisted of costs to implement an electronic medical records system and costs incurred in connection with the Affiliation. Nonrecurring expenses of \$53,134 for the three months ended December 31, 2017 consisted of costs related to an abandoned information technology project and costs incurred in connection with the Affiliation.

Patient service revenue increased \$102,388 (4.1%) in the three months ended December 31, 2018, compared to the same period in the prior year. Patient service revenue increased primarily due to an increase in volumes across most service lines, excluding inpatient volumes, and an increase in patient acuity.

Salaries, wages and benefits increased \$95,007 (5.9%) in the three months ended December 31, 2018, compared to the same period in the prior year. The increase in salaries, wages and benefits is due to an increase in staffing related to increased outpatient and physician visits and inflationary rate increases in wages. Additionally, there was an increase in employee benefit expense over the comparative period due to higher claim experience associated with employee health plans.

Supplies and purchased services increased \$29,105 (3.9%) in the year ended December 31, 2018, compared to the same period in the prior year primarily due to an increase in volumes.

Other expense increased \$33,186 (21.7%) in the three months ended December 31, 2018, compared to the same period in the prior year due to an increase in expenses related to self-insurance professional and general liability claims.

Nonoperating (loss) income decreased \$654,570 (376.7%) for the three months ended December 31, 2018, compared to the same period in the prior year. Nonoperating (loss) income decreased primarily as a result of investment (loss) income, net which decreased \$677,679 over the comparative period. See disclosure of the composition of investment (loss) income, net within Note 5. INVESTMENTS. This is due to a significant deterioration in financial markets during the fourth quarter of 2018. Other nonoperating loss, net decreased by \$39,228 primarily due to a loss on the write-off of certain assets which no longer met legacy Aurora's capitalization policy in the fourth quarter of 2017 which caused a comparative decrease in other nonoperating loss, net over the comparative period.

Overall, the System reported a deficit of revenue over expenses of \$347,369 for the three months ended December 31, 2018 compared to an excess of revenue over expenses of \$337,880 for the three months ended December 31, 2017.

Results of Operations – Year Ended December 31, 2018 Compared to Year Ended December 31, 2017

Operating income before nonrecurring expenses was \$547,038 for the year ended December 31, 2018, resulting in an operating margin of 4.5%, compared to operating income before nonrecurring expense of \$607,804 for the year ended December 31, 2017, resulting in an operating margin of 5.2%. Nonrecurring expense of \$74,631 for the twelve months ended December 31, 2018 consisted of costs to implement an electronic medical records system and costs incurred in connection with the Affiliation. Nonrecurring expense of \$53,134 for the twelve months ended December 31, 2017 consisted of costs related to an abandoned information technology project and costs incurred in connection with the Affiliation.

Patient service revenue increased \$388,157 (4.0%) in the year ended December 31, 2018, compared to the same period in the prior year. Patient service revenue increased primarily due to an increase in volumes across most service lines, excluding inpatient volumes and an increase in patient acuity.

Salaries, wages and benefits increased \$274,295 (4.3%) in the year ended December 31, 2018, compared to the same period in the prior year. The increase in salaries, wages and benefits is due to an increase in staffing related to increased outpatient and physician visits and inflationary rate increases in wages.

Supplies and purchased services increased \$147,486 (5.3%) in the year ended December 31, 2018, compared to the same period in the prior year primarily due to an increase in volumes.

Nonoperating (loss) income decreased \$1,008,072 (137.9%) for the year ended December 31, 2018, compared to the same period in the prior year, primarily due to declines in investment yields across a number of investment assets. Investment (loss) income, net decreased \$1,039,385, due to a deterioration of financial markets over the comparative period. See disclosure of the composition of investment (loss) income, net within Note 5. INVESTMENTS. Additionally, nonoperating (loss) income also decreased as a result of a loss on debt refinancing of \$23,888 which was due to the refinancing of all the legacy Aurora system's debt excluding capital leases. See additional discussion of this transaction in Note 9. LONG-TERM DEBT.

Overall, the System reported an excess of revenue over expenses of \$195,274 for the year ended December 31, 2018 compared to \$1,285,609 for the year ended, December 31, 2017.

ANALYSIS OF FINANCIAL CONDITION

(dollars in thousands)

Liquidity – Cash and Investments

In September 2018, the investment assets of Advocate and Aurora were consolidated into a single investment portfolio. The investments are managed by external investment professionals under the guidelines set out in the investment policy statement adopted by the System's Board in August 2018. The combined investment portfolio is overseen by an Investment Subcommittee of the Finance Committee of the Parent Board.

These policies include the target allocations for the System investment program and for each of the System's sponsored pension plans. The System's investment program's target asset allocation, excluding cash and cash equivalents maintained for operating purposes, provides for a commitment to equity securities (30%), fixed income investments (20%), and select alternative investment classes (50%). For each of the above categories, the policy establishes allocation targets, with specific ranges for each asset class, among the following investment styles: 12% domestic equities; 18% international equities; 20% fixed income; 10% private equity; 25% hedge funds; and 15% real assets. Further, limitations are placed on investment managers as to the overall amount that can be invested in one issuer (except for U.S. government obligations and its agencies) or economic sector. See disclosure of the composition of the System's investment assets within NOTE 6. FAIR VALUE. See disclosure of the composition and targets of the System's pension plans within NOTE 11. RETIREMENT PLANS.

Investment income (including both realized and unrealized gains on investments) significantly impacts the System's financial results. Market fluctuations have affected and will likely continue to materially affect the value of those investments and those fluctuations may be and historically have been material. Reduction in investment income, or realized and unrealized losses, and the market value of its investments may have a negative impact on the System's financial condition, including its ability to provide its own liquidity for variable rate debt or to fund capital expenditures from cash and investments.

Days Cash on Hand

Days cash on hand was 247 as of December 31, 2018 compared to 270 for the proforma as of December 31, 2017. The decrease in days cash on hand is primarily due to expenditures relating to the purchase of nineteen properties used in Aurora operations that were previously leased for cash consideration in January 2018.

Indebtedness

Master Indenture Obligations: In August 2018, the System issued \$1,202,395 in aggregate principal amount of bonds (the Series 2018 Bonds) to refinance certain tax-exempt bonds issued by WHEFA for the benefit of Aurora in the aggregate principal amount of \$941,295, Aurora's taxable bonds in the aggregate principal amount of \$208,555 and the drawn portion of a line of credit in the amount of \$58,500. As a result of that refinancing, the Aurora Master Trust Indenture was discharged, and the Series 2018 Bonds, as well as Advocate's outstanding bonds and certain other obligations to lenders, banks and swap counterparties are now all secured under the Second Amended and Restated Master Trust Indenture dated as of August 1, 2018, with the Members of the Obligated Group and U.S. Bank National Association, as master trustee (the Advocate Aurora Master Indenture).

Under the terms of the bond indentures and other arrangements, various amounts are to be on deposit with trustees, and certain specified payments are required for bond redemption and interest payments. The Advocate Aurora Master Indenture and other debt agreements, including bank credit agreements, also place restrictions on the System to maintain certain financial ratios. Each of the bank agreements require various reporting, operating and financial covenants to be maintained. These covenants may be waived, modified or amended by the related bank in its sole discretion and without notice to or consent by any bond trustee, the Master

Trustee or the holders of any outstanding bonds. Violation of any such covenants may result in an Event of Default under the Advocate Aurora Master Indenture, which could result in acceleration of all Obligations issued under the Advocate Aurora Master Indenture.

The System's total long-term debt at December 31, 2018 was as follows:

Tax-exempt bonds	\$ 1,942,948
Taxable bonds	709,392
Capital lease obligations and financing arrangements	241,677
Taxable term loan	114,841
Total long-term debt	<u>\$ 3,008,858</u>

Standby Bond Purchase Agreements (SBPA): The System is a party to four SBPAs with three banks to provide liquidity support for the four subseries of the Series 2008C Bonds in the event of a failed remarketing of any such Series 2008C Bonds. The termination dates of the SBPAs are as follows:

<u>Subseries</u>	<u>Par</u>	<u>Expiration</u>
2008C-1	\$ 129,500	8/31/2020
2008C-2A	49,800	8/1/2019
2008C-2B	58,200	8/15/2021
2008C-3A	87,700	8/15/2021
Total	<u>\$ 325,200</u>	

The Series 2008C-2A Bonds were classified as current liabilities in the interim unaudited condensed consolidated balance sheet because the SBPA expiration date is within one year of the balance sheet date.

On March 5, 2019, the System issued commercial paper in the amount of \$50,000. The proceeds of the commercial paper were used to redeem the Series 2008C-2A bonds of \$49,230 plus accrued interest and certain costs related to the issuance of the commercial paper. The remaining proceeds were used for general corporate purposes. The standby bond purchase agreement related to the Series 2008C-2A bonds was cancelled effective March 5, 2019.

In the event any bonds are not remarketed within one year from the date they are purchased by a bank pursuant to an SBPA (Bank Bonds), the System has agreed to cause such Bank Bonds to be redeemed pursuant to the related bond indenture such that the unpaid principal balance of all outstanding Bank Bonds shall amortize in sixteen approximately equal quarterly installments, with the first installment commencing on the date that is one year and one day after the date on which such Series 2008C Bond became a Bank Bond, and the final installment payable on the date that is five years from the date on which such Series 2008C Bond became a Bank Bond. At December 31, 2018, there were no Bank Bonds outstanding.

Covenant Agreements (CAs): The System is party to CAs with a bank, related to the \$50,000 Series 2011C Bonds and \$50,000 Series 2011D Bonds issued in September 2011 and purchased by the bank. The Series 2011C Bonds and Series 2011D Bonds currently bear interest at an indexed rate until September 3, 2024. At the end of their initial periods, the Series 2011C Bonds and the Series 2011D Bonds will be subject to mandatory tender, unless waived by the holders thereof, and the System presently anticipates that the Series 2011C Bonds and Series 2011D Bonds will be remarketed to new holders in one of the interest rate modes available under the related bond indenture. In the event the Series 2011C Bonds or the Series 2011D Bonds are not remarketed on their respective mandatory tender dates, then, as long as no default or event of default (as defined in the CAs) has occurred and is continuing, the Series 2011C Bonds or Series 2011D Bonds, as applicable, may either be repaid over a three-year period or remarketed during that time.

Windows Variable Rate Bonds: The System's Series 2011B Bonds bear interest at Windows Interest Rates (the Windows Variable Rate Bonds) and are subject to optional and mandatory tender for purchase. The Windows Variable Rate Bonds are not supported by any external dedicated liquidity facility. Holders of Windows Variable Rate Bonds have a right to optionally tender their Bonds for purchase. If the tendered Windows Variable Rate Bonds are not successfully remarketed within the 30-day period that follows the date that notice of such optional tender is received by the Remarketing Agent (the Remarketing Window), then all Windows Variable Rate Bonds are required to be purchased on the day that is 210 days after notice of such optional tender is received by the Remarketing Agent (the Windows Mandatory Tender Date). The period from the end of the Remarketing Window until the Windows Mandatory Tender Date (initially, 18 days) is referred to as the Funding Window. During the Funding Window, the System expects that it would analyze the then current market conditions, availability and relative cost of any refinancing or restructuring alternatives for those Windows Variable Rate Bonds that are required to be purchased on the Windows Mandatory Tender Date (including, without limitation, conversion of those bonds to another interest mode or the refinancing or repayment of those bonds). The Windows Variable Rate Bonds are classified as current liabilities in the interim unaudited condensed consolidated balance sheet because these bonds may be subject to tender on a date that is within one year of the balance sheet date.

Long-term Rate Bonds: The Series 2003A, Series 2003C, Series 2008A-1, Series 2008A-2, Series 2008A-3, Series 2018B-1, Series 2018B-2, Series 2018B-3 and Series 2018B-4 Bonds were originally issued as long-term rate bonds. The Series 2003A Bonds and Series 2003C Bonds have been remarketed for new long-term rate periods that extend to their maturity dates both of which is November 15, 2022. The Series 2008A-1, Series 2008A-2, Series 2008A-3, Series 2018B-1, Series 2018B-2, Series 2018B-3 and Series 2018B-4 Bonds bear interest at long-term rates for a particular interest rate period and are subject to mandatory tender at the end of each particular interest rate period. The Series 2008C-3B Bonds in the amount of \$21,975 were retired with cash on their mandatory tender date of July 30, 2018.

The following table summarizes the next scheduled mandatory tender dates for these long-term rate bonds as of December 31, 2018. In the event these bonds are not remarketed upon mandatory tender at the end of their current interest rate period, management anticipates utilizing marketable unrestricted investments and/or available lines of credit to meet the purchase obligations.

Subseries	Par	Expiration
Series 2008A-3	\$ 42,800	5/1/2019
Series 2008A-1	42,000	1/15/2020
Series 2008A-2	35,500	2/12/2020
Series 2018B-1	46,690	1/26/2022
Series 2018B-2	46,310	1/25/2023
Series 2018B-3	48,560	1/31/2024
Series 2018B-4	49,420	1/29/2025
Total	\$ 311,280	

The Series 2008A-3 bonds were classified as current liabilities as of December 31, 2018 in the interim unaudited condensed consolidated balance sheet as these bonds are subject to mandatory tender on a date that is within one year of the balance sheet date.

Indexed Floating Rate Bonds: The Advocate Aurora Series 2018C-1 Bonds, Series 2018C-2 Bonds, Series 2018C-3 Bonds and Series 2018C-4 Bonds (collectively the 2018C Bonds) bear interest at an indexed rate. At the end of their initial long-term rate periods, the Series 2018C Bonds will be subject to mandatory tender. The System presently anticipates that the Series 2018C Bonds will be remarketed to new holders in one of the interest rate modes available under the related bond indenture. The following table summarizes the next scheduled mandatory tender dates for these bonds.

Subseries	Principal Amount	Next Mandatory Tender date
Series 2018C-1	\$ 50,000	7/28/2021
Series 2018C-2	50,000	7/27/2022
Series 2018C-3	49,065	7/26/2023
Series 2018C-4	50,350	7/31/2024
Total	<u>\$ 199,415</u>	

Taxable Term Note: The System is party to a taxable term loan agreement with a bank, relating to a \$114,841 term loan, the proceeds of which were used to defease a portion of the Series 2010 Bonds. Absent an agreement between the System and the bank to extend the final maturity, the taxable term loan matures on August 27, 2024.

Lines of Credit: At December 31, 2018, the System had a \$160,000 line of credit, under which letters of credit can also be issued, bearing interest at the commercial bank floating rate or LIBOR plus a spread, based upon the option of the System. As of December 31, 2018, letters issued under the line of credit totaling \$40,947 were outstanding. There are currently no outstanding draws on the line of credit or letters of credit. Each line of credit is secured by an Obligation issued under the Advocate Aurora Master Indenture.

At December 31, 2018, the System had lines of credit with banks totaling \$585,000, including the \$160,000 line of credit described above. No amounts were outstanding on these lines of credit as of December 31, 2018. Each line of credit is secured by an Obligation issued under the Advocate Aurora Master Indenture.

Under regulatory rules of the State of Illinois, Advocate is required to post a letter of credit or surety bond with a State Agency to operate a self-insured workers' compensation program. At December 31, 2018, Advocate held a surety bond in the amount of \$16,975. No amounts were drawn on these letters of credit as of December 31, 2018.

Other Indebtedness: The System is obligated under capital lease and financing arrangements entered into in connection with certain sale-leaseback transactions and capital leases of buildings which are reflected as long-term debt in the interim unaudited condensed consolidated balance sheet of the System. These arrangements, which relate to various administrative and medical support buildings, had initial lease terms of 15 to 25 years. At December 31, 2018, the outstanding amount of capital lease obligations and financing arrangements was \$241,677.

Interest Rate Swaps: The System entered into multiple floating-to-fixed interest rate swap arrangements with respect to the Series 2008C Bonds (collectively, the Series 2008C Swaps) pursuant to ISDA Master Agreements. Pursuant to the Series 2008C Swaps, Wells Fargo Bank, National Association (Wells Fargo) and PNC Bank, National Association (PNC) pay the System the sum of a percentage of the one-month London Interbank Offered Rate (LIBOR) plus a spread, and the System pays Wells Fargo and PNC amounts based on a fixed rate (approximately 3.605%). All Wells Fargo, PNC and the System payments are made on a same day net payment basis with reference to a notional amount that declines over the term of the Series 2008C Swaps. Unless terminated earlier in accordance with their terms, the Series 2008C Swaps' scheduled termination date is November 1, 2038. Under certain circumstances; however, the Series 2008C Swaps are subject to termination prior to the scheduled termination date. See Note 6. FAIR VALUE and Note 10. INTEREST RATE SWAP PROGRAM for discussion of the fair value and a description of the accounting treatment of the System's interest rate swap arrangements.

Securities Lending: As part of the management of the investment portfolio, the System has entered into an arrangement whereby securities owned by the System are loaned, primarily to brokers and investment banks. The loans are arranged through a bank. Borrowers are required to post collateral in the form of cash or highly rated securities for securities borrowed equal to no less than 102% of the value of the security loaned on a daily basis. The bank is responsible for reviewing the credit-worthiness of the borrowers. The System has also

entered into an arrangement whereby the bank is responsible for the risk of borrower bankruptcy and default. At December 31, 2018, the System loaned approximately \$18,310, in securities and accepted collateral for these loans in the amount of \$18,869, which represented cash and government securities. The collateral received under the securities lending program has been reflected as a current asset and a current obligation payable in the interim unaudited condensed consolidated balance sheet presented. The balance of securities loaned and accepted collateral fluctuates daily.

Capital Expenditures

For the year ended December 31, 2018, capital expenditures of the System were \$1,106,430; at December 31, 2018 the System had \$306,531 in construction-in-progress. The amounts in construction-in-progress relate to expansion and renovation of the Aurora Psychiatric hospital, as well as design and pre-construction costs related to the replacement hospital and new outpatient surgery center and medical office building in Sheboygan, Wisconsin, as well as the new ambulatory surgery center in Pleasant Prairie, Wisconsin. Also included within construction-in-progress is the build-out of the Advocate Medical Group Clark Street facility, expansion of the radiation oncology department at the Advocate Christ Hospital and obstetrics renovation at the Advocate South Suburban Hospital.

The System has committed to building a hospital and medical office building on a site along the I-94 corridor in Mount Pleasant, Wisconsin. The System expects the hospital, medical office building and ancillary buildings to cost approximately \$250,000, with construction estimated to be completed in 2021. Currently, management expects to fund capital commitments and expenditures with cash generated from operations and investment income, as well as from existing cash and investment balances.

Employees

As of December 31, 2018, the System employed approximately 72,000 individuals (approximately 61,000 FTE's). Less than 0.4% of System employees are represented by collective bargaining groups.

As of December 31, 2018, the System employed approximately 3,700 physicians (3,300 FTE's) and approximately 1,500 FTE advanced practice clinicians. As of December 31, 2018, there were approximately 8,900 individuals on the active medical staffs of the System hospitals. Approximately 93% of the members of the active medical staff are board certified specialists.

LEGAL AND REGULATORY COMPLIANCE

The System operates in a highly litigious industry. As a result, various lawsuits, claims and proceedings have been instituted or asserted against it from time to time. The System has knowledge of certain pending suits against certain of its entities that have arisen in the ordinary course of business. In the opinion of management, the System maintains adequate insurance and/or other financial reserves to cover the estimated potential liability for damages in these cases, or, to the extent such liability is uninsured, adverse decisions will not have a material adverse effect on the financial position or operations of the System.

As a health care provider, the System entities are subject to extensive and frequently changing federal, state and local laws and regulations governing various aspects of our business. In particular, the System entities provide a broad range of services, many of which are regulated by different government agencies, subject to differing regulatory schemes and subject to contractual reviews and program audits in the normal course of business. Many operations that the System entities undertake are subject to significant governmental certification and licensing regulations, as well as federal and state laws.

The System, like all major health care systems, periodically may be subject to investigations or audits by federal, state and local agencies involving compliance with a variety of laws and regulations. These investigations seek

to determine compliance with, among other things, laws and regulations relating to Medicare and Medicaid reimbursement, including billing practices for certain services. Violation of such laws could result in substantial monetary fines, civil and/or criminal penalties and exclusion from participation in Medicare, Medicaid or similar programs.

Compliance and Internal Audit Programs

The System's Compliance and Integrity Program (Program) is overseen by the System Chief Compliance Officer. The System Chief Compliance Officer reports to the System Chief Integration Officer, who is a direct report to the CEOs, with reporting accountability to the Audit and Compliance Committee of the System Board of Directors. The Program is modeled after the seven essential elements of an effective compliance program, as set forth in the U.S. Health and Human Services, Office of Inspector General Compliance Program Guidance and further interpreted by the Federal Sentencing Guidelines and the U.S. Department of Justice Guidelines for the Federal Prosecution of Corporations. The Program includes mandatory annual education of all employees regarding specific legal and regulatory requirements applicable to health care organizations, including requirements related to patient confidentiality, information privacy, information systems security, conflicts of interest, licensure and certification, federal fraud and abuse laws, billing, coding and documentation, civil rights and non-retaliation. The Program is based on a Code of Conduct and includes an anonymous hotline available to report violations or seek guidance on compliance issues.

The System also has an internal audit department responsible for providing independent and objective assurance and consulting services designed to add value and help the System accomplish its objectives by bringing a systematic, disciplined approach to evaluate the effectiveness of risk management, control and governance processes. The System Audit Officer reports functionally to the Audit and Compliance Committee of the Board of Directors and administratively to the Chief Financial Officer. The internal audit department carries out an annual audit program that assesses the System's design and operation of internal controls to achieve efficient and effective operations, accurate and reliable financial reporting, compliance with policies, laws and regulations and the proper safeguarding of assets.

BOND RATINGS

In August 2018, the System completed a refinancing of the Aurora debt portfolio (other than capital leases) which consolidated the debt under the Advocate Aurora Master Indenture. In connection with the refinancing and closing on August 16, 2018, updated ratings were obtained for all of the System's debt. Fitch assigned a rating of AA (stable outlook), S&P assigned a rating of AA (stable outlook) and Moody's assigned a rating of Aa3 (stable outlook).

In March 2019, Fitch assigned its F1+ short-term rating and S&P assigned its A-1+ short-term rating to the System's series 2019 taxable commercial paper notes, authorized for up to \$475,000.

Additional information on the System's bond ratings can be obtained from the Investor Relations section on <https://www.advocateaurorahealth.org/investor-relations>.

MANAGEMENT

As part of the Affiliation a new executive leadership team was appointed. Key members of the management of the System are described within the "GOVERNANCE AND MANAGEMENT" section in Appendix A to the Official Statement dated August 16, 2018, relating to the Series 2018 Bonds (the Official Statement). The Official Statement can be accessed from the MSRB on its EMMA system, found at <http://emma.msrb.org>.

In March 2019, Joyce Rodgers was announced as the System's new Chief Government Relations Officer effective April 8, 2019.

GOVERNANCE

As part of the Affiliation a new board of directors for the Parent Corporation was created. The members of this board are listed within the "GOVERNANCE AND MANAGEMENT" section in Appendix A to the Official Statement.

INDUSTRY RISKS

The "BONDHOLDERS' RISKS" section in Appendix A to the Official Statement included in the Official Statement included a description of several lawsuits that were ongoing in Illinois related to property tax exemption for not for profit hospitals, including challenges to constitutionality of the Illinois Property and Sales Tax Act. In September 2018, the Illinois Supreme Court upheld the constitutionality of the Illinois Property and Sales Tax Act.

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