YOU MAKE HEALING AND HOPE POSSIBLE.

The lifesaving work of the Hazelden Betty Ford Foundation is not possible without you, our donors. Every patient we care for, every family we strengthen, every new counselor we educate, every new treatment approach and recovery resource we develop brings us closer to a day when no one suffers or dies from a disease that can be effectively treated and managed.

Together, we will overcome addiction.
Dear Friends,

At the Hazelden Betty Ford Foundation, hope is a verb. A culture. A force that, for 67 years, has inspired our collective commitment, informed our every endeavor, and kept us on the frontlines in striving to overcome addiction.

Throughout 2015, our efforts converged from across the Foundation to address the escalating crisis in our midst—the nation’s opioid epidemic.

With over two million Americans either abusing or dependent on prescription opioid painkillers*, and 44 Americans dying every day from overdoses involving prescription opioids**, the scope and wreckage of drug addiction have never been more glaring.

As this report chronicles, we at the Hazelden Betty Ford Foundation have summoned the full force of our experience and expertise to address the epidemic by:

- Piloting innovative treatment protocols to specifically target opioid use disorders
- Advancing public policy measures aimed at preventing and treating opioid addiction
- Expanding community- and school-based prevention and awareness efforts
- Informing the scholarly and clinical field through research and scientific inquiry
- Educating addiction counselors and health care providers through graduate and professional programs

The challenges of addiction extend far beyond the crisis at hand, and the solutions transcend the efforts of any single organization. But we are giving it our all, and—thanks to your support—we made major inroads in 2015.

With this report, we honor you, our donors, who understand what’s at stake and what it takes to keep moving forward. Together, we are a force of healing and hope for our hurting world.

With grateful hearts,

Mark G. Mishek
President and CEO,
Hazelden Betty Ford Foundation

William Cirone
Chair, Hazelden Betty Ford Foundation Board of Trustees

Hon. Susan Fox Gillis
Co-vice Chair, Hazelden Betty Ford Foundation Board of Trustees

Mary Turner Pattiz
Co-vice Chair, Hazelden Betty Ford Foundation Board of Trustees

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* Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2014.
**CDC. Wide-ranging online data for epidemiologic research (WONDER); 2016. Available at http://wonder.cdc.gov
On a whim, Nicole F. tried a Percocet pill. It was love at first high.

“I adored Percocet,” she recounts. “It didn’t alter my mind like marijuana. It didn’t make me overly full and nauseated like alcohol. I’m a super high-strung person, and being able to relax and feel good without paranoia or other side effects felt perfect to me.”

From that moment, Nicole took Percocet every day until she realized her life was revolving around using the drug or figuring out how to get more. Still, she convinced herself she didn’t have a drug problem.

To prove it, Nicole tried quitting. Panic quickly set in.

“I was sweating and sick. I was jumping out of my skin. My boyfriend said I was experiencing withdrawal, and I didn’t believe him. I couldn’t be addicted. Something else was going on. I had things under control.”

To ease her symptoms and mute her fears, she turned to a cheaper, more accessible substitute: heroin.

Nicole’s best friend saw through the denial. The two were planning a get-together in California, and Nicole, who would be arriving from Vermont, was preoccupied with where she would find drugs during her stay. Nicole’s friend was distraught. She reached out to Nicole’s parents and filled them in on the situation.

Instead of a plane ticket to California, Nicole was booked on a flight to the Hazelden Betty Ford Foundation’s center for teens and young adults in Plymouth, Minnesota.

“I did not want to go to treatment; I didn’t think I needed it. I argued with my parents and told them I was only physically addicted, that I just needed to get through withdrawal and everything would be okay. I was so mentally and physically ill, I actually thought rehab would be a vacation. So I packed vacation items. I arrived in Minnesota to two-below weather.”

Weeks of medically supervised detoxification and withdrawal followed.
In 2015, a total of 17,587 Hazelden Betty Ford Foundation patients were served through primary care addiction treatment, continuing care, family programs, mental health services, and other programs.

More than $9.6M in financial assistance was provided to Hazelden Betty Ford Foundation patients who couldn’t afford the full cost of care.

**WHY I GIVE**

“Going to the Betty Ford Center saved my son’s life. Participating in the Family Program changed my life. I have been so moved and am so profoundly grateful for these experiences that I can’t help but get involved and give back.”
— John, a loyal donor

**BY THE NUMBERS**

- In 2015, a total of 17,587 Hazelden Betty Ford Foundation patients were served through primary care addiction treatment, continuing care, family programs, mental health services, and other programs.
- More than $9.6M in financial assistance was provided to Hazelden Betty Ford Foundation patients who couldn’t afford the full cost of care.

Once her head cleared and she calmed down, Nicole realized the truth.

“Damn, I thought. I’m not going to get my way with this. I am an addict. I can’t control this.”

The door to healing opened wider during treatment as Nicole recognized herself in the readings, assignments, and group discussions.

“In the beginning, rehab for me was less about getting off drugs and more about learning to accept myself. That was a real gift.”

When she finished treatment, Nicole moved into Hazelden’s Tribeca Twelve sober living residence in Manhattan for 15 months. The built-in structure and support helped Nicole gain her bearings in early recovery.

“When you’re newly sober, it feels like you’re shot put back into the world and society crashes back in. You need a solid support network.”

Today, Nicole surrounds herself with sober friends, keeps up with Twelve Step meetings, and draws strength from her loving family.

And she takes every opportunity to let others know she’s a grateful recovering addict.

“People are caught off guard when I tell them I’m in recovery from painkillers and heroin. There’s way too much stigma with addiction, and I try to open people’s eyes. I think that’s what I’m meant to do in my recovery.”
Not so long ago, the word “opioid” rarely appeared outside of medical journals. Today, it’s the stuff of headline news, political debates, and even Super Bowl commercials—synonymous with “prescription painkillers,” “heroin,” and “epidemic.”

Marvin D. Seppala, MD, foretold the crisis in our midst more than a decade ago in two books he cowrote for Hazelden Publishing: *When Painkillers Become Dangerous* and *Pain-Free Living for Drug-Free People*. In 2010, Seppala coauthored *Prescription Painkillers: History, Pharmacology, and Treatment*, a thoroughly prescient guidebook to the current situation.

“Earlier warnings about the risks of overprescribing opioid medications were largely ignored,” Dr. Seppala reflects.

“Patients just didn’t believe pain relievers prescribed by their physicians could be unsafe. And the medical profession seemed to forget lessons from the ‘70s and ‘80s about the dangers of treating chronic pain with opioids.”

The result? An unprecedented surge in the number of Americans becoming addicted to opioids and dying from overdose.

Since 2001, the nation’s addiction treatment centers have seen a 500 percent increase in admissions for prescription drug use disorders. Drug overdose now ranks as the leading cause of accidental death in the United States."

“If any other illness caused such devastation, the demand for answers and action would have been swift and forceful,” Dr. Seppala suggests. “But addiction remains poorly understood and overtly stigmatized, both among the general public and within the medical community.”

As chief medical officer for the Hazelden Betty Ford Foundation, Dr. Seppala led the organization’s clinical initiatives to develop treatment protocols targeting opioid use disorders. The approach combines evidence-based treatments using medications and the Twelve Steps. Through his work with colleagues at the Hazelden Betty Ford Institute for Recovery Advocacy, Dr. Seppala has taken the fight to another level: Capitol Hill.

In April of 2015, Dr. Seppala testified before a congressional subcommittee charged with gathering information about the epidemic. He helped lawmakers
In 2015, the Hazelden Betty Ford Institute for Recovery Advocacy • hosted two Capitol Hill policy symposiums on the opioid crisis, drawing more than 400 attendees and featuring remarks by nine members of Congress and the White House director of National Drug Control Policy; • sponsored a breakfast for more than 500 Advocacy Day on Capitol Hill participants, kicking off the largest advocacy presence ever in the halls of Congress on the issues of addiction prevention, treatment, and recovery; • convened Minnesota’s first statewide summit on the opioid crisis, drawing more than 1,000 attendees and featuring remarks by the Governor, the US Attorney for Minnesota, and three members of Congress; and • hosted, sponsored, or provided speakers for 20 other events focused on the opioid crisis or other recovery policy issues.

Under the direction of the Hazelden Betty Ford Foundation Speaker’s Bureau, 105 employees presented to more than 54,800 attendees at 285 events in 24 states on a broad range of addiction prevention, treatment, and recovery issues.

WHY WE SHARE OUR SUPPORT
“We are dedicated to promoting the health and wellness of young adults, and partnering with the Hazelden Betty Ford Institute for Recovery Advocacy brings real science and authenticity to our efforts. Through our recent focus on the prevalence of opioid use, we educated college students, administrators, and policymakers alike.” —MARJORIE MALPIEDE, EXECUTIVE DIRECTOR, MARY CHRISTIE FOUNDATION

BY THE NUMBERS
➢ In 2015, the Hazelden Betty Ford Institute for Recovery Advocacy
  • hosted two Capitol Hill policy symposiums on the opioid crisis, drawing more than 400 attendees and featuring remarks by nine members of Congress and the White House director of National Drug Control Policy;
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understand why opioids are so tough to kick, what makes the drugs so lethal, and how overprescribing pain medications fuels the deadly disaster.

“Individuals who are dependent on opioids face unique challenges that can undermine their ability to remain in treatment and ultimately achieve long-term abstinence,” he explains. “Anxiety, depression, and intense craving for these drugs can continue for months, even years, after getting free of opioid use.”

These dynamics create a high risk for relapse, accidental overdose, and death during relapse. When people with opioid dependence stop using—for days, weeks, or even years—then pick up again, their tolerance for the drug changes so that an amount they could previously tolerate can become a lethal dose.

It’s a human tragedy playing out every hour of every day across America. The Hazelden Betty Ford Institute for Public Advocacy has become a leading voice in urgent national discussions about the opioid epidemic, promoting action on multiple fronts. Initiatives focus on increasing public education, expanding treatment access, reforming criminal justice processes, and improving medication labeling. Training for physicians, dentists, and pharmacists tops the list.

“At the center of this problem is overprescribing,” Dr. Seppala states. “Doctors didn’t start overprescribing opioids out of malicious intent but rather out of a desire to relieve pain and suffering.”

Today, he proposes, science and compassion demand a different course.

PHOTO CREDIT: Victoria Milko

PHOTO CREDIT: Victoria Milko

Dr. Seppala speaks at a congressional briefing on expanding opioid prescriber education.

PROFESSIONAL & MEDICAL EDUCATION

A PRESCRIPTION FOR HOPE

Summer Institute gives medical student an inside look at the dynamics of addiction and the process of healing.
Kriti P. assumed she would be working directly with patients when she arrived at the Betty Ford Center campus in Rancho Mirage, California, to take part in the weeklong Summer Institute for Medical Students. Her initial assignment to the Family Program came as a disappointment—and a blessing in disguise.

“What a life changer,” Kriti shares. “Listening to families open up about how they were coping with the fear and chaos of addiction helped me realize how much I’d been keeping inside about my own family’s struggles.”

Unexpected tears of relief flowed when Kriti talked one-to-one with a parent in the program.

“I opened up for the first time about my ties to addiction, and I was surprised by how liberating that conversation felt,” she explains. “I came to an understanding of addiction as a disease that affects the whole family. And I gained a new appreciation for the dynamics of mutual support in the healing process.”

Now a third-year medical student at Rowan University School of Osteopathic Medicine in New Jersey, Kriti carries many lessons learned at the Betty Ford Center into her ongoing studies and clinical work. She knows she will encounter patients who struggle with addiction, no matter the specialty or location of her future practice.

“Substance abuse and addiction are arguably the nation’s leading health problem,” she observes. “If we, as health care providers, are not prepared to recognize addiction as a disease, we won’t be prepared to help our patients understand that they can successfully address and manage it.”

The summer institute training equipped Kriti to not only recognize signs that a patient might be struggling with a substance use disorder but to discuss the situation and provide effective guidance, as well.

“These are extremely difficult conversations for physicians to have with patients, but the idea is to help the patient recognize how substance use might be affecting more than their physical health. How is it affecting their relationships? Their job? Other aspects of their life? And how ready are they to change?”

Kriti sees the physician’s role as helping patients chart a course forward.

“When you’re in the midst of addiction, it’s difficult to see a way out or know where to start,” she notes. “Physicians can help pave that road for patients by discussing the options and therapies available, offer assistance in an ongoing capacity, and let patients know addiction is not something they need to battle alone.”

It’s an approach that challenges the more prevalent “magic pill” mind-set in today’s health care marketplace.

“Patients often feel their medical concerns have not been addressed adequately if they leave their doctor’s office without a prescription in hand, especially patients seeking relief for pain,” Kriti observes. “The opioid addiction crisis has shown us the hazards of over-prescribing narcotic painkillers when there are so many alternative agents available to help control pain,” she adds.

Sometimes, the best prescription a physician can offer a patient is a candid, compassionate conversation—and a plan for moving forward.

In 2015, 523 participants enrolled in Hazelden Betty Ford Foundation’s Medical and Professional Education programs, including the Summer Institute for Medical Students. The programs offer health care providers and other professionals an up-close look at the challenges of addiction and the effectiveness of treatment.
The topic of addiction often generates more heat than light, especially when punctuated with words such as “heroin” or “overdose.” Now underway, a Butler Center for Research study on treatment for opioid dependence will help illuminate the most-promising ways forward based on scientific inquiry and data analyses.

Addiction research has long been a cornerstone of the Hazelden Betty Ford Foundation beginning informally in 1950 with the practice of following the progress of patients after they completed treatment. Over the ensuing decades, the Foundation’s research initiatives expanded exponentially to encompass a range of scholarly and clinical activities, contributing to the field’s knowledge about addiction prevention, treatment, and recovery.

“While we know addiction treatment is effective, we have much yet to discover about the dynamics and processes of that transformation,” notes Audrey Klein, PhD, executive director of the Butler Center for Research. “How does change come about? What internal and external factors are involved in producing change?” she asks.

“The more we can objectively describe and measure the processes and indicators of change, the better we can target addiction treatment efforts,” Klein explains.

In 2012, when Hazelden clinicians launched new evidence-based treatment protocols for opioid addiction that combine medication-assisted therapies within a comprehensive Twelve Step framework, the Butler Center for Research designed a clinical study to analyze the impact of the programs on patient populations.
WHY WE GIVE

“In 2015, more than 40 data analysis projects were conducted by the research center to inform clinical care and academic programming, identify treatment needs, and contribute to the field’s knowledge of addiction treatment.”

BY THE NUMBERS

- Improve the likelihood of abstinence from opioids;
- Boost retention and engagement in treatment;
- Reduce cravings for opioids;
- Lower relapse rates.

The pilot study follows 200 patients with opioid use disorder who were admitted to Hazelden in Center City, Minnesota, treatment programs. Patient data is collected during an initial assessment as well as at weekly intervals during treatment and at one-, six- and twelve-month intervals posttreatment.

“We are examining treatment impact across multiple indicators,” reports Klein. “How are opioid withdrawal symptoms and cravings impacted? How are treatment retention and patient engagement levels impacted? How are relapse rates and long-term opioid abstinence rates impacted?”

At this time, participant recruitment, data collection, and analyses remain underway. Klein expects to issue findings in 2017.

She points to several other clinical research projects as recent examples of the Hazelden Betty Ford Foundation’s commitment to scientific inquiry, including:

- Development of a more precise tool to assess the characteristics of successful recovery;
- An examination of the role of spirituality in treatment and recovery;

“While we know addiction treatment is effective, we have much yet to discover about the dynamics and processes of that transformation.”
COMING BACK AROUND

Pain meds threatened Kurt S.'s long-term sobriety, but he reclaimed his recovery and wants to help others do the same.
As a psychiatric nurse practitioner with nearly 20 years in recovery from alcoholism, Kurt S. was adept at detecting addiction—with one exception. His own, growing dependence on prescription painkillers.

“I was in long-term sobriety when I was prescribed Vicodin to relieve back pain,” Kurt relates. “Because the drugs were medically indicated, I didn’t see my situation for what it was becoming: full-blown addiction. After all, I wasn’t drinking. I was still going to meetings. I considered myself to be sober.”

In retrospect, Kurt understands his reasoning might sound absurd, “but that’s how insidious and deceptive this disease is.”

When dependence took hold, Kurt suffered multiple overdoses, including one that landed him in the psychiatric emergency hospital where he worked as a nurse practitioner. He arrived by ambulance.

“Talk about humiliation.”

In short order, Kurt lost his career, his wife, and his home. What he didn’t lose was his debilitating back pain.

“I got to the point where no amount of narcotics helped. I was in more pain than ever. I couldn’t walk down the sidewalk without grabbing onto parking meters to hold myself up.”

It wasn’t until he was living in a homeless shelter, broken in every way, that Kurt let down his guard and accepted the truth. What he recognized was addiction. What he reached for was hope.

“However much life I have left, I want my education and experience to benefit others.”

During inpatient rehab, Kurt reconnected the dots of his lifelong struggle with the disease. His drinking began at age 11, waned during his years as a US Army paratrooper and medic, and returned in fits and bursts as he finished college and began working as a special education teacher. He put together two decades of sobriety and built a gratifying career as a forensically trained psychiatric nurse practitioner before the disease resumed with a vengeance.

“I’m hearing my story line time and time again in meetings now,” Kurt offers. “People with 20 or 30 years of sobriety undergo a surgical procedure, receive prescription pain medications, and bam! It’s the restart button for addiction.”

Today, as a student at the Hazelden Betty Ford Graduate School of Addiction Studies, Kurt is shaping his lifetime of learning and experience into skills to help others still struggling.

“However much life I have left, I want my education and experience to benefit others. I am so grateful to be alive and to be in a position to offer help and hope.”

Kurt’s clinical training at the graduate school includes an internship at Hazelden in Center City, Minnesota, where he works with patients in the Health Care Professionals treatment program. He sees the opioid crisis as particularly hazardous to individuals working in health-related professions. Extensive knowledge of pharmaceuticals, easy access to medications, and other workplace challenges can complicate treatment and recovery for health care professionals.

“Even among health care professionals, there’s tremendous stigma with this disease and gross misunderstanding about treatment and recovery.”

Kurt’s biggest message? People can and do make it back from addiction.

“Look at me. I’ve certainly come full circle.”
A HEALTHY DOSE OF REALITY

A social norms approach to prevention debunks assumption that “everyone’s doing it”
WHY I GIVE
“FCD prevention specialists capture the hearts and minds of young people. Yes, they’re fully versed in all of the facts and science of prevention, but they also model the courage, respect, and honesty that bring about healthy decision making beyond the classroom. It’s a winning combination with proven results.”
— DAVID S., A LOYAL DONOR

BY THE NUMBERS
> In 2015, 1,504 children and family members participated in the Children’s Program offered at Hazelden Betty Ford Foundation locations in California, Texas, and Colorado. Children’s Program staff members also presented information and led trainings on the family disease of addiction at numerous community and school events.


When prevention specialist Kari Y. recounts her personal history of substance abuse, the parents in her audience invariably get stuck on the h-word. Heroin.

“Parents react with shock at the mention of heroin, but they express far less alarm when I talk about tobacco, alcohol, and marijuana,” Kari relates.

In reality, heroin is very rarely the first drug a young person may use.

“There’s a tendency to underestimate the risks of other substances,” she suggests. “We can more effectively prevent heroin use and the progression of addiction if we address all of these issues earlier.”

As a senior prevention specialist with FCD Prevention Works, part of the Hazelden Betty Ford Foundation, Kari travels around the globe informing and empowering young people, school communities, and families. FCD’s prevention initiatives are based on a social norms approach aimed at keeping healthy kids healthy and predicated on quantitative research about teen attitudes and behaviors.

“Our data show a much healthier situation than parents, schools, and even students, themselves often presume,” she reports.

“Most teens are choosing not to use substances.”

Kari’s prevention efforts validate the majority of students who are making healthy choices, educate students who might be on the fence, promote student-parent communication about alcohol and other drugs, and cultivate healthy school communities. Research and data help to carry her message.

“We’ve worked with more than two million students in more than 60 countries, and we recognize that differences exist in laws, policies, religious values, and cultural practices,” she observes. “We speak from a health perspective.”

FCD prevention specialists focus on evidence-based findings about adolescent health, brain chemistry, and risk and protective factors associated with early substance use. It’s a proactive approach that positions young people out ahead of potential challenges and situations that might come their way.

“The schools we work with do a great job of supporting student health. We help schools go even further with prevention, finding ways to keep health-based conversations going year-round and developing a prevention climate inside and outside of health classes,” Kari notes.

“We help students notice early risk factors such as changes in their attitude, sense of self, or social circle. Students need to know how to dissect what they’re hearing, seeing, and feeling so they’re prepared to make healthy choices,” she adds.

By talking openly and honestly about her own experience with addiction and recovery, including 11 separate treatment episodes by age 24, Kari also provides context and language that open up lines of communication. Students feel safe raising questions and concerns, parents feel reassured about starting conversations and setting expectations, and school leaders feel supported in fostering a healthy prevention climate.

“Addiction was rarely discussed when I was growing up, and when it was, the messages and scare tactics were often misleading and confusing,” Kari recounts. “We’ve come a long way in understanding what young people need in order to keep making healthy choices.”

By equipping students with information and skills they can use, FCD offers lessons to last a lifetime.
### Financial Highlights

**HAZELDEN BETTY FORD FOUNDATION AND SUBSIDIARIES CONSOLIDATED FINANCIAL HIGHLIGHTS**

**Years Ended December 31 (in thousands)**

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FUNCTIONAL EXPENSES 2011-2015 (in thousands)

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Operating Margin (%)

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The operating loss was primarily due to the larger than planned shift to insurance contracts nationwide coupled with continued costs associated with the merger of the Betty Ford Center operations, which began in 2014.

A copy of the audited Consolidated Financial Statements of the Hazelden Betty Ford Foundation and Subsidiaries is available by contacting Dawn Severson, Corporate Controller, 651-213-4263.
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The challenges of addiction extend far beyond the opioid crisis at hand, and the solutions transcend the efforts of any single organization. But we are giving it our all, and—thanks to the generous and loyal support of our donors—we are getting closer to a day when no one suffers or dies from a disease that can be effectively treated and managed.

Together, we will overcome addiction.

We invite you to learn more about how the power of your giving supports the lifesaving work of the Hazelden Betty Ford Foundation. Please call us at 888-535-9485 or email us at Giving@HazeldenBettyFord.org.

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The Hazelden Betty Ford Foundation is a force of healing and hope for individuals, families and communities affected by addiction to alcohol and other drugs. It is the nation’s largest nonprofit treatment provider, with a legacy that began in 1949 and includes the 1982 founding of the Betty Ford Center. With 16 sites in California, Minnesota, Oregon, Illinois, New York, Florida, Massachusetts, Colorado and Texas, the Foundation offers prevention and recovery solutions nationwide and across the entire continuum of care to help youth and adults reclaim their lives from the disease of addiction. It includes the largest recovery publishing house in the country, a fully accredited graduate school of addiction studies, an addiction research center, an education arm for medical professionals and a unique children’s program, and is the nation’s leader in advocacy and policy for treatment and recovery.

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