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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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

C Name of organization  
Elmhurst Memorial Healthcare Group

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite  
155 E Brush Hill Road

City or town, state or province, country, and ZIP or foreign postal code  
Elmhurst, IL 60126

F Name and address of principal officer  
Mary Lou Mastro  
155 E Brush Hill Road  
Elmhurst, IL 60126

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

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

H(c) Group exemption number ▶ 5467

D Employer identification number  
35-2339114

E Telephone number  
(331) 221-1000

G Gross receipts \$ 474,705,478

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

J Website: ▶ WWW.EEHEALTH.ORG

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

L Year of formation

M State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities  
Edward-Elmhurst Healthcare's mission and vision statement is "MISSION Advancing the health of our communities VISION Transform the Healthcare Experience - Safe, Seamless, Personal " Toward this end, it is committed to meeting the needs of its local community, while ensuring the scale and geographic reach to provide quality, efficiency and access to the population served

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

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .3

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .4

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) . . . . .3,265

6 Total number of volunteers (estimate if necessary) . . . . .724

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .2,200,400

7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .654,313

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . .2,372,140

9 Program service revenue (Part VIII, line 2g) . . . . .423,246,819

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .433,506

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .10,339,887

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .436,392,352

Current Year

2,012,062

460,003,128

557,721

11,818,081

474,390,992

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .294,460

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .163,689,937

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .0

b Total fundraising expenses (Part IX, column (D), line 25) ▶339,603

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .267,874,830

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .431,859,227

19 Revenue less expenses Subtract line 18 from line 12 . . . . .4,533,125

Current Year

515,447

0

163,982,097

0

297,366,652

461,864,196

12,526,796

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . .514,175,052

21 Total liabilities (Part X, line 26) . . . . .183,068,824

22 Net assets or fund balances Subtract line 21 from line 20 . . . . .331,106,228

Beginning of Current Year

488,457,892

164,119,180

324,338,712

End of Year

Part II Signature Block

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

Sign Here

\*\*\*\*\*  
Signature of officer

Denise Chamberlain EVP Chief Financial Officer  
Type or print name and title

2019-05-08  
Date

Paid Preparer Use Only

Print/Type preparer's name  
Rachel Spurlock

Preparer's signature  
Rachel Spurlock

Date

Check ☐ if self-employed

PTIN  
P00520729

Firm's name ▶ CROWE LLP

Firm's EIN ▶ 35-0921680

Firm's address ▶ 225 West Wacker Drive Suite 2600  
Chicago, IL 606061224

Phone no (312) 899-7000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

To provide comprehensive healthcare services for the residents of our communities, with an emphasis on quality, efficiency, and access to care

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

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

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$ 337,616,113	including grants of \$ 515,447 )	(Revenue \$ 467,417,040 )
See Additional Data				









<b>4b</b>	(Code )	(Expenses \$ 135,860	including grants of \$ )	(Revenue \$ )
See Additional Data				

<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4e</b>	<b>Total program service expenses</b> ▶	337,751,973
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	<b>18</b> Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b> Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b> Yes	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<b>37</b>	No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	<b>1a</b>	250
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	3,265
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	Yes
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	Yes
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	Yes
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	Yes
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O . . . . .	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 ► Denise Chamberlain 801 South Washington Street Naperville, IL 60540 (630) 527-3000

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

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

Form **990** (2017)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								4,247,560	9,023,405	1,127,594

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 107**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
TRIMEDX LLC 5451 LAKEVIEW PARKWAY SOUTH DR INDIANAPOLIS, IN 46268	EQUIPMENT MAINTENANCE SERVICES	5,335,419
POWER CONSTRUCTION CO LLC 8750 W BRYN MAWR SUITE 500 CHICAGO, IL 60631	CONSTRUCTION SERVICES	4,247,211
ELMHURST EMERGENCY MEDICAL SERVICES LTD 155 E BRUSH HILL ROAD ELMHURST, IL 60126	PHYSICIAN SERVICES	3,594,648
ILLINOIS CYBERKNIFE LLC 100 BAYVIEW CIRCLE SUITE 400 NEWPORT BEACH, CA 92660	MEDICAL TREATMENTS	2,444,100
ADVOCATE MEDICAL GROUP 1901 MEYER RD SUITE 350 OAKBROOK, IL 60181	MEDICAL SERVICES	1,876,165

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 32**



**Part VIII** **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	382,901			
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	134,956			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	1,494,205			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ . . . . .					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		2,012,062			
<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> PATIENT SERVICES		622110	361,942,474	361,942,474	
	<b>b</b> AMBULATORY		621498	35,773,942	35,773,942	
	<b>c</b> Medicaid Assessment Program		900099	17,095,544	17,095,544	
	<b>d</b> REFERENCE LAB		621511	43,107,617	41,292,236	1,815,381
	<b>e</b> PROPERTY RENTAL TO AFFILIATES		531190	2,083,551	2,083,551	
	<b>f</b> All other program service revenue . . . . .			0	0	0
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶		460,003,128			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		626,124			626,124
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
		63,277				
	<b>b</b> Less rental expenses	7,499				
	<b>c</b> Rental income or (loss)	55,778 0				
	<b>d</b> Net rental income or (loss) . . . . . ▶		55,778	55,778		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		87,154				
	<b>b</b> Less cost or other basis and sales expenses	155,557				
	<b>c</b> Gain or (loss)	0 -68,403				
	<b>d</b> Net gain or (loss) . . . . . ▶		-68,403			-68,403
	<b>8a</b> Gross income from fundraising events (not including \$ 382,901 of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>	83,737				
	<b>b</b> Less direct expenses . . . . . <b>b</b>	151,430				
	<b>c</b> Net income or (loss) from fundraising events . . . . . ▶		-67,693			-67,693
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b> Less cost of goods sold . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶						
Miscellaneous Revenue Business Code						
<b>11a</b> Cafeteria and Dietary	561499	2,271,462			2,271,462	
<b>b</b> Income from Affiliates	621400	800,508	415,489	385,019		
<b>c</b> School Nurse Program	923110	1,290,410	1,290,410			
<b>d</b> All other revenue . . . . .		7,467,616	7,467,616	0	0	
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		11,829,996				
<b>12 Total revenue.</b> See Instructions . . . . . ▶		474,390,992	467,417,040	2,200,400	2,761,490	

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	482,447	482,447		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	33,000	33,000		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	3,295,802		3,295,802	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	128,918,594	115,961,688	12,956,906	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	5,067,552	4,698,509	369,043	
<b>9</b> Other employee benefits.	17,105,221	15,200,512	1,904,709	
<b>10</b> Payroll taxes.	9,594,928	8,443,537	1,151,391	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.				
<b>c</b> Accounting.				
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	116,017,352	27,031,038	88,746,672	239,642
<b>12</b> Advertising and promotion.	60,417	1,488	310	58,619
<b>13</b> Office expenses.	861,414	768,631	56,030	36,753
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	9,589,525		9,589,525	
<b>17</b> Travel.	94,433	75,548	18,696	189
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	4,400			4,400
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	27,533,268	24,224,425	3,308,843	
<b>23</b> Insurance.	5,369,434	5,369,434		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> MEDICAL SUPPLIES & DRUGS	115,003,180	114,976,270	26,910	
<b>b</b> MEDICAID TAX	13,443,915	13,443,915		
<b>c</b> EQUIPMENT RENTAL/MAINTENANCE	4,773,286	2,936,928	1,836,358	
<b>d</b> INCOME TAX	265,350		265,350	
<b>e</b> All other expenses	4,350,678	4,104,603	246,075	0
<b>25</b> Total functional expenses. Add lines 1 through 24e.	461,864,196	337,751,973	123,772,620	339,603
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		414,692	<b>1</b>	4,341,237
	<b>2</b>	Savings and temporary cash investments . . . . .		3,831,108	<b>2</b>	
	<b>3</b>	Pledges and grants receivable, net . . . . .		9,645,306	<b>3</b>	8,086,065
	<b>4</b>	Accounts receivable, net . . . . .		68,260,206	<b>4</b>	55,297,381
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		0	<b>5</b>	0
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .		9,849,921	<b>8</b>	10,954,666
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		3,552,280	<b>9</b>	2,417,670
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	725,847,950		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	330,586,631		
				409,240,976	<b>10c</b>	395,261,319
	<b>11</b>	Investments—publicly traded securities . . . . .		5,022,594	<b>11</b>	7,714,345
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		0	<b>12</b>	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		2,546,462	<b>13</b>	2,535,838
	<b>14</b>	Intangible assets . . . . .		957,272	<b>14</b>	957,272
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		854,235	<b>15</b>	892,099	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		514,175,052	<b>16</b>	488,457,892	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		135,013,940	<b>17</b>	123,292,481
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		48,054,884	<b>25</b>	40,826,699
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		183,068,824	<b>26</b>	164,119,180
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		319,999,543	<b>27</b>	314,583,587
	<b>28</b>	Temporarily restricted net assets . . . . .		10,617,170	<b>28</b>	9,265,610
	<b>29</b>	Permanently restricted net assets . . . . .		489,515	<b>29</b>	489,515
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances . . . . .</b>		331,106,228	<b>33</b>	324,338,712
<b>34</b>	<b>Total liabilities and net assets/fund balances . . . . .</b>		514,175,052	<b>34</b>	488,457,892	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	474,390,992
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	461,864,196
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	12,526,796
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	331,106,228
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	54,700
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-19,349,012
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	324,338,712

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

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

# Additional Data

**Software ID:** 17005876  
**Software Version:** 2017v2.2  
**EIN:** 35-2339114  
**Name:** Elmhurst Memorial Healthcare Group

Form 990 (2017)

**Form 990, Part III, Line 4a:**

ELMHURST HOSPITAL (HOSPITAL OR EMH) IS A NOT-FOR-PROFIT HEALTHCARE ORGANIZATION THAT PROVIDES ACUTE AND NONACUTE INPATIENT AND OUTPATIENT CARE TO RESIDENTS OF EASTERN DUPAGE AND WESTERN COOK COUNTIES. FOUNDED IN 1926, ELMHURST HOSPITAL HAS EXPANDED ITS SERVICES AND HAS SEVERAL CONVENIENTLY LOCATED CARE CENTERS TO BETTER SERVE ITS PATIENTS, THEIR FAMILIES AND NUMEROUS COMMUNITIES. IN FISCAL YEAR 2018, EMH TREATED MORE THAN 17,000 INPATIENTS AND TOTALED MORE THAN 425,000 OUTPATIENT VISITS. THERE WERE MORE THAN 68,000 VISITS TO THE EMERGENCY DEPARTMENT AND MORE THAN 43,000 VISITS TO FOUR IMMEDIATE CARE CENTERS. 2,329 NEWBORNS WERE DELIVERED IN THE FAMILY BIRTHING CENTER. THE ORGANIZATION ALSO PROVIDED MORE THAN \$76 MILLION IN COMMUNITY BENEFITS, WHICH INCLUDE A GENEROUS FINANCIAL ASSISTANCE POLICY THAT EXCEEDS THE STANDARDS RECOMMENDED BY THE ILLINOIS HOSPITAL ASSOCIATION, CHARITY CARE AND 70 COMMUNITY EDUCATION PROGRAMS AND EVENTS. THE FULLY INTEGRATED MEDICAL CAMPUS, LOCATED AT THE CORNER OF YORK STREET AND ROOSEVELT ROAD IN ELMHURST, IS SITUATED ON A HIGHLY ACCESSIBLE 50-ACRE SITE AND INCLUDES AN ACUTE CARE HOSPITAL WITH ALL PRIVATE ROOMS, OUTPATIENT SERVICES IN THE EXISTING ELMHURST MEMORIAL CENTER FOR HEALTH AND A VARIETY OF PHYSICIAN OFFICES IN NEW MEDICAL OFFICE BUILDINGS.

**Form 990, Part III, Line 4b:**

ELMHURST MEMORIAL HOSPITAL FOUNDATION (FOUNDATION) WAS ESTABLISHED IN 1980 AS THE OFFICIAL FUNDRAISING AND GIFT RECEIVING ARM OF ELMHURST MEMORIAL HEALTHCARE (EMHC) THE FOUNDATION ENCOURAGES AND RECEIVES CONTRIBUTIONS THAT ARE USED TO ENHANCE THE DELIVERY OF HIGH QUALITY, COMPREHENSIVE HEALTHCARE SERVICES FOR THOSE WHO LIVE AND WORK IN THE COMMUNITIES SERVED BY EMHC THE FOUNDATION ACCOMPLISHES THIS THROUGH FUNDRAISING EVENTS, SUCH AS THE ANNUAL AUTUMN AFFAIR, AND PROGRAMS, SUCH AS THE GRATEFUL PATIENT PROGRAM, WHICH WAS ESTABLISHED BY THE FOUNDATION AS A WAY FOR PATIENTS TO SHOW THEIR THANKS AND APPRECIATION FOR THE CARE THEY RECEIVED AT EMHC BY MAKING A DONATION DONATIONS TO FOUNDATION ARE KEY IN SUPPORTING PROGRAMS AS BEHAVIORAL HEALTH, enhancing services at the Nancy W Knowles Cancer Center, and Jumpstart Your Health - a lifestyle maintenance program to prevent the onset of diabetes

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Dave Atchison Schedule O	2 0 ..... 2 0	X		X				0	0	0
Pamela Dunley Schedule O	40 0 ..... 0	X		X				789,902	0	31,848
Mary L Mastro Schedule O	2 0 ..... 38 0	X		X				0	1,252,791	54,383
Michelle Meziere Schedule O	1 0 ..... 0	X		X				0	0	0
Ron Schubel Schedule O	2 0 ..... 2 0	X		X				0	0	0
Kenneth Wegner Schedule O	1 0 ..... 0	X		X				0	0	0
Daniel Sullivan Schedule O	40 0 ..... 0	X			X			641,477	0	149,824
Danelle Achepohl Schedule O	1 0 ..... 0	X						0	0	0
Dave Brueggen Schedule O	1 0 ..... 2 0	X						0	0	0
Valerie Cahill Schedule O	1 0 ..... 2 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kathy Caluwaert	10									
Schedule O	.....0	X						0	0	0
Sean Chou	20									
Schedule O	.....20	X						0	0	0
Joseph Dant	10									
Schedule O	.....390	X						0	282,124	77,658
Michael Davalle	10									
Schedule O	.....0	X						11,500	0	0
Joe DePaulo	20									
Schedule O	.....20	X						0	0	0
Sarah Diamond	10									
Schedule O	.....0	X						0	0	0
Michael Grant	10									
Schedule O	.....0	X						0	0	0
Ann Gunst	10									
Schedule O	.....0	X						0	0	0
Brian Hagan	10									
Schedule O	.....20	X						0	0	0
Betsy Hanisch	10									
Schedule O	.....0	X						0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ryon Hennessey	10 .....	X						0	0	0
Schedule O	0									
Blanche Hill	10 .....	X						0	0	0
Schedule O	0									
Michael Hoffman	20 .....	X						0	0	0
Schedule O	0									
Richard Inskeep	10 .....	X						0	0	0
Schedule O	0									
Raymond Janevicius	10 .....	X						0	0	0
Schedule O	0									
Jay Kinzler	10 .....	X						0	0	0
Schedule O	0									
Paul Koch	10 .....	X						0	0	0
Schedule O	0									
Mary Kay Ladone	20 .....	X						0	0	0
Schedule O	20									
Caron Lizzadro	10 .....	X						0	0	0
Schedule O	0									
Donald Lurye	20 .....	X						0	0	0
Schedule O	0									

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mary Ann Malloy MD	10									
Schedule O	..... 0	X						0	0	0
Rocco Martino	20									
Schedule O	..... 20	X						0	0	0
Michael Martirano	10									
Schedule O	..... 0	X						7,085	0	0
James McNamara	10									
Schedule O	..... 0	X						0	0	0
Edward Momkus	10									
Schedule O	..... 0	X						0	0	0
Christina Morrissey	10									
Schedule O	..... 0	X						0	0	0
James Nelson	10									
Schedule O	..... 0	X						0	0	0
Ron Nyberg	20									
Schedule O	..... 20	X						0	0	0
Anne Oldenburg	10									
Schedule O	..... 0	X						0	0	0
Robert Platt	10									
Schedule O	..... 20	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutcnal Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael Regan	1 0									
Schedule O	..... 0	X						0	0	0
Tim Rivelli	2 0									
Schedule O	..... 4 0	X						0	0	0
Nancy Scinto	1 0									
Schedule O	..... 0	X						0	0	0
Ram Shivakumar	2 0									
Schedule O	..... 2 0	X						0	0	0
Daniel Welz	1 0									
Schedule O	..... 0	X						0	0	0
Ahmed El-Ganzouri	3 0									
Schedule O	..... 37 0			X				0	216,315	7,454
Jeffrey D Friant	3 0									
Schedule O	..... 37 0			X				0	384,333	82,729
Chris J Mollet	3 0									
Schedule O	..... 37 0			X				0	1,247,057	88,156
Susan Tyburski	40 0									
Schedule O	..... 0			X				144,061	0	26,146
Jason Ogden	3 0									
Schedule O	..... 37 0			X				0	233,994	40,628

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutcnal Trustee	Officer	Key employee	Highest compensated employee	Former			
Linda Devee	1 0									
Schedule O	..... 39 0				X			0	184,562	10,943
Laura L Eslick	39 0									
Schedule O	..... 1 0				X			354,365	0	82,294
Richard S Hrabski	40 0									
Schedule O	..... 0				X			187,437	0	31,333
Jean T Lydon	40 0									
Schedule O	..... 0				X			382,805	0	62,645
Michael P Mckenna	40 0									
Schedule O	..... 0				X			158,313	0	22,418
Yvette M Saba	1 0									
Schedule O	..... 39 0				X			0	327,797	35,256
John Sedivy	40 0									
Schedule O	..... 0				X			179,107	0	33,243
Marianne Spencer	1 0									
Schedule O	..... 39 0				X			0	776,493	47,591
Philip C Williams	13 0									
Schedule O	..... 27 0				X			0	290,787	41,686
Manilyn L Evrard	20 0									
Schedule O	..... 20 0					X		214,890	257,698	42,648

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ken Fishbain	40 0									
Schedule O	..... 0					X		493,067	0	33,046
Amaryllis Gil	20 0									
Schedule O	..... 20 0					X		184,128	220,892	7,190
Brian Myre	10 0									
Schedule O	..... 30 0					X		234,161	607,405	19,842
Hollis Walker	40 0									
Schedule O	..... 0					X		189,708	173,981	22,852
Pamela M Davis	0 0									
Schedule O	..... 0 0						X	0	1,438,634	15,183
Vincent E Pryor	0 0									
Schedule O	..... 0 0						X	0	1,041,930	26,134
Richard McIntosh	19 0									
Schedule O	..... 20 0							75,554	86,613	34,465

<b>SCHEDULE A</b> (Form 990 or 990EZ)	<b>Public Charity Status and Public Support</b> Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .	OMB No 1545-0047
		<b>2017</b> <b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service <b>Name of the organization</b> Elmhurst Memorial Healthcare Group		<b>Employer identification number</b> 35-2339114

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.  
The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ) )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	1,776,499	2,065,833	2,468,395	2,372,140	2,012,062	10,694,929
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	<b>Total.</b> Add lines 1 through 3	1,776,499	2,065,833	2,468,395	2,372,140	2,012,062	10,694,929
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,889,637
6	<b>Public support.</b> Subtract line 5 from line 4						6,805,292

Section B. Total Support								
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total	
7	Amounts from line 4	1,776,499	2,065,833	2,468,395	2,372,140	2,012,062	10,694,929	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	116,452	-2,345	-117,510	19,629	126,120	142,346	
9	Net income from unrelated business activities, whether or not the business is regularly carried on			0	0		0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	24,216	0	0	0	0	24,216	
11	<b>Total support.</b> Add lines 7 through 10						10,861,491	
12	Gross receipts from related activities, etc (see instructions)						12	0
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>							

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14 62.66 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 61.75 %
16a	<b>33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>	
b	<b>33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
17a	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
b	<b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	<b>11a</b>	
	<b>11b</b>	
	<b>11c</b>	

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	<b>2a</b>	
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	<b>3a</b>	
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	<b>3b</b>	

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>		
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Part V

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

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes			
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purposes of supported organizations			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI) See instructions			
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions			
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013. . . . .			
c From 2014. . . . .			
d From 2015. . . . .			
e From 2016. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013. . . . .			
b Excess from 2014. . . . .			
c Excess from 2015. . . . .			
d Excess from 2016. . . . .			
e Excess from 2017. . . . .			

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

Facts And Circumstances Test

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - OTHER INCOME, COLUMN A - 24216 0, COLUMN B - 0 0, COLUMN C - , COLUMN D - , COLUMN E - , COLUMN F - 24216 0,

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Elmhurst Memorial Healthcare Group	Employer identification number 35-2339114
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

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

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

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		40,331
<b>j</b>	Total. Add lines 1c through 1i			40,331
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	A portion of professional dues paid to the Illinois Hospital Association for membership is attributed to lobbying activities. The lobbying expenses reported in Schedule C represent lobbying expenses attributable to professional dues.
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	A portion of professional dues paid to the Illinois Hospital Association for membership is attributed to lobbying activities. The lobbying expenses reported in Schedule C represent lobbying expenses attributable to professional dues.



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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization  
Elmhurst Memorial Healthcare Group

Employer identification number  
35-2339114

Part I

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

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

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

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

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

Part III

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

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2017

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	489,515	711,949	711,949	580,939	660,959
b Contributions					0
c Net investment earnings, gains, and losses		75,588		131,010	-80,020
d Grants or scholarships					0
e Other expenditures for facilities and programs		298,022			0
f Administrative expenses					0
g End of year balance	489,515	489,515	711,949	711,949	580,939

2

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

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

100 %

c

Temporarily restricted endowment

0 %

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

3a

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

(i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		31,291,563		31,291,563
b Buildings		463,031,624	170,087,295	292,944,329
c Leasehold improvements				
d Equipment		228,800,812	160,442,847	68,357,965
e Other		2,723,951	56,489	2,667,462
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				395,261,319

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶		

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	40,826,699

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	474,604,621
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	54,700
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	7,499
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	62,199
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	474,542,422
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-151,430
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-151,430
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	474,390,992

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	462,023,125
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	158,929
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	158,929
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	461,864,196
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	0
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	461,864,196

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:** 17005876  
**Software Version:** 2017v2.2  
**EIN:** 35-2339114  
**Name:** Elmhurst Memorial Healthcare Group

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

1	(a) Description of Liability	(b) Book Value
	Net Pension Liability	
	Misc Liability	
	Due to EEH	
	Malpractice IBNR	
	Reserve for Reinsured Losses	
	Net Pension Liability	35,044,730
	Misc Liability	217,085
	Due to EEH	
	Malpractice IBNR	4,727,527
	Reserve for Reinsured Losses	837,357

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	Clinical and Medical staff training, community health events/education, and Myers scholarships

**Supplemental Information**

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>EDWARD-ELMHURST HEALTHCARE, EDWARD HOSPITAL, EDWARD HEALTH VENTURES, EDWARD HEALTH AND FIT NESS CENTER, EDWARD FOUNDATION, NAPERVILLE PSYCHIATRIC VENTURES, EDWARD AMBULANCE SERVICES , ELMHURST MEMORIAL HOSPITAL, ELMHURST MEMORIAL FOUNDATION, AND ELMHURST MEMORIAL HEALTHCA RE ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CO DE ON INCOME RELATED TO THEIR EXEMPT PURPOSES ACCORDINGLY, THERE IS NO MATERIAL PROVISION FOR INCOME TAX FOR THESE ENTITIES The Corporation and its affiliates apply ASC Topic 740 , Income Taxes, which clarifies the accounting for uncertainty in income taxes recognized in a company s financial statements ASC Topic 740 prescribes a more-likely than-not recog nition threshold and measurement attribute for the financial statement recognition and mea surement of a tax position taken or expected to be taken Under ASC Topic 740, tax positio ns are evaluated for recognition, derecognition, and measurement using consistent criteria and provide more information about the uncertainty in income tax assets and liabilities As of June 30, 2018 and 2017, the Corporation and its affiliates do not have an asset or l iability recorded for unrecognized tax positions</p>



Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Rent expense deducted from Stmt of Rev on line 6d - 7499

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Direct Fundraising Expenses deducted from revenue - -151430

## Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Direct Fundraising Expense deducted from revenue - 151430 Gross Rent expense deducted from revenue - 7499



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

Revenue		(a) Event #1 <u>AUTUMN AFFAIR</u> (event type)	(b) Event #2 <u>Chef fest</u> (event type)	(c) Other events <u>1</u> (total number)	(d) Total events (add col (a) through col (c))
	<b>1</b> Gross receipts . . . . .	347,268	90,130	29,240	466,638
	<b>2</b> Less Contributions . . . . .	294,768	65,643	22,490	382,901
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	52,500	24,487	6,750	83,737
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	28,298			28,298
	<b>6</b> Rent/facility costs . . . . .		7,500		7,500
	<b>7</b> Food and beverages . . . . .	77,419	493	6,921	84,833
	<b>8</b> Entertainment . . . . .	6,850			6,850
	<b>9</b> Other direct expenses . . . . .	18,432	3,057	2,460	23,949
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				151,430
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-67,693

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

**b** If "No," explain \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

**b** If "Yes," explain \_\_\_\_\_

<b>11</b> Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>13</b> Indicate the percentage of gaming activity conducted in					
<b>a</b> The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;"><b>13a</b></td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;"><b>13b</b></td><td style="text-align: center;">%</td></tr></table>	<b>13a</b>	%	<b>13b</b>	%
<b>13a</b>	%				
<b>13b</b>	%				
<b>b</b> An outside facility					

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

Name ► .....

Address ► .....

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

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

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

Name ► .....

Address ► .....

**16** Gaming manager information

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions

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

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

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

Return Reference

Explanation

<b>SCHEDULE H</b> <b>(Form 990)</b>  Department of the Treasury Internal Revenue Service	<h1 style="margin:0;">Hospitals</h1> <p>► <b>Complete if the organization answered "Yes" on Form 990, Part IV, question 20.</b>                  ► <b>Attach to Form 990.</b>                  ► <b>Information about Schedule H (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</b></p>	OMB No 1545-0047  <h2 style="margin:0;">2017</h2> <p><b>Open to Public Inspection</b></p>
Name of the organization Elmhurst Memorial Healthcare Group		Employer identification number 35-2339114

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			19,737,312		19,737,312	4 27 %
<b>b</b> Medicaid (from Worksheet 3, column a)			52,534,076	31,094,588	21,439,488	4 64 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs	0	0	72,271,388	31,094,588	41,176,800	8 92 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			535,423	39,250	496,173	0 11 %
<b>f</b> Health professions education (from Worksheet 5)			696,400	0	696,400	0 15 %
<b>g</b> Subsidized health services (from Worksheet 6)			832,441	192,268	640,173	0 14 %
<b>h</b> Research (from Worksheet 7)			540,236	32,520	507,716	0 11 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			965,227	0	965,227	0 21 %
<b>j Total.</b> Other Benefits	0	0	3,569,727	264,038	3,305,689	0 72 %
<b>k Total.</b> Add lines 7d and 7j	0	0	75,841,115	31,358,626	44,482,489	9 63 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development			258	0	258	0 %
3 Community support			905	0	905	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members			2,818	0	2,818	0 %
6 Coalition building			23,630	0	23,630	0 01 %
7 Community health improvement advocacy			880	0	880	0 %
8 Workforce development					0	0 %
9 Other					0	0 %
10 Total	0	0	28,491	0	28,491	0 01 %

**Part III Bad Debt, Medicare, & Collection Practices****Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	35,337,190	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	4,291,008	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME).	5	166,786,329
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	205,068,145
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-38,281,816
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

(a) Name of entity <small>(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)</small>	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ELMHURST OUTPATIENT SURGERY CENTER LLC	OUTPATIENT SURGICAL SERVICES	60 08 %	0 %	39 92 %
2 CYBERKNIFE CENTER OF CHICAGO LLC	RADIATION TREATMENT SERVICES FOR CANCER PATIENTS	40 %	0 %	40 %
3 ELMCARE LLC	PHYSICIAN HOSPITAL ORGANIZATION (PHO)	50 %	0 %	50 %
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				



**Part V Facility Information****Section A. Hospital Facilities**

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

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

1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Facility reporting group	Other (describe)	ER—other	ER—24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	
See Additional Data Table											

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

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

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

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

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b> Yes	
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https://www.eehealth.org/about-us/community-benefit/</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>https://www.eehealth.org/about-us/community-benefit/</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

Elmhurst Memorial Hospital

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>600.0</u> %			
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input checked="" type="checkbox"/> Asset level			
<b>d</b> <input checked="" type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input checked="" type="checkbox"/> Underinsurance discount			
<b>g</b> <input checked="" type="checkbox"/> Residency			
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes	
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u><a href="https://www.eehealth.org/patients-visitors/manage-my-costs-and-billing/billing/financial-assistance/">https://www.eehealth.org/patients-visitors/manage-my-costs-and-billing/billing/financial-assistance/</a></u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u><a href="https://www.eehealth.org/patients-visitors/manage-my-costs-and-billing/billing/financial-assistance/">https://www.eehealth.org/patients-visitors/manage-my-costs-and-billing/billing/financial-assistance/</a></u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u><a href="https://www.eehealth.org/patients-visitors/manage-my-costs-and-billing/billing/financial-assistance/">https://www.eehealth.org/patients-visitors/manage-my-costs-and-billing/billing/financial-assistance/</a></u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

Elmhurst Memorial Hospital

**Name of hospital facility or letter of facility reporting group**

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Elmhurst Memorial Hospital

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

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

[illegible]

**Part V**   **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **15**

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	THE COSTS ENTERED IN SECTIONS 7A AND 7B WERE CALCULATED USING COST-TO-CHARGE RATIOS DERIVED FROM WORKSHEET 2 THE COSTS ENTERED IN THE SUBSIDIZED HEALTH SERVICES (7G) SECTION WERE CALCULATED USING A COST ACCOUNTING SYSTEM AND ADDRESSED ALL PATIENT SEGMENTS THE COSTS ENTERED IN SECTIONS 7E, 7F, 7H AND 7I WERE CALCULATED USING A COST ACCOUNTING SYSTEM OR WERE THE ACTUAL COSTS
Schedule H, Part II Community Building Activities	EMPLOYEES ARE ENCOURAGED TO SERVE ON COMMUNITY BOARDS AND PARTICIPATE IN PROGRAMS AND ON COMMITTEES THAT ADDRESS ECONOMIC DEVELOPMENT, TRAINING, COMMUNITY HEALTH NEEDS, ADVOCACY AND WORKFORCE DEVELOPMENT EXAMPLES OF THESE PROGRAMS AND THE BENEFIT THEY PROVIDE ARE HIGHLIGHTED BELOW ECONOMIC DEVELOPMENT AND ADVOCACY COMMITTEES ARE OFTEN COMPRISED OF PUBLIC AND PRIVATE MEMBERS THE PRIMARY ROLE OF THE MEMBERSHIP IS TO DEVELOP, COORDINATE AND IMPLEMENT AN INTEGRATED APPROACH TO LOCAL AND COMMUNITY DEVELOPMENT THEY PROVIDE BUSINESS LEADERSHIP BY PROMOTING ECONOMIC OPPORTUNITIES, ADVOCATING THE INTEREST OF BUSINESS, PROVIDING MEMBERS WITH EDUCATION AND RESOURCES AND ENCOURAGING MUTUAL SUPPORT EXAMPLES OF ECONOMIC DEVELOPMENT ORGANIZATIONS, CHAMBERS AND OTHER COMMITTEES IN WHICH EDWARD-ELMHURST HEALTH EMPLOYEES ARE ACTIVELY INVOLVED INCLUDE THE ELMHURST CHAMBER OF COMMERCE, ELMHURST ROTARY CLUB, ELMHURST LIONS CLUB, ELMHURST KIWANIS CLUB, ELMHURST CHAMBER LEGISLATIVE COMMITTEE, ELMHURST CHAMBER BOARD OF DIRECTORS, CITY OF ELMHURST ECONOMIC DEVELOPMENT COMMITTEE, CHOOSE DUPAGE, A DAY IN OUR VILLAGE OAK PARK, CHOOSE DUPAGE, ADDISON CHAMBER OF COMMERCE, BENSENVILLE CHAMBER OF COMMERCE, FRANKLIN PARK CHAMBER OF COMMERCE, LOMBARD CHAMBER OF COMMERCE, WESTCHESTER CHAMBER OF COMMERCE, WESTMONT CHAMBER OF COMMERCE, YOUNG HEARTS FOR LIFE CARDIAC SCREENING PROGRAM COMMUNITY SUPPORT INCLUDES EDUCATIONAL AND MENTORING PROGRAMS FOR VULNERABLE POPULATIONS, NEIGHBORHOOD SUPPORT GROUPS, VIOLENCE PREVENTION PROGRAMS, DISASTER READINESS AND PUBLIC HEALTH EMERGENCY ACTIVITIES SUCH AS COMMUNITY DISEASE SURVEILLANCE AND READINESS TRAINING BEYOND WHAT IS REQUIRED BY ACCREDITING BODIES OR GOVERNMENT ENTITIES COALITION BUILDING INCUDES PARTICIPATION IN COMMUNITY COALITIONS AND COLLABORATIVE EFFORTS TO ADDRESS HEALTH AND SAFETY ISSUES THIS INCLUDES PROGRAMS SUCH AS THE DUPAGE HEALTH COALITION WHICH INCLUDES A SET OF INTERCONNECTED ORGANIZATIONS, PROGRAM AND FACILITIES THAT WORK TOGETHER TO PROVIDE COORDINATED MEDICAL CARE AND OTHER HEALTH RELATED SERVICES TO DUPAGE COUNTY'S LOW-INCOME RESIDENTS AND THE ROTARY CLUB OF NAPERVILLE WHICH HELPED SUPPORT THE FIGHT AGAINST HUMAN TRAFFICKING WITH THEIR FUNDRAISING EVENT THIS YEAR COMMUNITY HEALTH IMPROVEMENT ADVOCACY INCLUDES EFFORTS TO SUPPORT POLICIES AND PROGRAMS TO SAFEGUARD OR IMPROVE PUBLIC HEALTH, ACCESS TO HEALTH CARE SERVICES, OBESITY, HOUSING NEEDS, FOOD INSECURITY, TRANSPORTATION BARRIERS AND OTHERS COMMUNITY HEALTH NEEDS ARE DETERMINED, REVIEWED AND UPDATED ON A REGULAR BASIS



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	THE AMOUNT OF BAD DEBT EXPENSE IS OBTAINED BY TAKING THE NET AMOUNT PLACED IN BAD DEBT LESS THE PAYMENTS AND ADJUSTMENTS RECEIVED
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	WE OBTAIN THIS FIGURE BY FIRST CALCULATING THE PERCENTAGE OF PATIENTS APPROVED FOR FINANCIAL ASSISTANCE WE THEN APPLY THIS PERCENTAGE TO ALL PATIENTS THAT WERE NOT SCREENED BY OUR FINANCIAL ASSISTANCE SOFTWARE

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	THE CORPORATION EVALUATES THE COLLECTABILITY OF ITS PATIENT ACCOUNTS RECEIVABLE BASED ON THE LENGTH OF TIME THAT THE RECEIVABLE IS OUTSTANDING, PAYOR CLASS, AND THE ANTICIPATED FUTURE UNCOLLECTABLE AMOUNTS BASED ON HISTORICAL EXPERIENCE. PATIENT ACCOUNTS RECEIVABLE ARE CHARGED TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS WHEN THEY ARE DEEMED UNCOLLECTABLE. PATIENT SERVICE REVENUE IS REDUCED BY THE PROVISION FOR BAD DEBTS, AND PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. THESE AMOUNTS ARE BASED ON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS FOR EACH MAJOR PAYOR SOURCE, CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. ON THE BASIS OF HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF THE CORPORATION'S UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR THE SERVICES PROVIDED. THUS, THE CORPORATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD SERVICES ARE PROVIDED RELATED TO SELF-PAY PATIENTS, INCLUDING BOTH UNINSURED PATIENTS AND PATIENTS WITH DEDUCTIBLE AND CO-PAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR A PORTION OF THEIR BALANCE. FOR RECEIVABLES ASSOCIATED WITH PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES. THE CORPORATION'S ALLOWANCES FOR DOUBTFUL ACCOUNTS WERE 29% AND 25% OF TOTAL ACCOUNTS RECEIVABLE AT JUNE 30, 2018 AND 2017, RESPECTIVELY. THE CORPORATION'S COMBINED ALLOWANCE FOR DOUBTFUL ACCOUNTS AND CHARITY CARE COVERED 72% AND 68% OF SELF-PAY ACCOUNTS RECEIVABLE AT JUNE 30, 2018 AND 2017, RESPECTIVELY. THE CORPORATION'S WRITE-OFFS TO THE ALLOWANCES FOR DOUBTFUL ACCOUNTS WERE \$71,702 AND \$34,717 FOR THE FISCAL YEARS ENDED JUNE 30, 2018 AND 2017, RESPECTIVELY.
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	IF ELMHURST HOSPITAL DISCONTINUED UNPROFITABLE SERVICES, IT WOULD BECOME THE RESPONSIBILITY OF ANOTHER PROVIDER OR THE GOVERNMENT TO CARE FOR THE MEDICARE PATIENT POPULATION. THIS WOULD, ULTIMATELY, RESULT IN ACCESS ISSUES AND NEGATIVELY IMPACT QUALITY OF CARE AND HEALTH OUTCOMES. THEREFORE THE SHORTFALL INCURRED BY CONTINUING TO PROVIDE THESE SERVICES IS CONSIDERED A COMMUNITY BENEFIT. A COST-TO-CHARGE RATIO WAS USED TO DETERMINE THE AMOUNT REPORTED ABOVE.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	If the patient has no insurance coverage, Elmhurst Memorial Hospital will provide financial counseling services to assist the patient or guarantor (parent or guardian responsible for payment of services) in applying for various programs that may help resolve the patient or guarantor's bill. Financial counselors assist patients in applying for government-sponsored health insurance or other third-party insurance (such as adding baby to policy), establishing a payment arrangement, and applying for financial assistance. Before receiving a bill, patients without insurance coverage will receive a letter informing them of our financial assistance program and the option of payment plans. If a patient is approved for financial assistance, the patient's accounts are discounted by the % approved. In cases where a balance remains, normal collection practices are followed.
Schedule H, Part V, Section B, Line 16a FAP website	- Elmhurst Memorial Hospital Line 16a URL <a href="https://www.eehealth.org/patients-visitors/manage-my-costs-and-billing/billing/financial-assistance/">https://www.eehealth.org/patients-visitors/manage-my-costs-and-billing/billing/financial-assistance/</a> ,

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- Elmhurst Memorial Hospital Line 16b URL <a href="https://www.eehealth.org/patients-visitors/manage-my-costs-and-billing/billing/financial-assistance/">https //www eehealth org/patients-visitors/manage-my-costs-and-billing/billing/financial-assistance/</a> ,
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- Elmhurst Memorial Hospital Line 16c URL <a href="https://www.eehealth.org/patients-visitors/manage-my-costs-and-billing/billing/financial-assistance/">https //www eehealth org/patients-visitors/manage-my-costs-and-billing/billing/financial-assistance/</a> ,

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>PLANNING FOR COMMUNITY BENEFITS IS AN INTEGRAL PART OF THE EDWARD-ELMHURST HEALTH STRATEGIC PLANNING PROCESS, WHICH FOLLOWS A THREE-YEAR CYCLE WITH INTERIM ANNUAL REVIEWS AND UPDATES. INTERIM REVIEWS OCCUR QUARTERLY AND UPDATES ARE MADE BASED ON THE RECOMMENDATIONS OF THE EEH SYSTEM COMMUNITY BENEFIT STEERING COMMITTEE. RECOMMENDATIONS FROM THE EEH COMMUNITY BENEFIT STEERING COMMITTEE ARE BASED ON REVIEW OF ORGANIZATIONAL PRIORITIES, STRATEGIC DIRECTION, PROGRAM DEVELOPMENT, AND PERFORMANCE OUTCOMES. DURING FY2016 THE EEH SYSTEM PARTNERED WITH THE METROPOLITAN CHICAGO HEALTHCARE COUNCIL AND PROFESSIONAL RESEARCH CONSULTANTS TO COMPLETE THE 3-YR COMMUNITY HEALTH NEEDS ASSESSMENT IN COMPLIANCE WITH FEDERAL REGULATION (FY2017-FY2019 PLAN). THE FINDINGS ARE DERIVED FROM COMMUNITY DEMOGRAPHICS INCLUDING SOCIAL DETERMINANTS OF HEALTH, ANALYSIS OF GENERAL HEALTH STATUS INCLUDING DEATH, DISEASE, INFECTIOUS DISEASE AND CHRONIC CONDITIONS, AND MODIFIABLE HEALTH RISKS. THE PROCESS BRINGS TOGETHER THE ABOVE OUTLINED INFORMATION, PUBLIC HEALTH STATISTICS AND INPUT FROM REPRESENTATIVES FROM THE COMMUNITY, INCLUDING PATIENTS AND PROVIDER AGENCIES. THE OVERARCHING GOAL OF THIS PROCESS IS TO UNDERSTAND THE ESSENTIAL HEALTH ISSUES IN THE COMMUNITY IN ORDER TO ENSURE ORGANIZATIONAL RESPONSIVENESS AND APPROPRIATE PRIORITIZATION OF RESOURCES.</p>
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>INFORMING OUR PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT PART OF EEH's FINANCIAL ASSISTANCE PROGRAM. FINANCIAL ASSISTANCE IS AVAILABLE TO THE UNDER-INSURED AS WELL AS THE UNINSURED. INFORMATION ABOUT OUR FINANCIAL ASSISTANCE PROGRAM AND THE APPLICATION IS AVAILABLE ON EEH WEBSITE IN ENGLISH AND SPANISH. PATIENT STATEMENTS ALSO INCLUDE INFORMATION ON HOW TO OBTAIN A FINANCIAL ASSISTANCE APPLICATION. UNINSURED INPATIENTS ARE SCREENED FOR ELIGIBILITY FOR GOVERNMENTAL PROGRAMS. PATIENTS WHO DO NOT QUALIFY FOR SUCH PROGRAMS ARE GIVEN A FINANCIAL ASSISTANCE APPLICATION. SIGNAGE IS POSTED AT ALL REGISTRATION AREAS INCLUDING THE EMERGENCY DEPARTMENT. A NOTICE ON OUR CONSENT TO TREAT HIGHLIGHTS THAT FINANCIAL ASSISTANCE IS AVAILABLE. ALSO, OUR CUSTOMER SERVICE DEPARTMENT AND FINANCIAL COUNSELORS ARE AVAILABLE TO ASSIST PATIENTS WHO ARE HAVING DIFFICULTY PAYING THEIR BILL AND THE NEED FOR FINANCIAL ASSISTANCE. LASTLY, EEH LEVERAGES A PRESUMPTIVE ELIGIBILITY TOOL THAT PROVIDES ADDITIONAL SCREENING FOR FINANCIAL ASSISTANCE PRIOR TO THE STATEMENTS BEING SENT. FOR UNINSURED PATIENTS THE STATEMENT REFLECTS ANY DISCOUNTS THE PATIENT WAS ELIGIBLE FOR UNDER OUR FINANCIAL ASSISTANCE POLICY. EEH continues its partnership with Change Healthcare with the goal to provide under- and uninsured patients with insurance coverage through various Medicaid programs. The service is offered to patients receiving care as an inpatient, in the emergency department and in various outpatient departments, and is tailored to guide the patient through a complex application process for applicable federal, state, and community benefit programs. During FY2018, EEH was able to connect over 2,100 patients with coverage through this initiative (40% growth from prior year).</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>EEH IS A FULL-SERVICE, REGIONAL HEALTHCARE PROVIDER OFFERING ACCESS TO A FULL RANGE OF HEALTH CARE SERVICES, INCLUDING PRIMARY CARE, COMPLEX MEDICAL SPECIALTIES, AND INNOVATIVE PROGRAMMING FOR RESIDENTS OF CHICAGO'S WEST AND SOUTHWEST SUBURBS 40% of patients receiving inpatient or outpatient services at EEH are Medicare or Medicaid recipients THE STUDY AREA FOR THE SURVEY EFFORT (REFERRED TO AS THE "EDWARD HOSPITAL SERVICE AREA," "EH SERVICE AREA" OR "EHS" IN THIS REPORT) IS SPLIT INTO TWO DESIGNATIONS, NORTH AND SOUTH - THE ASSOCIATED ZIP CODES AND CITIES ARE LISTED BELOW AND REPRESENT ROUGHLY 75% OF EDWARD'S INPATIENT ACTIVITY Elmhurst Hospital Primary Service Area zip codes City - Zip Code Elmhurst - 60126 Hillside - 60162 Berkeley - 60163 Villa Park - 60181 Oak Brook - 60523 Bellwood - 60104 Franklin Park - 60131 Westchester - 60154 Melrose Park - 60160 Northlake - 60164 Stone Park - 60165 Addison - 60101 Bensenville - 60106 Wood Dale - 60191 Glen Ellyn - 60137 Lombard - 60148 The hospital's Secondary Service Area is defined as those communities contributing the remainder of the inpatient admissions Elmhurst Hospital Secondary Service Area zip codes FOREST PARK 60130 HINES 60141 MAYWOOD 60153 BROADVIEW 60155 RIVER GROVE 60171 SCHILLER PARK 60176 CHICAGO 60634 ELMWOOD PARK 60707 OAK PARK 60301 OAK PARK 60302 OAK PARK 60304 RIVER FOREST 60305 BLOOMINGDALE 60108 GLENDALE HEIGHTS 60139 ITASCA 60143 MEDINAH 60157 BROOKFIELD 60513 CLARENDON HILLS 60514 HINSDALE 60521 LA GRANGE 60525 LA GRANGE PARK 60526 WILLOWBROOK 60527 WESTERN SPRINGS 60558 WESTMONT 60599 DARIEN 60561 DOWNERS GROVE 60515 DOWNERS GROVE 60516 OTHER HOSPITALS SERVING THE COMMUNITY See directly below for a list of hospitals serving Elmhurst Hospital's community --ADVOCATE GOOD SAMARITAN HOSPITAL --LOYOLA UNIVERSITY MEDICAL CENTER --AMITA HEALTH ALEXIAN BROTHERS MEDICAL CENTER --GOTTLIEB MEMORIAL HOSPITAL --NORTHWESTERN CENTRAL DUPAGE HOSPITAL --WESTLAKE HOSPITAL --AMITA HEALTH ADVENTIST GLENOAKS --AMITA HEALTH ADVENTIST HINSDALE HOSPITAL POPULATION Elmhurst's Primary Service Area (PSA) has over 350,000 residents while the Total Service Area (TSA) has roughly 920,000 Elmhurst Service Area Population Estimates Primary Service Area - 367,301 Secondary Service Area - 552,865 Total Service Area - 920,166 (Source Nielsen iXPRESS) The service areas of Elmhurst Hospital spans three counties with the majority of patients residing in DuPage and Cook Counties [93%] DuPage 57 93% Cook 35 09% Will 2 58% All Other Counties 4 40% Below is the distribution of residents within Elmhurst's primary service area, grouped by ethnicity Compared to Illinois, the area has a lower percentage of Black/African American and a higher percentage of Asian residents than the State of Illinois Race/Ethnicity, EH PSA White - 68 5% Black or African American - 8 9% American Indian and Alaska Native - 0 4% Asian - 6 9% Other - 15 3%</p>
Schedule H, Part VI, Line 5 Promotion of community health	<p>The majority of EEH's governing body is comprised of persons who reside in the primary service area and are neither employees nor independent contractors of the organization, nor family members thereof The organization extends medical staff privileges to all qualified physicians in its community for all departments As a Not-For-Profit Organization, EEH re-invests earnings in the organization to maintain and enhance services that benefit the community served by the hospitals The organization develops and updates a strategic plan on a regular basis to identify needs and opportunities to deploy excess funds (revenue in excess of expenditures) Projects are evaluated based on organizational objectives and community needs, and are prioritized by senior management and the board of trustees Edward-Elmhurst Health actively promotes the health of its community by integrating community benefit planning into its strategic planning process, which ensures resources are allocated to supporting activities EEH identified five primary areas of strategic focus to support the health of its community in its FY17-FY19 strategic planning process - Access to Health Services - Obesity/Diabetes/Nutrition/Physical Activity - Heart Disease and Stroke - Cancer - Mental Health and Substance Abuse The following strategies were set for each priority are beginning FY 2017 Edward-Elmhurst Health Implementation Strategy Access to Healthcare Services * Reduce financial barriers to access * Facilitate access to primary care providers and address key specialty gaps * Reduce patient out-of-pocket costs by providing cost effective alternatives to Emergency Departments * Reduce the transportation barrier * Address the needs of special populations Obesity/Diabetes/Nutrition/Physical Activity * Leverage community partnerships to impact adult/pediatric obesity trends * Continue to grow EEH weight management and nutritional programming * Enhance education and programming to develop robust physical activity and nutritional resources * Refine and expand programming targeted at EEH employees Heart Disease and Stroke * Continue to offer heart and stroke screenings * Continue to promote community education and tools to prevent and manage risk factors * Increase awareness of early stroke and heart attack symptoms and available treatments Cancer * Reduce barriers inhibiting colorectal screening and prevention * Enhance education and programming to reduce risk factors and promote screenings for lung cancer * Promote community awareness, resources and tools to prevent and manage all cancers and promote healthy lifestyle/habits * Focused efforts on early detection of breast cancer and enhancing access to breast care Mental Health and Substance Abuse * Decrease stigma by increasing awareness and education * Provide access to the right care at the right time * Improve coordination of care * Improve medication management Edward-Elmhurst Healthcare also promotes the health of its community by participating in a range of committees, coalitions, panels, advisory groups, commissions, and boards In addition, members of senior management participate in coalitions to strengthen partnerships with other organizations for the development of programs for the health of the community An example is Will County Mobilizing for Action through Planning and Partnerships (MAPP), which represents a unique partnership of hospitals, physicians, local government, human services agencies and community groups working together locally to address the national healthcare crisis ADDITIONAL EXAMPLES INCLUDE FORWARD DUPAGE INITIATIVE (FIGHTING OBESITY REACHING HEALTHY WEIGHT AMONG RESIDENTS OF DUPAGE) WHICH IS A MULTI AGENCY INITIATIVE, ACCESS DUPAGE, YMCA, LOCAL SCHOOL DISTRICTS AND GOVERNMENT AGENCIES</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	ELMHURST MEMORIAL HOSPITAL IS PART OF AN AFFILIATED HEALTH SYSTEM, EDWARD-ELMHURST HEALTHCARE, WHICH ALSO INCLUDES EDWARD HOSPITAL AND LINDEN OAKS HOSPITAL THE COMMUNITY HEALTH NEEDS ASSESSMENT AND THE DEVELOPMENT AND MANAGEMENT OF THE COMMUNITY BENEFIT STRATEGIC PLAN IS PROVIDED BY EDWARD-ELMHURST HEALTHCARE ELMHURST, EDWARD AND LINDEN OAKS HOSPITALS EACH PLAY A VITAL ROLE IN IMPLEMENTING THE INITIATIVES SET FORTH IN THE STRATEGIC PLAN BY PROVIDING THE COMMUNITY BENEFIT SERVICES THAT ARE QUANTIFIED IN PART I AND PART II OF SCHEDULE H
Schedule H, Part VI, Line 7 State filing of community benefit report	IL

**Schedule H (Form 990) 2017**



## Additional Data

**Software ID:** 17005876

**Software Version:** 2017v2.2

**EIN:** 35-2339114

**Name:** Elmhurst Memorial Healthcare Group

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Elmhurst Memorial Hospital 155 E Brush Hill Road Elmhurst, IL 60126 <a href="http://www.eehealth.org/locations/elmhurst/elmhurst-hospital-main-campus">http://www.eehealth.org/locations/elmhurst/elmhurst-hospital-main-campus</a> 0005751(1)	X	X					X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The significant health needs are a prioritized description of the significant health needs of the community and identified through the CHNA

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - ELMHURST MEMORIAL HOSPITAL The 2015 EEH CHNA was conducted in partnership with the Metropolitan Chicago Healthcare Council (MCHC) and participating hospitals, including AMITA Health, Franciscan Alliance, Ingalls Health System, Northwest Community Healthcare, Northwestern Medicine, and Rush System for Health This assessment incorporates data from both quantitative and qualitative sources Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data), these quantitative components allow for trending and comparison to benchmark data at the state and national levels Qualitative data input includes primary research gathered through an Online Key Informant Survey In order to solicit input from stakeholders with a broad interest in the health of the community, an online "Key Informant Survey" was conducted to assess primary concerns within the community A list of recommended participants was provided by Metropolitan Chicago Healthcare Council, this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall "Key Informants" included representation of the following organizations * DuPage County Health Department * DuPage Federation on Human Services Reform * Elmhurst CUSD 205 * Metropolitan Chicago Healthcare Council * Naperville School District 203 * People's Resource Center * Local Municipalities Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations (including African-American, Asian, autistic children, the elderly, Hispanic, Indian, low-income residents, multilingual, non-English speaking) or other medically underserved populations (including the disabled, elderly, homeless, LGBT community, the mentally ill, non-English speaking adults, undocumented, uninsured/ underinsured, youth)

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - Unrelated Hospital Facilities Alexian Brothers Health System/Amita Health (Alexian Brothers Behavioral Health Hospital, Alexian Brothers Medical Center, St Alexius Medical Center), Amita Health (Adventist Bolingbrook Hospital, Adventist GlenOaks Hospital, Adventist Hinsdale Hospital, Adventist LaGrange Memorial Hospital), Edward-Elmhurst Healthcare (Edward Hospital & Health Services, Elmhurst Memorial Hospital), Franciscan Alliance (Franciscan St James Health), Ingalls Health System (Ingalls Memorial Hospital), Little Company of Mary Hospital and Health Care Centers, Loretto Hospital, Northwest Community Healthcare (Northwest Community Hospital, Northwestern Memorial Hospital), Northwestern Medicine (Central DuPage Hospital, Northwestern Lake Forest Hospital), Palos Community Hospital, Rush System for Health (Rush Oak Park Hospital, Rush University Medical Center), Saint Anthony Hospital, St Bernard Hospital and Health Care Center, Swedish Covenant Hospital, Thorek Memorial Hospital, the University of Chicago Medical Center, and Naperville Psychiatric Ventures

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - ELMHURST MEMORIAL HOSPITAL The 2015 CHNA findings, supplemented by finding s and priorities of DuPage and Will County health assessments, were considered by the EEH Community Benefit Steering Committee in finalizing priorities for action over the next thr ee years Criteria considered in prioritization included * Magnitude the size of the pop ulation affected and the degree of variance from benchmarks and trend * Impact/Seriousness the degree to which the issue affects or exacerbates other quality of life and health-re lated issues * Feasibility the ability for EEH to reasonably impact the issue given avail able resources * Consequences of inaction the risk of not addressing the problem at the e arliest opportunity The following priorities were adopted for the FY2017-2019 EEH communit y health implementation plan Also provided is the highest level problem area identified b y the CHNA -Access to Healthcare Services -Inconvenient office hours -Appointment availa bility -Finding a physician -Cancer -Female breast cancer incidence in EEH service area h as increased -Colorectal cancer screening in EEH service area is less favorable than bench mark groups -Prostate cancer screening in EEH service area less favorable than benchmark g roups -Heart Disease/Stroke -Prevalence of high cholesterol and high blood pressure worse than benchmark groups, this change is statistically significant -Diabetes/Nutrition/Weigh t/Physician Activity -Prevalence of diabetes/pre-diabetes in EEH service area is worse tha n all benchmark groups -Prevalence of overweight adults (BMI>25) is worse than benchmark g roups -Prevalence of childhood obesity is worse than benchmark groups -Mental Health/Subst ance Abuse -Significant increase from 2009 (percentage of consumers who experienced sympto ms of chronic depression is higher than benchmarks) **Edward-Elmhurst Health addresses the needs outlined above by frequent review and evaluation of the Implementation Strategy Th ere are quarterly Steering Committee meetings including senior leadership and representati on from the prioritized area (access to healthcare services/diabetes-nutrition-weight-phys ical activity/cancer/heart disease-stroke/mental health-substance abuse) in which we discu ss progress of the plan and identify barriers to success The leaders that participate in this Steering Committee are tasked to ensure we execute the Implementation Strategy Furth er, Edward-Elmhurst has adopted a scorecard with metrics tied to the Implementation Strate gy with the goal to gauge our progress in improving upon these areas We provide quarterly updates and address negative variances to the goal in order to appropriately make adjustm ents **Reference EEH website for full listing of implementation plan Priority Health Iss ues That Will Not Be Addressed and Supporting Rationale Acknowledging the wide range of p riority health issues that emerged from the CHNA process, EEH recommends focus on those ne eds with the greatest magnitude

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>e that it can most influence Reasons for lower focus on other issues identified in the CH NA are summarized below --Injury &amp; Violence While the trend is negative, area indicators are comparable to local, state and national benchmarks This was not identified as a prio rity by key informants As violence increasingly impacts EEH and its staff, it is already focused on mitigating strategies focused on its employees In addition, continued focus on mental health and substance abuse will hopefully have an indirect positive impact on this trend --Potentially Disabling Conditions While slightly unfavorable compared to other p otential needs, indicators are at least comparable to comparison groups and trend EEH's f ocus on underlying causes, including prevention and management of chronic disease, may hav e an indirect positive impact on this issue --Respiratory Disease While slightly unfavor able compared to other potential needs, indicators are at least comparable to comparison g roups and trend Focus on smoking cessation is recommended in the Plan's 'Cancer' initiati ve and this may have a positive impact on this issue --Sexually Transmitted Disease Whil e trend is negative, area indicators are positive compared to benchmarks --Immunization &amp; Infectious Disease While comparison to benchmarks is negative in the Elmhurst area, init iatives and payor-driven incentives are in place to actively engage the medical community in increasing the rate of immunizations</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - Elmhurst Memorial Hospital State regulated uninsured discount

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1 Addison Health Center 303 West Lake Street Addison, IL 60101	OP Ambulatory
1 Elmhurst Memorial Center for Health 1200 S York Road Elmhurst, IL 60126	OP Ambulatory
2 Lombard Health Center 130 S Main Street Lombard, IL 60148	OP Ambulatory
3 Elmhurst Hospital West MOB 133 E Brush Hill Rd Elmhurst, IL 60126	OP Ambulatory
4 Cancer Center 177 E Brush Hill Rd Elmhurst, IL 60126	Cancer treatment center
5 Elmhurst Clinic 172 Schiller Street Elmhurst, IL 60126	OP Ambulatory
6 Elmhurst Clinic 1100 Lake Street Suite 230 Oak Park, IL 60301	OP Ambulatory
7 Primary Care Associates 3005 Wolf Rd Westchester, IL 60154	OP Ambulatory
8 Primary Care Associates 305 N York Road Elmhurst, IL 60126	OP Ambulatory
9 Elmhurst Clinic 471 W Army Trail Road Suite 102 Bloomingdale, IL 60108	OP Ambulatory
10 Elmhurst Medical Associates 183 N Addison Avenue Elmhurst, IL 60126	OP Ambulatory
11 Primary Care Associates 7355 West North Avenue River Forest, IL 60305	OP Ambulatory
12 Elmhurst Clinic 360 Butterfield Rd Suite 230 Elmhurst, IL 60126	OP Ambulatory
13 Elmhurst Sleep Center 701 S Main Street Lombard, IL 60148	Sleep Lab
14 Hinsdale Health Center and Immediate Care 8 Salt Creek Ln Hinsdale, IL 60521	OP AMBULATORY



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Elmhurst Memorial Healthcare Group

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number  
35-2339114

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

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

3

3

Enter total number of other organizations listed in the line 1 table

0

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	12	33,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part II, Line 1(h)	YOUNG HEARTS FOR LIFE GENERAL SUPPORT OF THE ORGANIZATION'S PROGRAM OF PROVIDING HIGH SCHOOL KIDS WITH ACCESS TO CARDIAC SCREENING
Schedule I, Part II, Line 1(h)	DAN GIBBINS TURKEY TROT FOUNDATION NFP GENERAL SUPPORT FOR THE ORGANIZATION'S FOOD DRIVE TO HELP LOW INCOME DUPAGE COUNTY RESIDENTS
Schedule I, Part II, Line 1(h)	DUPAGE HEALTH COALITION GENERAL SUPPORT FOR THE ORGANIZATION'S PROGRAM OF PROVIDING MEDICAL SERVICES ACCESS TO LOW INCOME DUPAGE COUNTY RESIDENTS
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	EMH follows federal, state, donor, and institutional guidelines for determining eligibility for scholarships, grants, and awards EMH maintains records showing the selection criteria, recipient eligibility, how funds may be used, and any related party

Additional Data

Software ID: 17005876  
Software Version: 2017v2.2  
EIN: 35-2339114  
Name: Elmhurst Memorial Healthcare Group

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAN GIBBINS TURKEY TROT FOUNDATION NFP 421 E CHURCH STREET ELMHURST, IL 60126	36-3435457	501(C)(3)	10,000				PROGRAM SUPPORT
YOUNG HEARTS FOR LIFE 1901 S MEYERS ROAD OAKBROOK TERRACE, IL 60181	36-3297360	501(C)(3)	20,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUPAGE HEALTH COALITION 511 THORNHILL DRIVE SUITE E CAROL STREAM, IL 60188	36-4448208	501(C)(3)	333,179				PROGRAM SUPPORT

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**▶ Attach to Form 990.**  
**▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization Elmhurst Memorial Healthcare Group	Employer identification number 35-2339114
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**Part I Questions Regarding Compensation**

	Yes	No									
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b> Yes										
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b> Yes										
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <table border="0"> <tr> <td><b>a</b> Receive a severance payment or change-of-control payment?</td> <td><b>4a</b> Yes</td> <td></td> </tr> <tr> <td><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td><b>4b</b> Yes</td> <td></td> </tr> <tr> <td><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</td> <td><b>4c</b></td> <td>No</td> </tr> </table> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b> Yes		<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b> Yes		<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b> Yes										
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b> Yes										
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No									
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>											
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <table border="0"> <tr> <td><b>a</b> The organization?</td> <td><b>5a</b></td> <td>No</td> </tr> <tr> <td><b>b</b> Any related organization?</td> <td><b>5b</b></td> <td>No</td> </tr> </table> If "Yes," on line 5a or 5b, describe in Part III.	<b>a</b> The organization?	<b>5a</b>	No	<b>b</b> Any related organization?	<b>5b</b>	No					
<b>a</b> The organization?	<b>5a</b>	No									
<b>b</b> Any related organization?	<b>5b</b>	No									
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <table border="0"> <tr> <td><b>a</b> The organization?</td> <td><b>6a</b></td> <td>No</td> </tr> <tr> <td><b>b</b> Any related organization?</td> <td><b>6b</b></td> <td>No</td> </tr> </table> If "Yes," on line 6a or 6b, describe in Part III.	<b>a</b> The organization?	<b>6a</b>	No	<b>b</b> Any related organization?	<b>6b</b>	No					
<b>a</b> The organization?	<b>6a</b>	No									
<b>b</b> Any related organization?	<b>6b</b>	No									
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b> Yes										
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No									
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>										

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

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

See Additional Data Table

[illegible]

**Part III Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	The organization's officers and key employees are offered life insurance and long term disability benefits. The amount of the premium is grossed up to offset the tax liability.
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	ALL EMPLOYEES ARE OFFERED A MEMBERSHIP AT THE EDWARD HEALTH & FITNESS CENTER, AN AFFILIATE OF EDWARD-ELMHURST HEALTHCARE, AS A TAXABLE EMPLOYEE BENEFIT. THE EDWARD HEALTH VENTURES PRESIDENT IS ALSO PROVIDED THIS BENEFIT FOR THEIR SPOUSE AND CHILDREN, ALSO AS A TAXABLE BENEFIT. THE VALUE OF THIS BENEFIT IS DETERMINED BASED UPON THE FAIR MARKET VALUE OF THESE MEMBERSHIPS, WHICH IS IN TURN DETERMINED BASED UPON THE ACTUAL AMOUNT THAT THE EDWARD HEALTH & FITNESS CENTER CHARGES TO OTHER CORPORATE CUSTOMERS.
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	Executive compensation, including the Elmhurst Memorial Hospital President and all officers of the system known as Edward-Elmhurst Healthcare ("Senior Management") is managed by the Edward-Elmhurst Healthcare ("EEH") Board of Trustees ("Board"), on behalf of EEH and all of its affiliates. On an annual basis, the Board reviews compensation arrangements, including the compensation award for the Elmhurst Memorial Hospital President for the coming year. The Board conducts the review in a manner that will qualify for the rebuttable presumption of reasonableness under the Intermediate Sanction Rules of Section 4958 of the Internal Revenue Code. As for the Elmhurst Memorial Hospital President, the President is compensated with a competitive base salary, along with an incentive plan which is reflective of EEH's market, as determined by a review of market compensation survey data. For more information about the review and determination of executive compensation, see description in Schedule O in response to Form 990, Part VI, Section B, Line 15.
Schedule J, Part I, Line 4a Severance or change-of-control payment	Organization: Elmhurst Memorial Healthcare Group (EIN 35-2339114). Terms: Compensation paid as a result of a severance from the position listed. Interested person: Davis, Pamela M, CEO 229,258; Fishbain, Kenneth, VP, Phy & Amb Network - 179,520; Pryor, Vincent E, CFO - 260,839; Sedivy, John C, Svs Line Dir, Imaging & Card - 31,927. 20.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	INDIVIDUALS WHO HAVE THE TITLE OF VICE PRESIDENT OR HIGHER ARE ELIGIBLE TO PARTICIPATE IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). ANY ELIGIBLE PARTICIPANTS MUST BE APPROVED BY THE EDWARD-ELMHURST HEALTHCARE BOARD OF TRUSTEES. THE SERP WAS ESTABLISHED TO RECOGNIZE THE VALUABLE CONTRIBUTIONS THAT EACH OF THE PARTICIPANTS MAKES TO THE OPERATIONS OF EDWARD-ELMHURST HEALTHCARE AND TO REWARD CERTAIN EXECUTIVE EMPLOYEES FOR THEIR LONG-TERM SERVICE AND COMMITMENT TO EDWARD-ELMHURST HEALTHCARE. THE SERP IS DESIGNED TO PROVIDE A FULL RETIREMENT SUPPLEMENT TO PARTICIPANTS IF THEY REMAIN WITH EDWARD-ELMHURST HEALTHCARE UNTIL AGE 65. IN EXCHANGE FOR THIS LONG-TERM SERVICE, EDWARD-ELMHURST HEALTHCARE WANTS TO SUPPLEMENT THESE PARTICIPANTS' RETIREMENT INCOME WITH ADDITIONAL ANNUAL COMPENSATION THAT IS INVESTED IN AN ANNUITY CONTRACT, CONTRIBUTIONS VEST AFTER FIVE YEARS. THE FOLLOWING INTERESTED PERSONS RECEIVED DEFERRALS TO THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2017, THESE DEFERRALS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C): Dant, Joseph C 47,046; Eslick, Laura L 49,610; Fishbain, Kenneth 30,329; Friant, Jeffrey D 40,801; Lydon, Jean T 50,430; Mollet, Chris 70,256; Sullivan, Daniel 123,861. THE FOLLOWING INTERESTED PERSONS RECEIVED DISTRIBUTIONS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2017, THESE PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) AND SCHEDULE J, PART II, COLUMN (F), AS APPLICABLE: Dunley, Pamela 188,575; Fishbain, Kenneth 195,223; Mastro, Mary L 185,052; Mollet, Chris J 587,454; Pryor, Vince 226,060; Spencer, Marianne 224,352.
Schedule J, Part I, Line 7 Non-fixed payments	SCHEDULE J, PART I, LINE 7 IS ANSWERED YES BECAUSE CERTAIN INDIVIDUALS, WHOSE SALARY AND BENEFITS ARE PAID BY THE REPORTING ORGANIZATION OR A RELATED ORGANIZATION, RECEIVED A NONFIXED PAYMENT (BONUS) DURING THE YEAR. THE NON-FIXED PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) AS BONUSES. THE BONUS AMOUNTS DETERMINED ARE BASED ON A FIXED PERCENTAGE OF BASE COMPENSATION, HOWEVER THEY ARE DISCRETIONARY IN NATURE, IN THAT DISCRETION IS GIVEN AS TO WHETHER OR NOT A BONUS WILL BE PAID FOR THE REPORTING PERIOD.

Additional Data

Software ID: 17005876  
Software Version: 2017v2.2  
EIN: 35-2339114  
Name: Elmhurst Memorial Healthcare Group

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Pamela Dunley	(i)	390,277	124,556	275,069	8,471	23,377	821,749	0
Schedule O	(ii)	0	0	0	0	0	0	0
1Mary L Mastro	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	660,941	249,299	342,552	9,450	44,933	1,307,174	0
2Daniel Sullivan	(i)	372,597	117,988	150,892	133,277	16,548	791,302	0
Schedule O	(ii)	0	0	0	0	0	0	0
3Joseph Dant	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	222,405	45,444	14,275	51,431	26,228	359,782	0
4Ahmed El-Ganzouri	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	195,770	19,786	759	6,324	1,129	223,768	0
5Jeffrey D Friant	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	256,880	80,328	47,125	47,234	35,495	467,062	0
6Chris J Mollet	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	383,274	146,210	717,573	79,706	8,449	1,335,212	442,637
7Susan Tyburski	(i)	129,673	14,217	171	3,509	22,637	170,207	0
Schedule O	(ii)	0	0	0	0	0	0	0
8Jason Ogden	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	191,926	20,948	21,121	7,331	33,297	274,622	0
9Linda Deveen	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	165,730	17,331	1,500	2,928	8,015	195,505	0
10Laura L Eslick	(i)	237,598	82,956	33,811	53,738	28,556	436,659	0
Schedule O	(ii)	0	0	0	0	0	0	0
11Richard S Hrabski	(i)	162,744	17,525	7,167	6,146	25,187	218,770	0
Schedule O	(ii)	0	0	0	0	0	0	0
12Jean T Lydon	(i)	247,229	64,028	71,548	56,435	6,210	445,450	0
Schedule O	(ii)	0	0	0	0	0	0	0
13Michael P Mckenna	(i)	142,805	15,330	178	5,180	17,238	180,731	0
Schedule O	(ii)	0	0	0	0	0	0	0
14Yvette M Saba	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	228,275	55,101	44,421	8,540	26,716	363,054	0
15John Sedivy	(i)	114,631	16,208	48,268	4,908	28,335	212,351	0
Schedule O	(ii)	0	0	0	0	0	0	0
16Marianne Spencer	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	334,081	119,361	323,050	5,506	42,085	824,083	0
17Philip C Williams	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	218,234	55,669	16,884	8,479	33,207	332,473	0
18Marilyn L Evrard	(i)	214,376	-11,553	12,067	6,703	17,528	239,121	0
Schedule O	(ii)	171,542	1,250	84,905	2,747	15,670	276,115	0
19Ken Fishbain	(i)	32,616	49,516	410,935	32,309	736	526,112	153,227
Schedule O	(ii)	0	0	0	0	0	0	0



Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>21</b> Amaryllis Gil Schedule O	(i)	181,320	-9,698	12,506	3,542	1,879	189,548	0
	(ii)	160,453	0	60,439	0	1,770	222,662	0
<b>1</b> Brian Myre Schedule O	(i)	219,248	0	14,913	4,650	5,543	244,354	0
	(ii)	322,342	0	285,063	4,800	4,849	617,053	0
<b>2</b> Hollis Walker Schedule O	(i)	164,858	0	24,850	5,385	6,939	202,032	0
	(ii)	154,701	0	19,281	4,065	6,463	184,509	0
<b>3</b> Pamela M Davis Schedule O	(i)	0	0	0	0	0	0	0
	(ii)	527,241	411,902	499,491	4,833	10,350	1,453,818	0
<b>4</b> Vincent E Pryor Schedule O	(i)	0	0	0	0	0	0	0
	(ii)	285,737	231,574	524,619	9,450	16,684	1,068,063	0
<b>5</b> Richard McIntosh Schedule O	(i)	71,192	4,202	160	2,671	13,097	91,322	0
	(ii)	86,613	0	0	2,054	16,643	105,310	0

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
Elmhurst Memorial Healthcare Group**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017****Open to Public  
Inspection****Employer identification number**

35-2339114

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part I, Line 6 Volunteers	OUR VOLUNTEERS WORK IN A LARGE MAJORITY OF AREAS THROUGHOUT THE EDWARD-ELMHURST HEALTHCARE SYSTEM THE RESPONSIBILITIES OF THE VOLUNTEERS VARY, DEPENDENT ON THE AREA THEY ARE VOLUNTEERING IN AND THE PROJECTS TO BE COMPLETED VOLUNTEERS HAVE ASSISTED WITH CLERICAL WORK, DATA ENTRY, MEETING AND GREETING, FRIENDLY VISITS, ESCORTING AND PROVIDING GENERAL INFORMATION TO PATIENTS AND VISITORS WE TRACK OUR VOLUNTEER HOURS MONTHLY ALL OF THE VOLUNTEERS SIGN IN AND OUT EACH SHIFT AND WE COLLECT THE SIGN IN SHEETS AT THE END OF THE MONTH THROUGHOUT THE SYSTEM, FOR THE FISCAL YEAR ENDED JUNE 30, 2018 OUR VOLUNTEERS GAVE 131,000 HOURS OF SERVICE

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	EMHF TRUSTEES DANIEL WELZ AND BLANCHE HILL - Business relationship, EMHF TRUSTEES JAMES NELSON AND MARY ANN MALLOY - Business relationship

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	Edward Elmhurst Healthcare (EEH), an Illinois not-for-profit and section 501(C)(3), is the sole corporate member of Elmhurst Memorial Healthcare (EMHC) Elmhurst Memorial Healthcare (EMHC), an Illinois not-for-profit and section 501(C)(3), is the sole corporate member of Elmhurst Memorial Hospital (EMH) Elmhurst Memorial Hospital (EMH), an Illinois not-for-profit and section 501(C)(3), is the sole corporate member of Elmhurst Memorial Hospital Foundation (EMHF)

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	<p>The EMH Board of Trustees must consist of a number of trustees equal to the number of Corporate Trustees, the PSA (Professional Services Agreement) Trustee and the Medical Staff President Trustee, as those terms are defined herein. Each of those individuals then serving on the EEH board of trustees (each, a "Corporate Trustee") and the then current EMH Medical Staff President (the "Medical Staff President Trustee") shall each be an EMH Trustee. In addition, the EEH board of trustees shall appoint one Trustee (the "PSA Trustee") from among the chairperson or chief executive officer of each of Elmhurst Clinic, LLC, Elmhurst Memorial Primary Care Associates, LLC, and Elmhurst Medical Associates, LLC (the "PSA Entities"), but only so long such entity has in place a binding professional services agreement with EMHC (an "Eligible PSA Entity"). The PSA Trustee appointment shall be rotated among the PSA Entities. Notwithstanding the foregoing, in the event that the EMH Medical Staff President is a member of any of the Eligible PSA Entities, the EEH board of trustees shall appoint an independent member of the EMH Medical Staff as the PSA Trustee for the then current term of office (or portion thereof). In the event that there shall be no Eligible PSA Entity, then the office of the PSA Trustee shall be filled by a physician member of the EMH Medical Staff or other position selected by the EEH board of trustees. - EEH, the corporate member of EMHC, has the exclusive power to (i) elect, appoint, remove and replace the Trustees of EMH, (ii) intervene in any action or plan of EMH, or of any of its subsidiary or affiliate entities, to the extent the EEH board of trustees, in its sole discretion, deems it necessary to do so in order to avoid significant risk to the tax exempt status, licensure, or accreditation of EMH, EEH, EMHC, any subsidiary or other affiliate of EEH or EMHC, or any facility operated by any of the foregoing, or to avoid significant legal, regulatory, or financial risk to any of them, and (iii) select and appoint independent auditors for EMH, and direct the performance of an annual independent audit of the financial condition of EMH. -The EMHF Board of Trustees must consist of not less than twenty-four (24) nor more than thirty (30) members in number, and who shall be appointed by EMH.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	<p>In addition to the exclusive authority of Edward Elmhurst Healthcare set forth in the narrative for Form 990, Part VI, Line 7a, the approval of each of Elmhurst Memorial Healthcare (EMHC) and Edward Elmhurst Healthcare (EEH) shall be required to authorize the following matters (i) the exercise by Elmhurst Memorial Hospital (EMH) of its approval rights over certain actions of Elmhurst Memorial Hospital Foundation (EMHF) as set forth in the EMH Bylaws, (ii) the adoption, amendment and repeal of the amended and restated articles of incorporation of EMH and the EMH Bylaws, (iii) the adoption and approval of any plan of dissolution or liquidation of EMH, any plan of merger or consolidation of EMH with another corporation or other entity, and/or any exchange, sale or transfer of any material portion of the assets of EMH in any transaction or series of related transactions, (iv) The adoption, approval, amendment, restatement or modification of any financial control policy for EMH and the taking of any action by or on behalf of EMH not otherwise in conformance with any such policy, (v) the amendment or revision of the initial purpose and scope of services of EMH, including location, size, operations and activities, (vi) the adoption of any and all annual operating and capital budgets, strategic plans, capital investments and/or capital allocations of EMH, (vii) the authorization or approval of any long-term borrowing of money by EMH, or the authorization or approval of any prepayment, in whole or in part, refinancing, increase, modification or extension of any such indebtedness, (viii) the granting of any security interest in, or otherwise providing for the encumbrance of, any of the assets or revenues of EMH, (ix) the creation and/or addition of any direct or indirect subsidiaries or affiliates of EMH, including, without limitation, any not-for-profit or for-profit corporations, limited liability companies, partnerships or other legal entities, (x) the filing of a voluntary petition, or any consent to the involuntary filing of a petition, by or on behalf of EMH, in bankruptcy or any reorganization, or any appointment of a receiver on behalf of EMH, (xi) the submission of any applications, filings or material correspondence to the Illinois Health Facilities and Services Review Board or any successor thereto (the "IHFSRB") for any proposed project or activity of EMH subject to the jurisdiction of the IHFSRB, regardless of the level of capital expenditure, and (xii) the purchase or sale by EMH of any interest in real property. Any exercise of any exclusive powers by EEH as set forth above shall be evidenced by a resolution of the EEH board of trustees. Any exercise of any approval rights as set forth above shall be evidenced by a resolution of each of the EEH and Elmhurst Memorial Healthcare board of trustees. The Elmhurst Memorial Healthcare Board of Trustees or the EEH board of trustees, as applicable, may delegate to its respective president or another</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	<p>officer thereof the authority to exercise any of the exclusive powers or approval rights noted above to such entity, if any, and such delegation may be limited to specific events or transactions, or to general categories of events or transactions, as such board of trustees shall consider to be necessary or desirable in the circumstances -Elmhurst Memorial Hospital (EMH) is the sole corporate member of Elmhurst Memorial Hospital Foundation (Affiliated Corporation) The Bylaws of the Affiliate Corporate requires the approval of each of EMH, EMHC and EEH to authorize the following matters (i) the adoption, amendment, and repeal of the articles of incorporation, bylaws or similar governing document of any Affiliated Corporation, (ii) the adoption and approval of any plan of dissolution or liquidation of any Affiliated Corporation, any plan of merger or consolidation of any Affiliated Corporation with another corporation or other entity, and/or any exchange, sale or transfer of any material portion of the assets of any Affiliated Corporation in any transaction or series of related transactions, (iii) the adoption, approval, amendment, restatement or modification of any financial control policy for any Affiliated Corporation and the taking of any action by or on behalf of any Affiliated Corporation not otherwise in conformance with any such policy, (iv) the amendment or revision of the initial purpose and scope of services of any Affiliated Corporation, including location, size, operations and activities, (v) the adoption of any and all annual operating and capital budgets, strategic plans, capital investments and/or capital allocations of any Affiliated Corporation, (vi) the authorization or approval of any long-term borrowing of money by the Affiliated Corporation, or the authorization or approval of any prepayment, in whole or in part, refinancing, increase, modification or extension of any such indebtedness, (viii) the granting of any security interest in, or otherwise providing for the encumbrance of, any of the assets or revenues of any Affiliated Corporation, (ix) the creation and/or addition of any direct or indirect subsidiaries or affiliates of any Affiliated Corporation, including, without limitation, any not-for-profit or for-profit corporations, limited liability companies, partnerships or other legal entities (x) the filing of a voluntary petition, or any consent to the involuntary filing of a petition, by or on behalf of any Affiliated Corporation, in bankruptcy or any reorganization, or any appointment of a receiver on behalf of the Affiliated Corporation, (xi) the submission of any applications, filings or correspondence to the IHFSRB for any proposed project or activity of any Affiliated Corporation subject to the jurisdiction of the IHFSRB, regardless of the level of capital expenditure, (xii) the purchase or sale by any Affiliated Corporation of any interest in real property Any exercise of any approval rights noted above shall</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	be evidenced by a resolution of the EMH Board of Trustees, the EMHC Board of Trustees and the EEH board of trustees. The EMH Board of Trustees, the EMHC Board of Trustees or the EEH board of trustees, as applicable, may delegate to its respective president or another officer thereof the authority to exercise any of the approval rights as noted above of such entity, and such delegation may be limited to specific events or transactions, or to general categories of events or transactions, as such board of trustees shall consider to be necessary or desirable in the circumstances.



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	A draft of the full form 990 was provided to the Edward-Elmhurst Healthcare audit committee, and was reviewed with the assistance of Crowe LLP. Following review by the audit committee, and prior to filing, a final copy of the form 990 was then provided to the full board of trustees of Edward-Elmhurst Healthcare, and key components of the form 990 were also reviewed

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>EDWARD-ELMHURST HEALTHCARE, ON BEHALF OF ITSELF AND ALL AFFILIATES, MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH ANNUAL REPORTING, AND ONGOING EDUCATION</p> <p>Each year, Edward-Elmhurst Healthcare conducts an annual conflict of interest review. This process involves requiring all trustees, officers, key employees, employed physicians, certain other physicians, and management level employees to complete an electronic conflict of interest questionnaire. The System Director of Internal Audit and Corporate Compliance facilitates the completion of a questionnaire by all required individuals, and if no questionnaire is completed, the matter is reported to the individual's supervisor up to and including the Board of Trustees. Disclosures made on the questionnaire are evaluated by a conflict of interest workgroup comprised of the System Director of Internal Audit and Corporate Compliance, the System Executive Vice President and Chief Financial Officer, the General Counsel, and the Deputy General Counsel. Disclosures made by trustees, officers and key employees are evaluated by the trustees, officers and key employees are evaluated by the Executive Committee of the Board of Trustees or its designee. The evaluations may result in actions being taken up to and including the development of a management plan accepted by the individual making the disclosure or termination of the disclosed relationship or conflict. In cases where an actual or potential conflict of interest is identified, the conflicted individual is educated about how they should raise this issue if they are ever in a position where their conflict may be implicated. Conflicted individuals must recuse themselves from voting, but, at the discretion of the Board, may be permitted to participate in discussion about matters in which they have an actual or apparent conflict. In addition to this annual reporting, all individuals noted above are advised that, pursuant to the conflicts policy, they are required to report to the system director of internal audit and corporate compliance any actual or potential conflicts of interest as they may arise throughout the course of the year.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>Executive compensation, including the President and all officers of Edward-Elmhurst Health care ("Senior Management") is managed by the Edward-Elmhurst Healthcare ("EEH") Board of Trustees ("Board"), on behalf of EEH and all of its affiliates. On an annual basis, the Board reviews compensation arrangements, including the compensation award for Elmhurst Memorial Healthcare Group President for the coming year. The Board conducts the review in a manner that will qualify for the rebuttable presumption of reasonableness under the Intermediate Sanction Rules of Section 4958 of the Internal Revenue Code. To that end - The CEO and all other members of Senior Management may participate in this review process and be present at meetings of the Board only if and to the extent necessary to answer questions and provide other information the Board needs for its analysis, assessment and deliberations, and they must otherwise recuse themselves from Board meetings during Board debate and voting on compensation arrangements - Any Board member identified as having a conflict shall participate in the process only to the same extent as members of Senior Management - The Board conducts the review with the assistance of an experienced and independent compensation firm, which summarizes its analysis and findings in writing to the Board - The Board obtains and relies on current comparable market compensation data from appropriate peer organizations for each compensation component prior to making its determination. Relevant information will include compensation levels paid by similarly situated organizations, both taxable and tax-exempt, for functionally comparable positions, the availability of similar services in the geographic area served by EEH, current compensation survey compiled by an independent firm, and, where applicable, actual written offers from similar organizations competing for the services for the members of Senior Management - The Board also adequately and promptly documents its decision. The documentation states its intention to qualify for the rebuttable presumption of reasonableness, the specific terms of the compensation arrangement that were approved, the approval date, the names of the individuals present and those who voted, the specific comparability data obtained and relied upon, and an explanation as to why the approved amounts are considered reasonable if the terms of the compensation arrangement differ from the comparability data. In addition, the Board periodically reviews the Executive Compensation Plan, including the philosophy, for (a) compliance with applicable laws and regulations, and (b) alignment with EEH's mission, charitable purposes, goals and strategies. Based on the review, the Board approves any changes in one or more components of the plan or the plan philosophy that the Board considers necessary and appropriate relative to one or both of these criteria. Other individuals who are officers or key employees of Elmhurst Memorial</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>al Healthcare Group, but are not a part of EEH Senior Management are compensated with a competitive base salary, along with an incentive plan, which is reflective of EEH's market as determined by a review of independently gathered market compensation survey data. At the time of hire, the salary determination is made by giving consideration to the experience pertinent to the role for which the individual is to be hired, also considered are niche skills or experience the individual brings to the organization. Supply and demand will also play a role in determining the hiring rate of pay. Based on these factors, the EEH Human Resources department, which supports EEH and all of its affiliates, will assign the key employee to an appropriate pay grade, and a rate of pay will be offered within that pay grade. On a periodic basis, the EEH Human Resources Department works with an independent third party compensation consultant to conduct a thorough market review of all positions which are not considered Senior Management. Using a variety of sources, EEH salary ranges are compared to the current market pay grade assignments, and individual rate of pay may change based on the results of this annual market review. In addition, annual merit increases may be awarded based on EEH's budget for the year.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	Please see the narrative to Form 990, Part VI, Line 15a

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	CURRENTLY, THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST IF A REQUEST IS RECEIVED FOR THIS INFORMATION, IT IS FORWARDED ON TO EITHER THE LEGAL DEPARTMENT OR THE FINANCE DEPARTMENT, AND THE MATERIALS WOULD THEN BE PROVIDED TO THE REQUESTOR AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE EMMA (ELECTRONIC MUNICIPAL MARKET ACCESS) WEBSITE AT WWW EMMA MSRB ORG

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A, Line 1a Compensation Reporting	Pursuant to Treasury Regulation Section 1.6033-2(d)(5), Elmhurst Memorial Healthcare (EIN 36-4037473), the parent entity of Elmhurst Memorial Healthcare Group (EIN 35-2339114), has elected to report information about compensation and other information for officers, directors, trustees, and key employees and certain other highly compensated employees on a consolidated basis along with all members of the Group on the Elmhurst Memorial Healthcare Group Form 990

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Atchison, Dave ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Vice Chairman/Trustee, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Elmhurst Memorial Hospital, Title Vice Chairman/Trustee, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Dunley, Pamela ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Pres & CEO Elm Hospital/Trustee, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Elmhurst Memorial Hospital, Title Pres & CEO Elm Hospital, AverageHours 38 000, Officer Organization Name Elmhurst Memorial Hospital Foundation, Title Pres & CEO Elm Hospital, AverageHours 1 000,

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Mastro, Mary L ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title System CEO/Trustee, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Elmhurst Memorial Hospital, Title System CEO/Trustee, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Meziere, Michelle ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Vice Chair/Trustee, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Schubel, Ron ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Chairman/Trustee, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Elmhurst Memorial Hospital, Title Chairman/Trustee, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Wegner, Kenneth ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Chairman/Trustee, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Sullivan, Daniel ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title VP, Chief Medical Officer, AverageHours 39 000, KeyEmployee Organization Name Elmhurst Memorial Hospital Foundation, Title VP, Chief Medical Officer/Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Achepohl, Danelle ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Brueggen, Dave ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Cahill, Valerie ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Caluwaert, Kathy ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Chou, Sean ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Dant, Joseph ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title President Edward Health Ventures/Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Davalle, Michael ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A DePaulo, Joe ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Diamond, Sarah ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Grant, Michael ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Gunst, Ann ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Hagan, Brian ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Hanisch, Betsy ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Hennessey, Ryon ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Hill, Blanche ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Hoffman, Michael ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Inskip, Richard ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Janevicius, Raymond ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Kinzler, Jay ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Trustee/Thru 10/2017, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Koch, Paul ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Ladone, Mary Kay ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Lizzadro, Caron ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Lurye, Donald ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Malloy, Mary Ann, MD ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Martino, Rocco ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Martirano, Michael ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A McNamara, James ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Momkus, Edward ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Morrissey, Christina ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Nelson, James ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Nyberg, Ron ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Oldenburg, Anne ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Platt, Robert ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Regan, Michael ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Rivelli, Tim ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Scinto, Nancy ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Shivakumar, Ram ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Welz, Daniel ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A El- Ganzouri, Ahmed ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Deputy General Counsel/Asst Secretary, AverageHours 1 000, Officer Organization Name Elmhurst Memorial Hospital, Title Deputy General Counsel/Asst Secretary, AverageHours 1 000, Officer Organization Name Elmhurst Memorial Hospital Foundation, Title Deputy General Counsel/Asst Secretary, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Friant, Jeffrey D ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title VP, Finance/Corp Treasurer, AverageHours 1 000, Officer Organization Name Elmhurst Memorial Hospital, Title VP, Finance/ Corp Treasurer, AverageHours 1 000, Officer Organization Name Elmhurst Memorial Hospital Foundation, Title VP, Finance/ Corp Treasurer, AverageHours 1 000, Officer

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Mollet, Chris J ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Exec VP General Counsel/Corp Secretary, AverageHours 1 000, Officer Organization Name Elmhurst Memorial Hospital, Title Exec VP General Counsel/Corp Secretary, AverageHours 1 000, Officer Organization Name Elmhurst Memorial Hospital Foundation, Title Exec VP General Counsel/Corp Secretary, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Tyburski, Susan ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Exec Dir, EMH Foundation, AverageHours 39 000, Organization Name Elmhurst Memorial Hospital Foundation, Title Exec Dir, EMH Foundation, AverageHours 1 000, Officer



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Ogden, Jason ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Corp Cntr & Sys Dr, Treas Mgt/Asst Treasurer, AverageHours 1 000, Officer Organization Name Elmhurst Memorial Hospital, Title Corp Cntr & Sys Dr, Treas Mgt/Asst Treasurer, AverageHours 1 000, Officer Organization Name Elmhurst Memorial Hospital Foundation, Title Corp Cntr & Sys Dr, Treas Mgt/Asst Treasurer, AverageHours 1 000, Officer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Devee, Linda ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Sys Dir, Imaging Svs, AverageHours 1 000, KeyEmployee

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Eslick, Laura L ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title System VP Ops, AverageHours 39 000, KeyEmployee

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Hrabski, Richard S ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Dir, Pharmacy, AverageHours 40 000, KeyEmployee

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Lydon, Jean T ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title System VP Ops/CNO, AverageHours 40 000, KeyEmployee

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Mckenna, Michael P ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Svs Line Dir, Surgical Svs, AverageHours 40 000, KeyEmployee

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Saba, Yvette M ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title System VP Ops/Trustee, AverageHours 1 000, KeyEmployee

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Sedivy, John ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Former Svs Line Dir, Imaging & Card, AverageHours 40 000, KeyEmployee



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Spencer, Marianne ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title System VP Ops, AverageHours 1 000, KeyEmployee

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Williams, Philip C ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title AVP, Pharmacy Svs, AverageHours 13 000, KeyEmployee

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Evrard, Marilyn L ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Physician, AverageHours 20 000, HighestCompensatedEmployee

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Fishbain, Ken ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title VP, Phy & Amb Network, AverageHours 40 000, HighestCompensatedEmployee

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Gil, Amaryllis ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Physician, AverageHours 20 000, HighestCompensatedEmployee

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Myre, Brian ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Physician, AverageHours 10 000, HighestCompensatedEmployee

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Walker, Hollis ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Physician, AverageHours 20 000, HighestCompensatedEmployee

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Davis, Pamela M ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare(Former), Title Former System CEO/Trustee, AverageHours 0 000, Officer Organization Name Elmhurst Memorial Hospital(Former), Title Former System CEO/Trustee, AverageHours 0 000, Officer



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Pryor, Vincent E ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare(Former), Title Former Exec VP CFO/Treasurer, AverageHours 0 000, Officer Organization Name Elmhurst Memorial Hospital(Former), Title Former Exec VP CFO/Treasurer, AverageHours 0 000, Officer Organization Name Elmhurst Memorial Hospital Foundation(Former), Title Former Exec VP CFO/Treasurer, AverageHours 0 000, Officer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A McIntosh, Richard ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare(Former), Title Former Dir, Phys Practice Finance, AverageHours 1 000, Organization Name Elmhurst Memorial Hospital, Title Former Dir, Phys Practice Finance, AverageHours 19 000,

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	OTH REV-OTHER - Total Revenue 3835984, Related or Exempt Function Revenue 3835984, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , OTH REV - OCC/CORP HEALTH - Total Revenue 1156029, Related or Exempt Function Revenue 1156029, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , OTH REV-INTERCO - Total Revenue 1995289, Related or Exempt Function Revenue 1995289, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , OTH REV - IHP DISTRIBUTIONS - Total Revenue 403834, Related or Exempt Function Revenue 403834, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , OTH REV-RESEARCH - Total Revenue 32170, Related or Exempt Function Revenue 32170, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , OTH REV-AP DISCOUNT - Total Revenue 34201, Related or Exempt Function Revenue 34201, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , OTH REV-RENTAL INCOME - Total Revenue 10109, Related or Exempt Function Revenue 10109, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Purchased Svcs-Physicians - Total Expense 10796895, Program Service Expense 10796895, Management and General Expenses , Fundraising Expenses , Purchased Svcs-Consulting - Total Expense 132526, Program Service Expense 41016, Management and General Expenses 91510, Fundraising Expenses , Shared Services Fee - Total Expense 80590433, Program Service Expense , Management and General Expenses 80590433, Fundraising Expenses , Other Fees - Total Expense 24497498, Program Service Expense 16193127, Management and General Expenses 8064729, Fundraising Expenses 239642,

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	TRANSFERS FROM AFFILIATES - -18007452, RELEASE FROM RESTRICTION - -1341560,

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Line H Subordinate Organizations	THE ELMHURST MEMORIAL HEALTHCARE GROUP RETURN INCLUDES ALL SUBORDINATE ORGANIZATIONS INCLUDED IN GROUP EXEMPTION NUMBER 5467 PURSUANT TO TREASURY REGULATION SECTION 1.6033-2(D)(2)(II) THE FOLLOWING LIST IDENTIFIES THE NAME, ADDRESS, AND EIN OF EACH SUBORDINATE ELMHURST MEMORIAL HOSPITAL 155 E BRUSH HILL ROAD ELMHURST, IL 60126 EIN 36-2167784 ELMHURST MEMORIAL HOSPITAL FOUNDATION 155 E BRUSH HILL ROAD ELMHURST, IL 60126 EIN 36-3083197

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 1a Executive Committee	<p>The organization's governing body delegates broad authority to act on its behalf to the Executive Committee of Edward Elmhurst Healthcare. The Executive Committee shall have and exercise the authority of the Board of Trustees in the management of the Corporation and have those duties, responsibilities and authority as may be prescribed by the Board of Trustees from time to time. The Executive Committee shall review and/or develop the strategic plan(s) for the Corporation and its Affiliated Entities, taking into account the mission of the Corporation, and recommend same for approval, or approval with modifications, to the Board of Trustees. The role of the Executive Committee shall include, but not be limited to, the following: (i) the identification of individuals who may be nominated and elected to serve as new Trustees or as Chairman, Vice Chairman or President, (ii) the education of new Trustees, (iii) the review and evaluation of the President, (iv) the review and approval of any and all executive compensation plans for the Corporation and the Affiliate Entities, and (v) the review and approval of any transactions involving the acquisition of physician practices/groups and/or joint ventures or transactions with physicians or physician practices/ groups. The Executive Committee consists of 6 voting members-the Edward Elmhurst Healthcare System CEO and 5 other independent members of the community. All 6 of these individuals are voting members of the Edward Elmhurst Healthcare Board of Trustees.</p>

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Elmhurst Memorial Healthcare Group

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
► Attach to Form 990.  
► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number  
35-2339114

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

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



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> ELMHURST OUTPATIENT SURGERY CENTER LLC  1200 SOUTH YORK ROAD ELMHURST, IL 60126 36-4150045	HEALTH CARE	IL	EMH	Related	510,137	1,728,683		No			No	58.3 %
<b>(2)</b> THE CENTER FOR SURGERY LP  475 E DIEHL ROAD NAPERVILLE, IL 60563 36-3776424	HEALTH CARE	IL	NA	N/A	0	0						0 %
<b>(3)</b> RESIDENTIAL HOME HEALTH ILLINOIS LLC  5440 CORPORATE DRIVE SUITE 400 TROY, MI 48098 27-0179825	HEALTH CARE	IL	NA	N/A	0	0						0 %
<b>(4)</b> RESIDENTIAL HOSPICE ILLINOIS LLC  5440 CORPORATE DRIVE SUITE 400 TROY, MI 48098 45-4745710	HEALTH CARE	IL	NA	N/A	0	0						0 %
<b>(5)</b> MIDWEST ENDOSCOPY LLC  1243 RICKERT DRIVE NAPERVILLE, IL 60540 20-8292570	HEALTH CARE	IL	NA	N/A	0	0						0 %
<b>(6)</b> INSIGHT MEDICAL IMAGING LLC  2009 WARRENVILLE ROAD LISLE, IL 60532 82-2352016	HEALTH CARE	IL	NA	N/A	0	0						0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> ELMHURST MEMORIAL HEALTH TECHNOLOGIES LLC  855 NORTH CHURCH COURT ELMHURST, IL 60126 36-3229839	PRACTICE MANAGEMENT	IL	NA	C Corporation					No
<b>(2)</b> IHP ACO  Suite 300 1100 W 31st Street Downers Grove, IL 60515 46-2848987	HEALTH CARE	IL	NA	C Corporation					No
<b>(3)</b> EEH SPC - SEGREGATED PORTFOLIO A  GOVERNORS SQUARE BLDG 4 FLOOR 2 LIME TREE BAY, GRAND CAYMAN KY11002 CJ	INSURANCE	CJ	NA	C Corporation					No
<b>(4)</b> EEH SPC - SEGREGATED PORTFOLIO B  GOVERNORS SQUARE BLDG 4 FLOOR 2 LIME TREE BAY, GRAND CAYMAN KY11002 CJ 98-1185160	INSURANCE	CJ	NA	C Corporation					No
<b>(5)</b> ELMHURST PHYSICIAN HOSPITAL ORGANIZATION LLC  855 N CHURCH COURT ELMHURST, IL 60126 36-3994179	HEALTH CARE	IL	EMH	C Corporation	2,399	334,247		Yes	

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity . . . . .

1a

No

b Gift, grant, or capital contribution to related organization(s) . . . . .

1b

No

c Gift, grant, or capital contribution from related organization(s) . . . . .

1c

No

d Loans or loan guarantees to or for related organization(s) . . . . .

1d

No

e Loans or loan guarantees by related organization(s) . . . . .

1e

No

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

No

i Exchange of assets with related organization(s) . . . . .

1i

Yes

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

1j

Yes

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

1l

Yes

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

1m

Yes

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

1n

No

o Sharing of paid employees with related organization(s) . . . . .

1o

Yes

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

Yes

q Reimbursement paid by related organization(s) for expenses . . . . .

1q

No

r Other transfer of cash or property to related organization(s) . . . . .

1r

Yes

s Other transfer of cash or property from related organization(s) . . . . .

1s

Yes

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

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

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

[illegible]

**Part VII** **Supplemental Information**

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

Additional Data

Software ID: 17005876  
Software Version: 2017v2.2  
EIN: 35-2339114  
Name: Elmhurst Memorial Healthcare Group

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3297173	HOSPITAL	IL	501(c)(3)	3	EEH		No
801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3513954	SYSTEM PARENT	IL	501(c)(3)	Type II	NA		No
801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3965251	HOSPITAL	IL	501(c)(3)	3	EHV		No
801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 58-1672987	SUPPORTING ORG	IL	501(c)(3)	Type II	EEH		No
801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3723705	FUNDRAISING	IL	501(c)(3)	7	EEH		No
801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3555528	HEALTHCARE	IL	501(c)(3)	10	EHV		No
801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 45-2389060	HEALTH CARE	IL	501(c)(3)	10	EH		No
155 EAST BRUSH HILL ROAD ELMHURST, IL 60126 36-4037473	SUPPORTING ORG	IL	501(c)(3)	Type II	EEH		No