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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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

D Employer identification number  
35-2339114  
  
E Telephone number  
(331) 221-1000  
  
G Gross receipts \$ 530,153,632

H(a) Is this a group return for subordinates?  
H(b) Are all subordinates included?  
If "No," attach a list. (see instructions)  
H(c) Group exemption number ▶ 5467

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) . . . . . 39

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 35

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) . . . . . 3,146

6 Total number of volunteers (estimate if necessary) . . . . . 686

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 2,608,815

b Net unrelated business taxable income from Form 990-T, line 34 . . . . . 1,205,494

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . 2,012,062

9 Program service revenue (Part VIII, line 2g) . . . . . 460,003,128

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 557,721

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 11,818,081

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 474,390,992

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 515,447

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) . . . . . 163,982,097

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶298,518

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 297,366,652

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 461,864,196

19 Revenue less expenses. Subtract line 18 from line 12 . . . . . 12,526,796

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . . 488,457,892

21 Total liabilities (Part X, line 26) . . . . . 164,119,180

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . . 324,338,712

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

2020-05-13  
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature 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 (2018)

**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 \$ 341,970,074 including grants of \$ 595,275 ) (Revenue \$ 502,151,280 )
See Additional Data	

<b>4b</b>	(Code: ) (Expenses \$ 983,589 including grants of \$ 0 ) (Revenue \$ 0 )
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 \$ )	

<b>4e</b>	<b>Total program service expenses</b> ▶ 342,953,663
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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
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<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? If "Yes," complete Schedule I, Parts I and II	<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? If "Yes," complete Schedule I, Parts I and III	<b>22</b> Yes	

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

		Yes	No
<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</b>	<b>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</b>	<b>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> 251	
<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	

Form **990** (2018)

**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	<b>1a</b> 39		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 35		
<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?	<b>2</b>	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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	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?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	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	<b>9</b>		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?	<b>10a</b>	No
<b>b</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>10b</b>	
<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?	<b>11a</b>	Yes
<b>b</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	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	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>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	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?	<b>16a</b>	Yes
<b>b</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?	<b>16b</b>	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-A 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

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

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

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

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

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

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

[illegible]

**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> . . . . .								3,357,398	7,891,322	1,078,137

**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 ► 101

	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> . . . . .	<b>3</b> 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> . . . . .	<b>4</b> 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> . . . . .	<b>5</b>	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	6,573,122
ELMHURST EMERGENCY MEDICAL SERVICES LTD 155 E BRUSH HILL ROAD ELMHURST, IL 60126	PHYSICIAN SERVICES	3,620,152
POWER CONSTRUCTION CO LLC 8750 W BRYN MAWR SUITE 500 CHICAGO, IL 60631	CONSTRUCTION SERVICES	2,891,398
CYBERKNIFE CENTER OF CHICAGO LLC 100 BAYVIEW CIRCLE SUITE 400 NEWPORT BEACH, CA 92660	MEDICAL TREATMENTS	2,244,000
ADVOCATE MEDICAL GROUP 1901 MEYER RD SUITE 350 OAKBROOK, IL 60181	MEDICAL SERVICES	1,428,895

**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 ► 30



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

Form **990** (2018)

**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	566,275	566,275		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	29,000	29,000		
<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	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,790,396		2,790,396	
<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	133,262,574	119,409,622	13,852,952	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	5,644,499	5,177,589	466,910	
<b>9</b> Other employee benefits . . . . .	14,093,245	12,508,618	1,584,627	
<b>10</b> Payroll taxes . . . . .	9,847,485	8,665,787	1,181,698	
<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)	116,726,165	21,889,837	94,626,670	209,658
<b>12</b> Advertising and promotion . . . . .	80,751		8,543	72,208
<b>13</b> Office expenses . . . . .	538,587	464,455	60,720	13,412
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	11,384,535		11,384,535	
<b>17</b> Travel . . . . .	98,345	67,160	28,073	3,112
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	128			128
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	27,651,472	24,333,295	3,318,177	
<b>23</b> Insurance . . . . .	7,718,208	7,718,208		
<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	116,598,023	116,568,241	29,782	
<b>b</b> MEDICAID TAX	18,885,546	18,885,546		
<b>c</b> EQUIPMENT RENTAL/MAINTENANCE	4,851,759	2,950,678	1,901,081	
<b>d</b> INCOME TAX	825,850		825,850	
<b>e</b> All other expenses	3,908,208	3,719,352	188,856	0
<b>25</b> Total functional expenses. Add lines 1 through 24e	475,501,051	342,953,663	132,248,870	298,518
<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 . . . . .	4,341,237	<b>1</b>	9,863,269
	<b>2</b>	Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b>	Pledges and grants receivable, net . . . . .	8,086,065	<b>3</b>	173,231
	<b>4</b>	Accounts receivable, net . . . . .	55,297,381	<b>4</b>	63,492,859
	<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 . . . . .	10,954,666	<b>8</b>	10,959,901
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	2,417,670	<b>9</b>	2,996,128
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 739,440,867		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b> 357,894,581	395,261,319	<b>10c</b> 381,546,286
	<b>11</b>	Investments—publicly traded securities . . . . .	7,714,345	<b>11</b>	21,472,153
	<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 . . . . .	2,535,838	<b>13</b>	2,913,396
	<b>14</b>	Intangible assets . . . . .	957,272	<b>14</b>	957,272
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .	892,099	<b>15</b>	914,359
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	488,457,892	<b>16</b>	495,288,854	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .	123,292,481	<b>17</b>	29,851,541
	<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	40,826,699	<b>25</b>	146,791,534
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	164,119,180	<b>26</b>	176,643,075
<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	314,583,587	<b>27</b>	316,701,312
	<b>28</b>	Temporarily restricted net assets . . . . .	9,265,610	<b>28</b>	1,454,952
	<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> . . . . .	324,338,712	<b>33</b>	318,645,779	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .	488,457,892	<b>34</b>	495,288,854	

**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>	530,014,101
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	475,501,051
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	54,513,050
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	324,338,712
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	323,681
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-60,529,664
<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>	318,645,779

**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:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 35-2339114  
**Name:** Elmhurst Memorial Healthcare Group

Form 990 (2018)

**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 2019, EMH TREATED MORE THAN 17,000 INPATIENTS AND TOTALED MORE THAN 398,000 OUTPATIENT VISITS. THERE WERE MORE THAN 69,000 VISITS TO THE EMERGENCY DEPARTMENT AND MORE THAN 45,000 VISITS TO FOUR IMMEDIATE CARE CENTERS. 2,310 NEWBORNS WERE DELIVERED IN THE FAMILY BIRTHING CENTER. THE ORGANIZATION ALSO PROVIDED MORE THAN \$75 MILLION IN COMMUNITY BENEFITS, (per state community benefit reporting, the definition of which is different from the federal reporting on Schedule H of the Form 990), 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**

[illegible]







**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			
Daniel Welz  Schedule O	1.0 ..... 0							0	0	0
Philip C Williams  Schedule O	13.0 ..... 27.0							0	315,107	43,629

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization  
Elmhurst Memorial Healthcare Group

Employer identification number  
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		
Total						

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	2,065,833	2,468,395	2,372,140	2,012,062	1,390,990	10,309,420
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	2,065,833	2,468,395	2,372,140	2,012,062	1,390,990	10,309,420
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) . . .						3,440,391
6	<b>Public support.</b> Subtract line 5 from line 4.						6,869,029

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .	2,065,833	2,468,395	2,372,140	2,012,062	1,390,990	10,309,420
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	-2,345	-117,510	19,629	126,120	827,944	853,838
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.). .	0	0	0	0	0	0
11	<b>Total support.</b> Add lines 7 through 10						11,163,258
12	Gross receipts from related activities, etc. (see instructions) . . . . .						<b>12</b> 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 2018 (line 6, column (f) divided by line 11, column (f)) . . . . .	14 61.53 %
15	Public support percentage for 2017 Schedule A, Part II, line 14 . . . . .	15 62.66 %
16a	<b>33 1/3% support test—2018.</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—2017.</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—2018.</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—2017.</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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)</div></div>		

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. 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 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

**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).

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part II, Line 1 Unusual Grant	2018- \$20,500,000

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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization 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) 2015	(b) 2016	(c) 2017	(d) 2018	(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		38,073
<b>j</b>	Total. Add lines 1c through 1i .....			38,073
<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>a</b>	Current year .....	<b>2a</b>	
<b>b</b>	Carryover from last year .....	<b>2b</b>	
<b>c</b>	Total .....	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</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>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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 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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

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.

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

(ii) Assets included in Form 990, Part X . . . . . ► \$

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

a Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

b Assets included in Form 990, Part X . . . . . ► \$

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other .....

4

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

5

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

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐

Yes

☐

No

b

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

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	489,515	711,949	580,939
b	Contributions . . . . .				
c	Net investment earnings, gains, and losses	100,000	75,588		131,010
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .	100,000	298,022		
f	Administrative expenses . . . . .				
g	End of year balance . . . . .	489,515	489,515	489,515	711,949

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 . . . . .

(ii)

related organizations . . . . .

b

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

	Yes	No
3a(i)		No
3a(ii)		No
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 . . . . .	31,942,742		31,942,742
b	Buildings . . . . .	468,719,065	186,722,552	281,996,513
c	Leasehold improvements		0	0
d	Equipment . . . . .	238,189,483	171,172,029	67,017,454
e	Other . . . . .	589,577	0	589,577
Total.	Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			381,546,286

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
Malpractice IBNR	5,076,235
Reserve for Reinsured Losses	682,338
Net Pension Liability	41,828,879
Misc Liability	243,597
Due to EEH	
Due to Third Parties	98,960,485
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	146,791,534

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>	530,473,327
<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>	323,681
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	0
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	6,192
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	329,873
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	530,143,454
<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>	-129,353
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-129,353
<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>	530,014,101

**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>	475,636,596
<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>	0
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	0
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	135,545
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	135,545
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	475,501,051
<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>	475,501,051

**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:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 35-2339114  
**Name:** Elmhurst Memorial Healthcare Group

**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, 2019 and 2018, 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 - 6192



## 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 - -129353

## 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 - 129353 GROSS RENT EXPENSE DEDUCTED FROM REVENUE - 6192



**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  (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	356,458	70,780		427,238
	<b>2</b> Less: Contributions . . . . .	309,058	36,638		345,696
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	47,400	34,142	0	81,542
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	16,383			16,383
	<b>6</b> Rent/facility costs . . . . .		6,974		6,974
	<b>7</b> Food and beverages . . . . .	73,260			73,260
	<b>8</b> Entertainment . . . . .	14,050			14,050
	<b>9</b> Other direct expenses . . . . .	17,783	903		18,686
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ►				129,353
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ►				-47,811

**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))
Direct Expenses	<b>1</b> Gross revenue . . . . .				
	<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	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**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>Go to <a href="http://www.irs.gov/Form990EZ">www.irs.gov/Form990EZ</a> for instructions and the latest information.</b></p>	OMB No. 1545-0047  <div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div> <div style="background-color: black; color: white; text-align: center; padding: 5px;">                     Open to Public Inspection                 </div>
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) . . . . .			5,428,640		5,428,640	1.14 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			52,471,526	19,902,201	32,569,325	6.85 %
<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	57,900,166	19,902,201	37,997,965	7.99 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4).			336,694	45,300	291,394	0.06 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .			652,331	0	652,331	0.14 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			752,599	72,536	680,063	0.14 %
<b>h</b> Research (from Worksheet 7) . . . . .			447,486	13,145	434,341	0.09 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			1,106,526	0	1,106,526	0.23 %
<b>j Total.</b> Other Benefits . . . . .	0	0	3,295,636	130,981	3,164,655	0.67 %
<b>k Total.</b> Add lines 7d and 7j . . . . .	0	0	61,195,802	20,033,182	41,162,620	8.66 %

**Part III 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
<b>1</b> Physical improvements and housing					0	0 %
<b>2</b> Economic development					0	0 %
<b>3</b> Community support			1,487	0	1,487	0 %
<b>4</b> Environmental improvements					0	0 %
<b>5</b> Leadership development and training for community members					0	0 %
<b>6</b> Coalition building			26,217	48	26,169	0.01 %
<b>7</b> Community health improvement advocacy			1,567	0	1,567	0 %
<b>8</b> Workforce development					0	0 %
<b>9</b> Other					0	0 %
<b>10 Total</b>	0	0	29,271	48	29,223	0.01 %

**Part IIII Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		<b>Yes</b>	<b>No</b>
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	31,196,663	
<b>3</b> 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.	<b>3</b>	0	
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME)	<b>5</b>	175,321,792
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5	<b>6</b>	203,802,440
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall)	<b>7</b>	-28,480,648
<b>8</b> 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**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</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	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b> ELMHURST OUTPATIENT SURGERY CENTER LLC	OUTPATIENT SURGICAL SERVICES	62.45 %	0 %	37.55 %
<b>2</b> CYBERKNIFE CENTER OF CHICAGO LLC	RADIATION TREATMENT SERVICES FOR CANCER PATIENTS	40 %	0 %	40 %
<b>3</b> ELMCARE LLC	PHYSICIAN HOSPITAL ORGANIZATION (PHO)	50 %	0 %	50 %
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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)

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



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

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
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>18</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>	Yes
<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>18</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>https://www.eehealth.org/about-us/community-benefit/</u>	<b>10</b>	Yes
<b>a</b>		
<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?	<b>13</b>	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<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? . . . . .	<b>15</b>	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<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? . . . . .	<b>16</b>	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<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 VI SECTION 501(R) INFORMATION	Elmhurst Healthcare Group Rev. Proc. 2015-21 For the Year Ended June 30, 2019 Schedule H - Supplemental Information * Edward Hospital * Naperville Psychiatric Ventures * Elmhurst Healthcare Group (Elmhurst Hospital) To ensure full compliance with section 501(r) and the treasury regulations issued thereunder, in January 2019, the organization engaged an outside consultant to review the Edward-Elmhurst Health System's (EEH) compliance with the Internal Revenue Code Section 501(r) requirements that apply to all of the system's hospitals. This compliance effort included both a review of the system's policies and procedures as well as interviews with key personnel to assess implementation of such policies and procedures. In response to the compliance review completed in May 2019, the organization has taken the following steps: * Implemented revisions to the organization's financial assistance policy in accordance with section 501(r)(4). The revised financial assistance policy was adopted by all hospitals on October 22, 2019 and is made widely available on the organization's website. * Implemented a procedure to ensure AGB percentages are calculated on an annual basis in accordance with section 501(r)(6) and loaded such percentages into the organization's billing system to ensure patients are not charged more than AGB for medically necessary care. In assessing whether any individuals were affected, EEH issued new statements and refunds for nearly 900 accounts totaling just over \$275,000. The organization continues to review applicable policies and procedures and continues to monitor compliance with 501(r) on a regular basis
Schedule H, Part I, Line 7g Subsidized Health Services	THE ORGANIZATION DID NOT INCLUDE AS SUBSIDIZED HEALTH SERVICES ANY COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS ON LINE 7G.

# 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 INCLUDES 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. Discounts and payments on patient accounts reduce the organization's bad debt expense.
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	THE HOSPITAL IS UNABLE TO ESTIMATE ACCURATELY THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FREE SERVICES UNDER THE FINANCIAL ASSISTANCE POLICY. ALTHOUGH A PORTION OF BAD DEBT EXPENSES MAY RELATE TO PATIENTS WHO WOULD QUALIFY FOR CHARITY CARE, A REPORTABLE FIGURE CANNOT BE REASONABLY ESTIMATED.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	THE TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE CAN BE FOUND ON PAGE 18 OF THE EDWARD-ELMHURST HEALTHCARE CONSOLIDATED AUDIT REPORT.
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	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. The Committee is tasked to assess community need, establish priorities and supporting initiatives, and monitor outcomes to ensure initiatives are consistent with its mission to advance the health of the community served. RECOMMENDATIONS FROM THE EEH COMMUNITY BENEFIT STEERING COMMITTEE ARE BASED ON REVIEW OF ORGANIZATIONAL PRIORITIES, STRATEGIC DIRECTION, PROGRAM DEVELOPMENT, AND PERFORMANCE OUTCOMES. Edward Elmhurst Health (EEH) collaborated with DuPage and Will Counties in the development of the counties' most recent CHNAs and implementation strategies and ultimately incorporated these CHNAs into a joint EEH CHNA report. 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. In addition, in the Spring of 2019, EEH sponsored a series of internal and community stakeholder forums, known as Healthy Driven Communities, to review County-specific CHNA information and establish recommendations for the joint CHNA and Implementation Strategy for EEH. Throughout this process, forum participants, which included representation from county health departments and medically underserved, low-income, and minority populations, prioritized issues and opportunities based on an assessment of: * Overlap between DuPage and Will Counties: The fact that a health need was identified in both the DuPage and Will County CHNAs as an area of opportunity * Magnitude: the size of the population affected and the degree of variance from benchmarks and trends * Impact/Seriousness: the degree to which the issue affects or exacerbates other quality of life and health-related issues * Feasibility: the ability for EEH to reasonably impact the issue given available resources * Consequences of inaction: the risk of not addressing the problem at the earliest opportunity The process outlined above allowed for the completion of the 3-YR COMMUNITY HEALTH NEEDS ASSESSMENT IN COMPLIANCE WITH FEDERAL REGULATION (FY2020-FY2022 PLAN).
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	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.

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 community members OF CHICAGO'S WEST AND SOUTHWEST SUBURBS. Over 50% of patients receiving inpatient services at EEH are Medicare or Medicaid recipients. EEH services a population of nearly two million residents from DuPage, Will, and Cook counties, with additional representation from Kane and Kendall counties. The System's Primary Service Area (PSA) - the area from which Edward and Elmhurst Hospitals draw roughly seventy-five percent (75%) of inpatient (IP) admissions - stretching approximately 42 miles from Yorkville (southwest corner of Edward PSA) to Bensenville (northeast corner of Elmhurst PSA). The specific communities included in EEH's Primary Service Area (PSA) are directly. Note that Linden Oaks Hospital provides services across each acute care hospital's service areas. Edward Hospital Service Area Edward North Primary Service Area WARRENVILLE - 60555 NAPERVILLE - 60540 NAPERVILLE - 60563 NAPERVILLE - 60565 NAPERVILLE - 60566 NAPERVILLE - 60567 WOODRIDGE - 60517 Lisle - 60532 AURORA - 60502 AURORA - 60503 AURORA - 60504 Edward South Primary Service Area NAPERVILLE - 60564 PLAINFIELD - 60544 PLAINFIELD - 60585 PLAINFIELD - 60586 BOLINGBROOK - 60440 ROMEVILLE - 60446 BOLINGBROOK - 60490 OSWEGO - 60543 YORKVILLE - 60560 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 OTHER HOSPITALS SERVING THE EEH COMMUNITY: --RUSH-COPLEY MEDICAL CENTER --ADVENTIST BOLINGBROOK HOSPITAL --ADVOCATE GOOD SAMARITAN HOSPITAL --NORTHWESTERN CENTRAL DUPAGE HOSPITAL --PRESENCE SAINT JOSEPH MEDICAL CENTER --ADVOCATE GOOD SAMARITAN HOSPITAL --LOYOLA UNIVERSITY MEDICAL CENTER --AMITA HEALTH ALEXIAN BROTHERS MEDICAL CENTER --GOTTLIEB MEMORIAL HOSPITAL --WESTLAKE HOSPITAL --AMITA HEALTH ADVENTIST GLENOAKS --AMITA HEALTH ADVENTIST HINSDALE HOSPITAL POPULATION: The EEH Systems primary service area has over 950,000 residents while the total service area has over 1.9 million residents. EEH SERVICE AREA POPULATION ESTIMATES: EDWARD NORTH PRIMARY SERVICE AREA- 279,089 EDWARD SOUTH PRIMARY SERVICE AREA- 329,920 EDWARD NORTH SECONDARY SERVICE AREA- 203,856 EDWARD SOUTH SECONDARY SERVICE AREA- 226,595 ELMHURST PRIMARY - 366,933 ELMHURST SECONDARY - 552,960 Roughly 72% of EEH System patients reside in DuPage (51%) or Will (22%) county. The hospitals also see patients from Cook (17%), Kendall (3%), Kane (3%) and other (4.5%) counties. The median age of DuPage county is higher than that of Illinois (39.6 yrs compared to 38.3 yrs) while the median age of Will county is slightly lower (37.8 yrs compared to 38.3 yrs). The projected growth rate of residents 65+ is disproportionately higher than that of other age groups; the growth rate of this age group within DuPage and Will county is 17% compared to projected decreases in ages 0-64 years.</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. Examples of efforts are reflected below: Community Education is provided free of charge to the community at large with the aim of promoting wellness, enhancing understanding of disease prevention and management to minimize related complications and improve quality of life. Education is provided through two or more monthly in person speaker presentations, presented by staff physicians and clinicians, open to the broader service community and advertised through a large distribution. Key health areas include nutrition, fitness, diabetes, cardiology, cancer prevention, arthritis, pain management, sleep and integrative medicine. A large amount of funds was reinvested for a broader community wellness conference called "Unstoppable You" which provided 12 seminars on a variety of wellness topics. Additional community education is provided through a vast database of online education, primarily in the form of blog articles, authored by experts in their fields, which can be accessed through the website: EEHealth.org. These are also featured on social media such as Facebook, Instagram and Twitter. Additional blog content is regularly added. Education is also pushed out through our monthly newsletters: Healthy Driven Newsletter, Healthy Driven Moms, Cancer Fight, HD Hearts. EEH provides a speakers bureau, free of charge, to a wide array of community organizations including senior centers, churches, cultural organizations, school STEM programs, living communities, newcomers organizations, libraries and school districts throughout the year. The ED participates in a large Road to Reality program with Plainfield School District that is a re-enactment of a drinking and driving accident scene. The ED also provides education at many community fairs on dog bite and bicycle safety. We provided nutritional education/guidance at a large Catholic Charities back to school fair for lower income families in DuPage County. EEH 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 (MAPPP), 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. Another example is a statewide coalition focused on obesity prevention, Illinois Alliance to Prevent Obesity which drives legislative change to combat obesity and promote equity in health outcomes.</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

## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**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.

**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	<p>Facility , 1 - ELMHURST MEMORIAL HOSPITAL. Beginning in the Spring of 2016 (Will County) and Winter 2018 (DuPage County), EEH collaborated with Will and DuPage Counties in the development of their most recent CHNAs and implementation strategies; ultimately EEH incorporated these CHNAs into its FY20-FY22 joint CHNA report. County-specific CHNAs for Will and DuPage counties were developed through "Mobilizing for Action through Planning and Partnerships" (MAPP) collaborative forums, which allowed for each county, along with community leaders, to identify and prioritize the most pressing health issues within the region. This approach included comprehensive, cross-sector input to ensure creation of county plans that are relevant and responsive to community need, incorporating defined goals and initiatives. The framework incorporated the following qualitative and quantitative collection methods: * Community Themes and Strengths Assessment: a community survey distributed to residents in which feedback is requested about the health of the county. The survey is often used by public health systems to evaluate community health by answering questions such as: What is important to our community? How is quality of life perceived in our community? What assets do we have that can be used to improve community health? * Local Public Health Assessment: focused on community stakeholder input to assess how well the system works together to provide the 10 Essential Public Health Services. The Assessment is designed to answer two key questions, "What are the components, activities, competencies, and capacities of our local service provider system?" and "How are the 10 Essential Services being provided to our community?" * Community Health Status Assessment: presents quantitative data about each respective county. The information is designed to give a thorough snapshot of the current health status. * Forces of Change Assessment: aims to solicit wide-ranging input from community leaders to identify forces such as trends, factors or events that influence the health of the community. The goal is to better understand the current state in an effort to influence the outcomes of the future. The DuPage County CHNA was conducted from January - June 2018 and finalized in December of 2018. The process was led by the DuPage County Department of Community Services, a designated Community Action Agency that works to empower people with needs in DuPage County to become self-sufficient and lead enriched, productive lives, and Impact DuPage, a collective impact partnership, primarily comprised of community leaders from health and human service sectors throughout DuPage County. EEH participated in the conduct of the DuPage County CHNA, along with the DuPage County Health Department and numerous organizations serving and representing the interests of medically underserved, low-income and minority populations. The process and methods used to conduct this CHNA and a description of how input</p>

**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	t into the CHNA was solicited and taken into account is contained in the DuPage County CHN A report, including key stakeholder participants. Following a similar process, the Will Co unty CHNA was conducted from May 2016 - May 2017 and finalized in August, 2017. Participan ts for each County can be made available upon request to the Will County MAPP Collaborativ e. EEH and EH participated in the conduct of the Will County CHNA, along with the Will Cou nty Health Department and numerous organizations serving and representing the interests of medically underserved, low-income and minority populations. The process and methods used to conduct this CHNA and a description of the participants and input provided is contained in the Will County CHNA report. After collaborating with DuPage and Will Counties in the development of the counties' three year CHNAs and Implementation Strategies (with involvem ent ranging from participation on executive steering committees to local public health ass essments) and identifying the areas of overlap between the areas of opportunity identified in the DuPage and Will County CHNAs, EEH engaged in a process to further inform prioritiz ation of its strategic priorities for the FY20-22 implementation strategy. This process in volved internal and external (community) stakeholders participating in a series of forums. Forum participants included representation from county health departments and medically u nderserved, low-income, and minority populations. These forums were designed to review are a demographics and Will and DuPage County CHNA findings and implementation strategies, fin alize the selection of significant health needs for this FY 2019 joint CHNA report, priori tize these health needs, and identify resources potentially available to address those hea lth needs. IN THE SPRING OF 2019, EEH SPONSORED A SERIES OF INTERNAL AND COMMUNITY STAKEHO LDER FORUMS, KNOWN AS HEALTHY DRIVEN COMMUNITIES, TO REVIEW COUNTY-SPECIFIC CHNA INFORMATI ON AND ESTABLISH RECOMMENDATIONS FOR THE JOINT CHNA AND IMPLEMENTATION STRATEGY FOR EEH. F or more information regarding the dates these meetings were held and the participants, ple ase see the CHNA.

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 6a Facility , 1	Facility , 1 - ELMHURST MEMORIAL HOSPITAL. DuPage County Advocate Good Samaritan Hospital AMITA Health Edward Elmhurst Health Northwestern Medicine Loyola University - Chicago Will County AMITA Health Edward Elmhurst Health Presence St Joes Medical Center Silver Cross Hospital

**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 6b Facility , 1	Facility , 1 - ELMHURST MEMORIAL HOSPITAL. DuPage County DuPage County Health Department M etropolitan Family Services DuPage County Office of Homeland Security and Emergency Manage ment WeGo Together for Kids DuPage Foundation SCARCE Catholic Charities Teen Parent Connec tion DuPage Senior Citizens Council United Way of Metro Chicago Fry Family YMCA of Metro C hicago West Chicago Library Peoples Resource Center Illinois Department of Human Services DuPage County Court YMCA of Metropolitan Chicago DuPage County Board of Health DU-COMM Ill inois Department of Human Services DuPage Health Coalition DuPage Federation on Human Serv ices Reform Family Shelter Service DuPage Pads YWCA Child Care Resource and Referral Acces s Community Health Network DuPage Senior Citizens Council Elmhurst College Benedictine Uni versity Will County Agape Missions, NFP Agency on Aging Northeastern IL Aunt Marthas Youth Services Bluestern Earth Festival Bolingbrook Fire Department Braidwood Area Healthy Comm unity Coalition Breast Intentions of Illinois C.W. Avery Family YMCA Catholic Charities Di oceses of Joliet Channahon Par District Chestnut Health Systems Child and Family Connectio ns #15 Child Care Resource and Referral CITGO Petroleum Corp Coldwell Banker Residential C ommunity Alliance and Action Network Community Lifeline Ministries, INC Cornerstone Servic es Inc Easterseals Joliet Region, Inc Evergreen Terrace Apartments Food Allergy Research a nd Education Forest Park Center Franciscan Communities, Inc - Marian Village Glenwood Reha b Center Governors State University Greater Jolie Area YMCA Guardian Angel Community Servi ces Harvey Brooks Foundation Heritage Woods of Plainfield Illinois Department of Children and Family Services Illinois Department of Employment Security J.F Holder Foundation Jolie t Fire Department Joliet Junior College Joliet Police Department Joliet Public School Dist rict 86 Joliet Township High School District 204 Lakewood Nursing Center Lewis University Mari Gallagher Research and Consulting Group Mokena Police Department Mt Zio Baptist Churc h New Life Church PACE Suburban Bus Plainfield Counseling Center LLC Presence Home Care PT Solutions Physical Therapy Rasmussen College Senior Services Center of Will County Silver Cross Health Community Commission Illinois Department of Public Health Stepping Stones, I nc TEC Services Consulting Inc The Community Foundation of Will County Trinity Services In c United Way of Will County University of Illinois Extension University of St Francis Vall ey View School District VNA Health Care Warren-Sharpe Community Center Wil County Adult De tention Facility Will County Board Will County Board of Health Will County Center for Comm unity Concerns Will County Circuit Clerk Will County Community Health Center Will County E mergency Management Agency Will County Executive Office Will County Forest Preserve Distri ct Will County GIS Will County Health Department Will County Land Use Department Will Coun ty Medical Reserve Corps Will

**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 6b Facility , 1	County Residents Will County Veterans Assistance Commission Will Grundy Center for Independent Living Will-Grundy Medical Clinic

**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 FY2019 EEH CHNA findings, supported by findings and priorities of DuPage and Will County CHNAs health assessments, were considered by the EEH Community Benefit Steering Committee in finalizing priorities for action over the next three years (FY20-22). Criteria considered in prioritization included: * Overlap between DuPage and Will Counties: The fact that a health need was identified in both the DuPage and Will County CHNAs as an area of opportunity * Magnitude: the size of the population affected and the degree of variance from benchmarks and trends * Impact/Seriousness: the degree to which the issue affects or exacerbates other quality of life and health-related issues * Feasibility: the ability for EEH to reasonably impact the issue given available resources * Consequences of inaction: the risk of not addressing the problem at the earliest opportunity The following priorities were adopted for the FY2020-2022 EEH community health implementation plan. * Chronic Disease (Obesity/Diabetes, Cancer, Heart Disease/Stroke) * Behavioral Health (Mental Health, Substance Use, Adolescent Depression and Suicide) * Access to Primary Care and Community Resources (including provider supply and availability, financial access and health literacy around how to seek care) PRIORITY #1a - Chronic Disease (Obesity [children/adults]/Diabetes) PROBLEM STATEMENT: For both children and adults, obesity is a prevalent problem within DuPage and Will counties. It can be indicative of underlying social determinants of health and an unhealthy lifestyle, which increases the risk of chronic disease. Between both counties, approximately 400,000 individuals above the age of 20 years were categorized as obese (BMI > 30). In addition, 14.8% (137,496) of children/adolescents in DuPage County are obese and 13% (90,046) of 6th graders in Will County are obese. Strategy #1: Community engagement around the prevention and management of childhood obesity * Research best practices * Partner with community organizations, grocery stores, schools and others to establish a regional initiative to address childhood obesity, including nutrition and exercise programming and referral relationship development Strategy #2: Expand treatment options for weight management * Expand Edward and Elmhurst weight management programming (weight management clinics, bariatrics, and related educational support). Expand eligibility beyond morbidly obese adults to promote earlier intervention. * Continue to grow EEH System AWARE programs focused on child and adult obesity, nutrition, diabetes. Link 'at risk' patients to appropriate resources Strategy #3: Enhance education and programming focused on prevention and early intervention around obesity and diabetes * Provide community education programs focused on weight management, nutrition and fitness * Continue to grow EEH System AWARE programs focused on child and adult obesity, and diabetes. Link 'at risk' patients to

**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>appropriate resources</p> <p><b>PRIORITY #1b - Chronic Disease (Cancer) PROBLEM STATEMENT:</b> Of all the chronic diseases researched within the community, the following continue to elevate to the top as most pressing: heart disease/stroke, cancer and diabetes. The age-adjusted death rate due to breast cancer is 21.6/100,000 population in DuPage County. The age-adjusted cancer incidence rate is 492.5/100,000 population in Will County. Strategy #1: Increase rates of screening for breast, colorectal and lung cancer</p> <p>* Increase cancer screening rates through EHV/PPD primary care providers (breast, colorectal) *</p> <p>Continue CT lung screening program * Promote EEH System LungAware, ColonAware and BreastAware and continue targeted screening reminder programs</p> <p><b>Strategy #2: Reduce smoking and vaping (cancer/cardiovascular risk factors) * Research anti-vaping initiatives and partner with school system on education/ prevention initiative * Sponsor community smoking cessation programs</b></p> <p><b>PRIORITY #1c - Chronic Disease (Heart Disease/Stroke) PROBLEM STATEMENT:</b> Of all the chronic diseases researched within the community, the following continue to elevate to the top as most pressing: heart disease/stroke, cancer and diabetes. The age-adjusted death rate due to coronary heart disease is 68.3/100,000 in DuPage County. The coronary heart disease mortality rate is 107. 7/100,000 in Will County. Strategy #1: Early Detection and Intervention * Continue to grow EEH System HeartAware, StrokeAware (free online screening tools) and connect 'at risk' patients to appropriate resources</p> <p>Expand UltraFast Heartscan (UFHS) programs and connect 'at risk' patients to appropriate resources * Conduct community Peripheral vascular screening s and connect 'at risk' patients to appropriate resources *</p> <p>Expand "Young Hearts for Life" with Midwest Heart Specialists to provide EKG testing in high schools</p> <p><b>Strategy #2: Community education and tools to prevent and manage risk factors * Provide community education programs focused on heart health and stroke prevention</b></p> <p><b>Strategy #3: Reduce mortality from sudden cardiac arrest through CPR training * Sponsor CPR classes/certification programs</b></p> <p><b>PRIORITY #2 - Behavioral Health (Mental Health/Substance Use/Adolescent Depression &amp; Suicide) PROBLEM STATEMENT:</b> With limited resources across both counties, behavioral health (mental health/substance use disorders) continues to be a top concern. During the survey period, over 185,000 community members indicated that their mental health was 'not good' for at least the prior 8 days. Strategy #1: Increase behavioral health awareness and education/ decrease stigma * Expand Mental Health First Aid beyond Naperville into communities throughout the EEH service area *</p> <p>Adopt a new curriculum around Mental Health First aid, specific to adolescents *</p> <p>Expand local community partnerships as a vehicle for continued education and awareness *</p> <p>Continue to support area school districts in prevention, education and identification of students using t</p>



**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	he Signs of Suicide Program * Continue to provide education around adolescent mental health skills and treatment for school professional staff Strategy #2: Enhance access to behavioral health treatment * Expand the local supply of psychiatrists and psychiatric Advanced Practice Clinicians through Linden Oaks Medical Group recruitment Evaluate telemedicine options to expand cost effective access to mental health care * Continue to grow behavioral health provider integration and navigation programs within physician offices and appropriate hospital departments (e.g., ED, IC) * Develop pediatric/adolescent collaborative with physician and community resources focused on depression and anxiety Strategy #3: Reduce community-wide opioid abuse * Continue to enhance the EEH Opioid Program Efforts * Work with community partners on medication take back initiative and overall education/prevention efforts * Collaborate with local hospitals to establish consistent practices around opioid prescribing and monitoring * Develop tools to monitor physician opioid prescribing guidelines * Promote referrals to LOH Medication Assisted Therapy for patients with opioid dependence * Evolve pain management model to incorporate alternatives to medication management

**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 , 2	Facility , 2 - ELMHURST MEMORIAL HOSPITAL. PRIORITY #3 - Access to Care & Community Resources PROBLEM STATEMENT: People who lack a regular source of health care may not receive the proper medical services when they need them, which can lead to missed and untreated diagnosis along with adverse health outcomes. In DuPage and Will counties, approximately 15-17% of adults do not have a usual provider or source of health care. That is equivalent to roughly 257,106 individuals within these counties. Further, traditionally health systems focus the majority of their resources on providing clinical care; however, evidence demonstrates that underlying social determinants of health, individual health behaviors, and the physical environment play an influential role in the overall health status of communities. Strategy #1: Enhance health literacy around accessing the most appropriate site of care * Provide public education about availability of EEH network of cost effective ambulatory access points (alternative to ED) and navigation support through Immediate Care Nurse Triage Program * Implement virtual triage program to provide digital guidance on the most appropriate site of care Strategy #2: Reduce Financial Barriers to Access * Promote and offer financial assistance policy to eligible patients Identify and assist uninsured patients in ED and other care settings in obtaining coverage through counseling and related assistance, including Medicaid Application initiative * Partner with DuPage Health Coalition, Will County MAPP collaborative, Impact DuPage to ensure access for low income residents * Advocacy to support adequate Medicaid funding to ensure access to physician and hospital services for low income patients Strategy #3: Increase Access to Primary Care & Specialists * Expand EEH primary care provider base, including physicians and Advanced Practice Clinicians (APCs) * Address gaps in physician specialty coverage through annual physician needs assessments/recruitment plans * Expand and grow Immediate Care, walk-in/retail clinic sites and connect new patients with PCPs Strategy #4: Increase connections between EEH patients and community organizations addressing social determinants of health * Evaluate process and technology platform for screening patients with social determinant needs and connecting to appropriate community resources * Evaluate opportunities to enhance support to local food banks Based on prioritization criteria and internal consensus around where EEH can play a unique and significant role and therefore drive greatest impact, summarized below is a list of Will and DuPage County-identified health priorities that will not be directly addressed by the FY2020-2022 EEH Implementation Strategy. Note that, while not directly driving initiatives around these priorities, EEH will support many of them by participating in task forces, community collaborative forums, and coalition building activities. DuPage and Will County Priority Health Issue T

**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 , 2	<p>hat Will Not be Addressed and Supporting Rationale: Health Priorities Identified Rationale Affordable Housing This was identified in DuPage County and will be addressed through the DuPage Housing Collaborative. The Collaborative is comprised of representatives from near by housing organizations, business leaders, and elected officials. As a newly formed organ ization in 2018, the Collaborative is beginning with a specific scope of identifying, deve loping, and serving one housing location in DuPage. EEH will participate in this Collabora tive. Aging Population This was identified within DuPage county during the Forces of Chang e Assessment. As the population ages, different social and clinical needs will need to be addressed. EEH routinely provides programming and services responsive to this demographic segment. Specific initiatives around screening for social determinants of health for the s enior population will be incorporated into the EEH implementation strategy. Inclusivity Th is was identified within DuPage county and is indirectly addressed and incorporated in Pro grams throughout EEH. Specifically, EEH established a diversity and inclusion council in 2 016 and has implemented several initiatives to improve cultural sensitivity within the org anization and promote the use of race, ethnicity and language data to eliminate disparitie s in health care. Technology Access and Overuse This was identified within DuPage County d uring the Forces of Change Assessment. While no quantitative data exists, community member s perceive this to be a problem. The scope and problem statement need to be further refine d before discussion on ways to address the issue. Transportation This was identified withi n both counties. While no quantitative data was reviewed, there is consensus around lack o f a true transportation system and limited public transit routes. Support from EEH will be provided through collaborative partnerships and involvement with community coalitions. Fu rther, as EEH aims to address transportation barriers for patients, the System already pro vides transportation vouchers to low income individuals on an as-needed basis, as well as a discounted ride services in the Elmhurst region. Workforce Development This was identifi ed within DuPage County based on the perception that unemployment rates are misleading and that more people are unemployed or not employed in the jobs they want or were trained for . As one of the largest employers in the region, EEH is a major provider of jobs and attra cts a diverse workforce. Continued growth of the organization and active involvement in re gional economic development coalitions will ensure an ongoing positive contribution. Anima l/Vector Borne Disease This was identified within Will County as the incidence of Lyme dis ease, Rabies and West Niles has increased. While not directly influencing incidence, EEH p rovides health care services for those affected from these diseases and advises about prev ention through community educa</p>

**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 , 2	<p>tion efforts. Education This was identified within Will County as higher education has been linked to positive health outcomes. Specifically, ethnicity in Will County illustrated a key discrepancy in education completion, as 34% of the Hispanic/Latino population had less than a high school diploma, compared to 6% of the non-Hispanic/Latino population. As EEH's core competency is health care and not education, support will be provided through community partnerships and collaboration around job training and other initiatives where appropriate. Injury/Violence 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. Additional resources already provided by EEH include: emergency department case managers which provide follow-up care to victims of abuse; access to a pediatric care center which provides expanded services for the care of sexually abused children; child protection task force which encompasses a multidisciplinary team to provide oversight of all child abuse cases identified and reported. EEH remains committed to the provision of these services. Maternal/Child Health This was identified within Will County during the CHNA assessment process. While not directly prioritized in the FY2020-2022 EEH implementation strategy, the System already plays a major role in Maternal and Child Health through its obstetrics and pediatric service lines, which provide a full range of preventive and treatment services for women and children in the region. Oral Health This was identified within Will County, which established an initiative to collaborate with health systems that provide dental care to develop a comprehensive oral health improvement plan. As EEH does not provide dental care services, this is out of scope and will be addressed at the county level.</p>

<b>Form 990 Part V Section C Supplemental Information for Part V, Section B.</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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2018

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization

Elmhurst Memorial Healthcare Group

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 . . . . . ▶ 4
- 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	11	29,000			
(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 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: 18007697  
Software Version: 2018v3.1  
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
DUPAGE PADS INC 601 W LIBERTY DRIVE WHEATON, IL 60187	36-3675494	501(C)(3)	0	8,275	ESTIMATED COST	CLEANING OF LINENS	DONATION OF LINENS TO SUPPORT THE ORGANIZATION'S PROGRAM OF PROVIDING HOMELESS INDIVIDUALS WITH FOOD AND INTERIM AND PERMANENT HOUSING.
DUPAGE HEALTH COALITION 511 THORNHILL DRIVE SUITE E CAROL STREAM, IL 60188	36-4448208	501(C)(3)	388,240				GENERAL SUPPORT FOR THE ORGANIZATION'S PROGRAM OF PROVIDING MEDICAL SERVICES ACCESS TO LOW INCOME DUPAGE COUNTY RESIDENTS.

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
ELMHURST PARK DISTRICT DUPAGE COUNTY 375 W FIRST ST ELMHURST, IL 60126	36-6005865	GOVERNMENT ENTITY	11,000				GENERAL SUPPORT OF THE ORGANIZATION'S PROGRAM OF PROVIDING PARK AND RECREATIONAL EXPERIENCES TO THE COMMUNITY.
AMERICAN HEART ASSOCIATION 122 EAST 42ND STREET 18TH FLOOR NEW YORK, NY 10168	13-5613797	501(C)(3)	12,500				GENERAL SUPPORT OF THE ORGANIZATIONS MISSION TO REDUCE DISABILITY AND DEATHS CAUSED BY CARDIOVASCULAR DISEASE AND STROKE.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
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.		
▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.		
Department of the Treasury Internal Revenue Service	Name of the organization Elmhurst Memorial Healthcare Group	Employer identification number 35-2339114

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<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 If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<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		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?	4a	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?	5a		No
b Any related organization?	5b		No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?	6a		No
b Any related organization?	6b		No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or 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.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

[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.

Return Reference	Explanation
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 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.

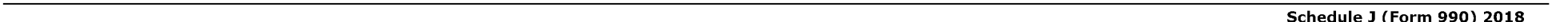
Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	Executive compensation, including the Elmhurst Memorial Hospital President and all officers of the system known as Edward-Elmhurst Healthcare ("Senior Management") is managed 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.

Return Reference	Explanation
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 496,725 Pryor, Vincent E, CFO 551,366



Return Reference	Explanation
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 2018, THESE DEFERRALS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C). Eslick, Laura L 52,092 Friant, Jeffrey D 56,458 Lydon, Jean T 52,448 Saba, Yvette 51,526 Sullivan, Daniel 197,701 THE FOLLOWING INTERESTED PERSONS RECEIVED DISTRIBUTIONS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2018; THESE PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) AND SCHEDULE J, PART II, COLUMN (F), AS APPLICABLE. Dunley, Pamela 201,790 Mastro, Mary L 207,293 Mollet, Chris J 187,795 Pryor, Vince 226,060 Spencer, Marianne 235,183

Return Reference	Explanation
Schedule J, Part I, Line 7 Non-fixed payments	SCHEDULE J, PART 1, 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: 18007697  
Software Version: 2018v3.1  
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				
Mary L Mastro	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	729,891	570,995	233,233	9,625	44,940	1,588,684	0
Daniel Sullivan	(i)	387,546	187,080	113,015	205,136	15,391	908,168	0
Schedule O	(ii)	0	0	0	0	0	0	0
Susan Tyburski	(i)	144,933	46,231	189	7,064	21,818	220,235	0
Schedule O	(ii)	0	0	0	0	0	0	0
Pamela Dunley	(i)	408,679	239,374	246,635	9,709	30,857	935,253	0
Schedule O	(ii)	0	0	0	0	0	0	0
Ahmed El-Ganzouri	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	214,683	40,931	798	8,042	874	265,328	0
Jeffrey D Friant	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	288,546	276,455	10,377	74,120	35,155	684,653	0
Chris J Mollet	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	423,869	280,010	246,585	9,215	7,336	967,015	0
Jason Ogden	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	196,910	31,105	22,043	8,722	33,613	292,394	0
Linda Devee	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	186,338	26,665	1,324	12,564	8,088	234,979	0
Laura L Eslick	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	246,367	204,351	12,145	66,178	27,951	556,992	0
Richard S Hrabski	(i)	167,056	25,757	1,244	6,092	25,873	226,022	0
Schedule O	(ii)	0	0	0	0	0	0	0
Jean T Lydon	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	254,883	125,128	38,172	64,336	5,365	487,883	0
Michael P Mckenna	(i)	151,741	22,872	154	6,960	17,562	199,288	0
Schedule O	(ii)	0	0	0	0	0	0	0
Yvette M Saba	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	243,120	118,008	24,395	61,133	30,966	477,624	0
Marianne Spencer	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	337,257	169,662	256,262	18,837	43,440	825,458	0
Philip C Williams	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	224,621	81,912	8,573	10,407	33,222	358,736	0
Dawn Sandner	(i)	130,902	19,143	754	4,165	9,593	164,556	0
Schedule O	(ii)	0	0	0	0	0	0	0
Kimberley Darey	(i)	205,102	0	647	6,791	27,862	240,402	0
See Schedule O	(ii)	0	0	0	0	0	0	0
Mark Hoffman	(i)	222,026	30,809	6,300	6,229	838	266,203	0
See Schedule O	(ii)	0	0	0	0	0	0	0
Philip McAndrew	(i)	211,784	0	3,500	5,859	8,984	230,127	0
See 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				
John Nowak	(i)	218,859	0	28,194	7,547	2,210	256,809	0
See Schedule O	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
Amaryllis Gil	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	----- 353,485	----- 0	----- 111,336	----- 16,970	----- 4,128	----- 485,920	----- 0
Pamela M Davis	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	----- 0	----- 0	----- 496,725	----- 16,371	----- 0	----- 513,096	----- 0
Vincent E Pryor	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	----- 0	----- 0	----- 777,427	----- 0	----- 0	----- 777,427	----- 0

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury

Internal Revenue Service

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.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**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, 2019 OUR VOLUNTEERS GAVE 133,000 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 E EH 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. 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**

Return Reference	Explanation
<p>Form 990, Part VI, Line 15a Process to establish compensation of top management official</p>	<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 co mpetitive base salary, along with an incentive plan, which is reflective of EEH's market a s 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 s kills 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 em ployee to an appropriate pay grade, and a rate of pay will be offered within that pay grad e. 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 co mpared to the current market pay grade assignments, and individual rate of pay may change based on the results of this annual market review. In additional, annual merit increases m ay 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 <a href="http://WWW.EMMA.MSRB.ORG">WWW.EMMA.MSRB.ORG</a> .

## 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 Hospital, Title: Vice Chairperson/Trustee, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: Elmhurst Memorial Healthcare, Title: Vice Chairperson/Trustee, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Mastro, Mary L ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: System CEO/Trustee, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: Elmhurst Memorial Healthcare, 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 Chairperson/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 Hospital, Title: Chairperson/Trustee, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: Elmhurst Memorial Healthcare, Title: Chairperson/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: Chairperson/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 Aquino, Liz 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 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 Hospital, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Elmhurst Memorial Healthcare, 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 Hospital, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Elmhurst Memorial Healthcare, 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 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 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 Hospital, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Elmhurst Memorial Healthcare, 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 Hospital, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Elmhurst Memorial Healthcare, 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 Hospital, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Elmhurst Memorial Healthcare, 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 Hospital, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Elmhurst Memorial Healthcare, 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 Hospital, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Elmhurst Memorial Healthcare, 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 Hospital, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Elmhurst Memorial Healthcare, 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 Tyburski, Susan ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Exec Dir, EMH Foundation, AverageHours: 39.000; HighestCompensatedEmployee 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 Chamberlain, Denise ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Exec VP CFO, Corporate Treasurer, AverageHours: 1.000; Officer Organization Name: Elmhurst Memorial Healthcare, Title: Exec VP CFO, Corporate Treasurer, AverageHours: 1.000; Officer Organization Name: Elmhurst Memorial Hospital Foundation, Title: Exec VP CFO, Corporate Treasurer, AverageHours: 1.000; Officer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Dunley, Pamela ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Pres & CEO Elm Hospital, AverageHours: 39.000; Officer Organization Name: Elmhurst Memorial Healthcare, Title: Pres & CEO Elm Hospital/Trustee, AverageHours: 1.000; Officer

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A El- Ganzouri, Ahmed ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Deputy General Counsel/Assistant Secretary, AverageHours: 1.000; Officer Organization Name: Elmhurst Memorial Healthcare, Title: Deputy General Counsel/Assistant Secretary, AverageHours: 1.000; Officer Organization Name: Elmhurst Memorial Hospital Foundation, Title: Deputy General Counsel/Assistant 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 Hospital, Title: VP, Finance/ Assistant Treasurer, AverageHours: 1.000; Officer Organization Name: Elmhurst Memorial Healthcare, Title: VP, Finance/Assistnat Treasurer, AverageHours: 1.000; Officer Organization Name: Elmhurst Memorial Hospital Foundation, Title: VP, Finance/ Assistant 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 Hospital, Title: Exec VP General Counsel/Corp Secretary, AverageHours: 1.000; Officer Organization Name: Elmhurst Memorial Healthcare, 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 Ogden, Jason ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Corp Cntr & Sys Dr, Treas Mgt / Assistant Treasurer, AverageHours: 1.000; Officer Organization Name: Elmhurst Memorial Healthcare, Title: Corp Cntr & Sys Dr, Treas Mgt / Assistant Treasurer, AverageHours: 1.000; Officer Organization Name: Elmhurst Memorial Hospital Foundation, Title: Corp Cntr & Sys Dr, Treas Mgt / Assistant 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: 1.000; 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: 1.000; 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 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 Sandner, Dawn ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Dir, Physician Practice QI, AverageHours: 40.000;

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Darey, Kimberley ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Physician, AverageHours: 40.000; HighestCompensatedEmployee

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Hoffman, Mark ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Real Estate&Ambul Dev Sys Dir, AverageHours: 40.000; HighestCompensatedEmployee

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A McAndrew, Philip ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Physician, AverageHours: 40.000; HighestCompensatedEmployee

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VII, Section A Nowak, John ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Physician, AverageHours: 40.000; 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 Hospital(Former), Title: Former System CEO/Trustee, AverageHours: 0.000; Officer Organization Name: Elmhurst Memorial Healthcare(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 Hospital(Former), Title: Former Exec VP CFO/Treasurer, AverageHours: 0.000; Officer Organization Name: Elmhurst Memorial Healthcare(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 Gil, Amaryllis ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital(Former), Title: Physician, AverageHours: 0.000; HighestCompensatedEmployee

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	IHP Distributions - Total Revenue: 976095, Related or Exempt Function Revenue: 976095, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Income from Affiliates - Total Revenue: 1778295, Related or Exempt Function Revenue: 795561, Unrelated Business Revenue: 982734, Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	OTH REV-OTHER - Total Revenue: 2989242, Related or Exempt Function Revenue: 2904502, Unrelated Business Revenue: 84740, Revenue Excluded from Tax Under Sections 512, 513, or 514: ; OTH REV-PENSION/SERP BENEFIT COST - Total Revenue: 1679856, Related or Exempt Function Revenue: 1679856, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; OTH REV - OCC/CORP HEALTH - Total Revenue: 1065135, Related or Exempt Function Revenue: 1065135, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; OTH REV-RESEARCH - Total Revenue: 13145, Related or Exempt Function Revenue: 13145, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; OTH REV-AP DISCOUNT - Total Revenue: 21194, Related or Exempt Function Revenue: 21194, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; OTH REV-RENTAL INCOME - Total Revenue: 12938, Related or Exempt Function Revenue: 12938, 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: 11528828, Program Service Expense: 11528828, Management and General Expenses: , Fundraising Expenses: ; Purchased Svcs-Consulting - Total Expense: 232182, Program Service Expense: 58148, Management and General Expenses: 174034, Fundraising Expenses: ; Shared Services Fee - Total Expense: 86314534, Program Service Expense: , Management and General Expenses: 86314534, Fundraising Expenses: ; Other Fees - Total Expense: 18650621, Program Service Expense: 10302861, Management and General Expenses: 8138102, Fundraising Expenses: 209658;

# 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 - -52757441; RELEASE FROM RESTRICTION - 38435; CHANGE IN TEMPORARILY RESTRICTED ASSETS - -7810658;

**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 Chairperson, Vice Chairperson 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

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization  
Elmhurst Memorial Healthcare Group

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	990,587	1,841,547		No			No	62.45 %
<b>(2)</b> NORTHERN ILLINOIS SURGERY CENTER 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> RESIDENTAL 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 98-1238485	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	-16,145	0		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 . . . . .

b

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

c

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

d

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

e

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

f

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

g

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

h

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

i

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

j

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

k

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

l

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

m

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

n

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

o

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

p

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

q

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

r

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

s

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

Yes

1k

No

1l

Yes

1m

Yes

1n

No

1o

Yes

1p

Yes

1q

No

1r

Yes

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
(1)ELMHURST PHYSICIAN HOSPITAL ORGANIZATION LLC	R	131,000	Book
(2)ELMHURST PHYSICIAN HOSPITAL ORGANIZATION LLC	I	189,031	Book

Schedule R (Form 990) 2018

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).

Return Reference	Explanation

Additional Data

Software ID: 18007697  
Software Version: 2018v3.1  
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