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OMB No. 1545-0687

Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e)) **1900**

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19.

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

**2018**Open to Public Inspection for  
501(c)(3) Organizations OnlyDepartment of the Treasury  
Internal Revenue ServiceA ☐ Check box if  
address changed

B Exempt under section

☒ 501(c) (3) (03)☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 528(a)Print  
or  
TypeName of organization ( ☐ Check box if name changed and see instructions )

ELMHURST MEMORIAL HOSPITAL

Number, street, and room or suite no. If a P.O. box, see instructions.

155 E BRUSH HILL ROAD

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

ELMHURST, IL 60126

D Employer identification number  
(Employees' trust, see instructions.)

36-2167784

E Unrelated business activity code  
(See instructions.)

621500

C Book value of all assets  
at end of year

466,791,137

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ 3 Describe the only (or first) unrelated trade or business here ▶ REFERENCE LAB SERVICES. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ ☒ Yes ☐ No  
If "Yes," enter the name and identifying number of the parent corporation. ▶ EDWARD-ELMHURST HEALTHCARE 36-3513954

J The books are in care of ▶ DENISE CHAMBERLAIN

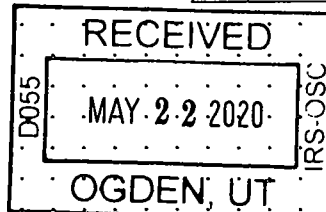
Telephone number ▶ (630) 527-3000

**Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 7,975,393			
b Less returns and allowances 6,434,052			
c Balance ▶	1c 1,541,341		
2 Cost of goods sold (Schedule A, line 7) . . . . .	2 0		
3 Gross profit. Subtract line 2 from line 1c . . . . .	3 1,541,341		1,541,341
4a Capital gain net income (attach Schedule D) . . . . .	4a 0		0
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b 0		0
c Capital loss deduction for trusts . . . . .	4c 0		0
5 Income (loss) from a partnership or an S corporation (attach statement)	5 0		0
6 Rent income (Schedule C) . . . . .	6 0	0	0
7 Unrelated debt-financed income (Schedule E) . . . . .	7 0	0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8 0	0	0
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9 0	0	0
10 Exploited exempt activity income (Schedule I) . . . . .	10 0	0	0
11 Advertising income (Schedule J) . . . . .	11 0	0	0
12 Other income (See instructions; attach schedule) . . . . .	12 0		0
13 Total. Combine lines 3 through 12 . . . . .	13 1,541,341	0	1,541,341

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K) . . . . .	14 0
15 Salaries and wages . . . . .	15 372,611
16 Repairs and maintenance . . . . .	16 4,096
17 Bad debts . . . . .	17 0
18 Interest (attach schedule) (see instructions) . . . . .	18 0
19 Taxes and licenses . . . . .	19 22,910
20 Charitable contributions (See instructions for limitation rules) . . . . .	20 133,944
21 Depreciation (attach Form 4562) . . . . .	21 35,403
22 Less depreciation claimed on Schedule A and elsewhere on return . . . . .	22a 0
23 Depletion . . . . .	23 0
24 Contributions to deferred compensation plans . . . . .	24 0
25 Employee benefit programs . . . . .	25 82,906
26 Excess exempt expenses (Schedule I) . . . . .	26 0
27 Excess readership costs (Schedule J) . . . . .	27 0
28 Other deductions (attach schedule) . . . . .	28 567,413
29 Total deductions. Add lines 14 through 28 . . . . .	29 1,219,283
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30 322,058
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31
32 Unrelated business taxable income. Subtract line 31 from line 30 . . . . .	32 322,058



For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11291J

Form **990-T** (2018)

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2018 Return Elmhurst Memorial Hospital  
36-2167784

9-17

SCANNED NOV 03 2020

45 Received In  
Batching Ogden  
AUG 28 2020

**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	1,206,494
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	0
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	1,206,494
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.	38	1,205,494

**Part IV Tax Computation**

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	253,154
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	253,154

**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800 (see instructions)	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	0
46	Subtract line 45e from line 44	46	253,154
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	0
48	Total tax. Add lines 46 and 47 (see instructions)	48	253,154
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50a	Payments: A 2017 overpayment credited to 2018	50a	127,553
b	2018 estimated tax payments	50b	319,550
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other 0 Total	50g	0
51	Total payments. Add lines 50a through 50g	51	447,103
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	193,949
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 193,949 Refunded 0	55	0

**Part VI Statements Regarding Certain Activities and Other Information (see instructions)**

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year	\$	

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

EVP CHIEF FINANCIAL OFFICER

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

**Paid Preparer Use Only**

Print/Type preparer's name  
RACHEL SPURLOCK

Preparer's signature

Rachel Spurlock

Date  
5/6/2020

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 60606-1224

Phone no (312) 899-7000

Form 990-T (2018)

**Schedule A—Cost of Goods Sold.** Enter method of inventory valuation ►

<b>1</b> Inventory at beginning of year	<b>1</b>	0	<b>6</b> Inventory at end of year . . . . .	<b>6</b>	0
<b>2</b> Purchases . . . . .	<b>2</b>	0	<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . .	<b>7</b>	0
<b>3</b> Cost of labor . . . . .	<b>3</b>	0	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .	<b>Yes</b>	<b>No</b>
<b>4a</b> Additional section 263A costs (attach schedule) . . . . .	<b>4a</b>	0			
<b>b</b> Other costs (attach schedule)	<b>4b</b>	0			
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>	0			

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1.** Description of property

(1)
(2)
(3)
(4)

**2.** Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b> 0	<b>Total</b> 0	

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ►

0

**Schedule E—Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Totals</b> . . . . .			0	0
<b>Total dividends-received deductions</b> included in column 8 . . . . .			0	0

Form **990-T** (2018)

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
<b>Nonexempt Controlled Organizations</b>					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).		Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b>			0		0

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A)				Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>		0		0

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Enter here and on page 1, Part I, line 10, col. (A).		Enter here and on page 1, Part I, line 10, col. (B).		Enter here and on page 1, Part II, line 26.		
<b>Totals</b>		0		0		

**Schedule J—Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0	0	0		0

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> . . . . . ▶	0	0				0
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶	Enter here and on page 1, Part I, line 11, col. (A). 0	Enter here and on page 1, Part I, line 11, col. (B). 0				Enter here and on page 1, Part II, line 27. 0

**Schedule K—Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			0

Form **990-T** (2018)

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No. 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19.

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

Name of the organization

ELMHURST MEMORIAL HOSPITAL

Employer identification number

36-2167784

Unrelated business activity code (see instructions) ▶ 812300

Describe the unrelated trade or business ▶ LAUNDRY SERVICES

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales	84,740			
<b>b</b> Less returns and allowances	0			
<b>c</b> Balance ▶		<b>1c</b> 84,740		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b> 0		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b> 84,740		84,740
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4a</b> 0		0
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b> 0		0
<b>c</b> Capital loss deduction for trusts		<b>4c</b> 0		0
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b> 0		0
<b>6</b> Rent income (Schedule C)		<b>6</b> 0	0	0
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b> 0	0	0
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b> 0	0	0
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b> 0	0	0
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b> 0	0	0
<b>11</b> Advertising income (Schedule J)		<b>11</b> 0	0	0
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b> 0		0
<b>13</b> Total. Combine lines 3 through 12		<b>13</b> 84,740	0	84,740

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b> 0
<b>15</b> Salaries and wages		<b>15</b> 22,255
<b>16</b> Repairs and maintenance		<b>16</b> 1,631
<b>17</b> Bad debts		<b>17</b> 0
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b> 0
<b>19</b> Taxes and licenses		<b>19</b> 612
<b>20</b> Charitable contributions (See instructions for limitation rules)		<b>20</b> 0
<b>21</b> Depreciation (attach Form 4562)	<b>21</b> 6,416	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b> 0	<b>22b</b> 6,416
<b>23</b> Depletion		<b>23</b> 0
<b>24</b> Contributions to deferred compensation plans		<b>24</b> 0
<b>25</b> Employee benefit programs		<b>25</b> 4,952
<b>26</b> Excess exempt expenses (Schedule I)		<b>26</b> 0
<b>27</b> Excess readership costs (Schedule J)		<b>27</b> 0
<b>28</b> Other deductions (attach schedule)		<b>28</b> 43,650
<b>29</b> Total deductions. Add lines 14 through 28		<b>29</b> 79,516
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b> 5,224
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>31</b> 0
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30		<b>32</b> 5,224

For Paperwork Reduction Act Notice, see Instructions.

Cat. No. 71329Y

Schedule M (Form 990-T) 2018

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No. 1545-0687

**2018**

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19.

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

Name of the organization

ELMHURST MEMORIAL HOSPITAL

Employer identification number

36-2167784

Unrelated business activity code (see instructions) ▶ 621400

Describe the unrelated trade or business ▶ JOINT VENTURE-SURGERY CENTER

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales	<u>0</u>			
<b>b</b> Less returns and allowances	<u>0</u>			
<b>c Balance ▶</b>		<b>1c</b> <u>0</u>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b> <u>0</u>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b> <u>0</u>		<u>0</u>
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4a</b> <u>0</u>		<u>0</u>
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b> <u>0</u>		<u>0</u>
<b>c</b> Capital loss deduction for trusts		<b>4c</b> <u>0</u>		<u>0</u>
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b> <u>982,734</u>		<u>982,734</u>
<b>6</b> Rent income (Schedule C)		<b>6</b> <u>0</u>	<u>0</u>	<u>0</u>
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b> <u>0</u>	<u>0</u>	<u>0</u>
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b> <u>0</u>	<u>0</u>	<u>0</u>
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b> <u>0</u>	<u>0</u>	<u>0</u>
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b> <u>0</u>	<u>0</u>	<u>0</u>
<b>11</b> Advertising income (Schedule J)		<b>11</b> <u>0</u>	<u>0</u>	<u>0</u>
<b>12</b> Other income (See instructions; attach schedule)		<b>12</b> <u>0</u>		<u>0</u>
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> <u>982,734</u>	<u>0</u>	<u>982,734</u>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b> <u>0</u>
<b>15</b> Salaries and wages		<b>15</b> <u>0</u>
<b>16</b> Repairs and maintenance		<b>16</b> <u>0</u>
<b>17</b> Bad debts		<b>17</b> <u>0</u>
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b> <u>0</u>
<b>19</b> Taxes and licenses		<b>19</b> <u>103,022</u>
<b>20</b> Charitable contributions (See instructions for limitation rules)		<b>20</b> <u>0</u>
<b>21</b> Depreciation (attach Form 4562)	<b>21</b> <u>0</u>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b> <u>0</u>	<b>22b</b> <u>0</u>
<b>23</b> Depletion		<b>23</b> <u>0</u>
<b>24</b> Contributions to deferred compensation plans		<b>24</b> <u>0</u>
<b>25</b> Employee benefit programs		<b>25</b> <u>0</u>
<b>26</b> Excess exempt expenses (Schedule I)		<b>26</b> <u>0</u>
<b>27</b> Excess readership costs (Schedule J)		<b>27</b> <u>0</u>
<b>28</b> Other deductions (attach schedule)		<b>28</b> <u>500</u>
<b>29 Total deductions.</b> Add lines 14 through 28		<b>29</b> <u>103,522</u>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b> <u>879,212</u>
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>31</b> <u>0</u>
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30		<b>32</b> <u>879,212</u>

For Paperwork Reduction Act Notice, see Instructions.

Cat. No. 71329Y

Schedule M (Form 990-T) 2018

Name of Partnership	EIN	UBI
<b>JOINT VENTURE-SURGERY CENTER</b>		
(1) ELMHURST OUTPATIENT SURGERY CENTER, LLC	36-4150045	982,734
<b>Total for Part I, Line 5</b>		<b>982,734</b>



Description	Amount
<b>REFERENCE LAB SERVICES</b>	
(1) ILLINOIS REPLACEMENT & INCOME TAX	22,910
<b>LAUNDRY SERVICES</b>	
(2) ILLINOIS REPLACEMENT & INCOME TAX	612
<b>JOINT VENTURE-SURGERY CENTER</b>	
(3) ILLINOIS REPLACEMENT & INCOME TAX	103,022

Year Generated	Amount Generated	Amount Used In Prior Years	Amount Used In Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2015	282,718	33,307	133,944		115,467	2020
2016	280,800	0	0		280,800	2021
2017	363,179	0	0		363,179	2022
2018	566,275	0	0		566,275	2023
<b>Totals</b>	<b>1,492,972</b>	<b>33,307</b>	<b>133,944</b>	<b>0</b>	<b>1,325,721</b>	

Description	Amount
<b>REFERENCE LAB SERVICES</b>	
(1) SUPPLIES AND OTHER	406,216
(2) UTILITIES AND PLANT OPERATIONS	19,912
(3) GENERAL AND ADMIN EXPENSES	140,785
(4) PROFESSIONAL FEES	500
<b>Total</b>	<b>567,413</b>
<b>LAUNDRY SERVICES</b>	
(5) SUPPLIES AND OTHER	3,692
(6) UTILITIES AND PLANT OPERATIONS	9,682
(7) GENERAL AND ADMIN EXPENSE	29,776
(8) PROFESSIONAL FEES	500
<b>Total</b>	<b>43,650</b>
<b>JOINT VENTURE-SURGERY CENTER</b>	
(9) PROFESSIONAL FEES	500

Date	Amount
09/14/2018	23,000
12/17/2018	85,500
02/15/2019	99,200
03/13/2019	111,850
<b>Totals</b>	<b>319,550</b>

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2018**Attachment  
Sequence No. **179**Department of the Treasury  
Internal Revenue Service (99)▶ **Attach to your tax return.**  
▶ **Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.**

Name(s) shown on return

ELMHURST MEMORIAL HOSPITAL

Business or activity to which this form relates

621500

Identifying number

36-2167784

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	0
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	1,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,000,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	0
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	0
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	456,002
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	0

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	0
15	Property subject to section 168(f)(1) election	15	0
16	Other depreciation (including ACRS)	16	0

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	35,403
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	0
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	35,403
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	0

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .					<b>25</b>		0	
<b>26</b> Property used more than 50% in a qualified business use:		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:		%			S/L -			
		%			S/L -			
		%			S/L -			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .					<b>28</b>		0	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .							<b>29</b>	0

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles) .						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven . . . . .						
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .	0	0	0	0	0	0
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .						
<b>36</b> Is another vehicle available for personal use?						

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions. . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2018 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2018 tax year . . . . .				<b>43</b>	0
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .				<b>44</b>	0

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2018**Attachment  
Sequence No. **179**

Name(s) shown on return

ELMHURST MEMORIAL HOSPITAL

Business or activity to which this form relates

812300

Identifying number

36-2167784

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	0
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	1,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,000,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	0
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	0
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	5,224
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	0

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	0
15	Property subject to section 168(f)(1) election	15	0
16	Other depreciation (including ACRS)	16	0

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	6,416
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	0
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	6,416
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	0

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .								<b>25</b>
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .								<b>28</b>
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .								<b>29</b>

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles) .						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven . . . . .						
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .	0	0	0	0	0	0
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .						
<b>36</b> Is another vehicle available for personal use?						

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions. . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2018 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2018 tax year . . . . .					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>