DLN: 93493134035570 OMB No 1545-0047 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 Department of the Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable Edward-Elmhurst Healthcare □ Address change 36-3513954 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 801 South Washington Street ☐ Amended return (630) 527-3000 ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code Naperville, IL $\,$ 60540 $\,$ G Gross receipts \$ 301,155,246 Name and address of principal officer H(a) Is this a group return for MARY L MASTRO ☐Yes **☑**No subordinates? 801 South Washington Street H(b) Are all subordinates Naperville, IL 60540 ☐ Yes ☐No ıncluded? **☑** 501(c)(3) ☐ 501(c)() **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW EEHEALTH ORG L Year of formation 1987 M State of legal domicile IL Summary 1 Briefly describe the organization's mission or most significant activities The mission of Edward-Elmhust is Advancing the health of our communities Activities & Governance 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) . 13 4 12 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 1,253 **6** Total number of volunteers (estimate if necessary) 6 29 Total unrelated business revenue from Part VIII, column (C), line 12 7a 110,550 **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 188,853,116 203,550,377 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 34,864,654 46,008,963 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,867,434 5,061,754 230,585,204 254,621,094 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 180,000 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 98,366,671 104,110,123 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 97,919,405 105,526,073 196,286,076 209,816,196 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 34,299,128 44,804,898 Net Assets or Fund Balances Beginning of Current Year End of Year 991,530,210 1,116,191,243 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 783,114,275 778,605,107 22 Net assets or fund balances Subtract line 21 from line 20 . 208,415,935 337,586,136 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 2020-05-13 Signature of officer Sign Here Denise Chamberlain EVP Chief Financial Officer Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00520729 Paid self-employed Firm's name ► CROWE LLP Firm's EIN ► 35-0921680 Preparer Use Only Firm's address ▶ 225 West Wacker Drive Suite 2600 Phone no (312) 899-7000 Chicago, IL 606061224 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page 2
Pa	rt III Statement	of Program Servi	ce Accomplis	hments		
	Check If Sche	dule O contains a resp	onse or note to	any line in this Part III .		🗆
1	Briefly describe the o	organization's mission				
To T	ransform the Healthcar	re Experience - Safe, S	eamless and Pe	rsonal		
2	-			vices during the year whi	ich were not listed on	
						☐ Yes 🗹 No
_	•	ese new services on Sc				
3	-		_	changes in how it conduc	cts, any program	
						🗌 Yes 🗹 No
_		ese changes on Schedu				
4	Section 501(c)(3) an		ons are required	I to report the amount of	argest program services, as meas grants and allocations to others,	
4a	(Code) (Expenses \$	165,884,539	including grants of \$	180,000) (Revenue \$	203,933,588)
	See Additional Data					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	(0000	, (2Apolioco +		moraling grante or ¢	, (,
<u></u>	Other pressure same	coc (Doceribe in Sebal	ula O)			
4d	(Expenses \$	ces (Describe in Sched inc	ule O) :luding grants of	\$) (Revenue \$	١
40	Total program serv		165,884,5	·	, (nevenue 4	,
4e	rotar program seri	FIGE EXPENSES P	100,004,0			Form 990 (2018)

	tiV Checklist of Required Schedules			Page 3
Par	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	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	3		No
4	Section 501(c)(3) organizations. 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	4		No
5	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	5		_
6	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?			No
7	If "Yes," complete Schedule D, Part I 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	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	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	9		No
10	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	10		No
11	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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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	11b	Yes	
c	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	11c		No
d	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	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🥦	11e	Yes	
f	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	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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	12b	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	14b	Yes	
15	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	15		No
16	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	16		No
17	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)	17		No
18	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	18		No
19	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	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	21	Yes	
22	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	22		No

orm !	990 (2018)			Page 4
Part	Checklist of Required Schedules (continued)			
	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? If "Yes," complete	23	Yes Yes	No
	Schedule J	24a	Yes	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	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? If "Yes," complete Schedule L, Part I	25b		No
	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? If "Yes," complete Schedule L, Part II	26		No
27	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? If "Yes," complete Schedule L, Part III	27		No
8	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? If "Yes," complete Schedule L, Part IV	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
7	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? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	• ;		2
1-	Enter the number reported in Box 2 of Form 1006 Enter -0. If not analysis 1 to 1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 271 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	··			1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

If "Yes," did the organization notify the donor of the value of the goods or services provided?

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

d If "Yes," indicate the number of Forms 8282 filed during the year

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

7b

7c

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

Form **990** (2018)

7d |

10a

10b

11a

11b

12b

13b

13c

Yes

No

No

19

20

rm :	990 (2018)			Page
Pari	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 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		onse to	lines
Sec	ction A. Governing Body and Management			
		$\overline{}$	Yes	No
.a	Enter the number of voting members of the governing body at the end of the tax year 13			
	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	Enter the number of voting members included in line 1a, above, who are independent 1b			
	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?	2		No
	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? .	3		No
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
1	Did the organization have members or stockholders?	6		No
а	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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
3	The governing body?	8a	Yes	
)	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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	9	Yes	No
e	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
		40	Yes	No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		No
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	125	V	-
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
С	conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b		
	Did the organization have a written whistleblower policy?	12c		<u> </u>
	Did the organization have a written document retention and destruction policy?	14		
	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?		103	
	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
	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?	16b	Yes	
ied	ction C. Disclosure			
,	List the States with which a copy of this Form 990 is required to be filed▶ IL		_	
	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)			

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

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), (if the organization's current key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's former office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's former dir e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

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

Page 8

Pa	Section A. Officers, Dire	rctors, irustees	s, key	∟mp	ioye	es,	and	nıgı	lest Cor	npensate	-u Employees	(cont	unueu)		
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one b	ox, u in off tor/t	t che inle: ficer	eck moss pers r and a	son	Repo compe fror organiz	D) ortable ensation in the ation (W- O-MISC)	(E) Reportable compensatio from related organizations (2/1099-MISO	W-	Estima amount of compen from	(F) Estimated mount of other compensation from the rganization and	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/109	9-14136)	2/1099-1130		relat organiz	ed	
See	Addıtıonal Data Table														
				-				-				+			
												4			
												+			
												_			
1b 9	Sub-Total		<u> </u>				<u> </u>		<u> </u>			\top			
c 1	Total from continuation sheets to	Part VII , Section	Α.				▶ [
d٦	Total (add lines 1b and 1c)						>		10,3	18,264		0		913,102	
2	Total number of individuals (including of reportable compensation from the			e list	ed al	bove	e) who	rec	eived moi	e than \$1	00,000				
													Yes	No	
3	Did the organization list any forme	r officer, director	or trust	ee k	ev ei	mple	ovee.	or hi	ahest con	nnensated	emplovee on		res	NO	
_	line 1a? If "Yes," complete Schedule			•	•			•			• •	3	Yes		
4	For any individual listed on line 1a, organization and related organization individual	ons greater than s									n the	4	Yes		
5	Did any person listed on line 1a rec	eive or accrue coi	mpensa	tion f	rom	anv	unrela	ated	organizat	ion or ind	ividual for	<u> </u>	163		
_	services rendered to the organization											5		No	
Se	ection B. Independent Contra	ctors													
1	Complete this table for your five high											mpen	sation		
	from the organization Report comp	(A)	-aieriuai	year	ena	ing	with 6	or wit	tnin the o	rganizatio	(B)		(0	:)	
ILIDO	Name DN HEALTHCARE	e and business addre	ess							Desc CONSULTIN	ription of services		Comper		
										CONSULTIN	G			,//0,422	
	V VAN BUREN STREET AGO, IL 60607														
EPIC	SYSTEMS CORPORATION									CONSULTIN	G/MAINTENANCE		3	,276,858	
	MILKY WAY NA, WI 53593														
	OSOFT CORPORATION									MAINTENAN	ICE		2	,928,703	
	MICROSOFT WAY														
	MOND, WA 98052 GROUP									COLLECTIO	NS		2	,921,954	
	N LOOP WEST													,/	
HOUS	STON, TX 77092									FAIL (FOT: :-	T 144 14 0 1			100 :==	
	NVESTMENTS MGMT CORP									INVESTMEN	T MANAGEMENT		2	,422,177	
	FREEDOM VALLEY DRIVE 5, PA 19456														
	Total number of independent contract	ors (including but	t not lim	uted t	to th	OSE	listed	ahov	ve) who r	eceived m	ore than \$100 00	nn of			

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 ▶ 94

Form 9		•												Page 9
Part	VIII													
		Check if Schedul	e O contains a	respo	onse or i	note to any	(A) revenue	Rel e> fu	(B) ated or kempt nction venue	b	(C) nrelated usiness evenue	tax	(D) Revenue scluded from under sections 512 - 514
0	1a	Federated campaig	ns	1 a										
s, Grants Amounts	Ŀ	Membership dues	[1 b										
Gra no		Fundraising events	[1c										
ts, I		d Related organizatio	ns	1d										
ila is	6	Government grants (co	ontributions)	1e										
Contributions, Gifts, Grants and Other Similar Amounts		F All other contributions, and similar amounts n	L , gıfts, grants,											
bution the parties of		above	L	1f										
Contril and Ot	٥	Noncash contribution in lines 1a - 1f \$	ons included											
a G	ŀ	h Total. Add lines 1a	-1f	•	• •	. ▶	<u> </u>	0						
nue	2a	Shared Services Fee				Business	561439	201,7	16,602	201,71	6,602		+	
۴۸۰		Investment in Healthcar	e Ventures					9	24,890	91	2,007	12,	383	
ar GE		Partnership Income - Pri				-	900999		97,667			97,	567	
rvic	Č						900999						+	
ઝ	d			_									+	
Program Service Revenue	e £	All other program co	ruco rovonuo	_				8	311,218	81	1,218		0	0
Prog		All other program se Total. Add lines 2a–2			_	203,5	50,377							
		Investment income (ii			nterest,	and other	1	24 222 224						24.222.222
		•				>	<u> </u>	24,339,028	3					24,339,028
		Income from investme				ceeas ► . ►	<u> </u>							
	3	Royalties	(ı) Real	•		Personal	 							
	6a	Gross rents	(i) Redi		(/	Cisonai	1							
	b	Less rental expenses												
	c	Rental income or (loss)		0		(0							
	d	Net rental income o	r (loss)	•		. •	1							
	_		(ı) Securiti	es	(11)) Other								
		7a Gross amount from sales of 68,204,087 assets other than inventory												
	b	Less cost or other basis and	46,18	3,349		350,803	3							
	c	sales expenses Gain or (loss)	22,02	0,738		-350,803	3							
	d	Net gain or (loss) .		•		>]	21,669,935	5					21,669,935
Other Revenue		Gross income from for (not including \$ contributions reported)	o d on line 1c)	nts f										
e v e		See Part IV, line 18		a			1							
r R		Less direct expense: Net income or (loss)		b	ents .									
the		Gross income from g		-		• •	1							
0		See Part IV, line 19												
	L			a			-							
		Less direct expense: Net income or (loss)		b activiti	IAS .		J							
	10a	Gross sales of invent	ory, less			· •	1							
		returns and allowand	es	a										
	b	Less cost of goods s	sold	ь			1							
	С	Net income or (loss)		nvent										
	11:	Miscellaneous aInsurance Adjustme			Busir	ess Code 900099)	2,286,034	4					2,286,034
		•												
	b	EPIC Hosting Fee				900099	9	1,691,14	1					1,691,141
	c	Claims Management	Fee			900099)	301,658	3					301,658
	لہ	All other revenue .						782,92	1	493,761		0		289,160
		Total. Add lines 11a				>				155,701				207,100
	12	Total revenue. See	Instructions					5,061,754 254,621,094		203,933,588		110,550		50,576,956
								207,021,034	4	200,000,000	1	110,550		50,576,956 000 (3019)

26 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 ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all co	-	·	` ,	
Check if Schedule O contains a response or note to any	line in this Part IX .	(B)	(C)	🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	180,000	180,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,275,467	5,020,374	1,255,093	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,553,673	1,242,939	310,734	
7 Other salaries and wages	72,687,100	58,149,679	14,537,421	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,218,641	2,574,913	643,728	
9 Other employee benefits	15,144,966	12,115,973	3,028,993	
10 Payroll taxes	5,230,276	4,184,221	1,046,055	
11 Fees for services (non-employees)				
a Management				
b Legal	1,032,216	825,773	206,443	
c Accounting	696,426	557,141	139,285	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	2,505,520		2,505,520	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	27,558,199	22,046,558	5,511,641	0
12 Advertising and promotion	6,408,438	5,126,751	1,281,687	
13 Office expenses	3,853,309	3,082,647	770,662	
14 Information technology	27,950,975	22,360,780	5,590,195	
15 Royalties				
16 Occupancy	1,793,111	1,434,489	358,622	
17 Travel	510,781	408,625	102,156	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .			<u>·</u>	
19 Conferences, conventions, and meetings				
20 Interest	23,709,205	18,967,364	4,741,841	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,054,419	3,243,535	810,884	
23 Insurance	4,292,818	3,434,254	858,564	
24 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)				
a Dues and Subscriptions	638,885	511,108	127,777	
b Education	367,020	293,616	73,404	
c Employee activities	143,879	115,103	28,776	
d Miscellaneous expenses	10,872	8,696	2,176	
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	209,816,196	165,884,539	43,931,657	0
	,	,	, , ,	ı

Form **990** (2018)

Forn	า 990	(2018)					Page 11
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	ny line in this Part IX			<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			10,040,214	1	63,488,493
	2	Savings and temporary cash investments .		[2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		[4	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ated er	nployees Complete	0	5	0
ts	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	fied pe n 4958 ations o	ersons (as defined under B(c)(3)(B), and of section 501(c)(9)	20,849,489	6	19.513.661
Assets	7 8	Notes and loans receivable, net		-	20,649,469	8	19,515,001
	9	Inventories for sale or use			9.754.297	9	14.518.369
	-			' ⊢	3,734,237	9	14,510,509
	IUa	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	34,878,140			
	b	Less accumulated depreciation	10 b	12,065,299	16,576,947	10c	22,812,841
	11	Investments—publicly traded securities .		732,364,674	11	777,979,916	
	12	Investments—other securities See Part IV, line	11 .		143,035,216	12	153,683,504
	13	Investments—program-related See Part IV, line	e 11 .	. [41,021,035	13	40,548,832
	14	Intangible assets		[1,074,066	14	1,074,066
	15	Other assets See Part IV, line 11		[16,814,272	15	22,571,561
	16	Total assets.Add lines 1 through 15 (must equ	ıal lıne	34)	991,530,210	16	1,116,191,243
	17	Accounts payable and accrued expenses			176,956,408	17	104,539,970
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			601,017,780	20	669,425,050
S	21	Escrow or custodial account liability Complete F	⊃art IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ge		persons Complete Part II of Schedule L			22	0	
Liab	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pand other liabilities not included on lines 17 - 24		s to related third parties,	5,140,087	25	4,640,087

1	Investments—publicly traded securities .	732,364,674	11	777,979,916
1	2 Investments—other securities See Part IV, line 11	143,035,216	12	153,683,504
1	3 Investments—program-related See Part IV, line 11	41,021,035	13	40,548,832
1	4 Intangible assets	1,074,066	14	1,074,066
1	5 Other assets See Part IV, line 11	16,814,272	15	22,571,561
1	Total assets. Add lines 1 through 15 (must equal line 34)	991,530,210	16	1,116,191,243
1	7 Accounts payable and accrued expenses	176,956,408	17	104,539,970
1	B Grants payable		18	

783,114,275 778.605.107 26 **Total liabilities.**Add lines 17 through 25 . . 26 Net Assets or Fund Balances Organizations that follow SFAS 117 (ASC 958), check here > \square and complete lines 27 through 29, and lines 33 and 34. 208.415.935 337.586.136 Unrestricted net assets 27 27

28

29

30

31

32

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34

208,415,935

991,530,210

337,586,136

1,116,191,243 Form **990** (2018)

28

29

30

31

32

33 34 Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund . . .

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 18007697

Software Version: 2018v3.1 **EIN:** 36-3513954

Name: Edward-Elmhurst Healthcare

Form 990 (2018)

Form 990, Part III, Line 4a: EDWARD-FLMHURST HEALTHCARE SUPPORTS AND ENCOURAGES HEALTHCARE AND RELATED SERVICES BY PROVIDING FINANCIAL AND MANAGEMENT ASSISTANCE TO ITS EXEMPT AFFILIATES, INCLUDING EDWARD HOSPITAL, ELMHURST MEMORIAL HOSPITAL, NAPERVILLE PSYCHIATRIC VENTURES D/B/A LINDEN OAKS HOSPITAL, EDWARD HEALTH AND FITNESS CENTER, EDWARD FOUNDATION, AND ELMHURST MEMORIAL HOSPITAL FOUNDATION. THE SERVICES INCLUDE PROVIDING TOP LEVEL MANAGEMENT SERVICES AS WELL AS ADMINISTRATIVE SUPPORT

(A) (C) (D) (E) (B) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation n the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Ron Nyberg

Sean Chou

Joe DePaulo

Mary Kay Ladone

Rocco Martino

	below dotted line)		dırect	or/ti	rust	ee)		organization (W-	organizations	from the
	organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Mary L Mastro	35 0	×		x				1,534,119	0	54,565
System CEO/Trustee	5 0							_,,		- 1,111
Ron Schubel	10	×		x				0	0	0
Classical Timesta	1	I ^	I	Ι ^`	i		l	ı	Ĭ	l

Mary L Mastro	35 0	_	<		1,534,119	0	
System CEO/Trustee	5 0	_ ^	^		1,334,119	0	
Ron Schubel	1 0		_		0		
Chairperson/Trustee	3 0	_ ^	^		0	0	
Dave Atchison	1 0						

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3 0 10

30 10

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Ron Schubel	1 0	Х				0	
Chairperson/Trustee	3 0	^	^		0	0	
Dave Atchison	1 0		,		_		_
Vice Chairperson/Trustee	3 0	Х	×		0	0	0
Liz Aquino	1 0						
Trustee	2 0	X			0	U	
Dave Brueggen	1 0						

0

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation from the

109,275

42,335

8,915

120,416

14,810

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours		direct	or/tr	uste	ee)		organization (W-	organizations	from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	organizations (W- 2/1099- MISC)	related organizations	
Robert Platt	1 0	X						0	0	0	
Trustee	2 0								0		
Tım Rıvellı	1 0	×						0	0		
Trustee	3 0							0	0	0	
Ram Shiyakiimar	1 0										

and Independent Contractors

Exec VP General Counsel/Corp Secretary

Corp Cntr & Sys Dr, Treas Mgt / Assistant Treasurer

Deputy General Counsel/Assistant Secretary

EVP, Phys & Amb Ntwk & Pres, EHV

AVP, Comp Benefits & HRIS

VP, Finance/ Assistant Treasurer

Jeffrey D Friant

Jason Ogden

Joseph Dant

Mary Eckdhal

Ahmed El-Ganzouri

			a.		l éd		
Robert Platt	1 0	×				0	0
Trustee	2 0					0	0
Tım Rıvellı	1 0						
Trustee	3 0	Х				0	0
Ram Shıvakumar	1 0						
Trustee	3.0	X				0	0

40 40 0

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Trustee	2 0	^					
Tım Rıvellı	10	V					
Trustee	3 0	Х			0	U	0
Ram Shivakumar	1 0						_
Trustee	3 0	Х			0	0	0
Denise Chamberlain	32 0		\ \		26.724		
Exec VP CFO, Corporate Treasurer	8 0		Х		26,731	0	0
Chrıs J Mollet	32 0		>		050.464		16 551

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575,378

250,058

256,413

596,943

236,757

Robert Platt	1 0	х			0	0	0
Trustee	2 0	^			0	0	
Tım Rıvellı	1 0				_		_
Trustee	3 0	Х			0	0	0
Ram Shivakumar	1 0						
Trustee	3 0	Х			0	0	0
Denise Chamberlain	32 0						
Exec VP CFO, Corporate Treasurer	8 0		Х		26,731	0	0
Chris J Mollet	32 0						
			Х		950,464	0	16,551

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person hours per compensation compensation amount of other ensation n the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Sys Dir, Applications

System VP Ops/CNO

Exec VP Chief Strategy Officer

Chief Medical Info Officer

VP, Payor Stratgy & Pres IHP

Lynn Cochran

Annette Kenney

John S Lee

Shawn Roark

Marianne Spencer

Sys Dir, Technology

Former System CEO

System VP Ops

Donald Fosen

Pamela M Davis

	week (list any hours		oth ai			and a ee)	ì	organization (W-	organizations	compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	eavoldine Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
Laura Lopez	40 0				Х			303,362	0	30,127
AVP, CIO	0									
Susan Mitchell	40 0				x			889,357	0	82,234
Exec VP Chief HR Officer	0							869,337	0	62,234
David Pickering	40 0				×			154.425	0	22.232

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39 0

10 40 0

40 0

38 0

0 0

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22,232

110,309

43,911

36,082

106,833

62,277

35,859

16,371

404,489

710,003

601,663

563,479

763,181

227,292

496,725

and Independent Contractors (A) Name and Title

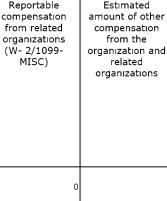
Average hours per week (list any hours for related organizations below dotted line)
0 0
0 0

/DI

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

(C)

Position (do not check more



(E)

related organizations

Estimated

compensation

from the

Vincent E Pryor

Former Exec VP CFO

(D)

Reportable

compensation

from the

organization (W-

2/1099-MISC)

777,427

than one box, unless person is both an officer and a director/trustee) employee trustee

SCH (Form	IED								3493134035570		
	161,	ULE A		Dublic	Charity Statu	s and Duk	olio Gunn		OMB No 1545-0047		
990E	n 990		Com	plete if the o	Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) c empt charitable 990 or Form 99	organization of trust. 0-EZ.	r a section	2018 Open to Public		
		the Treasury		► Go to	www.irs.gov/Form	9 <u>90</u> for the late	st information		Inspection		
Name	of th	e organiza urst Healthcare						Employer identific	ation number		
								36-3513954			
Par The or					us (All organization e it is (For lines 1 thro			See instructions.			
1	yanızı		•		ssociation of churches	•	,	(A)(i)			
2		•		,	1)(A)(ii). (Attach Sch						
3						,	, ,				
4		·	·	•	vice organization desc ed in conjunction with			•	ntor the beenitalle		
7	Ш	name, city,		mization operat	ea in conjunction with	a nospital descri	bed in section .	170(D)(1)(A)(III). E	nter the hospital s		
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		,	·	-	governmental unit de						
7				mally receives [vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the genera	al public described in		
8		A communi	ty trust descr	ibed in sectio i	170(b)(1)(A)(vi)	(Complete Part I	I)				
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 331/3% 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 331/3% 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 organiza	ation organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).			
12	✓	more public	ly supported	organizations (d exclusively for the be described in section 5 the type of supporting	i09(a)(1) or sec	ction 509(a)(2). See section 509(a	e purposes of one or a)(3). Check the box		
a		Type I. A so	supporting org n(s) the powe	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its si	upported organi	zation(s), typically by			
b	✓	manageme	nt of the supp		pervised or controlled in a the sare and C.						
С					supporting organizatio				ted with, its		
d		functionally	integrated ⁻	The organizatio	d. A supporting organ n generally must satis rt IV, Sections A and	fy a distribution i	requirement and				
e					ved a written determir integrated supporting		RS that it is a Ty	pe I, Type II, Type II	I functionally		
f	Enter			organizations	2	J		_6			
g				on about the su	pported organization(
	(i) N	ame of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orga in your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
						Yes	No				
See A	Addıtıo	nal Data Tal	ole								
								_			
Total		uoult Dad	6 tion Act Not	ion one the T	structions for	Cat No 11285		0 Fahadula A /Farra 0	164,312,449 90 or 990-EZ) 2018		

instructions

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170	

oport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170
(1)(A)(ix)
mplete 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
If the organization fails to qualify under the tests listed below, please complete Part III.)

	III. If the organization fai						iy under Part
_	Section A. Public Support	iis to quality ut	ider the tests his	ted below, pied.	se complete rai	C 111.)	
	Calendar year		I	T	T		
	(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	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
5	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)						
6	Public support. Subtract line 5 from						
	line 4						
S	Section B. Total Support						
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(-,	(=,====	(3,2323	(-)	(0)2020	(1).010.
7							
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
_	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10							
10	loss from the sale of capital assets						
	(Explain in Part VI)						
11	Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	urd, fourth, or fifth	n tax vear as a sec	tion 501(c)(3) org	anization.
	check this box and stop here	=				· · · · · · <u>-</u>	_
_	section C. Computation of Public						_
	Public support percentage for 2018 (line			column (f))			
				column (1))		14	
	Public support percentage for 2017 Sch					15	
16 a	33 1/3% support test—2018. If the				ne 14 is 33 1/3% o	r more, check this	box
	and stop here. The organization qualif						··►□
Ŀ	33 1/3% support test—2017. If the	organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	olicly supported or	ganızatıon			▶□
17 a	10%-facts-and-circumstances test-	–2018. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported	
	organization						▶ □
Į.	10%-facts-and-circumstances test	-2017. If the o	rganization did no	ticheck a box on l	ine 13, 16a, 16h	or 17a, and line	
0	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	supported organization			5-	4	,	▶□
10	Private foundation. If the organization	n did not check :	hov on line 12 1	6a 16h 17a or 1	7h check this has	and see	F L
TΩ	Trivate roundation, if the organization	ii ala not check e	* 20V OIL IIIIE TO, T	ou, 100, 1/a, 01 1	. , D, CHECK HIIS DU)	, unu see	

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.)	
30	Calendar year		43.554.5		413.004-		(0) =
	(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 grants")						
2	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 Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
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						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
36	ection B. Total Support Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and stop here	3	, ,	, ,	,	(), ()	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	• •	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, 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

Page 4

4c

5a

5b

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

No

No

No

No

No

No

No

No

Schedule A (Form 990 or 990-EZ) 2018

amendment to the organizing document)

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below

6

7

8

10a

Sections A and D, and complete Part V) Section A. All Supporting Organizations Ves No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	No
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied		

	(a)(1) of (2) (3)		
	ın section 509(a)(1) or (2)	2	No
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	No
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 $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	

	below	3a		No
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 $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		
c				
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b ın Part I, answer (b) and (c) below	3b 3c 4a 1	No	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	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)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, 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

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

than (1) 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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

	Company of the Compan			age 3
Ċ	Supporting Organizations (continued)			
			Yes	No
11	. Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		No
h	A family member of a person described in (a) above?	11b	\vdash	No
	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	11c		No
	Section B. Type I Supporting Organizations	110		NO
	ection 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.	1	les	No
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	2		
_	Section C. Type II Supporting Organizations			
	ection 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		. 35	
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		No
S	Section D. All Type III Supporting Organizations			
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?	!	Yes	No
		1		
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)			
		2		
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	3		
S	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 instruct	ions)		
	a The organization satisfied the Activities Test Complete line 2 below			
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	,
2	Activities Test Answer (a) and (b) below.		Yes	No
	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	2a		
	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	2b		
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? <i>Provide details in Part VI</i> .	3a		
	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	3h		

3b

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

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

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.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Schedule A (Form 990 or 990-EZ) 2018 Page 8				
Section A, lines 1, Part IV, Section D,	formation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Sectio 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, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information	on C, line 1, Part V		
	Facts And Circumstances Test			
990 Schedule A, Supplem	ental Information			
Return Reference	Explanation			
Schedule A, Part I, Line 12f Amount of other support (column vi)	EDWARD HOSPITAL EDWARD-ELMHURST HEALTHCARE IS THE PARENT ORGANIZATION AND SUPORGA NIZATION TO THE HEALTH SYSTEM THE AMOUNTS REPORTED IN SCHEDULE A, PART I, LINE 12G N (VI) RELATE TO EXPENSES INCURRED BY THE ORGANIZATION ON BEHALF OF THE SUPPORTED (REIMBURSED IN WHOLE OR IN PART THROUGH MANAGEMENT FEES) ELMHURST MEMORIAL HOS ARD-ELMHURST HEALTHCARE IS THE PARENT ORGANIZATION AND SUPPORTING ORGANIZATION TH SYSTEM THE AMOUNTS REPORTED IN SCHEDULE A, PART I, LINE 12G, COLUMN (VI) RELATE TO ENSES INCURRED BY THE ORGANIZATION ON BEHALF OF THE SUPPORTED ENTITIES (REIMBURSE E OR IN PART THROUGH MANAGEMENT FEES) NAPERVILLE PSYCHIATRIC VENTURES DBA LINDEN PITAL EDWARD-ELMHURST HEALTHCARE IS THE PARENT ORGANIZATION AND SUPPORTING ORG O THE HEALTH SYSTEM THE AMOUNTS REPORTED IN SCHEDULE A, PART I, LINE 12G, COLUMN (V ATE TO EXPENSES INCURRED BY THE ORGANIZATION ON BEHALF OF THE SUPPORTED ENTITIES (ED IN WHOLE OR IN PART THROUGH MANAGEMENT FEES) EDWARD HEALTH AND FITNESS CENTE ELMHURST HEALTHCARE IS THE PARENT ORGANIZATION AND SUPPORTING ORGANIZATION TO T YSTEM THE AMOUNTS REPORTED IN SCHEDULE A, PART I, LINE 12G, COLUMN (VI) RELATE TO ES S INCURRED BY THE ORGANIZATION ON BEHALF OF THE SUPPORTED ENTITIES (REIMBURSED IN IN PART THROUGH MANAGEMENT FEES) EDWARD FOUNDATION EDWARD-ELMHURST HEALTHCAR RENT ORGANIZATION AND SUPPORTING ORGANIZATION TO THE HEALTH SYSTEM THE AMOUNTS N SCHEDULE A, PART I, LINE 12G, COLUMN (VI) RELATE TO EXPENSES INCURRED BY THE ORGAN N ON BEHALF OF THE SUPPORTED ENTITIES (REIMBURSED IN WHOLE OR IN PART THROUGH MANA EES) ELMHURST MEMORIAL HOSPITAL FOUNDATION EDWARD-ELMHURST HEALTHCARE IS THE FORGAN NON BEHALF OF THE SUPPORTED ENTITIES (REIMBURSED IN WHOLE OR IN PART THROUGH MANA EES) ELMHURST MEMORIAL HOSPITAL FOUNDATION EDWARD-ELMHURST HEALTHCARE IS THE FORGAN NON BEHALF OF THE SUPPORTED ENTITIES (REIMBURSED IN WHOLE OR IN PART THROUGH MANAGEMENT FE E A, PART I, LINE 12G, COLUMN (VI) RELATE TO EXPENSES INCURRED BY THE ORGANIZATION ON LF OF THE SUPPORTED ENTITIES (REIMBURSED IN WHOLE OR IN PART THROUG	COLUM ENTITIES PITAL EDW TO THE HEAL TO EXP ED IN WHOL OAKS HOS ANIZATION T //I) REL REIMBURS ER EDWARD- HE HEALTH S (PENSE WHOLE OR RE IS THE PA EREPORTED I IZATIO IAGEMENT F PARENT IN SCHEDUL I BEHA		

90 Schedule A, Supplemental Information					
Return Reference	Explanation				
	Per the organization's Articles of Incorporation, the supported organizations are designat ed by class as subsidiaries entities and other organizations described under Section 501(c)(3) that are operated, supervised, or controlled by one or more of its subsidiaries				

990 Schedule A, Supplemental Information					
Return Reference	Explanation				
Schedule A, Part IV, Section C, Line 1 Majority director detail	As a result of the overlap of the senior management team serving the corporation and the s upported organizations, control and management of the supporting organization was vested i n the same persons that controlled and managed the supported organizations				

Additional Data

Software ID: 18007697

Software Version: 2018v3.1 **EIN:** 36-3513954

Name: Edward-Elmhurst Healthcare

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	Is the organization listed in your governing document?		listed in your		Is the organization listed in your		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see Instructions)
			Yes	No						
(A) EDWARD HOSPITAL	363297173	3		No	0	91,032,025				
(A) EDWARD FOUNDATION	363723705	7		No	0	0				
(B) EDWARD HEALTH AND FITNESS CENTER	363555528	9		No	0	49,154				
(C) NAPERVILLE PSYCHIATRIC VENTURES DBA LINDEN OAKS HOSPITAL	363965251	3		No	0	1,087,455				
(D) ELMHURST MEMORIAL HOSPITAL	362167784	3		No	0	72,143,815				
(E) ELMHURST MEMORIAL HOSPITAL FOUNDATION	363083197	7		No	0	0				

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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.

DLN: 93493134035570 OMB No 1545-0047

Open to Public

Internal Revenue Service

Assets included in Form 990, Part X

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

(Form 990)

▶ Attach to Form 990.

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** Edward-Elmhurst Healthcare 36-3513954 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 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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 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 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 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 Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? 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. 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 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 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 Revenue included on Form 990, Part VIII, line 1

Cat No 52283D

Schedule D (Form 990) 2018

Par	1111	Organizations Maintaini	ng Collectio	ns of Art, I	Histori	ical Tı	eası	ıres, or	Other	Similar A	ssets (continued)	
3		the organization's acquisition, a (check all that apply)	accession, and o	ther records	, check	any of	the fo	llowing t	hat are a	significant	use of It	s collection	
а		Public exhibition			d		Loan	or excha	inge prog	ırams			
b		Scholarly research			е		Othe	r					
С		Preservation for future generat	ions										
4	Provid Part X	de a description of the organizat (III	ion's collections	and explain	how the	ey furth	ner the	e organız	atıon's ex	kempt purpo	ose in		
5		g the year, did the organization s to be sold to raise funds rathe								ılar	□ Y ₀	es 🗆 N	o
Pai	rt IV	Escrow and Custodial A Complete if the organization X, line 21.			m 990	, Part	IV, lı	ne 9, or	reporte	ed an amou	unt on	Form 990,	Part
1a		e organization an agent, trustee, led on Form 990, Part X?	custodian or ot	her intermed	liary for	contril	oution	s or othe	r assets i	not	□ Y	es 🗆 N	o
b	If "Ye	es," explain the arrangement in l	Part XIII and co	mplete the fo	ollowing	table		[Δ	mount		_
С		ning balance		•				İ	1c				_
d	Addıtı	ons during the year						İ	1d				_
е	Distri	butions during the year						Ī	1e				_
f	Endın	g balance						Ī	1f				_
2a	Did th	ne organization include an amou	nt on Form 990	, Part X, line	21, for	escrow	or cu	- Istodial a	ccount lia	ıbılıty?	□ Y	es 🗆 N	<u> </u>
b	If "Ye	s," explain the arrangement in I	Part XIII Check	here if the e	xplanat	on has	been	provided	l in Part)	KIII			
Pa	rt V	Endowment Funds. Com	plete if the or	ganization	answer	ed "Ye	es" or	n Form '	990, Par	t IV, line 1	10.		
			(a)C	urrent year	(b) P	rior yea	r	(c)Two ye	ars back	(d)Three ye	ars back	(e)Four yea	rs back
1 a	Beginn	ing of year balance											
b	Contrib	outions											
С	Net inv	estment earnings, gains, and lo	sses										
d	Grants	or scholarships											
е		expenditures for facilities ograms											
f	Admini	strative expenses	•										
g	End of	year balance											
2 a		de the estimated percentage of I designated or quasi-endowmer		end balance	(line 1	g, colui	mn (a)) held a	5				
ь	Perma	anent endowment ▶											
С	Temp	orarily restricted endowment >											
_	The p	ercentages on lines 2a, 2b, and	2c should equa	100%									
3а	organ	nere endowment funds not in th	e possession of	the organizat	tion tha	t are h	eld an	d admını	stered fo	r the		Yes	No
		related organizations				•						a(i)	
b		elated organizations s" on 3a(ii), are the related org	 anızatıons lısted	as required	on Sche	dule R	· .					a(ii) 3b	
4	Descr	tibe in Part XIII the intended use	es of the organiz	zation's endo	wment 1	funds						•	
Pai	rt VI	Land, Buildings, and Eq											
	Descri		on answered " Cost or other basis (investment)		m 990 or other	•				m 990, Pa lepreciation		ne 10. (d) Book valu	e
	Land												
	Building	qs											
		old improvements											
		nent				28 45	4,886			12,065,299		1 6	5,389,587
	Other						23,254			,			5,423,254
		ines 1a through 1e (Column (d)) must equal For	<u> </u>	X, colui	•				>			2,812,841

Part VII Investments—Other Securities. Complete if the See Form 990, Part X, line 12.	ne organization answer	ed "Yes" on Form 99	0, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b) Book value		d of valuation -year market value
(1) Financial derivatives			,
(2) Closely-held equity interests	20 704 507		
(A) SEI OFFSHORE OPPORTUNITY II CL F	30,704,597		F
(B) SEI STRUCTURED CREDIT FUND	41,405,968		<u>F</u>
(C) SEI SPECIAL SITUATIONS FUND	32,978,799		<u>F</u>
(D) SEI CORE PROPERTY FUND	43,478,136		<u>F</u>
(E) SEI GLOBAL PRIVATE ASSETS IV LP-OP (F)	5,116,004		F
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	153,683,504		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on F	Form 990, Part IV, line	11c. See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value		d of valuation -year market value
(1)			<u> </u>
(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 (a) Description		IV, line 11d See Form 9	990, Part X, line 15 (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 a	answord 'Vas' on Form		o or 11f
See Form 990, Part X, line 25.			.e or 11r.
1. (a) Description of liability (1) Federal income taxes	(b) Book	value	
HEALTH BENEFITS IBNR		4,442,300	
MALPRACTICE IBNR (3)		197,787	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		4 640 097	
2. Liability for uncertain tax positions In Part XIII, provide the text of	f the footnote to the organ	4,640,087 nization's financial state	
organization's liability for uncertain tax positions under FIN 48 (ASC 7	740) Check here if the tex	kt of the footnote has be	en provided in Part XIII 🗹

Part XI

2

b

Part XII

5

1

2

d

3

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2018

Page 4

-13,810,256

249,046,894

5,574,200

254,621,094

205,024,642

205,024,642

4,791,554

209.816.196

Schedule D (Form 990) 2018

b	Donated services and use of facilities
c	Recoveries of prior year grants
d	Other (Describe in Part XIII)
e	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1
а	Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

Other (Describe in Part XIII)

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Supplemental Information

Other (Describe in Part XIII)

Subtract line 2e from line 1

Add lines 2a through 2d .

Return Reference

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

2a

2b 2c 2d

4a

4b

2a 2b

2c

2d

4a

4b

Explanation

-7,170,588

-6.639.668

2,505,520

3.068,680

2,505,520

2,286,034

2e 3

4c

5

2e

3

4c

5

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: 18007697
Software Version: 2018v3.1

EIN: 36-3513954

Name: Edward-Elmhurst Healthcare

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	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 recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken. Under ASC Topic 740, tax positions 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 liability recorded for unrecognized tax positions.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	LOSS ON SWAPS6639668

-

Supplemental Information	
Return Reference	Explanation
, , , ,	RETROSPECTIVE PREMIUM ADJUSTMENT - 2286034 INVESTMENT IN PREMIER - 97667 NON-CONTROLLING INTEREST IN RHHI - 684979

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	RETROSPECTIVE PREMIUM ADJUSTMENT - 2286034

Sι

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134035570 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. **Open to Public** ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Edward-Elmhurst Healthcare 36-3513954 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e g , program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region to recipients located in the region region) See Add'l Data 84,065,214 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) O 84,065,214

Schedule F (Form 990) 2018							Page 3
Part IIII Grants and Otl				ed States. Complete r	f the organization ar	nswered "Yes" to Form 9	990, Part IV, line 16.
	duplicated if addit			1	1		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)		
	ansaracions for rorms 9320 and 9320 ry done me man rorm 930)	\square Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)		
	Corporations (See Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(see Institutions for Form 5005)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713, don't file with Form 990)	Yes	✓ No

Schedule F	(Form 990) 2018	Page :
Part V	amounts of investments vs.	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; expenditures per region); Part II, line 1 (accounting method); Part III (accounting nn (c) (estimated number of recipients), as applicable. Also complete this part to provide
	ReturnReference	Explanation

Schedule F (Form 990) 2018

Additional Data

Central America and the

Central America and the

Carıbbean

Carıbbean

Software ID: 18007697 Software Version: 2018v3.1 **EIN:** 36-3513954

Name: Edward-Elmhurst Healthcare

Form 990 Schedule F Par	t I - Activities (Outside The U	Inited States

(a) Region	(b) Number of	(c) Number of	(d) Activities c
	offices in the	employees or	ın region (by ty
	region	agents in	fundraising, p
		region	services, gra

0 Program Services

0 Investments

conducted (e) If activity listed in (d) is a program service, describe specific type of

(f) Total expenditures for region

type) (ı e , program

services, grants to recipients located in the region)

service(s) in region

INSURANCE

20,381,818

63,683,396

efile GRAPHIC print - DO N	OT PROCESS	As Filed Data -					DL	N: 934931340	35570
Note: To capture the full co	ntent of this d	ocument, please sel	lect landscape mode	(11" x 8.5") whe	n printing.				
Schedule I		Cronto and O	thar Assistanc	o to Organia	otiono			OMB No 1545-004	7
(Form 990)			ther Assistanc					2018	
			and Individuals		-			4 010	
	Co	mplete if the organiza	tion answered "Yes," o		, line 21 or 22.			Open to Public	
Department of the Treasury		► Go to www	► Attach to Form v.irs.gov/Form990 for		nn -			Inspection	
Internal Revenue Service		P GO to <u>WWV</u>	101	the latest information	711i				
Name of the organization							Employer identific	ation number	
Edward-Elmhurst Healthcare							36-3513954		
Part I General Informat	tion on Grants	and Assistance							
that received more that (a) Name and address of organization	award the grants uzation's procedur sistance to Dom	or assistance? es for monitoring the use	of grant funds in the Un d Domestic Governme	nted States nts. Complete if the or (e) Amount of non- cash	rganization answered "Yes (f) Method of valuation (book, FMV, appraisal,	on Form	990, Part IV, line Description of ash assistance	(h) Purpose of or assistance	
(1) AMERICAN HEART ASSOCIATION 7272 Greenville Avenue Dallas, TX 75231	13-5613797	501(c)(3)	160,000	assistance 0	other)	N/A		Program Suppo	
2 Enter total number of section	1 501(c)(3) and ac	overnment organizations	listed in the line 1 table .				>	•	1
3 Enter total number of other of	. , . ,	-					•		
For Paperwork Reduction Act Notice,	-			Cat No 50055				edule I (Form 990	2018

In the restricted accounts and approval by the Edward-Elmhurst Board for unrestricted accounts

When making sponsorships to organizations, all contributions must be approved by the accounting department as to correct usage of the funds for designated purposes

Schedule I (Form 990) 2018

Schedule I, Part I, Line 2

grant funds

Procedures for monitoring use of

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Dat	:a -	DLN:	9349313	4035	570	
Sch	edule J	С	ompensat	ion Information		OMB No	1545-0	3047	
(Forr	n 990)		Compensa ganization answ	Frustees, Key Employees ated Employees vered "Yes" on Form 990 1 to Form 990.		2018			
•	tment of the Treasury	► Go to <u>www.irs.q</u> e		instructions and the late	est information.	Open t	to Pul ectio		
	al Revenue Service ne of the organiza	<u>l</u> atıon			Employer identi				
Edw	ard-Elmhurst Health	icare			36-3513954				
Pa	rt I Questi	ons Regarding Compensa	ation		30 3313331				
							Yes	No	
1a		opiate box(es) if the organizatio section A, line 1a Complete Pari							
	First-class	s or charter travel		Housing allowance or resi	dence for personal use				
		companions		Payments for business us	'				
		nification and gross-up paymen	ts 🔽	Health or social club dues					
	☐ Discretion	nary spending account	Ц	Personal services (e g , m	iaid, chauffeur, chef)				
b		xes in line 1a are checked, did t all of the expenses described ab			ding payment or reimbursen	nent 1b	Yes		
2	Did the organiza	ation require substantiation pricees, officers, including the CEO/	or to reimbursing	or allowing expenses incurr	red by all	2	Yes		
	directors, truste	es, officers, including the CEO/	executive Directo	r, regarding the items chec	ked in line 1a				
3	organization's C	of any, of the following the filing CEO/Executive Director Check a ed organization to establish com	Ill that apply Do	not check any boxes for me	ethods				
	✓ Compensa	ation committee		Written employment cont	ract				
		ent compensation consultant	✓	Compensation survey or s					
	☐ Form 990	of other organizations	\checkmark	Approval by the board or	compensation committee				
4	During the year related organiza	r, did any person listed on Form ation	990, Part VII, Se	ection A, line 1a, with respe	ct to the filing organization o	ra			
а	Receive a sever	ance payment or change-of-cor	ntrol payment?			4a	Yes		
ь		r receive payment from, a supp		lified retirement plan?		4b	Yes		
c	Participate in, o	r receive payment from, an equ	ııty-based compei	nsation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons ar	nd provide the app	plicable amounts for each it	em ın Part III				
	Only 501(c)(3	s), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9	1.				
5	For persons liste	ed on Form 990, Part VII, Section contingent on the revenues of	on A, line 1a, did						
а	The organization	n?				5a		No	
b	Any related orga					5b		No	
	If "Yes," on line	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section Contingent on the net earnings o		the organization pay or acc	crue any				
а	The organization	n [?]				6a		No	
b	Any related orga					6b		No	
	•	6a or 6b, describe in Part III						1	
7		ed on Form 990, Part VII, Section Sescribed in lines 5 and 6? If "Ye			ny nonfixed	7	Yes		
8		ints reported on Form 990, Part nitial contract exception describ				8		N ₀	
9	If "Yes" on line : 53 4958-6(c)?	8, did the organization also folk	ow the rebuttable	presumption procedure de	scribed in Regulations section	-		No	
For F	Panerwork Redu	uction Act Notice, see the In	structions for Fo	orm 990	Cat No 50053T Schedu		990)	2018	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Officers, Directors, Trustees, key Employees, and Highest Compensated Employees. Ose duplicate copies if additional space is needed.							
For each individual whose compensation must be reported on Schedule J, report of instructions, on row (ii) Do not list any individuals that are not listed on Form 990	0, Part VII						
Note. The sum of columns (B)(I)-(III) for each listed individual must equal the tot	<u>al amount of Fo</u> r	<u>rm 990, Part VII, Se</u>	ction A, line 1a, a	pplicable column (ر	<u>ン) and (E) amour</u>	nts for that indi	vidual
(A) Name and Title	(B) Breal	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable benefits	columns	Compensation in
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table						•	
	1	1	1		1	I	1
							!
				+			
	+			+			
				+			
1-		-		+			
1							

Part III Supplemental Inform	ation
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

Page 3

Schedule J (Form 990) 2018

Schedule J, Part I, Line 1a Tax

indemnification and gross-up payments liability

Return Reference Explanation

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

Return Reference	Explanation
social club dues or initiation fees	Edward-Elmhurst Healthcare employees are offered a membership at the Edward Health & Fitness Center, an affiliate of Edward-Elmhurst Healthcare, as a taxable employee benefit Members of senior management (the President and Vice Presidents) are also provided this benefit for their spouse and children, also as a taxable benefit. The value of this benefit is determined based upon the fair market value of these memberships, which is in turn determined based upon the actual amount that the Edward Health & Fitness center charges to other corporate customers

Return Reference	Explanation
hedule J, Part I, Line 4a Severance	Organization Edward-Elmhurst Healthcare (EIN 36-3513954) Terms Compensation paid as a result of a severance from the position listed Interested person
change-of-control payment	Davis, Pamela M, CEO, 496,725 Pryor, Vincent E , CFO 551,366

Sch

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, EDWARDELMHURST 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). Dant, Joseph C 80,381 FRIANT, JEFFREY D 56,458 Roark, Shawn R 68,123 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 KENNEY, ANNETTE 190,819 MASTRO, MARY L 207,293 Mitchell, Susan 398,990 Mollet, Chris J 187,795 PRYOR, VINCENT E 226,060 Spencer, Marianne 235,183
,	rial affice 253,165

Return Reference	Explanation
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 During the year the organization provided a one time bonus, that was discretionary in nature, to one of its VPs The related bonus was reviewed and approved by the organization'S CEO, the EVP of Human Resources and the Executive Committee of the board

Software ID: 18007697 **Software Version:** 2018v3.1

EIN: 36-3513954

Name: Edward-Elmhurst Healthcare

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

Form 990, Schedule	J,						r	Г
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
Mary L Mastro	(1)	729,891	· · · · · · · · · · · · · · · · · · ·	233,233	9,625	44,940	1,588,684	0
System CEO/Trustee	(11)	0	0	0	0	0	0	0
Pamela M Davis	(1)	0	0	496,725	16,371	0	513,096	0
Former System CEO	(11)	0	0	0	0	0	0	0
Vincent E Pryor	(1)	0	0	777,427	0	0	777,427	0
Former Exec VP CFO	(11)	0	0	0	0	0	0	0
Chris J Mollet	(1)	423,869	280,010	246,585	9,215	7,336	967,015	0
Exec VP General Counsel/Corp Secretary	(11)	0	0	0	0	0	0	0
Jeffrey D Friant	(1)	288,546	276,455	10,377	74,120	35,155	684,653	0
VP, Finance/ Assistant Treasurer	(11)	0	0	0	0	0	0	0
Jason Ogden	(1)	196,910	31,105	22,043	8,722	33,613	292,394	0
Corp Cntr & Sys Dr, Treas Mgt / Assistant Treasurer	(11)	0	0	0	0	0	0	0
Ahmed El-Ganzouri	(1)	214,683	40,931	798	8,042	874	265,328	0
Deputy General Counsel/Assistant Secretary	(11)	0	0	0	0	0	0	0
Donald Fosen	(1)	195,918	30,510	865	7,216	28,643	263,152	0
Sys Dır, Technology	(11)	0	0	0	0	0	0	0
Joseph Dant	(1)	358,966	216,263	21,714	86,324	34,092	717,358	0
EVP, Phys & Amb Ntwk & Pres, EHV	(11)	0	0	0	0	0	0	0
Mary Eckdhal	(1)	197,447	36,837	2,473	10,859	3,952	251,567	0
AVP, Comp Benefits & HRIS	(11)	0	0	0	0	0	0	0
Laura Lopez	(1)	209,441	73,895	20,027	8,224	21,902	333,489	0
AVP, CIO	(11)	0	0	0	0	0	0	0
Susan Mitchell	(1)	289,447	171,971	427,938	65,983	16,250	971,590	346,567
Exec VP Chief HR Officer	(11)	0	0	0	0	0	0	0
David Pickering	(1)	98,859	26,427	29,139	4,679	17,554	176,657	0
Sys Dir, Applications	(11)	0	0	0	o	0	0	0
Lynn Cochran	(1)	240,390	118,438	45,661	82,253	28,056	514,797	0
System VP Ops/CNO	(11)	0	0	0	0	0	0	0
Annette Kenney	(1)	313,646	189,448	206,909	10,739	33,172	753,914	0
Exec VP Chief Strategy Officer	(11)	0	0	0	0	0	0	0
John S Lee	(1)	485,028	95,830	20,805	11,008	25,074	637,745	0
Chief Medical Info Officer	(11)	0	0	0	0	0	0	0
Shawn Roark	(1)	309,960	230,778	22,740	77,748	29,085	670,312	0
VP, Payor Stratgy & Pres IHP	(11)	0	0	0	0	0	0	0
Marianne Spencer	(1)	337,257	169,662	256,262	18,837	43,440	825,458	0
System VP Ops	(11)	0		0	0	0	0	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134035570 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule K Supplemental Information on Tax-Exempt Bonds (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ➤ Attach to Form 990. Open to Public Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization Employer identification number Edward-Elmhurst Healthcare 36-3513954 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (g) Defeased (h) On (i) Pool (a) Issuer name (e) Issue price behalf of financing ıssuer Yes No Yes No Yes No ILLINOIS FINANCE AUTHORITY 86-1091967 45204EN20 11-07-2018 128,079,209 SEE PART VI Χ Х Х SERIES 2018A ILLINOIS FINANCE AUTHORITY 86-1091967 45204FN38 11-07-2018 51,425,000 SEE PART VI Х Χ Х SERIES 2018B ILLINOIS FINANCE AUTHORITY 86-1091967 45204ERN0 02-14-2017 213,794,565 | SEE PART VI Χ Χ Х SERIES 2017A ILLINOIS FINANCE AUTHORITY 86-1091967 45200FFY0 04-30-2008 126,220,000 SEE PART VI Χ Χ Х SERIES 2008 B-2 & C Part ${f II}$ **Proceeds** С 1,660,000 73,980,000 128,079,209 51,425,000 213.794.565 126,220,000 4 5 6 7 2,400,936 344,612 8 9 10 17,000,000 11 128,079,209 51,425,000 194,393,629 125,875,388 12 13 2018 2018 2016 2008 Yes Yes No Yes No Yes No No Were the bonds issued as part of a current refunding issue? Х Х Χ Х 14 Were the bonds issued as part of an advance refunding issue? Χ Χ Χ 15 Х Has the final allocation of proceeds been made? Χ Х Χ Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Χ Χ Χ **Private Business Use** Part 🏻 Α В C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Χ Χ Χ Are there any lease arrangements that may result in private business use of bond-financed Χ Х Χ Χ

Cat No 50193E

Schedule K (Form 990) 2018

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

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page 2

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0 27 %

0 27 %

Χ

Χ

No

Х

Χ

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0 %

D

Yes

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Χ

Х

Yes

Х

Χ

Schedule K (Form 990) 2018

D

C

No

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Χ

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Yes

Χ

No

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Yes

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Yes

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Yes

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No

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Are there any research agreements that may result in private business use of bond-financed

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Rebate not due yet?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Part VI

Return Reference

Schedule K. Part I. Column (f)

DESCRIPTION OF PURPOSE

Were any gross proceeds invested beyond an available temporary

HOSPITAL

No

Χ

D

Yes

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		oceeds invested in a guaranteed investment contract		X		Х		X	
b	Name of provider									
С	Term of GIC									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									

Nο

Α

В

No

Yes

Explanation

2013C ILLINOIS FINANCE AUTHORITY REVENUE BONDS(ISSUED 12/17/13) AND THE 2013D ILLINOIS FINANCE AUTHORITY REVENUE BONDS(ISSUED 12/17/13)

ILLINOIS FINANCE AUTHORITY SERIES 2017A REVENUE BONDS WERE USED TO REFUND THE EDWARD 2008A ILLINOIS FINANCE AUTHORITY REVENUE BONDS AND THE ELMHURST 2008A ILLINOIS FINANCE AUTHORITY REVENUE BONDS ILLINOIS FINANCE AUTHORITY SERIES 2008 B-2 & C REVENUE REFUNDING BONDS WERE USED TO REFUND THE 3/7/2007 BOND ISSUE ILLINOIS FINANCE AUTHORITY SERIES 2008D BONDS WERE USED TO CONSTRUCT THE NEW ELMHURST

THE PURPOSE OF THE ISSUANCE OF THE BONDS REPORTED IN SCHEDULE K ARE AS FOLLOWS ILLINOIS FINANCE AUTHORITY SERIES 2018A REVENUE REFUNDING BONDS WERE USED TO REFUND THE 2013C ILLINOIS FINANCE AUTHORITY REVENUE BONDS(ISSUED 12/17/13) AND THE 2013D ILLINOIS FINANCE AUTHORITY REVENUE BONDS(ISSUED 12/17/13) ILLINOIS FINANCE AUTHORITY SERIES 2018B REVENUE REFUNDING BONDS WERE USED TO REFUND THE

C

No

Yes

Χ Χ Χ period?

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Yes

requirements of section 148?	Х		X		X			X	
Part V Procedures To Undertake Corrective Action									
			Α		В		C		D
		Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violatic requirements are timely identified and corrected through the voluntary clo if self-remediation is not available under applicable regulations?		m X		×		X		x	

Return Reference	Explanation
	Issuer name ILLINOIS FINANCE AUTHORITY SERIES 2008 B-2 & C The calculation for computing no rebate due was performed on 04/30/2018

Return Reference	Explanation
· · ·	Issuer name ILLINOIS FINANCE AUTHORITY SERIES 2008D The calculation for computing no rebate due was performed on 05/04/2018

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	hedule K	Sui	nnlemental l	Information o	n Tax-F	yem	nt F	Ronds					1545-00	-
(F	orm 990)			wered "Yes" to Form					criptions,		2018			
				, and any additional		in Par	t VI.							
	artment of the Treasury rnal Revenue Service			➤ Attach to Form 990 irs.gov/Form990 for		nforma	tion.						to Public pection	
	ne of the organization vard-Elmhurst Healthcare									Emplo	yer ıden	tification n	umber	
										36-35	13954			
Pa	art I Bond Issues	T					1					ı		
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	((f) Description	on of purpose	(g) De	efeased	behalf of issuer		i) Pool nancing
_	THE PROPERTY OF THE PROPERTY	06.4004067	4530051180	05.33.3000			20110	TO LIGHT NIEW		Yes	No	Yes	No Ye	
А	ILLINOIS FINANCE AUTHORITY SERIES 2008D	86-1091967	45200FHB8	05-22-2008	50,0	00,000	CONS	STRUCT NEW	HOSPITAL		×		×	X
Pa	art II Proceeds													
						Δ.		E	В	C			D	
1	Amount of bonds retired						0							
2	Amount of bonds legally defease						0							
3	Total proceeds of issue					50,000	,000							
4	Gross proceeds in reserve funds						0							
5	Capitalized interest from procee				2,009,969									
6	Proceeds in refunding escrows .				0									
7	Issuance costs from proceeds .					232	,445							
8	Credit enhancement from proce					15	,164							
9	Working capital expenditures fro	•					0							
10	Capital expenditures from proce					47,742	,422							
11	Other spent proceeds						0							
12	Other unspent proceeds						0							
13	Year of substantial completion .			• •		11								
					Yes	No	-+	Yes	No	Yes	No	,	es	No
14	Were the bonds issued as part of					X								
15	Were the bonds issued as part o					Х							\longrightarrow	
16	Has the final allocation of proceed	eds been made? .			Х									
17	Does the organization maintain proceeds?				×									
Pa	art III Private Business Us					•			•	·		•		
						Δ.		E		Ç			D	
	Was the organization a partner	in a nartnarchim are	momborofonUC	which award areas	Yes	No	·	Yes	No	Yes	No	<u> </u>	'es	No
1	financed by tax-exempt bonds?					X								
2	Are there any lease arrangemen	nts that may result in	private business use		Х									
Ear	Panerwork Peduction Act Notice				Cal	t No 50	1103E				c	chedule l	(Form 6	90) 2018

Rebate not due yet?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

b

d

6

Part IV

b

C

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2018

No

Yes

Yes

C

No

Yes

C

No

Yes

Yes

Are there any management or service contracts that may result in private business use of

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

counsel to review any research agreements relating to the financed property?

organization, or a state or local government

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Χ

No

Χ

Χ

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Yes

Χ

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Nο

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В

No

Yes

13%

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Χ

Yes

No

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Term of GIC

the GIC satisfied?

requirements of section 148? . . .

Schedule K (Form 990) 2018

(GIC)?

period?

Part VI

Yes

Yes No

Nο

Yes

Χ

Yes

Χ

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

No

Yes

Nο

Page 3

No

No

D

Yes

Schedule K (Form 990) 2018

Yes

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(Form 990 or 9 EZ)	90- Complete to	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.			
Department of the Trea		Open to Public Inspection			
Namel Bกปกลางกรา Edward-Elmhurst Hea				Employer identi	fication number
Edward-Ellillidist fied	aitheare			36-3513954	
Return Reference	O, Supplemental Informa	ntion 	Explanation		
Form 990, Part I, Line 6 VOLUNTEERS	SYSTEM THE RESPONSIBIL VOLUNTEERING IN AND THE DATA ENTRY, MEETING AND PATIENTS AND VISITORS WOUT EACH SHIFT THEY COM	LITY OF THE VOLUNTEE E PROJECTS TO BE COM D GREETING, FRIENDLY VE TRACK OUR VOLUNT ME IN AND WE COLLECT	F AREAS THROUGHOUT THE ERS VARIES, DEPENDENT ON T MPLETED VOLUNTEERS HAVE VISITS, ESCORTING AND PRO EER HOURS MONTHLY ALL OF THE SIGN IN SHEETS AT THE R ENDED JUNE 30, 2019 OUR V	HE AREA THEY ASSISTED WITH VIDING GENERA F THE VOLUNTE END OF THE MC	ARE I CLERICAL WORK, IL INFORMATION TO ERS SIGN IN AND ONTH

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, and key components of the form 990 were also reviewed

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	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 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 of interest as they may arise throughout the course of the year.

Return	Explanation
Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	Executive compensation, including the President and all officers of Edward-Elmhurst Health care ("Senior Management") is managed by the Executive Committee of the Edward-Elmhurst Healthcare ("EEH") Board of Trustees, on behalf of EEH and all of its affiliates. On an annual basis, the Executive Committee reviews compensation arrangements, including the compens ation award for the Edward-Elmhurst Healthcare President for the coming year. The Executive Committee 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 Executive Committee only if and to the extent necessary to answer questions and provide other information the Executive Committee needs for its analysis, assessment and deliberations, and they must otherwise recuse themselves from Executive Committee meetings during Executive Committee debate and voting on compensation arrangements. Any Executive Committee member identified as having a conflict shall participate in the process only to the same extent as members of Senior Management. The Executive Committee conducts the review with the assistance of an experienced and independent compensation firm, which summarizes its analysis and findings in writing to the Executive Committee. The Executive Committee obtains and relies on current comparable market compensation data from appropriate peer organizations for each compensa tion 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 a rea served by EEH, current compensation survey compiled by an independent firm, and, where applicable, actual written offers from similar organizations competin

Return

Reference

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

Explanation

Return Explanation
Reference

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

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

990 Schedule O, Supplemental Information

Return Explanation

Reference

Reference	
Form 990,	ANSWERING SERVICE - Total Revenue 811218, Related or Exempt Function Revenue 811218, Unrelated Business Revenue ,
Part VIII, Line	Revenue Excluded from Tax Under Sections 512, 513, or 514,
2f Other	
Program	
Service	
Revenue	

990 Schedule O, Supplemental Information

Return Explanation

Revenue

Reference	
Form 990,	OTHER - Total Revenue 782921, Related or Exempt Function Revenue 493761, Unrelated Business Revenue , Revenue
Part VIII, Line	Excluded from Tax Under Sections 512, 513, or 514 289160,
11d Other	
Miscellaneous	

Return

Reference	
Form 990,	Physicians - Total Expense 61461, Program Service Expense 49169, Management and General Expenses 12292, Fundraising
Part IX, Line	Expenses , Consulting - Total Expense 12700495, Program Service Expense 10160396, Management and General Expenses
11g Other	2540099, Fundraising Expenses , Collection - Total Expense 6903009, Program Service Expense 5522407, Management and
Fees	General Expenses 1380602, Fundraising Expenses , Other - Total Expense 7366777, Program Service Expense 5893422,
	Management and General Expenses 1473355, Fundraising Expenses , Intercompany - Total Expense 87690, Program Service
	Expense 70152, Management and General Expenses 17538, Fundraising Expenses , Dictation - Total Expense 438767,
	Program Service Expense 351012, Management and General Expenses 87755, Fundraising Expenses,

Explanation

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	DISTRIBUTION TO OWNERS FROM RESIDENTIAL HOME HEALTH ILLINOIS, LLC - 900000, MINORITY INTEREST PAYABLE - 84979, PARTNERSHIP INCOME PREMIER HEALTHCARE ALLIANCE97667, TRANSFER FROM AFFILIATES - 97796016, LOSS ON SWAPS6639668, REALIZED LOSS ON HEDGE D - 177210, NON-CONTROLLING INTEREST IN RHHI684979,

Return

Reference	
Form 990, Part VI, Line 1a Executive Committee	The organization's governing body delegates broad authority to act on its behalf to an Executive Committee. 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 exceeding \$250,000 involving the acquisition of physician practices/groups and all transactions involving joint ventures. The Executive Committee consists of 6 voting members-the Edward Eimhurst 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

Explanation

SCHEDULE R
(Form 990)

As Filed Data Related

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

Department of the Treasury

Edward-Elmhurst Healthcare

Internal Revenue Service

Name of the organization

Part I

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.

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

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2018

DLN: 93493134035570 OMB No 1545-0047

> Open to Public Inspection

(f)

Schedule R (Form 990) 2018

Employer identification number

36-3513954

(e)

Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Total income Primary activity End-of-year assets Direct controlling or foreign country) entity (1) Illinois Health Partners LLC HEALTHCARE ΙL 9,437,293 Edward-Elmhurst Healthcare 801 South Washington Naperville, IL 60540 90-0744712 (2) DRIVEN LABS LLC Healthcare Innovation DE 39,752 0 EDWARD-ELMHURST HEALTHCARE 801 SOUTH WASHINGTON NAPERVILLE, IL 60540 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 (d) (f) (g) (b) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) Primary activity (if section 501(c)(3)) or foreign country) entity (13) controlled entity? Yes No

Cat No 50135Y

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)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512- 514)		(g) Share of end- of-year assets	allocation	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		General o managing partner?		(k) Percentage ownership
(1) NORTHERN ILLINOIS SURGERY CENTER LP	SURGERY CENTER	IL	NA	N/A			Yes	NO		res	NO	0 %		
475 E DIEHL ROAD NAPERVILLE, IL 60563 36-3776424												0 /0		
(2) ELMHURST OUTPATIENT SURGERY CENTER LLC 1200 S YORK ROAD ELMHURST, IL 60126 36-4150045	SURGERY CENTER	IL	NA	N/A								0 %		
(3) RESIDENTIAL HOME HEALTH ILLINOIS LLC 5440 CORPORATE DRIVE SUITE 400 TROY, MI 48098 27-0179825	HEALTHCARE	IL	EEH	Related	1,442,806	5,543,340		No			No	60 %		
(4) RESIDENTIAL HOSPICE ILLINOIS LLC 5440 CORPORATE DRIVE SUITE 400 TROY, MI 48098 45-4745710	HEALTHCARE	IL	EEH	Related	790,082	1,987,056		No			No	42 5 %		
(5) MIDWEST ENDOSCOPY LLC 1243 RICKERT DRIVE NAPERVILLE, IL 60540 20-8292570	HEALTHCARE	IL	NA	N/A								0 %		
(6) INSIGHT MEDICAL IMAGING LLC 2009 WARRENVILLE ROAD LISLE, IL 60532 82-2352016	HEALTHCARE	IL	NA	N/A								0 %		
Part IV Identification of Related Organizations Ta	avable as a Corneratio	T	wet Compl	ata if the are		awarad IIVa	a" on F	- C	DO Down IV	line	34			

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	Sectio (b)(contr enti	n 512 13) folled ty?
								Yes	No
(1)IHP ACO	HEALTHCARE	IL	EEH	C Corporation	0	0	50 %	Yes	
Suite 300 1100 W 31st Street Downers Grove, IL 60515 46-2848987									
(2)ELMHURST MEMORIAL HEALTH TECHNOLGIES LLC	PRACTICE MANAGEMENT	IL	EMHC	C Corporation					No
855 NORTH CHURCH COURT ELMHURST, IL 60126 36-3229839									
(3)EEH SPC - SEGREGATED PORTFOLIO A	INSURANCE	CJ	EEH	C Corporation	16,523,597	72,637,314	100 %	Yes	
GOVERNORS SQUARE BLDG 4 FLOOR 2 LIME TREE BAY, GRAND CAYMAN KY11002 CJ									
(4)EEH SPC - SEGREGATED PORTFOLIO B	INSURANCE	CJ	EEH	C Corporation	15,968,413	51,125,396	100 %	Yes	
GOVERNORS SQUARE BLDG 4 FLOOR 2 LIME TREE BAY, GRAND CAYMAN KY11002 CJ 98-1185160									
(5)ELMHURST PHYSICIAN HOSPITAL ORGANIZATION LLC	HEALTHCARE	IL	EMH	C Corporation					No
855 N CHURCH COURT ELMHURST, IL 60126 36-3994179									

See Additional Data Table

(d) Method of determining amount involved

Schedule R (Form 990) 2018

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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a	a Yes				
b Gift, grant, or capital contribution to related organization(s)	. 1b	2	No			
c Gift, grant, or capital contribution from related organization(s)						
d Loans or loan guarantees to or for related organization(s)	. 10	1	No			
e Loans or loan guarantees by related organization(s)	16	2	No			
f Dividends from related organization(s)	11	f	No			
g Sale of assets to related organization(s)	19	<u>, </u>	No			
b. Divisions of accete from velated evapolistics(s)	11	$\overline{}$	No			

C	Girt, grant, or capital contribution from related organization(s)	1-0	110
d	Loans or loan guarantees to or for related organization(s)	1 d	No
е	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1 g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1 i	No

е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	10	Yes	
		П		

f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1 g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	 1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	 11 Y	es es
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Y	'es
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	 1n Y	es es
o Sharing of paid employees with related organization(s)	 10 Y	'es
p Reimbursement paid to related organization(s) for expenses	 1p Y	res es
q Reimbursement paid by related organization(s) for expenses	 1 q	No
r Other transfer of cash or property to related organization(s)	 1r Y	res es
s Other transfer of cash or property from related organization(s)	 1s Y	'es

(b) Transaction type (a-s)

(c) Amount involved

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

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations? m		Are all partners section 501(c)(3) organizations?		Are all partners section 501(c)(3) organizations?		(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No					
													_				
									•	Schedul	e R (Forn	1 99	0) 2018				



36-4037473

Software ID: 18007697 **Software Version:** 2018v3.1

EIN: 36-3513954

	Name: Edward-Elmhurs	st Healthcare					
Form 990, Schedule R, Part II - Identification of Rela		1					
(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		on 512 (13) rolled
			 		=:".	Yes	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	Yes	
	FUNDRAISING	IL	501(c)(3)	7	EEH	Yes	
801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3723705							
	HEALTH CARE	IL	501(c)(3)	10	EHV		No
801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3555528							
	HOSPITAL	IL	501(c)(3)	3	EEH	Yes	
801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3297173							
	HEALTH CARE	IL	501(c)(3)	10	EH		No
801 SOUTH WASHINGTON NAPERVILLE, IL 60540 45-2389060							
	HOSPITAL	IL	501(c)(3)	3	EMHC		No
155 E BRUSH HILL ROAD ELMHURST, IL 60126 36-2167784							
	FUNDRAISING	IL	501(c)(3)	7	EMH		No
155 E BRUSH HILL ROAD ELMHURST, IL 60126 36-3083197							
	SUPPORTING ORG	IL	501(c)(3)	Type II	EEH	Yes	
155 E BRUSH HILL ROAD ELMHURST, IL 60126							

Form 990, Schedule R, Part V - Transactions With Related Organizations (b) (c) (a) Name of related organization Transaction Amount Involved (d) Method of determining amount involved type(a-s) (1) **EDWARD HOSPITAL** 115,402,068 MANAGEMENT FEE (1) ELMHURST MEMORIAL HOSPITAL 86,314,534 MANAGEMENT FEE (2) EDWARD HEALTH VENTURES Α 1,379,260 **ACTUAL COST** (3) EEH SPC-SEGREGATED PORTFOLIO CELL A 13,641,572 ACTUAL COST (4) EEH SPC-SEGREGATED PORTFOLIO B 3,767,461 ACTUAL COST (5) EDWARD HEALTH & FITNESS CENTER М 938,952 ACTUAL COST (6) RESIDENTIAL HOME HEALTH ILLINOIS 900,000 ACTUAL

75,000

ACTUAL

RESIDENTIAL HOSPICE ILLINOIS LLC