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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Elmhurst Memorial Healthcare Group

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
200 Berteau Avenue

City or town, state or country, and ZIP + 4
Elmhurst, IL 60126

D Employer identification number
35-2339114

E Telephone number
(630) 833-8200

G Gross receipts $ 352,683,570

F Name and address of principal officer
James F Doyle
200 Berteau Avenue
Elmhurst, IL 60126

H(a) Is this a group return for affiliates? ☑ Yes ☐ No

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

H(c) Group exemption number ▶ 5467

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

J Website: ▶ www emhc org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation | **M** State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
A comprehensive health system designed to enhance the health of the community

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	50
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	47
5	Total number of employees (Part V, line 2a)	**5**	2,938
6	Total number of volunteers (estimate if necessary)	**6**	900
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,607,869
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	2,796,307	3,131,004
9	Program service revenue (Part VIII, line 2g)	309,181,840	337,555,071
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	234,386	-184,178
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,575,274	11,455,147
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	321,787,807	351,957,044
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	885,905	0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	156,873,328	152,797,446
16a	Professional fundraising fees (Part IX, column (A), line 11e)	291,228	270,496
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,076,962		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	142,028,971	170,455,684
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	300,079,432	323,523,626
19	Revenue less expenses Subtract line 18 from line 12	21,708,375	28,433,418
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	296,224,479	483,290,769
21	Total liabilities (Part X, line 26)	124,242,207	151,076,030
22	Net assets or fund balances Subtract line 21 from line 20	171,982,272	332,214,739

Part II Signature Block

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

Sign Here

****** | 2011-05-10
Signature of officer | Date

James F Doyle Senior VP/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Zack Fortsch	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ RSM MCGLADREY INC ONE SOUTH WACKER DRIVE SUITE 800 CHICAGO, IL 606063392			EIN ▶ Phone no ▶ (312) 634-3400

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Founded in 1926, Elmhurst Memorial Hospital (Hospital) today is Elmhurst Memorial Healthcare, a comprehensive health system with multiple locations and services designed to enhance the health of the communities and customers it serves The organization now includes a hospital that operates 330 beds and a staff of approximately 3,000 employees and approximately 600 physicians who are committed to excellence in medical and surgical care, behavioral health, cardiology, emergency care, gastroenterology, maternity, neurosurgery, oncology, orthopedics and pediatrics The physicians, employees, board members and volunteers of Elmhurst Memorial Healthcare comprise a community of caregivers committed to meeting the healthcare needs of communities primarily located in Western Cook and Eastern DuPage Counties

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 241,509,466 including grants of $) (Revenue $ 325,817,342)

Elmhurst Memorial Hospital (Hospital) is a not-for-profit healthcare organization that provides acute and nonacute inpatient and outpatient care to residents of Eastern DuPage and Western Cook Counties Founded in 1926, Elmhurst Memorial Hospital has expanded its services and has several conveniently located Care Centers to better serve its patients, their families and numerous communities In fiscal year 2010, Elmhurst Memorial treated more than 16,193 inpatients and totaled more than 395,626 outpatient visits There were more than 44,236 visits to the Emergency Department and more than 24,463 visits to two Immediate Center Centers 1,375 newborns were delivered in the Family Birthing Center The organization also provided more than $76 million in community benefits, which include a generous financial assistance policy that exceeds the standards recommended by the Illinois Hospital Association, charity care and more than 200 community education programs and events In addition, Elmhurst Memorial Hospital continues to make progress on the construction of a fully integrated medical campus that will change the perception of what a hospital can be Located at the corner of York Street and Roosevelt Road in Elmhurst and scheduled to open in 2011, the campus is situated on a highly accessible 50-acre site and will include an acute care hospital with all private rooms, outpatient services in the existing Elmhurst Memorial Center for Health and a variety of physician offices in proposed new medical office buildings

4b (Code) (Expenses $ 0 including grants of $) (Revenue $ 0)

Elmhurst Memorial Hospital Foundation (Foundation) was established in 1980 as the official fundraising and gift receiving arm of Elmhurst Memorial Healthcare (EMHC) The Foundation encourages and receives contributions that are used to enhance the delivery of high quality, comprehensive healthcare services for those who live and work in the communities served by EMHC The Foundation accomplishes this through fundraising events, such as the annual Autumn Affair, and programs, such as The Grateful Patient program, which was established by the Foundation as a way for patients to show their thanks and appreciation for the care they received at EMHC by making a donation Now, with the Hospital's New Main Campus scheduled to open on June 25, 2011, the Foundation has set out to build private philanthropic support for the project To reach its goal, the Foundation launched Exceptional Past, Extraordinary Future Campaign for the New Elmhurst Memorial Hospital - the most ambitious fundraising initiative in the organization's history

4c (Code) (Expenses $ 5,849,698 including grants of $) (Revenue $ 9,129,860)

Elmhurst Memorial Home Health (Home Health) provides a complete range of services, combining technical expertise and compassionate care for patients of all ages and medical needs It has made it a priority to provide patients with high quality, compassionate care - services that make a difference in the lives of patients Home Health is a state licensed, Medicare - certified agency that is accredited by The Joint Commission It is also a member of the Illinois Home Care Council Through the Hospice program, appropriate care and support allows patients to live the last phase of life fully, with dignity and freedom from pain or discomfort, in the presence of familiar persons and surroundings An interdisciplinary team approach is used to help terminally ill patients and their families face physical, emotional, psychological, social and spiritual aspects of their lives and the patient's death, together in an atmosphere of support and acceptance In fiscal year 2010, Home Health admitted 1,756 patients while Hospice admitted 319 patients and Home Medical Equipment had 819 rental admissions

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 247,359,164

Part IV 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?	2	Yes	
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? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	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, 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 term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● 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.*			
	● 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.*			
	● 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.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	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, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	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*	17	Yes	
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	Yes	
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
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *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 a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	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)			
a	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**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	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
33	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	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**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
37	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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	175		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,938		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 50		
b	Enter the number of voting members that are independent . .	1b 47		
2	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
3	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
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	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	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Kevin Fitch
200 Berteau Avenue
Elmhurst, IL 60126
(630) 833-1400

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	5,823,446	0	1,375,152

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶126

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
KordaNemeth Engineering Inc 1650 Watermark Drive Columbus, OH 43215	Consulting Engineers	2,460,118
Albert Kahn Associates Inc 7430 Second Avenue Detroit, MI 48202	Construction Consulting	2,399,853
Elmhurst Emergency Medical Svc 200 Berteau Avenue Elmhurst, IL 60126	Screenings & Physicians' services	2,292,698
Cyberknife Center Of Chicago LLC 40 Burton Hill Blvd Nashville, TN 37215	Medical Treatments	1,460,200
Gilbane Building Co 8550 W Bryn Mawr Ave Chicago, IL 60631	Construction Service	1,335,817

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶66

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	278,425			
	d	Related organizations	1d	230,781			
	e	Government grants (contributions)	1e	33,388			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,588,410			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		3,131,004			
Program Service Revenue			Business Code				
	2a	Patient Services	621,610	325,417,460	324,530,092	887,368	
	b	Medicare/Medicaid	900,099	8,578,034	8,578,034		
	c	Laboratory Services	541,380	1,577,259		1,577,259	
	d	Income from K-1s	621,400	1,066,012	1,066,012		
	e	Elmcare Salary	623,000	916,306	916,306		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		337,555,071			
	3	Investment income (including dividends, interest and other similar amounts)		61,842			61,842
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	339,768				
	b	Less rental expenses					
	c	Rental income or (loss)	339,768				
	d	Net rental income or (loss)		339,768			339,768
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		284,583			
	b	Less cost or other basis and sales expenses		530,603			
	c	Gain or (loss)		-246,020			
	d	Net gain or (loss)		-246,020			-246,020
Other Revenue	8a	Gross income from fundraising events (not including $ 278,425 of contributions reported on line 1c) See Part IV, line 18	a 195,923				
	b	Less direct expenses	b 195,923				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Miscellaneous Income	900,099	7,381,843	7,381,843		
	b	Behavioral Health Prog	900,099	2,414,981	2,414,981		
	c	Cafeteria and Diet	561,499	1,318,555	1,175,313	143,242	
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		11,115,379			
	12	**Total revenue.** See Instructions		351,957,044	346,062,581	2,607,869	155,590

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,886,344		5,886,344	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	119,561,937	78,828,064	40,733,873	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,004,237	1,316,567	687,670	
9 Other employee benefits	16,340,415	10,737,668	5,602,747	
10 Payroll taxes	9,004,513	5,936,666	3,067,847	
11 Fees for services (non-employees)				
a Management	32,782		32,782	
b Legal	435,917	284,414	151,503	
c Accounting	61,176		61,176	
d Lobbying				
e Professional fundraising *See Part IV, line 17*	270,496			270,496
f Investment management fees				
g Other	21,930,694	17,944,502	3,975,468	10,724
12 Advertising and promotion	2,202,036	17,235	2,054,534	130,267
13 Office expenses	3,190,843	2,075,541	1,088,234	27,068
14 Information technology	3,184,072	2,034,079	1,149,993	
15 Royalties				
16 Occupancy	7,871,898	6,848,103	1,000,870	22,925
17 Travel	290,500	224,692	63,764	2,044
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,594	3,653		4,941
20 Interest	25,630	16,722	8,908	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,568,637	10,177,247	5,391,390	
23 Insurance	5,417,600	5,417,600		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Med/Surg suppl & drugs	47,898,353	47,898,353		
b Charity care	29,679,624	29,679,624		
c Bad debt	12,205,447	12,201,428	4,019	
d Miscellaneous expenses	10,466,733	9,367,006	1,019,613	80,114
e Equip rental & maint	8,951,629	5,844,864	3,106,765	
f All other expenses	1,033,519	505,136		528,383
25 **Total functional expenses.** Add lines 1 through 24f	323,523,626	247,359,164	75,087,500	1,076,962
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,035,261	1	2,212,685
	2	Savings and temporary cash investments		1,799,865	2	1,108,683
	3	Pledges and grants receivable, net		913,176	3	4,197,715
	4	Accounts receivable, net		41,623,195	4	47,785,785
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		4,318,903	8	5,008,577
	9	Prepaid expenses and deferred charges		5,337,698	9	7,095,356
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 652,813,526			
	b	Less accumulated depreciation	10b 250,278,229	228,781,449	10c	402,535,297
	11	Investments—publicly traded securities		6,446,497	11	7,037,559
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		5,968,435	15	6,309,112
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		296,224,479	16	483,290,769
Liabilities	17	Accounts payable and accrued expenses		108,100,980	17	110,107,215
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		16,141,227	25	40,968,815
	26	**Total liabilities.** Add lines 17 through 25		124,242,207	26	151,076,030
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		169,796,022	27	325,597,951
	28	Temporarily restricted net assets		1,696,735	28	6,127,273
	29	Permanently restricted net assets		489,515	29	489,515
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		171,982,272	33	332,214,739
	34	Total liabilities and net assets/fund balances		296,224,479	34	483,290,769

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Elmhurst Memorial Healthcare Group

Employer identification number
35-2339114

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

_____

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h 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 or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
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 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3 Gross receipts from activities that are 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						
5 The value of services or facilities 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)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

Schedule A, Part IV, Supplemental Information Schedule A, Part I Elmhurst Memorial Foundation is not a private foundation because it is an organization described on part I, line 7 Elmhurst Memorial Home Health is not a private foundation because it is an organization described on part I, line 9

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☐ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		40,996
j	Total lines 1c through 1i			40,996
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	American Hospital Association and Illinois Hospital Association (IHA) Membership dues, of which 29 5% of the IHA dues are allocable to lobbying activities

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Elmhurst Memorial Healthcare Group

Employer identification number
35-2339114

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	489,516	580,261			
b Contributions		100			
c Investment earnings or losses	97,621	-39,802			
d Grants or scholarships	4,700	51,043			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	582,437	489,516			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ **100.000 %**
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,511,314		3,511,314
b Buildings		180,870,043	129,836,184	51,033,859
c Leasehold improvements		294,716	294,140	576
d Equipment		145,283,083	118,507,969	26,775,114
e Other		322,854,370	1,639,936	321,214,434
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				402,535,297

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Net pension liability	40,916,765
Miscellaneous liability	52,050
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	40,968,815

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	Part X, line 2, FIN 48 footnote Elmhurst Memorial Healthcare Group (EMH) adopted the FASB-issued guidance for accounting for uncertainty in income taxes on July 1, 2008 EMH files a Form 990 (Return of Organization Exempt from Income Tax) annually When the return is filed, it is highly certain that some positions taken would be sustained upon examination by the taxing authorities, while others are subject to uncertainty about the merits of the position taken or the amount of the position that would ultimately be sustained Examples of tax positions common to health systems include such matters as the following The tax exempt status of each entity, the continued tax exempt status of bonds issued by the obligated group, the nature, characterization and taxability of joint venture income and various positions relative to potential sources of unrelated business taxable income (UBIT) UBIT is reported on Form 990T, as appropriate The benefit of a tax position is recognized in the consolidated financial statements in the period during which, based on all available evidence, management believes that it is more likely than not that the position will be sustained upon examination, including the resolution of appeals or litigation processes, if any Tax positions are not offset or aggregated with other positions Tax positions that meet the "more likely than not" recognition threshold are measured as the largest amount of tax benefit that is more than 50 percent likely to be realized on settlement with the applicable taxing authority The portion of the benefits associated with tax positions taken that exceeds the amount measured as described above is reflected as a liability for unrecognized tax benefits in the accompanying consolidated balance sheets along with any associated interest and penalties that would be payable to the taxing authorities upon examination Upon the adoption of the FASB- issued guidance at July 1, 2008 and as of June 30, 2010 and 2009, there were no unrecognized tax benefits identified and recorded as a liability

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
Elmhurst Memorial Healthcare Group

Employer identification number
35-2339114

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☑ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
IDC	Direct mail program for the capital campaign program		No	101,712	335,687	-233,975
Total . . . . . ▶				101,712	335,687	-233,975

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Autumn Affair (event type)	(b) Event #2 Fall Benefit Dinner (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	202,475	155,125	116,748	474,348
	2 Less Charitable contributions	123,256	92,317	62,852	278,425
	3 Gross income (line 1 minus line 2)	79,219	62,808	53,896	195,923
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	79,219	62,808	53,896	195,923
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				195,923
	11 Net income summary Combine lines 3, column d, and line 10 ▶				0

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Elmhurst Memorial Healthcare Group

Employer identification number
35-2339114

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☑ Other 60000.0000000000 % ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400%	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			5,865,666		5,865,666	2 310 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			18,539,410	8,578,034	9,961,376	3 930 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			24,405,076	8,578,034	15,827,042	6 240 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			1,225,625		1,225,625	0 480 %
f Health professions education (from Worksheet 5)			103,784		103,784	0 040 %
g Subsidized health services (from Worksheet 6)			116,430		116,430	0 050 %
h Research (from Worksheet 7)			39,660		39,660	0 020 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			1,850,779		1,850,779	0 730 %
j **Total** Other Benefits			3,336,278		3,336,278	1 320 %
k **Total.** Add lines 7d and 7j			27,741,354	8,578,034	19,163,320	7 560 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	2,532,342		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	95,603,505
6	Enter Medicare allowable costs of care relating to payments on line 5	6	131,608,353
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-36,004,848
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes		

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	Elmhurst Outpatient Surgery Center LLC	Outpatient surgical services	55 630 %	0 %	44 370 %
2	Cyberknife Center of Chicago LLC	Radiation treatment services for cancer patients	20 000 %	0 %	40 000 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Elmhurst Memorial Hospital 200 Berteau Avenue Elmhurst, IL 60126	X	X					X		
Elmhurst Memorial Center for Health 1200 S York Road Elmhurst, IL 60126									OP Ambulatory Center
Elmhurst Memorial Guidance Services 183 N York Road Elmhurst, IL 60126									OP Behavioral Health Clinic
Elmhurst Memorial Life Plan Center 186 S West Elmhurst, IL 60126									OP Rehab Services
Elmhurst Memorial Lombard Health Center 130 S Main Street Lombard, IL 60148									OP Ambulatory Center
Elmhurst Memorial Hospital Infusion Cent 1N121 County Farm Road Suite 220 Winfield, IL 60190									OP Infusion Center
Elmhurst Memorial Hospital Sleep Center 701 S Main Street Lombard, IL 60148									Sleep Lab
Elmhurst Memorial Occupational Health Se 230 East Irving Park Road Wood Dale, IL 60191									Occupational Health Services
Addison Doctors Building 330 West Lake Street Addison, IL 60101									Draw Station (with limited hours)

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

See additional data

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

See additional data

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

See additional data

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

See additional data

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

Part VI, Line 7 Elmhurst Memorial Hospital is part of Elmhurst Memorial Healthcare, an intergrated health system that promotes health in the communities of western Cook County, IL and DuPage County, IL Other members of the health system include a home health care company and affiliated physician practices that work together to provide integrated care across the health care continuum

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Elmhurst Memorial Healthcare Group

Employer identification number
35-2339114

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☑ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Denise L Meyers (until 6910)	(i)	251,632	94,048	134,154	207,253	8,237	695,324	0
	(ii)	0	0	0	0	0	0	0
James F Doyle	(i)	425,778	132,480	168,986	254,496	20,248	1,001,988	0
	(ii)	0	0	0	0	0	0	0
Leo F Fronza	(i)	678,594	200,303	328,712	499,559	17,709	1,724,877	0
	(ii)	0	0	0	0	0	0	0
Matthew Lambert MD (until 123109)	(i)	456,578	163,539	99,611	121,055	16,555	857,338	0
	(ii)	0	0	0	0	0	0	0
Sandra Nelson	(i)	157,231	56,779	4,015	0	14,868	232,893	0
	(ii)	0	0	0	0	0	0	0
Mary Stull	(i)	224,093	72,980	26,187	28,952	17,836	370,048	0
	(ii)	0	0	0	0	0	0	0
Pamela Dunley	(i)	200,710	60,602	6,629	0	10,699	278,640	0
	(ii)	0	0	0	0	0	0	0
Andrew S Blum MD	(i)	481,934	0	17,900	0	10,958	510,792	0
	(ii)	0	0	0	0	0	0	0
Charles Colander	(i)	285,855	84,332	3,576	0	11,112	384,875	0
	(ii)	0	0	0	0	0	0	0
Connie Nacopoulos MD	(i)	305,060	85,955	64,360	91,570	14,747	561,692	0
	(ii)	0	0	0	0	0	0	0
Lois Grubb	(i)	260,652	81,901	5,532	0	11,001	359,086	0
	(ii)	0	0	0	0	0	0	0
Paul Jackson Jr	(i)	28,418	174,330	0	0	18,297	221,045	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	EMHC provides reimbursement for federal and state individual income tax return preparation up to the approved amount in the Executive Compensation package as recommended by the Human Resources Committee of the Hospital Board and approved by the Hospital Board
	Part I, Line 4a	EMHC offers a Supplemental Employee Retirement Plan to all employees who participate in the executive benefits program and whose compensation exceeds the IRS allowable limit for a qualified pension plan The amount accrued in 2009 was included in income on Schedule J for the following individuals Matt Lambert, MD - $75,972 Denise Meyers - $130,068 Connie Nacopoulos, MD - $57,468 Leo F Fronza - $313,513 James F Doyle - $159,717 Mary Stull - $18,170
	Part I, Line 5	Paul Jackson, Jr Corporate Marketing Manager received a monthly bonus of 4% based on occupational health sources of revenue per the sales compensation plan

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶**See separate instructions.**

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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Terri Doyle	Spouse of James Doyle - Sr Vice Pres & CFO, EMH	127,043	Employment		No
OEC Business Interiors Inc	Sherrie Riha, EMHF Trustee, is an officer of OEC Business Interiors, Inc	32,955	Purchase of furniture		No
Mostardi Platt	Robert Platt is an owner of Mostardi Platt and a member of the EMHC Board	14,164	Payment for legal fees		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

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2009

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Employer identification number
35-2339114

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	2	52,119	Average market price
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Auction items)	X	129	0	Cost
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 35-2339114
Name: Elmhurst Memorial Healthcare Group

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Elmhurst Memorial Healthcare is the sole corporate member of Elmhurst Memorial Hospital Elmhurst Memorial Hospital is the sole corporate member of Elmhurst Memorial Home Health and Elmhurst Memorial Hospital Foundation

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The sole corporate member can appoint, remove and fill the vacancies of trustees and officers of Hospital, Home Health, and Foundation

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		The sole corporate member's approval is required for adopting, amending, repealing and/or restating the Articles of Incorporation and Bylaws, any plan of sale, transfer, merger, consolidation or dissolution of the corporation, appointment of independent auditors, borrowing of any sum exceeding $100,000 or which has a stated term of greater than one year, any guarantee of debt, long-term capital and operational budgets, and sale of the corporation's real estate or execution of any agreement or transaction of a material nature

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		A review of the 990 was conducted prior to being filed by Hospital's Finance Committee during their meeting held in March The review was led by the Finance Committee Chair and conducted by representatives of Hospital's tax consultants, as overseen by Hospital's financial management staff The final form 990 is provided to the board members before filing

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		EMHC regularly and consistently monitors it's conflict of interest policy by requiring prompt and full disclosure of existing or potential conflicts of interest and in addition, sends out an annual conflict of interest questionnaire to members of the Boards of Trustees of Elmhurst Memorial Healthcare and each affiliate, non-Trustee members of Board committees, members of the Pharmacy, Nutrition and Therapeutics Committee, Healthcare Management Council, Department Heads and those with purchasing authority in excess of $50,000 The annual questionnaires are reviewed by the Director, Risk Management/Corporate Compliance Officer and the appropriate Board or committee chairman In the event that a potential conflict arises, the results may be discussed with any and all individuals necessary to come to a final determination In the event that the conflict of interest may potentially impair that person's ability to fulfill their duty to EMHC or affiliate, that person will be given an opportunity to eliminate the conflict or to resign, as reasonably determined

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The executive compensation program has been designed, under the direction of the Human Resource Committee, to attract and retain a highly qualified executive team and directly link their pay to the attainment of both corporate and personal performance objectives The Committee is comprised of outside, independent individuals with relevant expertise in a range of fields The Committee reviews executive compensation annually with input from Towers Perrin, an independent expert consulting firm Included in this review are tests of the executive pay structure against a number of available comparator groups and data sources The process is designed to meet the requirements of the IRS' rebuttable presumption of reasonableness Base salaries for executives are established by the Committee to reflect each executive's scope of responsibility and individual performance The Committee uses a "scorecard" approach to evaluate performance which provides comprehensive performance measures and indicators and enable the Committee to evaluate performance and progress with respect to critical goals The Committee maintains minutes of its proceedings and deliberations, and makes recommendations to the Board of Trustees for their consideration and action

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		EMHC and its subsidiaries' audited financial statements are made available on the organization's website and by request Governing documents and conflict of interest policy are not available to the general public

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Elmhurst Memorial Oncology Svcs LLC 200 Berteau Avenue Elmhurst, IL 60126 20-4614079	Oncology Services	IL	-1,453,237	109,501	Elmhurst Memorial Healthcare
Elmhurst Memorial Affiliated Primary Care Physicians LLC 200 Berteau Avenue Elmhurst, IL 60126 26-3633852	Primary Care	IL	-1,198,323	583,911	Elmhurst Memorial Healthcare
Elmhurst Memorial Professional Services LLC 200 Berteau Avenue Elmhurst, IL 60126 80-0152217	Physician Group-Radiology	IL			Elmhurst Memorial Hospital

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.)

(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
Elmhurst Memorial Healthcare 200 Berteau Avenue Elmhurst, IL 60126 36-4037473	Healthcare provider, administrative	IL	501(c)	Line 3	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
Elmhurst Outpatient Surgery Center LLC 1200 S York Road Elmhurst, IL60126 36-4150045	Outpatient Surgery	IL			1,401,490	2,896,805		No			No

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
Elmhurst Memorial Health Technologies LLc 855 North Church Court Elmhurst, IL60126 36-3229839	Practice Management	IL		C			100 000 %

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
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 **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) Elmhurst Clinic	A	62,244
(2) Elmhurst Outpatient Surgery Center LLC	K	156,000
(3) Elmhurst Memorial Health Technologies LLC	L	996,960
(4) Elmhurst Memorial Health Technologies LLC	O	996,960
(5) Cyberknife Center of Chicago LLC	L	1,460,200
(6)		

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) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:
Software Version:
EIN: 35-2339114
Name: Elmhurst Memorial Healthcare Group

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Anne Oldenburg Asst Secretary - EMHF	1 00	X						0	0	0
Betsy Hanisch Vice Chairman - EMHF	1 00	X						0	0	0
Blanche Hill Trustee - EMHF	1 00	X						0	0	0
Brian Grant Trustee - EMHC	1 00	X						0	0	0
Charity S Ahlgrim Trustee - EMHF	1 00	X						0	0	0
Charles Giger MD VP Medical Staff - EMH	1 00	X						0	0	0
Danelle Achepohl Asst Treasurer - EMHF	1 00	X						0	0	0
Darrell Whistler Trustee - EMHC	1 00	X						0	0	0
David Brueggen Asst Treasurer - EMHC	1 00	X						0	0	0
David L Atchison Vice Chairman - EMHC	1 00	X						0	0	0
Dean R Milos MD Asst Treasurer - EMH	1 00	X						0	0	0
Debra Catalano Trustee - EMHF	1 00	X						0	0	0
Don Hoffman MD Trustee - EMH	1 00	X						0	0	0
Donald Lurye MD Trustee - EMHC	1 00	X						0	0	0
Edward J Momkus Secretary - EMHF	1 00	X						0	0	0
George Kouba Asst Secretary - EMH	1 00	X						0	0	0
Greg Young Trustee - EMHH	1 00	X						0	0	0
Honorable Lee Daniels Trustee - EMHC	1 00	X						0	0	0
J Thomas Brown MD Trustee - EMH	1 00	X						0	0	0
James B Ebert MD Trustee - EMHF	1 00	X						0	0	0
James J Migala MD Asst Secretary - EMHC	1 00	X						0	0	0
Joel G Herter Chairman - EMH	1 00	X						0	0	0
Joseph R Jeffery Trustee - EMHF	1 00	X						0	0	0
Judge William J Bauer Trustee - EMH	1 00	X						0	0	0
Kenneth E Wegner Chairman - EMHF	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kristina Katzovitz MD Trustee - EMHH	1 00	X						0	0	0
Lou McKeever MD Trustee - EMHC	1 00	X						0	0	0
Marilyn Graber Trustee - EMHC	1 00	X						0	0	0
Mary Ann Malloy MD Trustee - EMHF	1 00	X						0	0	0
Michael Martirano MD Pres, Med Staff - EMHC	1 00	X						0	0	0
Patricia Merwick MD Trustee - EMHC	1 00	X						0	0	0
Paul Meyer MD Trustee - EMHH	1 00	X						0	0	0
Richard Bruce Trustee - EMHF	1 00	X						0	0	0
Richard Gillette Trustee - EMHF	1 00	X						0	0	0
Richard Inskeep Secretary - EMHC	1 00	X						0	0	0
Robert E Soukup Chairman - EMHC	1 00	X						0	0	0
Robert G Robertson Treasurer - EMHC	1 00	X						0	0	0
Robert Platt Trustee - EMHC	1 00	X						0	0	0
Ron Cheff MD Secretary - EMH	1 00	X						0	0	0
Sarah Diamond Trustee - EMHF	1 00	X						0	0	0
Sherrie Riha Trustee - EMHF	1 00	X						0	0	0
Susan Gehrke LoPiano Trustee - EMHF	1 00	X						0	0	0
Suzanne Durburg RN Trustee - EMHH	1 00	X						0	0	0
Thomas Kloet Vice Chairman - EMH	1 00	X						0	0	0
Larry Barr MD Special Rep To Med Staff - EMH	1 00	X						0	0	0
Ada Rahn MD until 53110 Trustee - EMHH	1 00	X						0	0	0
Denise L Meyers until 6910 VP Managed Care - EMHH	40 00			X				479,834	0	215,490
James F Doyle Senior VP/CFO - EMHC	40 00			X				727,244	0	274,744
Leo F Fronza President/CEO - EMHC	40 00			X				1,207,609	0	517,268
Matthew Lambert MD until 123109 Sr VP Clin Oper - EMHH	40 00			X				719,728	0	137,610

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sandra Nelson President - EMHF	40 00			X				218,025	0	14,868
Wayne A Aardsma President - EMHH	40 00			X				0	0	0
W Peter Daniels President - EMHF	40 00			X				0	0	0
Mary Stull COO Elm Clinic Division	40 00				X			323,260	0	46,788
Pamela Dunley VP Patient Services	40 00				X			267,941	0	10,699
Andrew S Blum MD Radiologist	40 00					X		499,834	0	10,958
Charles Colander VP & Chief Info Officer - EMH	40 00					X		373,763	0	11,112
Connie Nacopoulos MD VP Medical Affairs	40 00					X		455,375	0	106,317
Lois Grubb VP Human Resources	40 00					X		348,085	0	11,001
Paul Jackson Jr Corp Marketing Manager	40 00					X		202,748	0	18,297

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Patient Services	621,610	325,417,460	324,530,092	887,368	
Medicare/Medicaid	900,099	8,578,034	8,578,034		
Laboratory Services	541,380	1,577,259		1,577,259	
Income from K-1s	621,400	1,066,012	1,066,012		
Elmcare Salary	623,000	916,306	916,306		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Med/Surg suppl & drugs	47,898,353	47,898,353		
Charity care	29,679,624	29,679,624		
Bad debt	12,205,447	12,201,428	4,019	
Miscellaneous expenses	10,466,733	9,367,006	1,019,613	80,114
Equip rental & maint	8,951,629	5,844,864	3,106,765	

Additional Data

Software ID:
Software Version:
EIN: 35-2339114
Name: Elmhurst Memorial Healthcare Group

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 The following cost method was used - Charity at cost A cost to charge methodology based upon the 2009 Medicare Cost Report was used to calculate costs Unreimbursed Medicaid Costs also were calculated by using a cost to charge methodology based on 2009 Medicare cost report data Column (f) percentages of total expense also were calculated based on 2009 Medicare Cost Report data

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7f Management estimates the allowance for uncollectible accounts based on the aging of its accounts receivable and its historical collection experience for each payor type A cost to charge ratio method based upon the 2009 Medicare cost report was used to calculate the costs on line 2 and 6 of part III

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 Management estimates the allowance for uncollectible accounts based on the aging of its accounts receivable and its historical collection experience for each payor type A cost to charge ratio method based upon the 2009 Medicare cost report was used to calculate the costs on line 2 and 6 of part III

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 All of the shortfall reported on part III line 7 is a benefit to the communities EMHC serves

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b If the patient has no insurance coverage, Elmhurst Memorial Healthcare will provide financial counseling services to assist the patient or guarantor (parent or guardian responsible for payment of services) in applying for various programs that may help resolve the patient or guarantor's bill Financial counselors assist patients in applying for government-sponsored health insurance or other third-party insurance (such as adding baby to policy), establishing a payment arrangement, and applying for financial assistance Before receiving a bill, patients without insurance coverage will receive a letter informing them of our financial assistance program and the option of payment plans

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 Goals for Hospital's community benefits plan are developed with consideration of the Illinois Department of Public Health's Illinois Project for Local Assessment of Needs (IPLAN) IPLAN is a process developed by the Illinois Department of Public Health (IDPH) that includes a series of planning activities conducted within the local health department jurisdictions The project involves a community needs assessment and the identification of priority health issues from the findings of the assessment EMHC uses strategic issues as identified by the planning process in DuPage County, where Hospital is located The methodology used for identifying strategic health issues involves a systematic review of assessment data and community input A steering committee considers the convergence of external opportunities and threats, system strengths and weaknesses, health status findings and community themes to identify issues Strategic issues are selected to represent the most compelling public health challenges the community will face over the next five years Strategic health issues selected by the DuPage County IPLAN Steering Committee are as follows - Diabetes- Health Disparities- Infectious Diseases- Mental Health- Overweight and obesity- Substance Abuse- Coordination of education and communication to address health issues and promote wellness - Develop health services system to improve and maintain health and wellness, in light of changing demographics/growing vulnerable population- Evaluation of program outcomes to ensure effective and efficient interventions - Mobilization of partners and resources to address critical health issues

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 EMHC recognizes its responsibility to the community by providing that no patient requiring necessary medical care will be refused due to a lack of financial means The organization offers a generous financial assistance policy that exceeds the standards recommended by the Illinois Hospital Association Each situation is reviewed independently and allowances are made for extenuating circumstances based on good faith efforts and circumstances Elmhurst Memorial Hospital Charitable Care Policy was adopted in March 1993 and most recently modified in March 2006 Highlights of the policy include the following - 100% discount is given on any type of self pay outstanding balance (100% or after insurance) for patients whose income levels fall at or below 200% of poverty guidelines (The Illinois Hospital Association recommends a 100% discount at 100% of poverty guidelines) - A discount is given to patients whose income levels fall above the 200% of poverty based on ability to pay (The Illinois Hospital Association encourages discounts at this level) Factors used to determine the discount include age, family size, household type, gross income and disposable income (taking into account other necessary expenses) - During fiscal year 2010 (July 2009 - June 2010), EMHC provided $7,091,291 of care to individuals who qualified for financial assistance under the Charitable Care Policy This represents a "cost" measurement using the Hospital's Medicare cost to charge ratio Hospital recognizes their responsibility to the community by providing that no patient requiring necessary health care will be refused such care solely due to a lack of financial means Each situation will be reviewed independently and allowances will be made for extenuating circumstances based on good faith efforts and circumstances Hospital communicates the availability of its charity care policy through conspicuous signage in Hospital's Emergency Room, main lobby and registration area, as well as in the main registration area of the Elmhurst Memorial Center for Health, the Elmhurst Memorial Lombard Center for Health and the other "off campus" outpatient treatment and diagnostic areas Brochures describing the policy will be made available to patients and their families Additionally, the registration department, financial counselors and the patient business services employees are available to discuss the charity care program with patients and their families Every effort is made to determine eligibility for charitable care at or near the time of registration However, due to the nature of insurance coverage, the services we render, and the timing of the billing cycle, it is recognized that sometimes eligibility and final determination of the amount of charitable care will take place after services have been rendered Daily the hospital's financial counselors identify newly admitted patients with no insurance coverage These patients are contacted if medically appropriate and apprised of Hospital's charity program Any patient wishing to apply for financial assistance will be provided the charity care application and the financial counselors will be available to assist in completing the application Prior to their first statement all uninsured patients other than cardiac rehab, elective cosmetic surgery and obstetrical package price patients, receive a letter advising them that we have no insurance information from them Hospital also advises them that we have a financial assistance program and communicate how they can contact us regarding the financial assistance program or to provide insurance information All patients seeking financial assistance under the program must complete a charity care application including providing evidence of income, asset and debt levels with such documents as tax returns, W-2's, bank statements, check stubs, loan statements etc All charity discounts will be written off immediately as a charitable care allowance The hospital will not pursue legal action for non-payment of bills against charity care patients who are eligible for partial discounts and who make good faith efforts to comply with their payment plan Once it is determined that a patient has the ability to pay a portion of the balance and subsequently that person fails to do so, the balance determined will become subject to the normal credit and collection policies, including placement with an agency for collection A Financial Review Committee will meet as needed to review the effectiveness and appropriateness of the Charitable Care policy, and to recommend changes as required

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 The service area of EMH extends across the eastern portion of DuPage County and the western portion of Cook County Hospital's primary service area, defined as those zip codes contributing approximately 70% of Hospital's total inpatients, is comprised of the following communities Elmhurst Memorial Hospital - Primary Service Area60126 Elmhurst60148 Lombard60101 Addison60181 Villa Park60106 Bensenville60164 Northlake60131 Franklin Park60191 Wood Dale60163 Berkeley60139 Glendale Heights60162 Hillside60160 Melrose Park60104 Bellwood60108 BloomingdaleHospital's secondary service area is defined as those communities contributing an additional 10% of admissions Elmhurst Memorial Hospital - Secondary Service Area60103 Bartlett60188 Carol Stream60187 Wheaton60154 Westchester60153 Maywood60523 Oak Brook60165 Stone Park60137 Glen Ellyn60172 Roselle60143 Itasca60707 Elmwood ParkAge and gender break-outs for the Hospital service area are as follows Elmhurst Memorial Hospital Primary Service AreaPopulation by Age & Gender 2010 2015 Growth %Growth Age Groups Population Population 2010 - 2015 2010 - 2015Female 00-17 41,231 39,590 -1,641 -4 0% 18-44 61,218 57,634 -3,584 -5 9% 45-64 47,397 48,162 765 1 6% 65+ 26,371 29,595 3,224 12 2% Female Total 176,217 174,981 -1,236 -0 7%Male 00-17 43,041 41,218 -1,823 -4 2% 18-44 66,682 62,805 -3,877 -5 8% 45-64 46,508 47,806 1,298 2 8% 65+ 19,125 22,001 2,876 15%Male Total 175,356 173,830 -1,526 -0 9% Grand Total 00-17 84,272 80,808 -3,464 -4 1% 18-44 127,900 120,439 -7,461 -5 8% 45-64 93,905 95,968 2,063 2 2% 65+ 45,496 51,596 6,100 13 4% Grand Total 351,573 348,811 -2,762 -0 8%Though overall population growth within the EMHC service area is slow, growth of the 45 to 65+ age groups is significant These groups have relatively high use rates for healthcare services, which will likely result in a steady demand for inpatient services and growing demand for outpatient services Ethnicity of the Service AreaThe following table outlines Hispanic population trends in the Hospital's primary service area communities Projected Change in Population Ethnicity - Primary Service AreaAge Groups Hispanic Non-Hispanic 2010 Growth 2010 - 2010 Growth 2010 - Population 2015 Population 20150-17 29,864 8 7% 54,408 -11 1%18-44 41,730 7 1% 86,170 -12 1%45-65 15,618 29 6% 78,287 -3 3%65+ 4,551 35 9% 40,945 10 9%Total 91,763 12 9% 259,810 -5 6%Clearly, the Hispanic population is expected to continue to grow in the communities served by Elmhurst Memorial Hospital The older age groups (45+) are the fastest growing group within the Hispanic community and are likely to require more health services Providers serving this demographic must be sensitive to cultural differences, especially language barriers Language ServicesThe communities served by EMHC are seeing noteworthy increases in the numbers of Latino families moving into the area Total care for language assistant services was $66,167 95 for Fiscal year 2010 and included costs of salaries and benefits for translation, translation services provided by telephone transmission services, translation of forms and notices, and brochures provided in languages other than English

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, Line 5 EMHC addresses various community concerns as outlined in the IPLAN, including Diabetes, Infectious Diseases, Mental Health, Overweight and Obesity, Substance Abuse, High Blood Pressure, Cancer, Arthritis, Osteoporosis, Heart Disease, Stroke, Asthma and Access to Care EMHC also addresses prevention and wellness education with Power of Prevention screenings program five times a year, offering a Lipid panel with glucose, blood pressure, and Vitamin D Elmhurst also offers a variety of health screenings to community residents free or at a reduced cost A complimentary Health Education Resource Service offers community residents access to health information via multi-media at two sites Services are accessible by phone and internet Free access to Internet health sites as well as assistance with internet searches is provided The centers are stocked with pamphlets, brochures, books, reference books, periodicals and health displays The Health Education Resource Center continues to partner with the American Cancer Society to offer free navigation services to cancer patients and their families A health educator meets with individuals by appointment to do one-on-one education and referral A free speaker's bureau program offers a speaker to community groups, churches, schools and service organizations EMHC also offers an employee wellness education and prevention program EMHC allocates staff time and talent to educate the communities it serves EMHC participates on community boards and initiatives to improve community health Some of these include American Cancer SocietyAccess DuPageDistrict 205DuPage Community ClinicElmhurst LionsElmhurst KiwanisElmhurst Chamber of CommerceElmhurst District 205FORWARDHealthy LombardHenry Hyde Resource CenterLife Line ScreeningVilla Park KiwanisVilla Park Chamber of CommerceEMHC participates in county or community health initiatives such as the FORWARD DuPage initiative (Fighting Obesity Reaching Healthy Weight Among Residents of DuPage) which is a multi agency initiative (DCHD, Access DuPage, YMCA, local school districts, government agencies, physician groups and healthcare organizations) to address obesity rates that have reached epidemic proportions Nearly 1 in 3 children are overweight and at risk of becoming obese At 34 9% Illinois ranks number 10 for overweight and obese residents Adult overweight and obesity is 56% Youth 2-18 is 34% EMHC is participating in healthy assessments, and are promoting programs to the community that address overweight and obesity EMHC provides grant support and partners with The Henry Hyde Resource Center in Addison to provide health information, programs and screenings to a Latino population several times each year Parents and children have been educated on car seat safety, bicycle safety, nutrition and fitness, and wellness and prevention information EMHC also partners with Healthy Lombard to promote healthy nutrition and fitness in the community