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

The mission of Edward Hospital is to support health and strengthen communities by providing outstanding health care services

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

If "Yes," describe these changes on Schedule O

4a (Code) (Expenses \$ 397,263,178 including grants of \$ 487,366) (Revenue \$ 582,785,282)

EDWARD HOSPITAL IS A FULL-SERVICE, REGIONAL HEALTHCARE PROVIDER OFFERING ACCESS TO COMPLEX MEDICAL SPECIALTIES AND INNOVATIVE PROGRAMMING. EDWARD HOSPITAL HAS 352 PRIVATE PATIENT ROOMS AND 4,700 EMPLOYEES, INCLUDING 1,200 NURSES AND A MEDICAL STAFF OF NEARLY 1,050 PHYSICIANS COMPRISED OF INDEPENDENT MEMBERS OF THE MEDICAL STAFF, EMPLOYED PHYSICIANS AND INDEPENDENT CONTRACTORS. THE PHYSICIANS REPRESENT 82 MEDICAL AND SURGICAL SPECIALTIES AND SUB-SPECIALTIES WITH 98% BOARD CERTIFIED IN THEIR SPECIALTY -- A DESIGNATION AWARDED ONLY TO PHYSICIANS WHO COMPLETE RIGOROUS POST-MEDICAL SCHOOL TRAINING AND PASS AN EXTENSIVE CERTIFICATION TEST. EDWARD SERVES THE RESIDENTS OF CHICAGO'S WEST AND SOUTHWEST SUBURBS, INCLUDING NAPERVILLE, AURORA, BOLINGBROOK, DOWNERS GROVE, HOMER GLEN, JOLIET, LEMONT, LISLE, LOCKPORT, MINOOKA, OSWEGO, PLAINFIELD, ROMEOVILLE, SHOREWOOD, WARRENVILLE, WHEATON, WOODRIDGE AND YORKVILLE. (CONTINUED IN SCHEDULE O)

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

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses	397,263,178
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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 (see instructions)? 	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
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 governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	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	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records Vince Pryor	

Part VII

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

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

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.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	4,738,524	3,139,184	983,673

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 243

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	Yes

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EDWARD-ELMHURST HEALTHCARE 801 S WASHINGTON ST NAPERVILLE, IL 60540	MANAGEMENT FEES	22,408,374
POWER CONSTRUCTION CO LLC 2360 PALMER DR SCHAUMBURG, IL 601733819	CONSTRUCTION SERVICES	16,144,291
EPIC SYSTEMS CORPORATION 1979 MILKY WAY VERONA, WI 53593	SOFTWARE IMPLEMENTATION/CONSULT	4,621,162
CONNELLY ELECTRIC CO 40 S ADDISON ROAD SUITE 100 ADDISON, IL 60101	ELECTRICAL CONTRACTOR	3,866,755
ADVOCATE MEDICAL GROUP - MIDWEST HEART SPECIALISTS 1901 S MEYERS RD SUITE 350 OAK BROOK TERRACE, IL 601815207	PHYSICIAN SERVICES	2,429,425

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶74

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d	391,877			
	e	Government grants (contributions) 1e	34,359			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	500,731			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	926,967			
Program Service Revenue	2a	PATIENT SERVICE REVENUE	621990	364,960,983	364,960,983	
	b	RENTAL INCOME	532000	831,390	831,390	
	c	HEALTH SCREEN & AMBULATORY	623990	1,626,782	1,626,782	
	d	MEDICARE/MEDICAID PAYMENTS	532000	202,798,675	202,798,675	
	e	REFERENCE LAB	621500	3,151,914	19,951	3,131,963
	f	All other program service revenue		13,055,642	12,624,063	431,579
	g	Total. Add lines 2a-2f	586,425,386			0
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	4,995,222			4,995,222
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real	(ii) Personal		
	b	Less rental expenses				
	c	Rental income or (loss)	0	0		
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less cost or other basis and sales expenses	442,644,479			
	c	Gain or (loss)	426,295,129	76,562		
	d	Net gain or (loss)	16,349,350	-76,562		16,349,350
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events				
	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		191,765		191,765
		Miscellaneous Revenue	Business Code			
	11a					
	b					
	c					
	d	All other revenue		0	0	0
	e	Total. Add lines 11a-11d		0		
	12	Total revenue. See Instructions	608,812,128	582,785,282	3,563,542	21,536,337

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	487,366	487,366		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	2,927,911		2,927,911	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	703,571	703,571		
7	Other salaries and wages	198,700,206	142,223,968	56,476,238	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,595,261	6,778,038	2,817,223	
9	Other employee benefits	23,041,645	16,275,889	6,765,756	
10	Payroll taxes	14,120,312	9,974,567	4,145,745	
11	Fees for services (non-employees)				
a	Management	36,601,075		36,601,075	
b	Legal	38,534		38,534	
c	Accounting				
d	Lobbying	41,473		41,473	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	724,474		724,474	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	48,496,739	19,749,556	28,747,183	0
12	Advertising and promotion	632,389	409,220	223,169	
13	Office expenses	124,686,016	122,547,731	2,138,285	
14	Information technology				
15	Royalties				
16	Occupancy	11,754,127	8,859,034	2,895,093	
17	Travel	216,211	40,908	175,303	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	347,299	87,909	259,390	
20	Interest	5,579,980	5,021,982	557,998	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	34,503,303	31,052,973	3,450,330	
23	Insurance	3,142,409	3,142,409		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	Medicare Provider Tax	19,095,655	19,095,655		
b	Reparis & Maintenance	8,888,498	3,123,173	5,765,325	
c	Medical Fees/Physician Intregation	7,281,472	7,281,472		
d					
e	All other expenses	987,541	407,757	579,784	0
25	Total functional expenses. Add lines 1 through 24e	552,593,467	397,263,178	155,330,289	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		6,458,517	1	5,124,915
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		87,657,368	4	92,097,220
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		9,149,260	8	9,734,517
	9	Prepaid expenses and deferred charges		15,339,838	9	5,557,653
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a789,252,527			
	b	Less accumulated depreciation	10b416,925,488	362,559,747	10c	372,327,039
	11	Investments—publicly traded securities		397,918,037	11	304,820,850
	12	Investments—other securities See Part IV, line 11		0	12	95,085,670
	13	Investments—program-related See Part IV, line 11		0	13	
	14	Intangible assets		28,239,795	14	28,239,795
	15	Other assets See Part IV, line 11		14,014,634	15	21,322,119
	16	Total assets. Add lines 1 through 15 (must equal line 34)		921,337,196	16	934,309,778
Liabilities	17	Accounts payable and accrued expenses		71,293,893	17	51,688,528
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		261,309,804	20	255,486,329
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		161,791,539	25	168,002,910
	26	Total liabilities. Add lines 17 through 25		494,395,236	26	475,177,767
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		425,547,423	27	457,090,750
	28	Temporarily restricted net assets		1,082,076	28	1,728,800
	29	Permanently restricted net assets		312,461	29	312,461
	Organizations that do not follow SFAS 117 (ASC 958), 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		426,941,960	33	459,132,011
	34	Total liabilities and net assets/fund balances		921,337,196	34	934,309,778

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	608,812,128
2	Total expenses (must equal Part IX, column (A), line 25)	2	552,593,467
3	Revenue less expenses Subtract line 2 from line 1	3	56,218,661
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	426,941,960
5	Net unrealized gains (losses) on investments	5	-13,735,001
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-10,293,609
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	459,132,011

Part XII Financial Statements and Reporting

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

		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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID: 14000329

Software Version: 2014v1.0

EIN: 36-3297173

Name: Edward Hospital

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Pamela M Davis system CEO	1 00 39 00	X		X				0	1,739,878	226,482
(1) Ron Schubel MD Chairman	1 00 3 00	X		X				0	0	0
(2) Dave Atchison Vice Chair	1 00 3 00	X		X				0	0	0
(3) Joe Beatty Trustee	1 00 3 00	X						0	0	0
(4) Dave Brueggen Trustee	1 00 2 00	X						0	0	0
(5) Joe DePaulo Trustee	1 00 3 00	X						0	0	0
(6) Brian Hagan Trustee	1 00 2 00	X						0	0	0
(7) Dan Hrad Trustee	1 00 0	X						0	0	0
(8) Thomas Kloet Trustee	1 00 3 00	X						0	0	0
(9) Mary Kay Ladone Trustee	1 00 3 00	X						0	0	0
(10) Rocco Martino Trustee	1 00 3 00	X						0	0	0
(11) Paul Merrick Trustee	1 00 0	X						0	0	0
(12) Ron Nyberg Trustee	1 00 3 00	X						0	0	0
(13) Robert Platt Trustee	1 00 2 00	X						0	0	0
(14) Tim Rivelli Trustee	1 00 5 00	X						0	0	0
(15) Patti Ludwig-Beymer VP, Chief Nursing Officer	38 00 2 00			X				385,923	0	68,248
(16) Chris J Mollet System EVP, General Counsel, Secretary	1 00 39 00			X				0	580,809	99,572
(17) Vincent E Pryor System EVP CFO, Treasurer	1 00 39 00			X				0	818,497	167,880
(18) Brent E Smith DO Vice President	40 00 0			X				509,711	0	99,426
(19) Marianne Spencer Vice President	40 00 0			X				627,376	0	40,261
(20) Linda Devee Dir, Radiology	40 00 0				X			180,740	0	17,048
(21) Cindy M Rentsch Admin Dir, Emergency Svs	40 00 0				X			158,227	0	17,564
(22) Yvette M Saba Assoc VP, Operations	40 00 0				X			269,431	0	30,514
(23) Kimberly J Stache Assoc VP, Operations	40 00 0				X			265,731	0	11,916
(24) Philip C Williams Admin Dir, Pharmacy Svs	20 00 20 00				X			216,148	0	29,648

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Ralph P Hoover MD	40 00					X		443,616	0	37,407
Physician	 0					X				
(1) Sunil Mathews	40 00					X		407,841	0	33,188
Physician	 0					X				
(2) Thomas Oh	40 00					X		387,467	0	33,118
Physician	 0					X				
(3) Thomas A Scaletta MD	40 00					X		443,966	0	36,572
Med Dir, Emerg Svcs	 0					X				
(4) Peter T Schubel MD	40 00					X		442,347	0	34,829
Co Med Dir ED/Imdt Care Svcs	 0					X				

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Edward Hospital	Employer identification number 36-3297173
---	--

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 described in **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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, 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 section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. 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—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. 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 VI 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

Name of the organization Edward Hospital	Employer identification number 36-3297173
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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 function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	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?	Yes		41,473
j	Total. Add lines 1c through 1i.			41,473
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	EXPENSES RELATED TO ASSOCIATION DUES WHERE A PORTION OF THE PROFESSIONAL ASSOCIATION DUES WERE RELATED TO LOBBYING ACTIVITIES
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	EXPENSES RELATED TO ASSOCIATION DUES WHERE A PORTION OF THE PROFESSIONAL ASSOCIATION DUES WERE RELATED TO LOBBYING ACTIVITIES

[illegible]

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Edward Hospital	Employer identification number 36-3297173
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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 value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

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

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

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

(i) Revenue included 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 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1

► \$ _____

b Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2014

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	
- 2a

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

☐ Yes

☐ No
- b

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

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,394,537	1,233,618	1,169,172	1,268,175	1,216,333
b Contributions	1,040,060	459,186	408,204	750,545	1,193,261
c Net investment earnings, gains, and losses		0	0	0	0
d Grants or scholarships	379,897	270,068	246,008	418,012	853,697
e Other expenditures for facilities and programs	13,438	28,199	97,750	431,536	287,722
f Administrative expenses					
g End of year balance	2,041,262	1,394,537	1,233,618	1,169,172	1,268,175

- 2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 15 3 %

c

Temporarily restricted endowment ▶ 84 7 %

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

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

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 10,325,443 | | 10,325,443 |
| b Buildings | | 463,429,424 | 223,902,892 | 239,526,532 |
| c Leasehold improvements | | | | |
| d Equipment | | 293,738,599 | 193,022,596 | 100,716,003 |
| e Other | | 21,759,061 | | 21,759,061 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ | | | | 372,327,039 |
- Schedule D (Form 990) 2014

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements	1	592,739,491
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-13,735,001
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-2,609,108
e	Add lines 2a through 2d	2e	-16,344,109
3	Subtract line 2e from line 1	3	609,083,600
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 XIII)	4b	-271,472
c	Add lines 4a and 4b	4c	-271,472
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	608,812,128

Part XII

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

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

1	Total expenses and losses per audited financial statements	1	552,864,939
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 XIII)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	552,864,939
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 XIII)	4b	-271,472
c	Add lines 4a and 4b	4c	-271,472
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	552,593,467

Part XIII

Supplemental Information

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

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	There are three permanent endowment funds and the interest earned on the funds is intended to be used as follows: 1) Cardiovascular - to be used for the Edward Hospital Cardiovascular Program, 2) Animal Assisted Therapy - to be used to support the use of dogs visiting patients to help relieve stress and improve healing times, 3) The Book Scholarship Fund - to help nurses educationally by supplementing their further higher educational expenses.
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Edward-Elmhurst Healthcare, Edward Hospital, Edward Health Ventures, Edward Health and Fitness Center, Edward Foundation, Linden Oaks Hospital, Elmhurst Memorial Hospital, Elmhurst Memorial Foundation, and Elmhurst Memorial Healthcare are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code on income related to their exempt purposes. Accordingly, there is no material provision for income tax for these entities.
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	LOSS ON INTEREST RATE SWAPS - -2595670 NET ASSET TRANSFERS FROM EDWARD FOUNDATION - -13438
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	VALUE OF DONATED VOLUNTEER TIME - -844573 COST OF GOODS SOLD - -151373 MANAGEMENT FEES NET IN NON-OP INCOME - 724474
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	VALUE OF DONATED VOLUNTEER TIME - -844573 COST OF GOODS SOLD - -151373 MANAGEMENT FEES NET IN NON-OP INCOME - 724474

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Edward Hospital

Employer identification number
36-3297173

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean	0	0	Investments		46,848,565
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			46,848,565
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			46,848,565

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐ Yes ☒ No

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 36-3297173
Name: Edward Hospital

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Edward Hospital

Employer identification number
36-3297173

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☐ 200% ☒ Other <u>30000 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other <u>60000 %</u> c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care	3a	Yes	
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance 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 eligible for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did 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

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			18,455,262		18,455,262	3 34 %
b Medicaid (from Worksheet 3, column a)			57,906,761	40,437,982	17,468,779	3 16 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	76,362,023	40,437,982	35,924,041	6 50 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,141,643	232,626	909,017	0 16 %
f Health professions education (from Worksheet 5)			1,742,320	1,250	1,741,070	0 32 %
g Subsidized health services (from Worksheet 6)			5,355,147	1,645,009	3,710,138	0 67 %
h Research (from Worksheet 7)			1,121,950	78,350	1,043,600	0 19 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			925,483	555	924,928	0 17 %
j Total Other Benefits	0	0	10,286,543	1,957,790	8,328,753	1 51 %
k Total. Add lines 7d and 7j	0	0	86,648,566	42,395,772	44,252,794	8 01 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing					0	0 %
2Economic development			8,957		8,957	0 %
3Community support			36,105		36,105	0 01 %
4Environmental improvements					0	0 %
5Leadership development and training for community members			5,476		5,476	0 %
6Coalition building			70,688		70,688	0 01 %
7Community health improvement advocacy			114,239		114,239	0 02 %
8Workforce development			19,444		19,444	0 %
9Other					0	0 %
10Total	0	0	254,909	0	254,909	0 05 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

15,801,326

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

2,200,376

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

156,716,776

6Enter Medicare allowable costs of care relating to payments on line 5.

6

199,272,470

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-42,555,694

8Describe 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

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

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

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

1
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group

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

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

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

A

	Yes	No
Financial Assistance Policy (FAP)		
13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>3 0</u> % and FPG family income limit for eligibility for discounted care of <u>6 0</u> %		
b ☐ Income level other than FPG (describe in Section C)		
c ☒ Asset level		
d ☒ Medical indigency		
e ☐ Insurance status		
f ☐ Underinsurance discount		
g ☐ Residency		
h ☒ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☐ Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a ☐ The FAP was widely available on a website (list url) <u>https://www.eehealth.org/patients-visitors/billing-and-insurance/financial-assistance</u>		
b ☒ The FAP application form was widely available on a website (list url) <u>https://www.eehealth.org/patients-visitors/billing-and-insurance/financial-assistance</u>		
c ☐ A plain language summary of the FAP was widely available on a website (list url) <u>https://www.eehealth.org/patients-visitors/billing-and-insurance/financial-assistance</u>		
d ☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g ☒ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☐ Other (describe in Section C)		
Billing and Collections		
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a ☐ Reporting to credit agency(ies)		
b ☐ Selling an individual's debt to another party		
c ☐ Actions that require a legal or judicial process		
d ☐ Other similar actions (describe in Section C)		
e ☒ None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

A

Name of hospital facility or letter of facility reporting group

	Yes	No
19 Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C) 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) a ☐ Notified individuals of the financial assistance policy on admission b ☐ Notified individuals of the financial assistance policy prior to discharge c ☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d ☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e ☐ Other (describe in Section C) f ☐ None of these efforts were made	19	No
Policy Relating to Emergency Medical Care		
21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)	21	Yes
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)		
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d ☒ Other (describe in Section C) 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	23	No
	24	No

Part V

Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **0**

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	Edward-Elmhurst Health

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The costs entered for sections 7a and 7b were calculated using a cost-to-charge ratio. The costs entered in the Subsidized Health Services (7g) section were calculated using a cost accounting system and addressed all patient segments. The costs entered in sections 7e, 7f, 7h and 7i were calculated using a cost accounting system or were the actual costs.

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	EMPLOYEES ARE ENCOURAGED TO SERVE ON COMMUNITY BOARDS AND PARTICIPATE IN PROGRAMS AND COMMITTEES THAT ADDRESS ECONOMIC DEVELOPMENT, TRAINING, COMMUNITY HEALTH NEEDS AND IMPROVEMENT ADVOCACY, AND WORKFORCE DEVELOPMENT. EXAMPLES OF THESE PROGRAMS AND THE BENEFIT THEY PROVIDED ARE HIGHLIGHTED BELOW. ECONOMIC DEVELOPMENT COMMITTEES PROVIDE BUSINESS LEADERSHIP FOR THE BENEFIT OF COMMUNITIES BY PROMOTING ECONOMIC OPPORTUNITIES, ADVOCATING THE INTEREST OF BUSINESS, PROVIDING MEMBERS WITH EDUCATION AND RESOURCES AND ENCOURAGING MUTUAL SUPPORT. EXAMPLES OF ORGANIZATIONS, COMMITTEES AND CHAMBERS IN WHICH EDWARD-ELMHURST HEALTH EMPLOYEES ARE ACTIVELY INVOLVED INCLUDE THE NAPERVILLE AREA CHAMBER OF COMMERCE AND THE LEGISLATIVE STEERING COMMITTEE, NAPERVILLE DEVELOPMENT PARTNERSHIP AND THE DUPAGE REGIONAL ALLIANCE, NAPERVILLE MARKETING COMMITTEE, NAPERVILLE SCHOOL DISTRICT 203 BUSINESS PARTNERSHIP ADVISORY COUNCIL AND COLLEGE/CAREER READINESS - ADVISORY COUNCIL, PLAINFIELD CHAMBER OF COMMERCE, PLAINFIELD LEGISLATIVE AND HEALTH/WELLNESS COMMITTEE, PLAINFIELD ADVISORY TASK FORCE ON ECONOMIC DEVELOPMENT, OSWEGO CHAMBER OF COMMERCE, OSWEGO LEGISLATIVE COMMITTEE, YORKVILLE CHAMBER OF COMMERCE, YORKVILLE ECONOMIC DEVELOPMENT COMMITTEE, ROMEOVILLE CHAMBER OF COMMERCE, SANDWICH CHAMBER OF COMMERCE, BOLINGBROOK CHAMBER OF COMMERCE, WILL COUNTY CENTER FOR ECONOMIC DEVELOPMENT, WILL COUNTY MAPP COLLABORATIVE, EH PATIENT FAMILY ADVISORY COMMITTEE. COMMUNITY SUPPORT INCLUDES MENTORING PROGRAMS FOR VULNERABLE POPULATIONS OR NEIGHBORHOODS, NEIGHBORHOOD SUPPORT GROUPS, VIOLENCE PREVENTION PROGRAMS, AND DISASTER READINESS AND PUBLIC HEALTH EMERGENCY ACTIVITIES, SUCH AS COMMUNITY DISEASE SURVEILLANCE OR READINESS TRAINING BEYOND WHAT IS REQUIRED BY ACCREDITING BODIES OR GOVERNMENT ENTITIES. COALITION BUILDING INCLUDES PARTICIPATION IN COMMUNITY COALITIONS AND OTHER COLLABORATIVE EFFORTS WITH THE COMMUNITY TO ADDRESS HEALTH AND SAFETY ISSUES. THIS INCLUDES PROGRAMS SUCH AS DUPAGE HEALTH COALITION, IN WHICH A SET OF INTERCONNECTED ORGANIZATIONS, PROGRAMS, AND FACILITIES WORK TOGETHER TO PROVIDE COORDINATED MEDICAL CARE AND OTHER HEALTH-RELATED SERVICES TO DUPAGE COUNTY'S LOW-INCOME RESIDENTS. COMMUNITY HEALTH IMPROVEMENT ADVOCACY INCLUDES EFFORTS TO SUPPORT POLICIES AND PROGRAMS TO SAFEGUARD OR IMPROVE PUBLIC HEALTH, ACCESS TO HEALTH CARE SERVICES, HOUSING, THE ENVIRONMENT, AND TRANSPORTATION. A HIGHLIGHTED PROGRAM IN FY2015 WAS FORWARD, (FIGHTING OBESITY, REACHING HEALTHY WEIGHT AMONG RESIDENTS OF DUPAGE), A DUPAGE COUNTY COLLABORATIVE WHO'S GOAL IS TO IMPROVE THE HEALTH AND WELLBEING OF CHILDREN AND FAMILIES IN DUPAGE COUNTY. WORKFORCE DEVELOPMENT INCLUDES PROGRAMS THAT ADDRESS COMMUNITY-WIDE WORKFORCE ISSUES AND INCLUDE PROGRAMS SUCH AS HEALTHCARE CAREER DISCOVERY DAY, IN WHICH ADULTS AND CHILDREN AGES 10 AND OLDER ARE INVITED TO EXPLORE HEALTHCARE CAREERS.

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	THE AMOUNT OF BAD DEBT EXPENSE IS OBTAINED BY TAKING THE NET AMOUNT PLACED IN BAD DEBT LESS THE PAYMENTS AND ADJUSTMENTS RECEIVED

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	WE OBTAIN THIS FIGURE BY FIRST CALCULATING THE PERCENTAGE OF PATIENTS APPROVED FOR FINANCIAL ASSISTANCE WE THEN APPLY THIS PERCENTAGE TO ALL PATIENTS THAT WERE NOT SCREENED BY OUR FINANCIAL ASSISTANCE SOFTWARE

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	THE CORPORATION EVALUATES THE COLLECTIBILITY OF ITS PATIENT ACCOUNTS RECEIVABLE BASED ON THE LENGTH OF TIME THE RECEIVABLE IS OUTSTANDING, PAYOR CLASS, AND THE ANTICIPATED FUTURE UNCOLLECTABLE AMOUNTS BASED ON HISTORICAL EXPERIENCE. PATIENT ACCOUNTS ARE CHARGED TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS WHEN THEY ARE DEEMED UNCOLLECTIBLE. PATIENT SERVICE REVENUE IS REDUCED BY THE PROVISION FOR BAD DEBTS, AND PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. THESE AMOUNTS ARE BASED ON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NETCOLLECTIONS FOR EACH MAJOR PAYOR SOURCE, CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. ON THE BASIS OF HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF THE CORPORATION'S UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR THE SERVICES PROVIDED. THUS, CORPORATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD SERVICES ARE PROVIDED RELATED TO SELF-PAY PATIENTS, INCLUDING BOTH UNINSURED PATIENTS AND PATIENTS WITH DEDUCTIBLE AND CO-PAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR A PORTION OF THEIR BALANCE. FOR RECEIVABLES ASSOCIATED WITH PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY. ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES. THE CORPORATION'S ALLOWANCE FOR DOUBTFUL ACCOUNTS WERE 15% AND 19% OF TOTAL ACCOUNTS RECEIVABLE AT JUNE 30, 2015 AND 2014, RESPECTIVELY. THE CORPORATION'S COMBINED ALLOWANCE FOR DOUBTFUL ACCOUNTS AND CHARITY CARE COVERED 94% AND 86% OF SELF-PAY ACCOUNTS RECEIVABLE AT JUNE 30, 2015 AND 2014, RESPECTIVELY. THE CORPORATION'S WRITE-OFFS TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS WERE \$48,016 AND \$49,934 FOR THE FISCAL YEARS ENDED JUNE 30, 2015 AND 2014, RESPECTIVELY.

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	IF EDWARD HOSPITAL DISCONTINUED UNPROFITABLE SERVICES, IT WOULD BECOME THE RESPONSIBILITY OF ANOTHER PROVIDER OR THE GOVERNMENT TO CARE FOR THE MEDICARE PATIENT POPULATION THIS WOULD, ULTIMATELY, RESULT IN ACCESS ISSUES AND NEGATAIVELY IMPACT QUALITY OF CARE AND HEALTH OUTCOMES THEREFORE THE SHORTFALL INCURRED BY CONTINUING TO PROVIDE THESE SERVICES IS CONSIDERED A COMMUNITY BENEFIT

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	IT IS OUR POLICY NOT TO PURSUE COLLECTION PRACTICES AGAINST PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE IF A PATIENT QUALIFIES FOR FINANCIAL ASSISTANCE DURING THE COLLECTION PROCESS, THE COLLECTION EFFORTS CEASE

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - EDWARD HOSPITAL Line 16b URL https //www eehealth org/patients-visitors/billing-and-insurance/financial-assistance , A - PLAINFIELD FREE-STANDING EMERGENCY CTR Line 16b URL www edward org ,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	PLANNING FOR COMMUNITY BENEFITS IS AN INTEGRAL PART OF THE EDWARD-ELMHURST HEALTH STRATEGIC PLANNING PROCESS, WHICH FOLLOWS A THREE-YEAR CYCLE WITH INTERIM ANNUAL REVIEWS AND UPDATES. THE ORGANIZATION PARTNERS WITH THE METROPOLITAN CHICAGO HEALTHCARE COUNCIL AND PROFESSIONAL RESEARCH CONSULTANTS TO COMPLETE THE 3-YR COMMUNITY HEALTH NEEDS ASSESSMENT IN COMPLIANCE WITH FEDERAL REGULATION. THE FINDINGS ARE DERIVED FROM COMMUNITY DEMOGRAPHICS INCLUDING SOCIAL DETERMINANTS OF HEALTH, ANALYSIS OF GENERAL HEALTH STATUS INCLUDING DEATH, DISEASE, INFECTIOUS DISEASE AND CHRONIC CONDITIONS, AND MODIFIABLE HEALTH RISKS. THE PROCESS BRINGS TOGETHER THE ABOVE OUTLINED INFORMATION, PUBLIC HEALTH STATISTICS AND INPUT FROM REPRESENTATIVES FROM THE COMMUNITY, INCLUDING PATIENTS AND PROVIDER AGENCIES. THE OVERARCHING GOAL OF THIS PROCESS IS TO UNDERSTAND THE ESSENTIAL HEALTH ISSUES IN THE COMMUNITY IN ORDER TO ENSURE ORGANIZATIONAL RESPONSIVENESS AND APPROPRIATE PRIORITIZATION OF RESOURCES.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	INFORMING OUR PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT PART OF EDWARD HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM FINANCIAL ASSISTANCE IS AVAILABLE TO THE UNDER-INSURED AS WELL AS THE UNINSURED INFORMATION ABOUT OUR FINANCIAL ASSISTANCE PROGRAM AND THE APPLICATION IS AVAILABLE ON EDWARD'S WEBSITE IN ENGLISH AND SPANISH PATIENT STATEMENTS ALSO INCLUDE THE INFORMATION ON HOW TO OBTAIN A FINANCIAL ASSISTANCE APPLICATION UNISURED INPATIENTS ARE SCREENED FOR ELIGIBILITY for GOVERMENTAL PROGRAMS PATIENTS WHO DO NOT QUALIFY FOR SUCH PROGRAMS ARE GIVEN A FINANCIAL ASSISTANCE APPLICATION SIGNAGE IS POSTED AT ALL OUTPATIENT REGISTRATION AREAS INCLUDING THE EMERGENCY DEPARTMENT ALSO, OUR CUSTOMER SERVICE DEPARTMENT AND FINANCIAL COUNSELORS ARE AVAILABLE TO ASSIST PATIENTS WHO ARE HAVING DIFFICULTY PAYING THEIR BILL and THE NEED FOR FINANCIAL ASSISTANCE

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	Edward Hospital is a full-service, regional healthcare provider offering access to a full range of health care services, including primary care, complex medical specialties, and innovative programming for residents of Chicago's west and southwest suburbs. The study area for the survey effort (referred to as the "Edward Hospital Service Area," "EH Service Area" or "EHSA" in this report) is split into two designations, North and South - The associated zip codes and cities are listed below and represent roughly 80% of Edward's inpatient activity. Service Area City - Zip Code EH NPSA Warrenville - 60555 Naperville - 60540 Naperville - 60563 Naperville - 60565 Naperville - 60566 Naperville - 60567 Woodridge - 60517 Lisle - 60532 Aurora - 60502 Aurora - 60503 Aurora - 60504 EH SPSA Naperville - 60564 Plainfield - 60544 Plainfield - 60585 Plainfield - 60586 Bolingbrook - 60440 Romeoville - 60446 Bolingbrook - 60490 Oswego - 60543 Yorkville - 60560 OTHER HOSPITALS SERVING THE COMMUNITY During FY15, Edward treated nearly 35% of hospital inpatient admissions from its primary service area. A list of hospitals serving Edward's community is summarized below: EDWARD HOSPITAL RUSH-COPLEY MEDICAL CENTER ADVENTIST BOLINGBROOK HOSPITAL PRESENCE SAINT JOSEPH MEDICAL CENTER CENTRAL DUPAGE HOSPITAL ADVOCATE GOOD SAMARITAN HOSPITAL LINDEN OAKS AT EDWARD ADVENTIST HINSDALE HOSPITAL POPULATION. As outlined below, Edward's Primary Service Area (PSA) has nearly 600,000 residents, while the Total Service Area (TSA) has over 1 million residents. Edward Service Area Population Estimates: Primary Service Area - North Primary Service Area - 278,177 South Primary Service Area - 319,594 Total Primary Service Area - 597,771 Secondary Service Area - North Secondary Service Area - 202,103 South Secondary Service Area - 222,433 Total Secondary Service Area - 424,536 Total Service Area - 1,022,307 (Source: Nielsen iXPRESS). COUNTY INFORMATION Although Edward's service area spans multiple counties, the majority of patients reside in DuPage and Will Counties, as outlined below: Patient Population by County: Edward Hospital & Linden Oaks % of Total FY 2015 Volume: DuPage - 47.99% Will - 33.17% Cook - 5.09% Kendall - 4.34% Kane - 3.91% Subtotal - 94.50% All other Counties - 5.50% (Source: Nielsen iXPRESS). Race & Ethnicity Information Below is a summary of community residents grouped by ethnicity within Edward's PSA. Edward's PSA has a lower percentage of Black/African American and a higher percentage of Asian residents than the State of Illinois. Race/Ethnicity (EH PSA / Illinois / US): White - 73.6% / 71.5% / 72.4% Black or African American - 8.4% / 14.5% / 12.6% American Indian and Alaska Native - 0.3% / 0.3% / 0.9% Asian - 10.1% / 4.6% / 4.8% Other - 7.6% / 9.1% / 9.3% (Source: Nielsen iXPRESS). Of note, the Hispanic population is expected to continue to grow in the communities served by the Hospital. The oldest age group (65+) is the fastest growing group within the Hispanic community and is likely to require more health services. Edward Hospital Projected Change in Population Ethnicity (PSA) (Age Groups - 2015 Population / 2015-2020 Growth Rate / 2015 Population / 2015-2020 Growth Rate): 00-17 - 34,687 / 5.44% / 128,020 / -7.60% 18-44 - 40,146 / 9.46% / 178,341 / -3.17% 45-64 - 14,165 / 28.03% / 145,387 / 5.43% 65+ - 3,279 / 50.87% / 53,746 / 25.80% Total - 92,277 / 12.27% / 505,494 / 1.26% (Source: Nielsen iXPRESS).

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	The majority of Edward Hospital's governing body is comprised of persons who reside in the primary service area and are neither employees nor independent contractors of the organization, nor family members thereof. The organization extends medical staff privileges to all qualified physicians in its community for all departments. As a Not-For-Profit Organization, Edward re-invests earnings in the organization to maintain and enhance services that benefit the community served by the hospital. The organization develops and updates a strategic plan on a regular basis to identify needs and opportunities to deploy excess funds (revenue in excess of expenditures). Projects are evaluated based on organizational objectives and community needs, and are prioritized by senior management and the board of trustees. Edward-Elmhurst Health actively promotes the health of its community by integrating community benefit planning into its strategic planning process, which ensures resources are allocated to supporting activities. Edward identified three primary areas of strategic focus to support the health of its community in its FY14-FY16 strategic planning process: * Access to Care * Mental Health * Obesity The following goals were set for each strategic priority to begin FY15: EDWARD HOSPITAL & LINDEN OAKS HOSPITAL PRIORITIES Access to Healthcare Services * Increase community involvement to improve access to essential health care services for low-income and uninsured residents * Facilitate access to care through financial assistance to low income residents * Increase access / availability of primary care services * Promote appropriate and cost effective health care utilization * Promote awareness, resources and tools to prevent and manage disease Mental Health and Mental Disorders * Expand Mental Health treatment options in the community * Improve community awareness and access of mental health services and recovery programs * Expand community education on stress * Continue collaborative efforts with public, not-for-profits, provider and community mental health organizations * Develop integrated partnerships Obesity * Participation in local and community initiatives * Improve coordination of existing obesity programs * Expand and enhance childhood obesity programming * Expand access to obesity information, resources and tools Edward-Elmhurst Healthcare also promotes the health of its community by participating in a range of committees, coalitions, panels, advisory groups, commissions, and boards. For example, Edward Hospital continues to support Access DuPage, a community based program that provides essential healthcare services to under- and un-insured residents of DuPage County. Edward Hospital donated roughly \$296,000 to this organization in FY15. In addition, members of senior management participate in coalitions to strengthen partnerships with other organizations for the development of programs for the health of the community. An example is Will County Mobilizing for Action through Planning and Partnerships (MAPP), which represents a unique partnership of hospitals, physicians, local government, human services agencies and community groups working together locally to address the national healthcare crisis.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	EDWARD HOSPITAL AND LINDEN OAKS HOSPITAL ARE PART OF AN AFFILIATED HEALTH SYSTEM, EDWARD-ELMHURST HEALTH (EEH) THE COMMUNITY HEALTH NEEDS ASSESSMENT AND THE DEVELOPMENT AND MANAGEMENT OF THE COMMUNITY BENEFIT STRATEGIC PLAN IS PROVIDED BY EDWARD-ELMHURST HEALTH EDWARD, ELMHURST AND LINDEN OAKS HOSPITALS EACH PLAY A VITAL ROLE IN IMPLEMENTING THE INITIATIVES SET FORTH IN THE STRATEGIC PLAN BY PROVIDING THE COMMUNITY BENEFIT SERVICES THAT ARE QUANTIFIED IN PART I AND PART II OF SCHEDULE H FOR EACH OF THE HOSPITAL TAX FILINGS

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	IL

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 36-3297173
Name: Edward Hospital

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - EDWARD HOSPITAL LINDEN OAKS HOSPITAL
Schedule H, Part V, Section B, Line 11 Facility A, 1	Facility A, 1 - EDWARD HOSPITAL The CHNA identified the below areas of opportunity for EH /LOH -Access to Health Services -Cancer -Dementia -Heart Disease & Stroke -Mental Health & Mental Disorders -Overweight & Obesity -Substance Abuse In acknowledging the wide range of priority health issues that emerged from the CHNA process, EH/LOH determined to focus o n those areas of need deemed most pressing, most under-addressed, and most within its abil ity to influence The EH/LOH Community Benefit Steering Committee prioritized actionable i tems based on four elements 1) magnitude, 2) impact/seriousness, 3) feasibility, and 4) c onsequence of inaction To that end, the EH/LOH FY 2014-FY 2016 key strategic priorities a s defined in the CHNA and implemented by the steering committee are - Access to Health Se rvices - Mental Health & Mental Disorders (including dementia/substance abuse) - Obesity F or each priority category, the Community Benefit Steering Committee identified specific go als, outlined below Access to Healthcare Services -Increase community involvement to impr ove access to essential health care services for low-income and uninsured residents -Facil itate access to care through financial assistance to low income residents -Increase access / availability of primary care services -Promote appropriate and cost effective health ca re utilization -Promote awareness, resources and tools to prevent and manage disease Menta l Health and Mental Disorders -Expand Mental Health treatment options in the community -Im prove community awareness and access of mental health services and recovery programs - Expa nd community education on stress -Continue collaborative efforts with public, NFP, provide r and community mental health organizations -Develop integrated partnerships Obesity -Part icipation in local and community initiatives -Improve coordination of existing obesity pro grams -Expand and enhance childhood obesity programming -Expand access to obesity informat ion, resources and tools During the CHNA planning process it was evident that heart diseas e/stroke and cancer were being addressed through oncology and cardiovascular service line planning, development and health promotions initiatives These programs dedicate substanti al resources toward screening, early detection, community education and wellness activitie s to address these important health care needs
Schedule H, Part V, Section B, Line 13 Facility A, 1	Facility A, 1 - Edward Hospital State Regulation Uninsured Discount
Schedule H, Part V, Section B, Line 22 Facility A, 1	Facility A, 1 - EDWARD HOSPITAL PRIOR TO SENDING A STATEMENT, ALL OF OUR PATIENTS ARE SCR EENED FOR FINANCIAL ASSISTANCE USING A SOFTWARE TOOL CALLED ISOLUTIONS ISOLUTIONS PULLS C REDIT REPORT DATA ABOUT THE PATIENT AND APPLIES IT AGAINST THE FINANCIAL ASSISTANCE GUIDEL INES OF THE HOSPITAL BASED ON THAT INFORMATION A DISCOUNT IS POSTED BASED ON THE LEVEL OF ASSISTANCE FOR WHICH THE PATIENT HAS QUALIFIED FOR

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Edward Hospital

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

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

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

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number

36-3297173

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

10

3

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

3

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Description Of Procedure For Monitoring Use Of Grant Funds	MONITORING OF THE USE OF GRANT FUNDS IS ACHIEVED THROUGH VARIOUS MEANS, INCLUDING ACTIVE PARTICIPATION IN PROGRAM IMPLEMENTATION, WRITTEN CONTRIBUTION AGREEMENTS, AND/OR PERFORMANCE REPORTS
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	MONITORING OF THE USE OF GRANT FUNDS IS ACHIEVED THROUGH VARIOUS MEANS, INCLUDING ACTIVE PARTICIPATION IN PROGRAM IMPLEMENTATION, WRITTEN CONTRIBUTION AGREEMENTS, AND/OR PERFORMANCE REPORTS

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 36-3297173
Name: Edward Hospital

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS DUPAGE511 THORNHILL DR CAROL STREAM,IL 60188	36-4448208	501(C)(3)	296,100				PROGRAM SUPPORT
PADS DUPAGE COUNTY 601 WEST LIBERTY WHEATON,IL 60187	36-3675494	501(C)(3)	8,982				PROGRAM SUPPORT
YOUNG HEARTS FOR LIFE 1901 S MEYERS ROAD OAKBROOK TERRACE,IL 60181	36-3297360	501(C)(3)	25,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY1801 MEYERS ROAD OAKBROOK TERRACE, IL 60181	13-1788491	501(C)(3)	25,000				PROGRAM SUPPORT
OSWEGO CHAMBER OF COMERCE73 W VAN BUREN ST OSWEGO, IL 60543	36-3712848	501(C)(6)	5,000				PROGRAM SUPPORT
PLAINFIELD CHAMBER OF COMERCE24047 LOCKPORT ST PLAINFIELD, IL 60544	36-3228134	501(C)(6)	15,500				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAPERVILLE PARK DISTRICT320 WEST JACKSON ST NAPERVILLE,IL 60540	36-2659286	501(C)(3)	30,000				PROGRAM SUPPORT
DUPAGE MEDICAL GROUP CHARITABLE FUND1100 W 31ST STREET DOWNERS GROVE,IL 60515	36-3978733	501(C)(3)	6,000				PROGRAM SUPPORT
WILL COUNTY CENTER FOR ECONOMIC DEVELOPMENT 116 N CHICAGO ST JOLIET,IL 60432	36-3772737	501(C)(6)	11,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOAVES AND FISHES1871 HIGH GROVE LANE NAPERVILLE,IL 60540	36-3786777	501(C)(3)	6,188				PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION7272 GREENVILLE AVE DALLAS,TX 75231	13-5613797	501(C)(3)	25,000				PROGRAM SUPPORT
UNITED WAY OF WILL COUNTY54 N OTTAWA ST JOLIET,IL 60432	36-2515625	501(C)(3)	8,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROACTIVE KIDS FOUNDATION1101 BELTER DRIVE WHEATON,IL 60189	37-1556796	501(C)(3)	25,596				PROGRAM SUPPORT

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, line 23.
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Edward Hospital

Employer identification number
36-3297173

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 ☐ Travel for companions ☒ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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?		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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?		No
b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.		No
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?		No
b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.		No
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.	Yes	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	Executives are offered life insurance and long term disability benefits. The amount of the premium is grossed up to offset the tax liability.
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	All Edward Hospital employees are offered a membership at the Edward Health & Fitness Center, an affiliate of Edward-Elmhurst Healthcare, as a taxable employee benefit. Members of senior management (the President and Vice Presidents) are also provided this benefit for their spouse and children, also as a taxable benefit. The value of this benefit is determined based upon the fair market value of these memberships, which is in turn determined based upon the actual amount that the Edward Health & Fitness center charges to other corporate customers.
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	Executive compensation, including the Edward Hospital President and all officers of the system known as Edward-Elmhurst Healthcare ("Senior Management") is managed by the Edward-Elmhurst Healthcare ("EEH") Board of Trustees ("Board"), on behalf of EEH and all of its affiliates. On an annual basis, the Board reviews compensation arrangements, including the compensation award for the Edward Hospital President for the coming year. The Board conducts the review in a manner that will qualify for the rebuttable presumption of reasonableness under the Intermediate Sanction Rules of Section 4958 of the Internal Revenue Code. As for the Edward Hospital President, the President is compensated with a competitive base salary, along with an incentive plan which is reflective of EEH's market, as determined by a review of market compensation survey data. For more information about the review and determination of executive compensation, see description in Schedule O in response to Form 990, Part VI, Section B, Line 15.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	INDIVIDUALS WHO HAVE THE TITLE OF VICE PRESIDENT OR HIGHER ARE ELIGIBLE TO PARTICIPATE IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). ANY ELIGIBLE PARTICIPANTS MUST BE APPROVED BY THE EDWARD-ELMHURST HEALTHCARE BOARD OF TRUSTEES. THE SERP WAS ESTABLISHED TO RECOGNIZE THE VALUABLE CONTRIBUTIONS THAT EACH OF THE PARTICIPANTS MAKES TO THE OPERATIONS OF EDWARD-ELMHURST HEALTHCARE AND TO REWARD CERTAIN EXECUTIVE EMPLOYEES FOR THEIR LONG-TERM SERVICE AND COMMITMENT TO EDWARD-ELMHURST HEALTHCARE. THE SERP IS DESIGNED TO PROVIDE A FULL RETIREMENT SUPPLEMENT TO PARTICIPANTS IF THEY REMAIN WITH EDWARD-ELMHURST HEALTHCARE UNTIL AGE 65. IN EXCHANGE FOR THIS LONG-TERM SERVICE, EDWARD-ELMHURST HEALTHCARE WANTS TO SUPPLEMENT THESE PARTICIPANTS' RETIREMENT INCOME WITH ADDITIONAL ANNUAL COMPENSATION THAT IS INVESTED IN AN ANNUITY CONTRACT, CONTRIBUTIONS VEST AFTER FIVE YEARS. THE FOLLOWING INTERESTED PERSONS RECEIVED DEFERRALS TO THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2014, THESE DEFERRALS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C): Davis, Pamela M -- 200,000; Ludwig-Beymer, Patti-- 29,061; Mollet, Chris -- 84,018; Pryor, Vincent E -- 134,827; Smith, Brent E -- 77,645. THE FOLLOWING INTERESTED PERSONS RECEIVED DISTRIBUTIONS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2014, THESE PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) AND SCHEDULE J, PART II, COLUMN (F), AS APPLICABLE: Spencer, Marianne -- 131,261.
Schedule J, Part I, Line 7 Non-fixed payments	Schedule J, Part I, Line 7 is answered yes because certain individuals, whose salary and benefits are paid by the reporting organization or a related organization, received a non-fixed payment during the year. The non-fixed payments are included in Schedule J, Part II, Column B(II).

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 36-3297173
Name: Edward Hospital

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Pamela M Davis system CEO	(i) (ii)	0 907,435	0 740,010	0 92,433	0 213,946	0 12,536	0 1,966,360	0 0
Patti Ludwig-Beymer VP, Chief Nursing Officer	(i) (ii)	228,499 0	106,840 0	50,584 0	44,448 0	23,801 0	454,171 0	0 0
Chris J Mollet System EVP, General Counsel, Secretary	(i) (ii)	0 341,961	0 184,250	0 54,598	0 94,218	0 5,354	0 680,381	0 0
Vincent E Pryor System EVP CFO, Treasurer	(i) (ii)	0 513,712	0 283,254	0 21,531	0 145,227	0 22,653	0 986,377	0 0
Brent E Smith DO Vice President	(i) (ii)	348,187 0	156,895 0	4,629 0	90,532 0	8,893 0	609,137 0	0 0
Marianne Spencer Vice President	(i) (ii)	311,318 0	143,607 0	172,452 0	18,073 0	22,188 0	667,638 0	0 0
Linda Devee Dir, Radiology	(i) (ii)	152,124 0	22,731 0	5,885 0	10,863 0	6,184 0	197,787 0	0 0
Cindy M Rentsch Admin Dir, Emergency Svs	(i) (ii)	137,767 0	19,595 0	866 0	9,770 0	7,794 0	175,791 0	0 0
Yvette M Saba Assoc VP, Operations	(i) (ii)	188,185 0	66,667 0	14,578 0	14,669 0	15,844 0	299,945 0	0 0
Kimberly J Stache Assoc VP, Operations	(i) (ii)	196,650 0	68,668 0	412 0	9,821 0	2,094 0	277,646 0	0 0
Philip C Williams Admin Dir, Pharmacy Svs	(i) (ii)	187,378 0	28,649 0	121 0	9,696 0	19,952 0	245,796 0	0 0
Ralph P Hoover MD Physician	(i) (ii)	288,202 0	52,335 0	103,079 0	17,289 0	20,118 0	481,024 0	0 0
Sunil Mathews Physician	(i) (ii)	263,218 0	54,218 0	90,406 0	17,176 0	16,012 0	441,029 0	0 0
Thomas Oh Physician	(i) (ii)	288,371 0	53,009 0	46,087 0	13,000 0	20,118 0	420,585 0	0 0
Thomas A Scaletta MD Med Dir, Emerg Svs	(i) (ii)	351,654 0	58,312 0	34,000 0	16,454 0	20,118 0	480,538 0	0 0
Peter T Schubel MD Co Med Dir ED/Imdt Care Svcs	(i) (ii)	343,093 0	62,928 0	36,326 0	14,711 0	20,118 0	477,176 0	0 0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Edward Hospital

Employer identification number
36-3297173

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Illinois Finance Authority Series 2012A	86-1091967		03-02-2012	26,025,000	see Part VI		X		X		X
B Illinois Finance Authority Series 2008A	86-1091967	45200FFF1	04-09-2008	85,733,137	see Part VI		X		X		X
C Illinois Finance Authority Series 2009-A	86-1091967	45200FB65	10-28-2009	43,500,000	see Part VI		X		X		X
D Illinois Finance Authority Series 2008 B-1 B-2 & C	86-1091967	45200FFY0	04-30-2008	126,220,000	see Part VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	8,500,000		0		520,000		17,055,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	26,025,000		85,733,137		43,500,000		126,220,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	250,000		0		707,220		344,612	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	6,344,198		0		0		0	
11	Other spent proceeds	19,430,802		85,733,137		42,792,780		125,875,388	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2013		2008		2009		2008	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X			X	X		X	

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			X	X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X				X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	3 79 %		0 %		1 63 %		0 27 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	3 79 %		0 %		1 63 %		0 27 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X	X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X	X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X		X	
b	Name of provider					JP Morgan Chase			
c	Term of hedge					30 0		33 0	
d	Was the hedge superintegrated?						X	X	
e	Was the hedge terminated?						X		X

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI

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

Return Reference	Explanation
Schedule K, Part I, Column (f) Description of Purpose	The purpose of the issuance of the bonds reported in Schedule K are as follows ILLINOIS FINANCE AUTHORITY SERIES 2008A THESE REVENUE BONDS WERE USED TO REFUND THE 7/1/1998 BOND ISSUE ILLINOIS FINANCE AUTHORITY SERIES 2008 B-1, B-2, & C THESE REVENUE REFUNDING BONDS WERE USED TO REFUND THE 3/7/2007 BOND ISSUE ILLINOIS FINANCE AUTHORITY SERIES 2009-A THESE REVENUE REFUNDING BONDS WERE USED TO REFUND THE 4/4/2001 AND THE 7/1/2005 BOND ISSUES ILLINOIS FINANCE AUTHORITY SERIES 2012-A These Bonds were used to finance various construction projects and refund the 4/4/2001 Bond issue

Return Reference	Explanation
Schedule K, Part IV, Line 2c Rebate Calculation	Issuer name Illinois Finance Authority Series 2008A The calculation for computing no rebate due was performed on 02/22/2013

Return Reference	Explanation
Schedule K, Part IV, Line 2c Rebate Calculation	Issuer name Illinois Finance Authority Series 2009-A The calculation for computing no rebate due was performed on 03/10/2014

Return Reference	Explanation
Schedule K, Part IV, Line 2c Rebate Calculation	Issuer name Illinois Finance Authority Series 2008 B-1, B-2, & C The calculation for computing no rebate due was performed on 03/12/2013

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

▶ 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, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
Edward Hospital

Employer identification number
36-3297173

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose 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
(1) PETER SCHUBEL MD	SON OF RONALD SCHUBEL, EH OFFICER AND DIRECTOR	442,347	EMPLOYMENT AS EMERGENCY DEPARTMENT PHYSICIAN		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization Edward Hospital	Employer identification number 36-3297173
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Return Reference	Explanation
Form 990, Part I, Line 6 VOLUNTEERS	OUR VOLUNTEERS WORK IN A LARGE MAJORITY OF AREAS THROUGHOUT THE EDWARD-ELMHURST HEALTHCARE SYSTEM THE RESPONSIBILITIES THE VOLUNTEERS VARY, DEPENDENT ON THE AREA THEY ARE VOLUNTEERING IN AND THE PROJECTS TO BE COMPLETED VOLUNTEERS HAVE ASSISTED WITH CLERICAL WORK, DATA ENTRY, MEETING AND GREETING, FRIENDLY VISITS, ESCORTING AND PROVIDING GENERAL INFORMATION TO PATIENTS AND VISITORS WE TRACK OUR VOLUNTEER HOURS MONTHLY ALL OF THE VOLUNTEERS SIGN IN AND OUT EACH SHIFT AND WE COLLECT THE SIGN IN SHEETS AT THE END OF THE MONTH THROUGHOUT THE SYSTEM, FOR THE FISCAL YEAR ENDED JUNE 30, 2015 OUR VOLUNTEERS GAVE 131,000 HOURS OF SERVICE

Return Reference	Explanation
Form 990, Part III, Line 4a PROGRAM SERVICE DESCRIPTION	ACCREDITED BY THE JOINT COMMISSION, EDWARD HAS EARNED A REPUTATION AS A LEADER IN COMPLEX MEDICAL SPECIALTIES AND INNOVATIVE PROGRAMMING, INCLUDING, BUT NOT LIMITED TO THE FOLLOWING -- MOST UP-TO-DATE SURGICAL SUITES, INCLUDING SIX STATE-OF-THE-ART OPERATING ROOMS FOR MINIMALLY INVASIVE SURGICAL PROCEDURES AND THE DA VINCI SI ROBOTIC SURGICAL SYSTEM -- COMPREHENSIVE, ADVANCED CARDIAC CARE IN ONE LOCATION THROUGH EDWARD HEART HOSPITAL (THE FIRST SUCH FACILITY IN ILLINOIS, OPENED IN 2002) -- HEARTAWARE, AN ONLINE TEST SO PEOPLE CAN DETERMINE THEIR RISK FOR HEART DISEASE AND AN INITIATIVE TO ENHANCE AND PROMOTE THE PREVENTION OF HEART DISEASE -- EDWARD PROVIDES WORLD CLASS STROKE CARE THROUGH THE EDWARD NEUROSCIENCES INSTITUTE IN AFFILIATION WITH NORTHWESTERN MEDICINE THE INSTITUTE FEATURES THE MOST ADVANCED INTERVENTIONAL NEUROSURGERY TECHNIQUES AND DRUG THERAPIES TO TREAT STROKES AND OTHER NEUROLOGICAL DISORDERS -- EDWARD CANCER CENTER HAS OPENED A NUMBER OF MULTIDISCIPLINARY ONCOLOGY CLINICS, INCLUDING A MULTIDISCIPLINARY THORACIC ONCOLOGY CLINIC, THE FIRST OF ITS KIND IN DUPAGE, WILL AND KANE COUNTIES, FOR COORDINATED, FASTER, MORE EFFICIENT TREATMENT OF LUNG CANCER AND OTHER MALIGNANCIES AND ABNORMALITIES OF THE CHEST, A NEURO-ONCOLOGY MULTIDISCIPLINARY CENTER, THE ONLY ONE IN THE AREA TO TREAT BRAIN AND SPINAL CORD TUMORS AND A BREAST CANCER CONFERENCE, A MULTIDISCIPLINARY TEAM THAT MEETS WEEKLY TO DETERMINE THE BEST TREATMENT PLAN FOR NEWLY DIAGNOSED BREAST CANCER PATIENTS -- EDWARD WAS RE-DESIGNATED A MAGNET HOSPITAL FOR NURSING EXCELLENCE A SECOND TIME (2015), ORIGINAL DESIGNATION - 2005, FIRST RE-DESIGNATION - 2010 ONE OF ONLY THREE HOSPITALS IN DUPAGE CO , ONLY ONE SERVING WILL COUNTY WITH PRESTIGIOUS DESIGNATION, ONE OF ONLY SIX HOSPITALS IN ILLINOIS TO HAVE ACHIEVED MAGNET STATUS THREE TIMES OR MORE -- CARE FOR THE MOST CRITICALLY ILL NEWBORNS IN ITS LEVEL III NEWBORN INTENSIVE CARE UNIT (NICU) -- EXPERT EMERGENCY SERVICES FOR ADULTS AND PEDIATRIC PATIENTS IN ITS LEVEL II EMERGENCY DEPARTMENT AND PEDIATRIC EMERGENCY DEPARTMENT -- STATE-OF-THE-ART IMAGING TECHNOLOGY AT NUMEROUS LOCATIONS THROUGHOUT THE REGION -- ACCESS TO THE LATEST CLINICAL TRIALS FOR CANCER AND HEART DISEASE -- FIRST IN THE REGION TO OFFER ANIMAL-ASSISTED THERAPY, MUSIC THERAPY AND ART THERAPY THROUGH ITS HEALING ARTS PROGRAM DURING THE FISCAL YEAR ENDED JUNE 30, 2015, EDWARD HOSPITAL PROVIDED NEARLY \$82 4 MILLION IN COMMUNITY BENEFITS AND \$11 4 MILLION IN CHARITY CARE FOR FISCAL YEAR 2015, EDWARD HOSPITAL HAD 89,061 PATIENT DAYS AND 98,011 EMERGENCY ROOM VISITS FOR MORE INFORMATION ABOUT EDWARD HOSPITAL, VISIT WWW.EEHEALTH.ORG

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	Edward Hospital's sole corporate member is Edward-Elmhurst Healthcare an Illinois not-for-profit and Section 501(c)(3) tax exempt corporation

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	Edward Hospital's sole corporate member, Edward-Elmhurst Healthcare, may elect, remove and replace members of the board of trustees of Edward Hospital. The Edward-Elmhurst Healthcare board of trustees consists of the individuals who concurrently serve on the Edward Hospital board of trustees, in addition, the president of the Edward Hospital Medical Staff serves on the board of trustees Ex-Officio with vote.

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	Edward-Elmhurst Healthcare (EEH), the corporate member of Edward Hospital (EH), has the exclusive power to - Elect, appoint, remove and replace EH Trustees - Intervene in any action or plan of EH to the extent the EEH Board of Trustees, in its sole discretion, deems it necessary to do so in order to avoid significant risk to the tax exempt status, licensure, or accreditation of EH, EEH or any facility operated by any of the foregoing, or to avoid significant legal, regulatory, or financial risk to EH, EEH or any facility perated by any of the foregoing - Select and appoint independent auditors for EH and direct the performance of an annual independent audit of the financial condition of EH In addition to the exclusive powers set forth above, Edward-Elmhurst Healthcare's approval shall be required to authorize any of the following matters - The adoption, amendment and repeal the Edward Hospital Articles of incorporation, its Bylaws and any similar governing document of Edward Hospital - The adoption and approval of any plan of dissolution or liquidation of Edward Hospital, any plan of merger or consolidation of Edward Hospital with another corporation or other entity, and/or any exchange, sale or transfer of any material portion of the assets of Edward Hospital in any transaction or series of related transactions - The adoption and approval of a financial controls policy of Edward Hospital, which may be amended, modified, supplemented or restated from time to time - The amendment or revision of the initial purpose and scope of services of Edward Hospital, including location, size, operations and activities - The adoption of, any and all annual operating and capital budgets, strategic plans, capital investments and/or capital allocations of Edward Hospital - The authorization or approval of any long-term borrowing of money by Edward Hospital or any authorization or approval of any prepayment, in whole or in part, such indebtedness - The granting of any security interest in, or otherwise providing for the encumbrance of any of the assets or revenues of Edward Hospital - The creation and/or addition of any direct or indirect subsidiaries or affiliates of EH, including, without limitation, any not-for-profit or for-profit corporations, limited liability companies, partnerships or other legal entities - The filing of a voluntary petition, or any consent to the involuntary filing of a petition, by or on behalf of Edward Hospital, in bankruptcy or any reorganization, or any appointment of a receiver on behalf of Edward Hospital - The submission of any applications, filings or material correspondence to the Illinois Health Facilities and Services Review Board or any successor thereto (the "IHFSRB") for any proposed project or activity of Edward Hospital subject to the jurisdiction of the IHFSRB, regardless of the level of capital expenditure - The purchase or sale by Edward Hospital of any interest in real property

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

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

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	Executive compensation, including the CEO and all officers of Edward-Elmhurst Healthcare ("Senior Management") is managed by the Edward-Elmhurst Healthcare ("EEH") Board of Trustees ("Board"), on behalf of EEH and all of its affiliates. On an annual basis, the Board reviews compensation arrangements, including the compensation award for the Edward Hospital President for the coming year. The Board conducts the review in a manner that will qualify for the rebuttable presumption of reasonableness under the Intermediate Sanction Rules of Section 4958 of the Internal Revenue Code. To that end - The CEO and all other members of Senior Management may participate in this review process and be present at meetings of the Board only if and to the extent necessary to answer questions and provide other information the Board needs for its analysis, assessment and deliberations, and they must otherwise recuse themselves from Board meetings during Board debate and voting on compensation arrangements - Any Board member identified as having a conflict shall participate in the process only to the same extent as members of Senior Management - The Board conducts the review with the assistance of an experienced and independent compensation firm, which summarizes its analysis and findings in writing to the Board - The Board obtains and relies on current comparable market compensation data from appropriate peer organizations for each compensation component prior to making its determination. Relevant information will include compensation levels paid by similarly situated organizations, both taxable and tax-exempt, for functionally comparable positions, the availability of similar services in the geographic area served by EEH, current compensation survey compiled by an independent firm, and, where applicable, actual written offers from similar organizations competing for the services for the members of Senior Management - The Board also adequately and promptly documents its decision. The documentation states its intention to qualify for the rebuttable presumption of reasonableness, the specific terms of the compensation arrangement that were approved, the approval date, the names of the individuals present and those who voted, the specific comparability data obtained and relied upon, and an explanation as to why the approved amounts are considered reasonable if the terms of the compensation arrangement differ from the comparability data. In addition, the Board periodically reviews the Executive Compensation Plan, including the philosophy, for (a) compliance with applicable laws and regulations, and (b) alignment with EEH's mission, charitable purposes, goals and strategies. Based on the review, the Board approves any changes in one or more components of the plan or the plan philosophy that the Board considers necessary and appropriate relative to one or both of these criteria. Other individuals who are officers or key employees of Edward Hospital, but are not a part of EEH Senior Management are compensated with a competitive base salary, along with an incentive plan, which is reflective of EEH's market as determined by a review of independently gathered market compensation survey data. At the time of hire, the salary determination is made by giving consideration to the experience pertinent to the role for which the individual is to be hired, also considered are niche skills or experience the individual brings to the organization. Supply and demand will also play a role in determining the hiring rate of pay. Based on these factors, the EEH Human Resources department, which supports EEH and all of its affiliates, will assign the key employee to an appropriate pay grade, and a rate of pay will be offered within that pay grade. On a periodic basis, the EEH Human Resources Department works with an independent third party compensation consultant to conduct a thorough market review of all positions which are not considered Senior Management. Using a variety of sources, EEH salary ranges are compared to the current market pay grade assignments, and individual rate of pay may change based on the results of this annual market review. In addition, annual merit increases may be awarded based on EEH's budget for the year.

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

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

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Answering Service - Total Revenue 431579, Related or Exempt Function Revenue 0, Unrelated Business Revenue 431579, Revenue Excluded from Tax Under Sections 512, 513, or 514 , EPIC Hosting-Other - Total Revenue 0, Related or Exempt Function Revenue 0, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Cafeteria - Other - Total Revenue 2166026, Related or Exempt Function Revenue 2166026, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Employee Leasing-Other - Total Revenue 128254, Related or Exempt Function Revenue 128254, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Community Training Center - Other - Total Revenue 233968, Related or Exempt Function Revenue 233968, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Other - Total Revenue 10095815, Related or Exempt Function Revenue 10095815, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	DISTRIBUTIONS TO OWNERS FROM EDWARD AMBULANCE SERVICES, LLC - 288900, NET ASSET TRANSFERS TO AFFILIATES - -8836774, CHANGE IN TEMP RESTRICTED NET ASSETS OF EDWARD FOUNDATION - 646724, CHANGE IN MINORITY INTEREST OF EDWARD AMBULANCE SERVICES, LLC - 216650, LOSS OF SWAPS - - 2595670, NET ASSET RELEASED FROM RESTRICTIONS FROM EDWARD FOUNDATION - -13439,

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Edward Hospital

Employer identification number
36-3297173

Part I

Identification of Disregarded Entities

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

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

Part II

Identification of Related Tax-Exempt Organizations

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

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

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) EDWARD PHYSICIAN OFFICE CENTER LP 801 S WASHINGTON ST NAPERVILLE, IL 60540 36-3524485	HEALTH CARE	IL	EHV	Related	598,582	5,174,007		No			No	
(2) THE CENTER FOR SURGERY LP 475 E DIEHL ROAD NAPERVILLE, IL 60563 36-3776424	HEALTH CARE	IL	NA	N/A								
(3) ELMHURST OUTPATIENT SURGERY CENTER LLC 1200 S YORK ROAD ELMHURST, IL 60126 36-4150045	HEALTH CARE	IL	NA	N/A								
(4) RESIDENTIAL HOME HEALTH ILLINOIS LLC 5440 CORPORATE DRIVE SUITE 400 TROY, MI 48098 27-0179825	HEALTH CARE	IL	NA	N/A								
(5) RESIDENTIAL HOSPICE ILLINOIS LLC 5440 CORPORATE DRIVE SUITE 400 TROY, MI 48098 45-4745710	HEALTH CARE	IL	NA	N/A								
(6) MIDWEST ENDOSCOPY LLC 1243 RICKERT DRIVE NAPERVILLE, IL 60540 20-8292570	HEALTH CARE	IL	NA	N/A								
(7) WESTMONT SURGERY CENTER LLC DBA SALT CREEK SURGERY CENTER 530 NORTH CASS AVENUE WESTMONT, IL 60599 36-4419691	HEALTH CARE	IL	NA	N/A								

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) EDWARD MANAGEMENT CORPORATION 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3833311	MANAGEMENT CORP	IL	EHV	C Corporation					No
(2) ILLINOIS HEALTH PARTNERS LLC 1100 W 31ST ST SUTIE 400 DOWNERS GROVE, IL 60515 90-0744712	HEALTH CARE	IL	EEH	C Corporation					No
(3) ELMHURST MEMORIAL HEALTH TECHNOLOGIES LLC 855 NORTH CHURCH COURT ELMHURST, IL 60126 36-3229839	PRATICE MANGEMENT	IL	EMHC	C Corporation					No
(4) EEH SPC - SEGREGATED PORTFOLIO A GOVERNORS SQUARE BLDG 4 FLOOR 2 LIME TREE BAY, GRAND CAYMAN KY11002 CJ	INSURANCE	CJ	EEH	C Corporation					No
(5) EEH SPC - SEGREGATED PORTFOLIO B GOVERNORS SQUARE BLDG 4 FLOOR 2 LIME TREE BAY, GRAND CAYMAN KY11002 CJ 98-1185160	INSURANCE	CJ	EEH	C Corporation					No
(6) ELMHURST PHYSICIAN HOSPITAL ORGANIZATION LLC 855 N CHURCH COURT ELMHURST, IL 60126 36-3994179	HEALTH CARE	IL	EMH	C Corporation					No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a Yes

1b No

1c Yes

1d Yes

1e No

1f No

1g No

1h No

1i No

1j No

1k Yes

1l Yes

1m Yes

1n Yes

1o Yes

1p No

1q No

1r No

1s Yes

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Edward Ambulance Services LLC	A	12,084	Actual Cost
(2) EDWARD AMBULANCE SERVICES LLC	S	288,900	ACTUAL COST

Schedule R (Form 990) 2014

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID: 14000329

Software Version: 2014v1.0

EIN: 36-3297173

Name: Edward Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) EDWARD-ELMHURST HEALTHCARE 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3513954	SYSTEM PARENT	IL	501(c)(3	Type II	NA		No
(1) NAPERVILLE PSYCHIATRIC VENTURES 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3965251	HOSPITAL	IL	501(c)(3	3	EHV		No
(2) EDWARD HEALTH VENTURES 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 58-1672987	SUPPORTING ORG	IL	501(c)(3	Type II	EEH		No
(3) EDWARD FOUNDATION 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3723705	FUNDRAISING	IL	501(c)(3	7	EEH		No
(4) EDWARD HEALTH & FITNESS CENTER 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3555528	HEALTH CARE	IL	501(c)(3	9	EHV		No
(5) EDWARD AMBULANCE SERVICES LLC 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 45-2389060	HEALTH CARE	IL	501(c)(3	9	EH	Yes	
(6) ELMHURST MEMORIAL HOSPITAL 155 E BRUSH HILL ROAD ELMHURST, IL 60126 36-2167784	HOSPITAL	IL	501(c)(3	3	EMHC		No
(7) ELMHURST MEMORIAL HOSPITAL FOUNDATION 155 E BRUSH HILL ROAD ELMHURST, IL 60126 36-3083197	FUNDRAISING	IL	501(c)(3	7	EMH		No
(8) ELMHURST MEMORIAL HEALTHCARE 155 E BRUSH HILL ROAD ELMHURST, IL 60126 36-4037473	SUPPORTING ORG	IL	501(c)(3	Type II	EEH		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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) Dispropotionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
EDWARD PHYSICIAN OFFICE CENTER LP 801 S WASHINGTON ST NAPERVILLE, IL 60540 36-3524485	HEALTH CARE	IL	EHV	Related	598,582	5,174,007		No			No	
THE CENTER FOR SURGERY LP 475 E DIEHL ROAD NAPERVILLE, IL 60563 36-3776424	HEALTH CARE	IL	NA	N/A								
ELMHURST OUTPATIENT SURGERY CENTER LLC 1200 S YORK ROAD ELMHURST, IL 60126 36-4150045	HEALTH CARE	IL	NA	N/A								
RESIDENTIAL HOME HEALTH ILLINOIS LLC 5440 CORPORATE DRIVE SUITE 400 TROY, MI 48098 27-0179825	HEALTH CARE	IL	NA	N/A								
RESIDENTIAL HOSPICE ILLINOIS LLC 5440 CORPORATE DRIVE SUITE 400 TROY, MI 48098 45-4745710	HEALTH CARE	IL	NA	N/A								
MIDWEST ENDOSCOPY LLC 1243 RICKERT DRIVE NAPERVILLE, IL 60540 20-8292570	HEALTH CARE	IL	NA	N/A								
WESTMONT SURGERY CENTER LLC DBA SALT CREEK SURGERY CENTER 530 NORTH CASS AVENUE WESTMONT, IL 60599 36-4419691	HEALTH CARE	IL	NA	N/A								