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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www IRS gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Elmhurst Memorial Healthcare Group

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
155 E Brush Hill Road

City or town, state or province, country, and ZIP or foreign postal code
Elmhurst, IL 60126

D Employer identification number
35-2339114

E Telephone number
(331) 221-1000

G Gross receipts $ 404,249,868

F Name and address of principal officer
Mary Lou Mastro
155 E Brush Hill Road
Elmhurst, IL 60126

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

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

H(c) Group exemption number ▶ 5467

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

J Website: ▶ WWW EEHEALTH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Edward-Elmhurst Healthcare's mission and vision statement is "A locally responsive, regionally relevant Health system " Toward this end, it is committed to meeting the needs of its local community, while ensuring the scale and geographic reach to provide quality, efficiency and access to the population served

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	57
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	45
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	3,466
6	Total number of volunteers (estimate if necessary)	**6**	735
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	896,772
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-415,151

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,248,823	2,070,347
9	Program service revenue (Part VIII, line 2g)	384,841,089	393,608,376
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,062	795,943
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,547,173	7,466,045
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	395,653,147	403,940,711
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	54,500	365,202
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	184,135,003	154,057,551
16a	Professional fundraising fees (Part IX, column (A), line 11e)	223,300	223,300
b	Total fundraising expenses (Part IX, column (D), line 25) ▶312,454		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	220,515,504	239,626,354
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	404,928,307	394,272,407
19	Revenue less expenses Subtract line 18 from line 12	-9,275,160	9,668,304

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	515,770,638	517,492,977
21	Total liabilities (Part X, line 26)	142,642,986	190,441,785
22	Net assets or fund balances Subtract line 21 from line 20	373,127,652	327,051,192

Part II Signature Block

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

Sign Here

****** 2017-04-20
Signature of officer Date

Vincent E Pryor System EVP CFO/Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
John V Woodhull	John V Woodhull			P01305268

Firm's name ▶ CROWE HORWATH LLP — Firm's EIN ▶ 35-0921680

Firm's address ▶ 225 West Wacker Drive Suite 2600 Chicago, IL 606061224 — Phone no (312) 899-7000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

To provide comprehensive healthcare services for the residents of our communities, with an emphasis on quality, efficiency, and access to care

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 290,877,849 including grants of $ 365,202) (Revenue $ 397,947,093)

ELMHURST MEMORIAL HOSPITAL (HOSPITAL OR EMH) IS A NOT-FOR-PROFIT HEALTHCARE ORGANIZATION THAT PROVIDES ACUTE AND NONACUTE INPATIENT AND OUTPATIENT CARE TO RESIDENTS OF EASTERN DUPAGE AND WESTERN COOK COUNTIES FOUNDED IN 1926, ELMHURST MEMORIAL HOSPITAL HAS EXPANDED ITS SERVICES AND HAS SEVERAL CONVENIENTLY LOCATED CARE CENTERS TO BETTER SERVE ITS PATIENTS, THEIR FAMILIES AND NUMEROUS COMMUNITIES IN FISCAL YEAR 2016, ELMHURST MEMORIAL TREATED MORE THAN 16,000 INPATIENTS AND TOTALED MORE THAN 369,000 OUTPATIENT VISITS THERE WERE MORE THAN 51,000 VISITS TO THE EMERGENCY DEPARTMENT AND MORE THAN 30,000 VISITS TO TWO IMMEDIATE CARE CENTERS 1,904 NEWBORNS WERE DELIVERED IN THE FAMILY BIRTHING CENTER THE ORGANIZATION ALSO PROVIDED MORE THAN $81 MILLION IN COMMUNITY BENEFITS, WHICH INCLUDE A GENEROUS FINANCIAL ASSISTANCE POLICY THAT EXCEEDS THE STANDARDS RECOMMENDED BY THE ILLINOIS HOSPITAL ASSOCIATION, CHARITY CARE AND MORE THAN 51 COMMUNITY EDUCATION PROGRAMS AND EVENTS ON 6/25/2011 ELMHURST MEMORIAL HOSPITAL MOVED TO A FULLY INTEGRATED MEDICAL CAMPUS THAT HAS CHANGED THE PERCEPTION OF WHAT A HOSPITAL CAN BE LOCATED AT THE CORNER OF YORK STREET AND ROOSEVELT ROAD IN ELMHURST, THE CAMPUS IS SITUATED ON A HIGHLY ACCESSIBLE 50-ACRE SITE AND INCLUDES AN ACUTE CARE HOSPITAL WITH ALL PRIVATE ROOMS, OUTPATIENT SERVICES IN THE EXISTING ELMHURST MEMORIAL CENTER FOR HEALTH AND A VARIETY OF PHYSICIAN OFFICES IN NEW MEDICAL OFFICE BUILDINGS

4b (Code) (Expenses $ 274,240 including grants of $) (Revenue $)

ELMHURST MEMORIAL HOSPITAL FOUNDATION (FOUNDATION) WAS ESTABLISHED IN 1980 AS THE OFFICIAL FUNDRAISING AND GIFT RECEIVING ARM OF ELMHURST MEMORIAL HEALTHCARE (EMHC) THE FOUNDATION ENCOURAGES AND RECEIVES CONTRIBUTIONS THAT ARE USED TO ENHANCE THE DELIVERY OF HIGH QUALITY, COMPREHENSIVE HEALTHCARE SERVICES FOR THOSE WHO LIVE AND WORK IN THE COMMUNITIES SERVED BY EMHC THE FOUNDATION ACCOMPLISHES THIS THROUGH FUNDRAISING EVENTS, SUCH AS THE ANNUAL AUTUMN AFFAIR, AND PROGRAMS, SUCH AS THE GRATEFUL PATIENT PROGRAM, WHICH WAS ESTABLISHED BY THE FOUNDATION AS A WAY FOR PATIENTS TO SHOW THEIR THANKS AND APPRECIATION FOR THE CARE THEY RECEIVED AT EMHC BY MAKING A DONATION AS A RESULT OF THE FOUNDATION'S EFFORTS TO BUILD PRIVATE PHILANTHROPIC SUPPORT FOR THE HOSPITAL'S NEW MAIN CAMPUS PROJECT, THROUGH THE LAUNCH OF THE EXCEPTIONAL PAST, EXTRAORDINARY FUTURE CAMPAIGN FOR THE NEW ELMHURST MEMORIAL HOSPITAL - THE MOST AMBITIOUS FUNDRAISING INITIATIVE IN THE ORGANIZATION'S HISTORY - THE HOSPITAL OPENED ITS NEW MAIN CAMPUS ON 6/25/2011

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 ▶** 291,152,089

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		No
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		No
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	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 . .	1a	178		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,466		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
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?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	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		13a		
b	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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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	1a	57		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	45		
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		Yes	
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 801 South Washington Street Naperville, IL 60540 (630) 527-3000

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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								4,353,629	6,246,797	900,075

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 ▶ 103

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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 NAPERVILLE, ID 60540	SHARED SERVICES FEE	42,175,616
TRIMEDX LLC 5451 LAKEVIEW PARKWAY SOUTH DR INDIANAPOLIS, IN 46268	EQUIPMENT MAINTENANCE SERVICES	5,065,039
ILLINOIS CYBERKNIFE LLC PO BOX 6600 NEWPORT BEACH, CA 92658	MEDICAL TREATMENTS	4,195,800
ELMHURST EMERGENCY MEDICAL SERVICES LTD 155 E BRUSH HILL ROAD ELMHURST, IL 60126	PHYSICIAN SERVICES	2,032,061
Advocate Medical Group PO Box 92710 Chicago, IL 60675	Physician Services	1,036,783

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 ▶ 37

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 348,261				
	d Related organizations	1d				
	e Government grants (contributions)	1e 98,613				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,623,473				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		2,070,347			
Program Service Revenue		Business Code				
	2a PATIENT SERVICES	621610	345,339,887	344,443,115	896,772	
	b AMBULATORY	623990	28,698,289	28,698,289		
	c MEDICARE/MEDICAID	900099	15,192,981	15,192,981		
	d INCOME FROM K-1'S	621400	1,764,566	1,764,566		
	e PROPERTY RENTAL	531190	2,612,653	2,612,653		
	f All other program service revenue		0	0	0	0
	g **Total.** Add lines 2a–2f		393,608,376			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		959,684			959,684
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)	0	0			
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		1,000			
	b Less cost or other basis and sales expenses		164,741			
	c Gain or (loss)	0	-163,741			
	d Net gain or (loss)		-163,741			-163,741
	8a Gross income from fundraising events (not including $ 348,261 of contributions reported on line 1c) See Part IV, line 18	a	86,600			
	b Less direct expenses	b	144,416			
	c Net income or (loss) from fundraising events		-57,816			-57,816
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a Cafeteria and Dietary	561499	2,856,290	567,918		2,288,372
	b Leased Employees	900099	882,828	882,828		
	c School Nurse Program	923110	1,155,251	1,155,251		
	d All other revenue		2,629,492	2,629,492	0	0
	e **Total.** Add lines 11a–11d		7,523,861			
	12 **Total revenue.** See Instructions		403,940,711	397,947,093	896,772	3,026,499

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	337,202	337,202		
2 Grants and other assistance to domestic individuals See Part IV, line 22	28,000	28,000		
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	2,556,175		2,556,175	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	366,077		366,077	
7 Other salaries and wages	122,805,688	106,669,994	16,135,694	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,796,192	2,479,043	317,149	
9 Other employee benefits	16,156,153	13,829,205	2,326,948	
10 Payroll taxes	9,377,266	7,970,676	1,406,590	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17	223,300			223,300
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	88,037,108	22,771,991	65,222,479	42,638
12 Advertising and promotion	52,272	6,537		45,735
13 Office expenses	1,243,258	818,531	424,727	
14 Information technology				
15 Royalties				
16 Occupancy	7,721,962		7,721,962	
17 Travel	133,350	55,905	77,123	322
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	459			459
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,291,153	22,338,107	3,953,046	
23 Insurance	4,685,944	4,685,944		
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 MEDICAL SUPPLIES & DRUGS	91,975,171	91,905,430	69,741	
b EQUIPMENT RENTAL/MAINTENANCE	4,231,294	2,218,786	2,012,508	
c MEDICAID TAX	11,231,348	11,231,348		
d				
e All other expenses	4,023,035	3,805,390	217,645	0
25 **Total functional expenses.** Add lines 1 through 24e	394,272,407	291,152,089	102,807,864	312,454
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) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		2,260,042	1	5,357,093
	2	Savings and temporary cash investments		1,113,610	2	1,115,349
	3	Pledges and grants receivable, net		9,972,163	3	9,818,850
	4	Accounts receivable, net		68,617,283	4	70,923,393
	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		0	7	
	8	Inventories for sale or use		8,560,438	8	8,449,542
	9	Prepaid expenses and deferred charges		6,721,677	9	5,676,228
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 683,838,622			
	b	Less accumulated depreciation	10b 277,090,074	408,164,137	10c	406,748,548
	11	Investments—publicly traded securities		3,477,627	11	3,511,651
	12	Investments—other securities See Part IV, line 11		0	12	
	13	Investments—program-related See Part IV, line 11		3,229,294	13	2,652,916
	14	Intangible assets		657,139	14	657,139
	15	Other assets See Part IV, line 11		2,997,228	15	2,582,268
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		515,770,638	16	517,492,977
Liabilities	17	Accounts payable and accrued expenses		92,810,864	17	120,892,662
	18	Grants payable		0	18	
	19	Deferred revenue		0	19	
	20	Tax-exempt bond liabilities		0	20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	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		0	23	
	24	Unsecured notes and loans payable to unrelated third parties		0	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		49,832,122	25	69,549,123
	26	**Total liabilities.** Add lines 17 through 25		142,642,986	26	190,441,785
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		361,924,557	27	315,985,859
	28	Temporarily restricted net assets		10,713,580	28	10,575,818
	29	Permanently restricted net assets		489,515	29	489,515
		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		0	30	
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		373,127,652	33	327,051,192
	34	Total liabilities and net assets/fund balances		515,770,638	34	517,492,977

Part XI Reconcilliation 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	403,940,711
2	Total expenses (must equal Part IX, column (A), line 25)	2	394,272,407
3	Revenue less expenses Subtract line 2 from line 1	3	9,668,304
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	373,127,652
5	Net unrealized gains (losses) on investments	5	-841,784
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	-54,902,980
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	327,051,192

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?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 35-2339114
Name: Elmhurst Memorial Healthcare Group

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

(A) Name and Title	(B) Average hours per week (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			
Dave Atchison See Schedule O	2.0 2.0	X		X				0	0	0
Pamela M Davis See Schedule O	2.0 38.0	X		X				0	1,679,403	234,908
Mary Ann Malloy MD See Schedule O	1.0 0	X		X				0	0	0
Ron Schubel See Schedule O	2.0 2.0	X		X				0	0	0
Daniel Sullivan See Schedule O	40.0 0	X		X				603,163	0	23,515
Kenneth Wegner See Schedule O	1.0 0	X		X				0	0	0
Danelle Achepohl See Schedule O	1.0 0	X						0	0	0
Laura Atchison See Schedule O	1.0 0	X						0	0	0
Joe Beatty See Schedule O	2.0 2.0	X						0	0	0
Timothy Bresnahan See Schedule O	1.0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Emp
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			
Dave Brueggen See Schedule O	1 0 2 0	X						0	0	0
Valene Cahill See Schedule O	1 0 0	X						0	0	0
Kathy Caluwaert See Schedule O	1 0 0	X						0	0	0
Ronald Cheff MD See Schedule O	1 0 0	X						0	0	0
Michael Davalle See Schedule O	1 0 0	X						12,450	0	0
Joe DePaulo See Schedule O	2 0 2 0	X						0	0	0
Sarah Diamond See Schedule O	1 0 0	X						0	0	0
Michael Grant See Schedule O	1 0 0	X						0	0	0
Ann Gunst See Schedule O	1 0 0	X						0	0	0
Brian Hagan See Schedule O	1 0 2 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Emp
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			
Betsy Hanisch See Schedule O	1 0 0	X						0	0	0
Ryon Hennessey See Schedule O	1 0 0	X						0	0	0
Blanche Hill See Schedule O	1 0 0	X						0	0	0
Michael Hoffman See Schedule O	1 0 0	X						5,000	0	0
Richard Inskeep See Schedule O	1 0 0	X						0	0	0
Raymond Janevicius See Schedule O	1 0 0	X						1,500	0	0
Kristina Katzovitz See Schedule O	1 0 0	X						7,793	0	0
Jay Kinzler See Schedule O	1 0 0	X						0	0	0
Thomas Kloet See Schedule O	2 0 ..... 2 0	X						0	0	0
Paul Koch See Schedule O	1 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Emp
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			
Mary Kay Ladone See Schedule O	2 0 2 0	X						0	0	0
Caron Lizzadro See Schedule O	1 0 0	X						0	0	0
Donald Lurye See Schedule O	2 0 0	X						0	0	0
Rocco Martino See Schedule O	2 0 2 0	X						0	0	0
Michael Martirano See Schedule O	1 0 0	X						625	0	0
James McNamara See Schedule O	1 0 0	X						0	0	0
Michelle Meziere See Schedule O	1 0 0	X						1,250	0	0
Edward Momkus See Schedule O	1 0 0	X						0	0	0
Christina Morrissey See Schedule O	1 0 0	X						0	0	0
James Nelson See Schedule O	1 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Emp
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			
Ron Nyberg See Schedule O	2 0 2 0	X						0	0	0
Anne Oldenburg See Schedule O	1 0 0	X						0	0	0
Robert Platt See Schedule O	1 0 2 0	X						0	0	0
Michael Regan See Schedule O	1 0 0	X						0	0	0
Tim Rivelli See Schedule O	2 0 4 0	X						0	0	0
Nancy Scinto See Schedule O	1 0 0	X						0	0	0
Karl Vos MD See Schedule O	1 0 0	X						375	0	0
Daniel Welz See Schedule O	1 0 0	X						0	0	0
Brian P Davis See Schedule O	1 0 39 0			X				0	383,067	49,329
Pamela Dunley See Schedule O	39 0 1 0			X				526,729	0	43,465

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Em
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			
Ken Fishbain See Schedule O	40 0 0			X				370,231	0	65,803
Jeffrey D Friant See Schedule O	3 0 37 0			X				0	344,253	66,784
Mary L Mastro See Schedule O	38 0 2 0			X				0	1,342,700	56,663
Chris J Mollet See Schedule O	3 0 37 0			X				0	594,203	17,227
Vincent E Pryor See Schedule O	3 0 37 0			X				0	1,643,504	43,247
Laura L Eslick See Schedule O	40 0 0				X			238,505	0	31,944
Richard S Hrabski See Schedule O	40 0 0				X			173,618	0	24,044
Jean T Lydon See Schedule O	40 0 0				X			251,675	0	12,996
John Sedivy See Schedule O	40 0 0				X			158,498	0	31,918
Phillip C Williams See Schedule O	13 0 27 0				X			0	259,666	48,011

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Em
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			
Lucio DiNunno See Schedule O	40 0 0					X		466,914	0	32,807
Marilyn L Evrard See Schedule O	40 0 0					X		406,970	0	34,132
William V Galassi See Schedule O	40 0 0					X		272,477	0	34,240
Amaryllis Gil See Schedule O	40 0 0					X		351,853	0	36,851
Srilata Gundala See Schedule O	40 0 0					X		387,049	0	12,191
Charles Colander See Schedule O	0 0 0						X	116,956	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Elmhurst Memorial Healthcare Group

Employer identification number
35-2339114

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	1,754,067	1,712,127	1,776,499	2,065,833	2,468,395	9,776,921
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	1,754,067	1,712,127	1,776,499	2,065,833	2,468,395	9,776,921
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,720,946
6 **Public support.** Subtract line 5 from line 4						6,055,975

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	1,754,067	1,712,127	1,776,499	2,065,833	2,468,395	9,776,921
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-12,128	269,375	116,452	-2,345	-117,510	253,844
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	0	24,216	0	0	24,216
11 **Total support.** Add lines 7 through 10						10,054,981

12	Gross receipts from related activities, etc (see instructions)	12 0

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 2015 (line 6, column (f) divided by line 11, column (f))	14 60 23 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15 53 34 %

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** 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 III Support 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")					0	0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support.** (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	0	0	0	0	0
13 **Total support.** (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0

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 2015 (line 8, column (f) divided by line 13, column (f))	15	0 %
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	0 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** 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*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

		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)*	1		

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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

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).

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard*	3b		

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) ☐

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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 A, Part II, Line 10 Other Income	DESCRIPTION - OTHER INCOME, COLUMN A - 0 0, COLUMN B - 0 0, COLUMN C - 24216 0, COLUMN D - 0 0, COLUMN E - , COLUMN F - 24216 0,

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493124003077

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

2015

Open to Public Inspection

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

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

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

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

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

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

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

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

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

2 Political expenditures ▶ $

3 Volunteer hours

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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-
2					
3					
4					
5					
6					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		37,813
j	Total Add lines 1c through 1i			37,813
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	(I)A portion of professional dues paid to the Illinois Hospital Association for membership is attributed to lobbying activities The lobbying expenses reported in Schedule C represent lobbying expenses attributable to professional dues
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	(I)A portion of professional dues paid to the Illinois Hospital Association for membership is attributed to lobbying activities The lobbying expenses reported in Schedule C represent lobbying expenses attributable to professional dues

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Elmhurst Memorial Healthcare Group

Employer identification number
35-2339114

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, 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	711,949	580,939	660,959	624,731	651,465
b	Contributions			0	0	0
c	Net investment earnings, gains, and losses		131,010	-80,020	36,228	-26,734
d	Grants or scholarships			0	0	0
e	Other expenditures for facilities and programs			0	0	0
f	Administrative expenses			0	0	0
g	End of year balance	711,949	711,949	580,939	660,959	624,731

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

a Board designated or quasi-endowment ▶ 0 %
b Permanent endowment ▶ 100 %
c Temporarily restricted endowment ▶ 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' 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)	Accumulated (c)depreciation	(d)Book value
1a Land		31,291,564		31,291,564
b Buildings		445,831,299	137,949,066	307,882,233
c Leasehold improvements				
d Equipment		188,523,377	139,141,008	49,382,369
e Other		18,192,382		18,192,382
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				406,748,548

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	0
Net Pension Liability	59,868,653
Miscellaneous Liability	208,206
Due to Affiliate	9,472,264
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	69,549,123

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

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

1	Total revenue, gains, and other support per audited financial statements			1	402,792,343
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-841,784		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-451,000		
e	Add lines **2a** through **2d**			2e	-1,292,784
3	Subtract line **2e** from line **1**			3	404,085,127
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	-144,416		
c	Add lines **4a** and **4b**			4c	-144,416
5	Total revenue Add lines **3** and **4c.**(This must equal Form 990, Part I, line 12)			5	403,940,711

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

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

1	Total expenses and losses per audited financial statements			1	394,416,823
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	144,416		
e	Add lines **2a** through **2d**			2e	144,416
3	Subtract line **2e** from line **1**			3	394,272,407
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	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	394,272,407

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	Clinical and Medical staff training, community health events/education, and Myers scholarships

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Unrealized Loss on Valuation of Assets - -451000
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Direct fundraising expenses deducted from revenue - -144416
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Direct fundraising expenses deducted from revenue - 144416

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Elmhurst Memorial Healthcare Group

Employer identification number
35-2339114

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

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Harris Connect LLC 1400 Crossways Blvd Chesapeake, VA 23320	DIRECT MAIL CAMPAIGN		No	80,772	152,100	-71,328
Total			▶	80,772	152,100	-71,328

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

IL

Part II Fundraising Events.
Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

Revenue / Direct Expenses		(a) Event #1 Chef Fest (event type)	(b) Event #2 Autumn Affiar (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	80,835	324,026	30,000	434,861
	2 Less Contributions	60,175	269,251	18,835	348,261
	3 Gross income (line 1 minus line 2)	20,660	54,775	11,165	86,600
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		11,147		11,147
	6 Rent/facility costs	8,403	867		9,270
	7 Food and beverages	3,049	77,587	8,077	88,713
	8 Entertainment		7,334		7,334
	9 Other direct expenses	5,848	20,104	2,000	27,952
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				144,416
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-57,816

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $.....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
Schedule G, Part I, Line 2b(vi) Amount paid to (or retained by) organization	Harris Connect is a third party vendor who conducted a fundraising program on the behalf of the EMH Foundation The methodology for solicitation is securing pledges over a three-year period, as such the cash received in one year is typically less than the full pledge amount

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization
Elmhurst Memorial Healthcare Group

Employer identification number
35-2339114

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 60000 %			
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			
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 eligibile 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)			18,172,167		18,172,167	4 61 %
b Medicaid (from Worksheet 3, column a)			47,295,576	34,232,649	13,062,927	3 31 %
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	65,467,743	34,232,649	31,235,094	7 92 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			779,313	10,215	769,098	0 20 %
f Health professions education (from Worksheet 5)			243,527	0	243,527	0 06 %
g Subsidized health services (from Worksheet 6)			793,463	165,678	627,785	0 16 %
h Research (from Worksheet 7)			220,794	0	220,794	0 06 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			945,642	0	945,642	0 24 %
j **Total.** Other Benefits	0	0	2,982,739	175,893	2,806,846	0 71 %
k **Total.** Add lines 7d and 7j	0	0	68,450,482	34,408,542	34,041,940	8 63 %

Part II Community Building Activities

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					0	0 %
2	Economic development			2,314		2,314	0 %
3	Community support			7,957		7,957	0 %
4	Environmental improvements					0	0 %
5	Leadership development and training for community members					0	0 %
6	Coalition building			81,734	85	81,649	0 02 %
7	Community health improvement advocacy			17,755		17,755	0 %
8	Workforce development			2,081		2,081	0 %
9	Other					0	0 %
10	**Total**	0	0	111,841	85	111,756	0 03 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	18,157,052		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	2,138,663		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	127,236,970
6	Enter Medicare allowable costs of care relating to payments on line 5	6	171,672,345
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-44,435,375
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	ELMHURST OUTPATIENT SURGERY CENTER LLC	OUTPATIENT SURGICAL SERVICES	55 2 %	0 %	44 8 %
2	CYBERKNIFE CENTER OF CHICAGO LLC	RADIATION TREATMENT SERVICES FOR CANCER PATIENTS	40 %	0 %	40 %
3	ELMCARE LLC	PHYSICIAN HOSPITAL ORGANIZATION (PHO)	50 %	0 %	50 %
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 Elmhurst Memorial Hospital

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
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 13			
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	
6 a	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?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE SUPPLEMENTAL INFORMATION			
b	☐ Other website (list url)			
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 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE SUPPLEMENTAL INFORMATION			
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Elmhurst Memorial Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 600 0 %			
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?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
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?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url)			
b	☑ The FAP application form was widely available on a website (list url) www eehealth org			
c	☑ A plain language summary of the FAP was widely available on a website (list url) www eehealth org			
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)*

Elmhurst Memorial Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	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 19 (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			

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?	**21**	Yes	
	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)			

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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

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

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? **14**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
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 7 Costing Methodology used to calculate financial assistance	THE COSTS ENTERED IN SECTIONS 7A AND 7B WERE CALCULATED USING COST-TO-CHARGE RATIOS DERIVED FROM WORKSHEET 2 THE COSTS ENTERED IN THE SUBSIDIZED HEALTH SERVICES (7G) SECTION WERE CALCULATED USING A COST ACCOUNTING SYSTEM AND ADDRESSED ALL PATIENT SEGMENTS THE COSTS ENTERED IN SECTIONS 7E, 7F, 7H AND 7I WERE CALCULATED USING A COST ACCOUNTING SYSTEM OR WERE THE ACTUAL COSTS

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 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 COMMITTEES IN WHICH EDWARD-ELMHURST HEALTHCARE EMPLOYEES ARE ACTIVELY INVOLVED ELMHURST AREA CHAMBER OF COMMERCE, VILLA PARK CHAMBER OF COMMERCE, ADDISON CHAMBER OF COMMERCE, WESTCHESTER CHAMBER OF COMMERCE, OAK BROOK CHAMBER OF COMMERCE, HINSDALE CHAMBER OF COMMERCE, LOMBARD CHAMBER OF COMMERCE, AND ELMHURST ECONOMIC DEVELOPMENT COMMISSION COMMUNITY SUPPORT INCLUDES MENTORING PROGRAMS FOR VULNERABLE POPULATIONS OR NEIGHBORHOODS, 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 WHOSE GOAL IS TO IMPROVE THE HEALTH AND WELLBEING OF CHILDREN AND FAMILIES IN DUPAGE COUNTY ELMHURST HOSPITAL ALSO PARTICIPATES IN THE PRO ACTIVE KIDS PROGRAM WHICH HELPS CHILDERN CHOOSE HEALTHIER LIFESTYLE OPTIONS BY DEVELOPING THEIR MENTAL, PHYSICAL AND NUTRITIONAL HEALTH ADDITIONALLY, ELMHURST HOSPITAL'S CHIEF NURSING OFFICER SITS ON THE AMBULATORY SURGERY BOARD AND THE RESIDENTIAL HOME HEALTH BOARD 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 collectability of its patient accounts receivable based on the length of time that the receivable is outstanding, payor class, and the anticipated future uncollectable amounts based on historical experience Patient accounts receivable are charged to the allowance for doubtful accounts when they are deemed uncollectable 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 net collections 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, the 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 allowances for doubtful accounts were 12% and 15% of total accounts receivable at June 30, 2016 and 2015, respectively The Corporation's combined allowance for doubtful accounts and charity care covered 84% and 94% of self-pay accounts receivable at June 30, 2016 and 2015, respectively The Corporation's write-offs to the allowances for doubtful accounts were $34,126 and $48,016 for the fiscal years ended June 30, 2016 and 2015, respectively

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

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	If the patient has no insurance coverage, Elmhurst Memorial Hospital will provide financial counseling services to assist the patient or guarantor (parent or guardian responsible for payment of services) in applying for various programs that may help resolve the patient or guarantor's bill Financial counselors assist patients in applying for government-sponsored health insurance or other third-party insurance (such as adding baby to policy), establishing a payment arrangement, and applying for financial assistance Before receiving a bill, patients without insurance coverage will receive a letter informing them of our financial assistance program and the option of payment plans If a patient is approved for financial assistance, the patient's accounts are discounted by the % approved In cases where a balance remains, normal collection practices are followed

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- Elmhurst Memorial Hospital Line 16b URL www eehealth org,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- Elmhurst Memorial Hospital Line 16c URL www eehealth 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 REGISTRATION AREAS INCLUDING THE EMERGENCY DEPARTMENT A NOTICE ON OUR CONSENT TO TREAT HIGHLIGHTS THAT FINANCIAL ASSISTANCE IS AVAILABLE ALSO, OUR CUSTOMER SERVICE DEPARTMENT AND FINANCIAL COUNSELORS ARE AVAILABLE TO ASSIST PATIENTS WHO ARE HAVING DIFFICULTY PAYING THEIR BILL and THE NEED FOR FINANCIAL ASSISTANCE UNDER OUR PRESUMPTIVE ELIGIBLITY TOOL PATIENTS ARE SCREENED FOR FINANCIAL ASSISTANCE PRIOR TO THE STATEMENTS BEING SENT FOR UNINSURED PATIENTS THE STATEMENT REFLECTS ANY DISCOUNTS THE PATIENT WAS ELIGIBLE FOR UNDER OUR FINANCIAL ASSISTANCE POLICY

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	The Hospital's primary service area, defined as those zip codes contributing approximately 75% of the Hospital's total inpatients, is comprised of the following communities Elmhurst Hospital Primary Service Area zip codes City - Zip Code Elmhurst - 60126 Hillside - 60162 Berkeley - 60163 Villa Park - 60181 Oak Brook - 60523 Bellwood - 60104 Franklin Park - 60131 Westchester - 60154 Melrose Park - 60160 Northlake - 60164 Stone Park - 60165 Addison - 60101 Bensenville - 60106 Wood Dale - 60191 Glen Ellyn - 60137 Lombard - 60148 The hospital's Secondary Service Area is defined as those communities contributing an additional 15% of admissions Elmhurst Hospital Secondary Service Area zip codes FOREST PARK 60130 HINES 60141 MAYWOOD 60153 BROADVIEW 60155 RIVER GROVE 60171 SCHILLER PARK 60176 CHICAGO 60634 ELMWOOD PARK 60707 OAK PARK 60301 OAK PARK 60302 OAK PARK 60304 RIVER FOREST 60305 BLOOMINGDALE 60108 GLENDALE HEIGHTS 60139 ITASCA 60143 MEDINAH 60157 BROOKFIELD 60513 CLARENDON HILLS 60514 HINSDALE 60521 LA GRANGE 60525 LA GRANGE PARK 60526 WILLOWBROOK 60527 WESTERN SPRINGS 60558 WESTMONT 60599 DARIEN 60561 DOWNERS GROVE 60515 DOWNERS GROVE 60516 Communities Served The FY16 estimated population distribution for the Hospital's service area is provided below More specific information on population demographics is provided in subsequent sections Population estimate for Elmhurst Primary Service Area is 372,094 and population estimate for Secondary Service Area is 561,010 totaling a Service Area of 933,104 The service area of Elmhurst Memorial Hospital spans numerous counties, however, the majority of patients reside in DuPage and Cook Counties Table below outlines the inpatient population distribution Patient Population by County Elmhurst Memorial % of Total FY16 Volume DuPage 61 02% Cook 32 77% Will 2 31% All Other Counties 3 90% Elmhurst Memorial Population and Age Projections Race & Ethnicity Details on the ethnic distribution of residents in Elmhurst Hospital's PSA is directly below Similar to previous years, the population distribution is consistent with both Illinois and the US Elmhurst Racial/Ethnic Composition Race/Ethnicity, Elmhurst PSA White - 69 4% Black or African American - 9 0% American Indian and Alaska Native - 0 3% Asian - 6 4% Other - 14 9%

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	THE MAJORITY OF ELMHURST HOSPITAL'S GOVERNING BODY OR BOARD OF TRUSTEES IS COMPRISED OF PERSONS WHO RESIDE OR WORK 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 PART OF A NOT-FOR-PROFIT ORGANIZATION, ELMHURST MEMORIAL HEALTHCARE 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 IN ADDITION, THE ORGANIZATION'S MISSION PROMOTES COMMUNITY HEALTH, I E "ADVANCING THE HEALTH OF OUR COMMUNITIES BY PROVIDING OUTSTANDING HEALTHCARE SERVICES" AND ORGANIZATION'S VISION INCLUDES BEING LOCALLY RESPONSIVE TO OUR COMMUNITY'S HEALTHCARE NEEDS EDWARD-ELMHURST HEALTHCARE 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 IN ORDER TO SUPPORT THE HEALTH OF ITS COMMUNITY ELMHURST IS WORKING ON THE CHNA IDENTIFIED NEEDS WHICH ARE ADDRESSED IN ITS FY14-FY16 STRATEGIC PLANNING PROCESS EMH ADDRESSES VARIOUS COMMUNITY CONCERNS, INCLUDING DIABETES, CANCER, MENTAL HEALTH, OVERWEIGHT AND OBESITY, CHRONIC KIDNEY DISEASE, SUBSTANCE ABUSE, HIGH BLOOD PRESSURE, HEART DISEASE, STROKE, ASTHMA AND ACCESS TO CARE EMH ALLOCATES STAFF TIME AND TALENT TO EDUCATE THE COMMUNITIES IT SERVES EMH PARTICIPATES ON COMMUNITY BOARDS AND INITIATIVES TO IMPROVE COMMUNITY HEALTH TO INCREASE THE ACCESS TO HEALTHCARE, ELMHURST MEMORIAL HOSPITAL PARTNERS WITH COMMUNITY ORGANIZATIONS FOR THE DEVELOPMENT OF PROGRAMS TO EXPAND ACCESS TO LOW INCOME, RESIDENTS WE ALSO WORK ON INCREASING ACCESS/AVAILABILITY FOR OUR PRIMARY CARE SERVICES AS PART OF THE HEALTHY DRIVEN PROGRAM, EMH PROVIDES PREVENTION AND WELLNESS EDUCATION WITH ITS ON LINE AWARE SCREENING PROGRAMS HEART AWARE, STROKE AWARE, DEPRESSION AWARE, ANXIETY AWARE, ADDICTION AWARE, AND DIABETES AWARE EMH ALSO OFFER A VARIETY OF HEALTH SCREENINGS TO COMMUNITY RESIDENTS FREE OR AT A REDUCED COST WE ALSO OFFER CHOLESTEROL SCREENINGS, AND BLOOD PRESSURE SCREENINGS WE ALSO PARTICIPATE IN THE AMERICAN LUNG ASSOCIATION QUIT LINE PROGRAM AND REFER PATIENTS TO THE AMERICAN CANCER SOCIETY FOR SERVICE REQUESTS A COMPLIMENTARY HEALTH EDUCATION RESOURCE SERVICE OFFERS COMMUNITY RESIDENTS ACCESS TO HEALTH INFORMATION AT THREE SITES MAIN CAMPUS, ADDISON AND LOMBARD SERVICES ARE ACCESSIBLE BY PHONE AND INTERNET FREE ACCESS TO INTERNET HEALTH SITES AS WELL AS ASSISTANCE WITH INTERNET SEARCHES IS PROVIDED AT THE MAIN CAMPUS THE CENTERS ARE STOCKED WITH PAMPHLETS, BROCHURES, BOOKS, REFERENCE BOOKS, PERIODICALS AND HEALTH DISPLAYS THE HEALTH EDUCATION RESOURCE CENTER CONTINUES TO PARTNER WITH THE AMERICAN CANCER SOCIETY TO OFFER FREE NAVIGATION SERVICES TO CANCER PATIENTS AND THEIR FAMILIES A HEALTH EDUCATOR MEETS WITH INDIVIDUALS BY APPOINTMENT TO DO ONE-ON-ONE EDUCATION AND REFERRAL A FREE SPEAKER'S BUREAU PROGRAM OFFERS A SPEAKER TO COMMUNITY GROUPS, CHURCHES, SCHOOLS AND SERVICE ORGANIZATIONS EMH ALLOCATES STAFF TIME AND TALENT TO EDUCATE THE COMMUNITIES IT SERVES EMH PARTICIPATES ON COMMUNITY BOARDS AND INITIATIVES TO IMPROVE COMMUNITY HEALTH EMH PARTICIPATES IN COUNTY OR COMMUNITY HEALTH INITIATIVES SUCH AS THE FORWARD DUPAGE INITIATIVE (FIGHTING OBESITY REACHING HEALTHY WEIGHT AMONG RESIDENTS OF DUPAGE) WHICH IS A MULTI AGENCY INITIATIVE, ACCESSDUPAGE, YMCA, LOCAL SCHOOL DISTRICTS, GOVERNMENT AGENCIES, PHYSICIAN GROUPS AND HEALTHCARE ORGANIZATIONS) TO ADDRESS OBESITY RATES THAT HAVE REACHED EPIDEMIC PROPORTIONS NEARLY 5 IN 7 CHILDREN ARE OVERWEIGHT AND AT RISK OF BECOMING OBESE AT 31 1%, ILLINOIS RANKS NUMBER 10 FOR OVERWEIGHT AND OBESE RESIDENTS OF THE OVERWEIGHT AND OBESE POPULATION IN ILLINOIS, APPROXIMATELY 56% ARE ADULTS AND 34% ARE YOUTH AGES 2-18 EMH IS PARTICIPATING IN HEALTH ASSESSMENTS AND PROMOTING PROGRAMS TO THE COMMUNITY THAT ADDRESS OVERWEIGHT AND OBESITY THIS IS WHY WE CONTINUE TO PARTNER WITH PROACTIVE KIDS IN FIGHTING CHILDHOOD OBESITY AT THE ADDISON LOCATION WE OFFER AN EIGHT WEEK PROGRAM FOR KIDS AGED EIGHT TO TWELVE EMH ALSO PARTNERS WITH HEALTHY LOMBARD TO PROMOTE HEALTHY NUTRITION AND FITNESS IN THE COMMUNITY EMH CONTINUES TO PROVIDE A VARIETY OF PROGRAMS AND EDUCATION SESSIONS (IN FORM OF CLASSES, LECTURES, LUNCH AND LEARNS, REFERENCE MATERIALS) AND SUPPORT GROUPS FOR COMMUNITY MEMBERS ON WOMEN HEALTH, PREVENTING DIABETES, CANCER PREVENTION, STROKE, WELLNESS, HEALTHY NUTRITION AND PREVENTING OBESITY

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	ELMHURST MEMORIAL HOSPITAL IS PART OF AN AFFILIATED HEALTH SYSTEM, EDWARD-ELMHURST HEALTHCARE, WHICH ALSO INCLUDES EDWARD HOSPITAL AND LINDEN OAKS HOSPITAL THE COMMUNITY HEALTH NEEDS ASSESSMENT AND THE DEVELOPMENT AND MANAGEMENT OF THE COMMUNITY BENEFIT STRATEGIC PLAN IS PROVIDED BY EDWARD-ELMHURST HEALTHCARE ELMHURST MEMORIAL HOSPITAL PLAYS 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

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

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 35-2339114
Name: Elmhurst Memorial Healthcare Group

Form 990 Schedule H, Part V Section A. Hospital Facilities

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

1	Elmhurst Memorial Hospital
	155 E Brush Hill Road
	Elmhurst, IL 60126
	http //www eehealth org/locations/elmhurst/elmhurst-hospital-main-campus
	0005751(1)
		X	X					X			

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

_____

	Name and address	Type of Facility (describe)
1	Addison Health Center 303 West Lake Street Addison, IL 60101	OP Ambulatory
1	Elmhurst Memorial Center for Health 1200 S York Road Elmhurst, IL 60126	OP Ambulatory
2	Lombard Health Center 130 S Main Street Lombard, IL 60148	OP Ambulatory
3	Elmhurst Hospital West MOB 133 E Brush Hill Rd Elmhurst, IL 60126	OP Ambulatory
4	Cancer Center 177 E Brush Hill Rd Elmhurst, IL 60126	Cancer treatment center
5	Elmhurst Clinic 172 Schiller Street Elmhurst, IL 60126	OP Ambulatory
6	Elmhurst Clinic 1100 Lake Street Suite 230 Oak Park, IL 60301	OP Ambulatory
7	Primary Care Associates 3005 Wolf Rd Westchester, IL 60154	OP Ambulatory
8	Primary Care Associates 305 N York Road Elmhurst, IL 60126	OP Ambulatory
9	Elmhurst Clinic 471 W Army Trail Road Suite 102 Bloomingdale, IL 60108	OP Ambulatory
10	Elmhurst Medical Associates 183 N Addison Avenue Elmhurst, IL 60126	OP Ambulatory
11	Primary Care Associates 7355 West North Avenue River Forest, IL 60305	OP Ambulatory
12	Elmhurst Clinic 360 Butterfield Rd Suite 230 Elmhurst, IL 60126	OP Ambulatory
13	Elmhurst Sleep Center 701 S Main Street Lombard, IL 60148	Sleep Lab

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Elmhurst Memorial Healthcare Group

Employer identification number
35-2339114

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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 . . . . . ▶ 7

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	10	28,000			

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	EMH follows federal, state, donor, and institutional guidelines for determining eligibility for scholarships, grants, and awards EMH maintains records showing the selection criteria, recipient eligibility, how funds may be used, and any related party

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 35-2339114
Name: Elmhurst Memorial Healthcare Group

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY 1801 MEYERS ROAD OAKBROOK TERRACE,IL 60181	13-1788491	501(C)(3)	18,370				General support for American Cancer Society's programs of cancer research and providing support tools to cancer patients
DAN GIBBINS TURKEY TROT FOUNDATION NFP 421 E CHURCH STREET ELMHURST,IL 60126	36-3435457	501(C)(3)	30,000				General Support for the organization's food drive to help low income DuPage county community residents
DUPAGE COUNTY HEALTH DEPT 111 NORTH COUNTY FARM ROAD WHEATON,IL 60187	36-6006553	gov't dept	25,000				General support for the organization's programs to improve the health of the DuPage county community

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ELMHURST PARK DISTRICT 375 W FIRST STREET ELMHURST,IL 60126	36-6005865	501(C)(3)	22,200				General support for the organizaton's programs to improve the well-being of DuPage county residents
PROACTIVE KIDS FOUNDATION 1101 BELTER DRIVE WHEATON,IL 60189	37-1556796	501(C)(3)	19,648				General support of the organization's fitness and nutrition programs for Dupage county kids
YOUNG HEARTS FOR LIFE 1901 S MEYERS ROAD OAKBROOK TERRACE,IL 60181	36-3297360	501(C)(3)	10,000				General support for the organization's program of providing high school kids with access to cardiac screening

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACCESS DUPAGE 511 THORNHILL DRIVE SUITE E CAROL STREAM,IL 60188	36-4448208	501(C)(3)	157,500				General support for the organization's program of providing medical services access to low income DuPage county residents

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization
Elmhurst Memorial Healthcare Group

Employer identification number
35-2339114

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
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 EMPLOYEES ARE OFFERED A MEMBERSHIP AT THE EDWARD HEALTH & FITNESS CENTER, AN AFFILIATE OF EDWARD-ELMHURST HEALTHCARE , AS A TAXABLE EMPLOYEE BENEFIT THE EDWARD HEALTH VENTURES PRESIDENT IS 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 Elmhurst Memorial Hospital President and all officers of the system known as Edward-Elmhurst Healthcare ("Senior Management") is managed by the Edward-Elmhurst Healthcare ("EEH") Board of Trustees ("Board"), on behalf of EEH and all of its affiliates On an annual basis, the Board reviews compensation arrangements, including the compensation award for the Elmhurst Memorial Hospital President for the coming year The Board conducts the review in a manner that will qualify for the rebuttable presumption of reasonableness under the Intermediate Sanction Rules of Section 4958 of the Internal Revenue Code As for the Elmhurst Memorial Hospital President, the President is compensated with a competitive base salary, along with an incentive plan which is reflective of EEH's market, as determined by a review of market compensation survey data For more information about the review and determination of executive compensation, see description in Schedule O in response to Form 990, Part VI, Section B, Line 15
Schedule J, Part I, Line 4a Severance or change-of-control payment	Organization Elmhurst Memorial Hospital EIN 36-2167784 Interested Person Doyle, James F Amount $247,759 68 Terms Compensation paid as a result of a severance from the position of Executive Vice President/CFO Organization Elmhurst Memorial Hospital EIN 36-2167784 Interested Person Colander, Charles Amount $116,560 00 Terms Compensation paid as a result of a severance from the position of Vice President/CIO
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 2015, THESE DEFERRALS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C) Davis, Pamela 200,000 Fishbain, Kenneth 53,025 Friant, Jeff 27,989 Mollet, Chris 98,238 Pryor, Vince E 35,730 Sullivan, Dan 75,569 THE FOLLOWING INTERESTED PERSONS RECEIVED DISTRIBUTIONS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2015, THESE PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) AND SCHEDULE J, PART II, COLUMN (F), AS APPLICABLE Davis, Brian 48,120 Dunley, Pamela 66,256 Mastro, Mary L 580,949 Pryor, Vince 830,728
Schedule J, Part I, Line 7 Non-fixed payments	SCHEDULE J, PART 1, LINE 7 IS ANSWERED YES BECAUSE CERTAIN INDIVIDUALS, WHOSE SALARY AND BENEFITS ARE PAID BY THE REPORTING ORGANIZATION OR A RELATED ORGANIZATION, RECEIVED A NONFIXED PAYMENT (BONUS) DURING THE YEAR THE NON-FIXED PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) AS BONUSES THE BONUS AMOUNTS DETERMINED ARE BASED ON A FIXED PERCENTAGE OF BASE COMPENSATION, HOWEVER THEY ARE DISCRETIONARY IN NATURE, IN THAT DISCRETION IS GIVEN AS TO WHETHER OR NOT A BONUS WILL BE PAID FOR THE REPORTING PERIOD

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 35-2339114
Name: Elmhurst Memorial Healthcare Group

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Pamela M Davis See Schedule O	(I)	0	0	0	0	0	0	0
	(II)	953,979	652,236	73,188	214,128	- 20,779	- 1,914,311	0
1 Daniel Sullivan See Schedule O	(I)	358,481	136,858	107,824	10,575	12,940	626,678	0
	(II)	0	0	0	0	- 0	- 0	0
2 Brian P Davis See Schedule O	(I)	0	0	0	0	0	0	0
	(II)	232,033	91,710	59,324	16,633	- 32,696	- 432,397	0
3 Pamela Dunley See Schedule O	(I)	296,312	113,831	116,586	18,375	25,090	570,194	0
	(II)	0	0	0	0	- 0	- 0	0
4 Ken Fishbain See Schedule O	(I)	207,037	78,273	84,921	61,139	4,664	436,034	0
	(II)	0	0	0	0	- 0	- 0	0
5 Jeffrey D Fnant See Schedule O	(I)	0	0	0	0	0	0	0
	(II)	239,921	95,006	9,326	35,557	- 31,227	- 411,037	0
6 Mary L Mastro See Schedule O	(I)	0	0	0	0	0	0	0
	(II)	504,266	232,255	606,180	18,375	- 38,288	- 1,399,364	0
7 Chns J Mollet See Schedule O	(I)	0	0	0	0	0	0	0
	(II)	367,973	167,611	58,620	10,575	- 6,652	- 611,430	0
8 Vincent E Pryor See Schedule O	(I)	0	0	0	0	0	0	0
	(II)	537,460	250,576	855,469	10,575	- 32,672	- 1,686,751	495,751
9 Laura L Eslick See Schedule O	(I)	183,013	54,807	684	10,849	21,094	270,449	0
	(II)	0	0	0	0	- 0	- 0	0
10 Richard S Hrabski See Schedule O	(I)	155,140	17,722	756	3,373	20,671	197,663	0
	(II)	0	0	0	0	- 0	- 0	0
11 Jean T Lydon See Schedule O	(I)	191,270	55,920	4,484	10,870	2,126	264,671	0
	(II)	0	0	0	0	- 0	- 0	0
12 John Sedivy See Schedule O	(I)	139,004	18,710	784	5,148	26,770	190,416	0
	(II)	0	0	0	0	- 0	- 0	0
13 Phillip C Williams See Schedule O	(I)	0	0	0	0	0	0	0
	(II)	208,230	43,408	8,027	18,685	- 29,326	- 307,677	0
14 Lucio DiNunno See Schedule O	(I)	319,935	94,246	52,732	7,900	24,906	499,720	0
	(II)	0	0	0	0	- 0	- 0	0
15 Manlyn L Evrard See Schedule O	(I)	372,396	-4,758	39,331	8,512	25,619	441,102	0
	(II)	0	0	0	0	- 0	- 0	0
16 William V Galassi See Schedule O	(I)	228,176	3,000	41,302	9,603	24,637	306,717	0
	(II)	0	0	0	0	- 0	- 0	0
17 Amaryllis Gil See Schedule O	(I)	306,302	19,215	26,336	7,652	29,199	388,703	0
	(II)	0	0	0	0	- 0	- 0	0
18 Srilata Gundala See Schedule O	(I)	322,436	35,472	29,141	9,275	2,916	399,240	0
	(II)	0	0	0	0	- 0	- 0	0
19 Charles Colander See Schedule O	(I)	0	0	116,956	0	0	116,956	0
	(II)	0	0	0	0	- 0	- 0	0

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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

2015

Open to Public Inspection

Name of the organization
Elmhurst Memorial Healthcare Group

Employer identification number
35-2339114

Return Reference	Explanation
Form 990, Part I, Line 6 Volunteers	FORM 990, PART I, LINE 6 VOLUNTEERS OUR VOLUNTEERS WORK IN A LARGE MAJORITY OF AREAS THROUGHOUT THE EDWARD-ELMHURST HEALTHCARE SYSTEM THE RESPONSIBILITIES OF THE VOLUNTEERS VARY, DEPENDENT ON THE AREA THEY ARE VOLUNTEERING IN AND THE PROJECTS TO BE COMPLETED VOLUNTEERS HAVE ASSISTED WITH CLERICAL WORK, DATA ENTRY, MEETING AND GREETING, FRIENDLY VISITS, ESCORTING AND PROVIDING GENERAL INFORMATION TO PATIENTS AND VISITORS WE TRACK OUR VOLUNTEER HOURS MONTHLY ALL OF THE VOLUNTEERS SIGN IN AND OUT EACH SHIFT AND WE COLLECT THE SIGN IN SHEETS AT THE END OF THE MONTH THROUGHOUT THE SYSTEM, FOR THE FISCAL YEAR ENDED JUNE 30, 2016 OUR VOLUNTEERS GAVE 136,000 HOURS OF SERVICE

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	EMHF TRUSTEES DANIEL WELZ AND BLANCHE HILL - Business relationship, EMHF TRUSTEES JAMES NELSON AND MARY ANN MALLOY - Business relationship

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	Elmhurst Memorial Healthcare (EMHC), an Illinois not-for-profit and section 501(C)(3) is the sole corporate member of Elmhurst Memorial Hospital (EMH) EMH is the sole corporate member of Elmhurst Memorial Hospital Foundation (EMHF)

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	The EMH Board of Trustees must consist of a number of trustees equal to the number of Corporate Trustees, the PSA (Professional Services Agreement) Trustee and the Medical Staff President Trustee, as those terms are defined herein Each of those individuals then serving on the EEH board of trustees (each, a "Corporate Trustee") and the then current EMH Medical Staff President (the "Medical Staff President Trustee") shall each be an EMH Trustee In addition, the EEH board of trustees shall appoint one Trustee (the "PSA Trustee") from among the chairperson or chief executive officer of each of Elmhurst Clinic, LLC, Elmhurst Memorial Primary Care Associates, LLC, and Elmhurst Medical Associates, LLC (the "PSA Entities"), but only so long such entity has in place a binding professional services agreement w ith EMHC (an "Eligible PSA Entity") The PSA Trustee appointment shall be rotated among the PSA Entities Notw ithstanding the foregoing, in the event that the EMH Medical Staff President is a member of any of the Eligible PSA Entities, the EEH board of trustees shall appoint an independent member of the EMH Medical Staff as the PSA Trustee for the then current term of office (or portion thereof) In the event that there shall be no Eligible PSA Entity, then the office of the PSA Trustee shall be filled by a physician member of the EMH Medical Staff or other position selected by the EEH board of trustees - EEH, the corporate member of EMHC, has the exclusive pow er to (i) elect, appoint, remove and replace the Trustees of EMH, (ii) intervene in any action or plan of EMH, or of any of its subsidiary or affiliate entities, to the extent the EEH board of trustees, in its sole discretion, deems it necessary to do so in order to avoid significant risk to the tax exempt status, licensure, or accreditation of EMH, EEH, EMHC, any subsidiary or other affiliate of EEH or EMHC, or any facility operated by any of the foregoing, or to avoid significant legal, regulatory, or financial risk to any of them, and (iii) select and appoint independent auditors for EMH, and direct the performance of an annual independent audit of the financial condition of EMH -The EMHF Board of Trustees must consist of not less than tw enty-four (24) nor more than thirty (30) members in number, and w ho shall be appointed by EMH

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	In addition to the exclusive authority of EEH set forth above, the approval of each of EMHC and EEH shall be required to authorize the following matters (i) the exercise by EMH of its approval rights over certain actions of EMHF as set forth in the EMH Bylaws, (ii) the adoption, amendment and repeal of the amended and restated articles of incorporation of EMH and the EMH Bylaws, (iii) the adoption and approval of any plan of dissolution or liquidation of EMH, any plan of merger or consolidation of EMH with another corporation or other entity, and/or any exchange, sale or transfer of any material portion of the assets of EMH in any transaction or series of related transactions, (iv) The adoption, approval, amendment, restatement or modification of any financial control policy for EMH and the taking of any action by or on behalf of EMH not otherwise in conformance with any such policy, (v) the amendment or revision of the initial purpose and scope of services of EMH, including location, size, operations and activities, (vi) the adoption of any and all annual operating and capital budgets, strategic plans, capital investments and/or capital allocations of EMH, (vii) the authorization or approval of any long-term borrowing of money by EMH, or the authorization or approval of any prepayment, in whole or in part, refinancing, increase, modification or extension of any such indebtedness, (viii) the granting of any security interest in, or otherwise providing for the encumbrance of, any of the assets or revenues of EMH, (ix) the creation and/or addition of any direct or indirect subsidiaries or affiliates of EMH, including, without limitation, any not-for-profit or for-profit corporations, limited liability companies, partnerships or other legal entities, (x) the filing of a voluntary petition, or any consent to the involuntary filing of a petition, by or on behalf of EMH, in bankruptcy or any reorganization, or any appointment of a receiver on behalf of EMH, (xi) the submission of any applications, filings or material correspondence to the Illinois Health Facilities and Services Review Board or any successor thereto (the "IHFSRB") for any proposed project or activity of EMH subject to the jurisdiction of the IHFSRB, regardless of the level of capital expenditure, and (xii) the purchase or sale by EMH of any interest in real property Any exercise of any exclusive powers by EEH as set forth above shall be evidenced by a resolution of the EEH board of trustees Any exercise of any approval rights as set forth above shall be evidenced by a resolution of each of the EEH and EMHC board of trustees The EMHC Board of Trustees or the EEH board of trustees, as applicable, may delegate to its respective president or another officer thereof the authority to exercise any of the exclusive powers or approval rights noted above to such entity, if any, and such delegation may be limited to specific events or transactions, or to general categories of events or transactions, as such board of trustees shall consider to be necessary or desirable in the circumstances -EMH is the sole corporate member of EMHF (the "Affiliated Corporation") The Bylaws of the Affiliated Corporation requires the approval of each of EMH, EMHC and EEH to authorize the following matters (i) the adoption, amendment, and repeal of the articles of incorporation, bylaws or similar governing document of any Affiliated Corporation, (ii) the adoption and approval of any plan of dissolution or liquidation of any Affiliated Corporation, any plan of merger or consolidation of any Affiliated Corporation with another corporation or other entity, and/or any exchange, sale or transfer of any material portion of the assets of any Affiliated Corporation in any transaction or series of related transactions, (iii) the adoption, approval, amendment, restatement or modification of any financial control policy for any Affiliated Corporation and the taking of any action by or on behalf of any Affiliated Corporation not otherwise in conformance with any such policy, (iv) the amendment or revision of the initial purpose and scope of services of any Affiliated Corporation, including location, size, operations and activities, (v) the adoption of any and all annual operating and capital budgets, strategic plans, capital investments and/or capital allocations of any Affiliated Corporation, (vi) the authorization or approval of any long-term borrowing of money by the Affiliated Corporation, or the authorization or approval of any prepayment, in whole or in part, refinancing, increase, modification or extension of any such indebtedness, (viii) the granting of any security interest in, or otherwise providing for the encumbrance of, any of the assets or revenues of any Affiliated Corporation, (ix) the creation and/or addition of any direct or indirect subsidiaries or affiliates of any Affiliated Corporation, including, without limitation, any not-for-profit or for-profit corporations, limited liability companies, partnerships or other legal entities (x) the filing of a voluntary petition, or any consent to the involuntary filing of a petition, by or on behalf of any Affiliated Corporation, in bankruptcy or any reorganization, or any appointment of a receiver on behalf of the Affiliated Corporation, (xi) the submission of any applications, filings or correspondence to the IHFSRB for any proposed project or activity of any Affiliated Corporation subject to the jurisdiction of the IHFSRB, regardless of the level of capital expenditure, (xii) the purchase or sale by any Affiliated Corporation of any interest in real property Any exercise of any approval rights noted above shall be evidenced by a resolution of the EMH Board of Trustees, the EMHC Board of Trustees and the EEH board of trustees The EMH Board of Trustees, the EMHC Board of Trustees or the EEH board of trustees, as applicable, may delegate to its respective president or another officer thereof the authority to exercise any of the approval rights as noted above of such entity, and such delegation may be limited to specific events or transactions, or to general categories of events or transactions, as such board of trustees shall consider to be necessary or desirable in the circumstances

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, Edw ard-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 w orkgroup 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 w here 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 w here 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 w hich 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 President 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 Elmhurst Memorial Healthcare Group President for the coming year The Board conducts the review in a manner that will qualify for the rebuttable presumption of reasonableness under the Intermediate Sanction Rules of Section 4958 of the Internal Revenue Code To that end - The CEO and all other members of Senior Management may participate in this review process and be present at meetings of the Board only if and to the extent necessary to answer questions and provide other information the Board needs for its analysis, assessment and deliberations, and they must otherwise recuse themselves from Board meetings during Board debate and voting on compensation arrangements - Any Board member identified as having a conflict shall participate in the process only to the same extent as members of Senior Management - The Board conducts the review with the assistance of an experienced and independent compensation firm, which summarizes its analysis and findings in writing to the Board - The Board obtains and relies on current comparable market compensation data from appropriate peer organizations for each compensation component prior to making its determination Relevant information will include compensation levels paid by similarly situated organizations, both taxable and tax-exempt, for functionally comparable positions, the availability of similar services in the geographic area served by EEH, current compensation survey compiled by an independent firm, and, where applicable, actual written offers from similar organizations competing for the services for the members of Senior Management - The Board also adequately and promptly documents its decision The documentation states its intention to quality for the rebuttable presumption of reasonableness, the specific terms of the compensation arrangement that were approved, the approval date, the names of the individuals present and those who voted, the specific comparability data obtained and relied upon, and an explanation as to why the approved amounts are considered reasonable if the terms of the compensation arrangement differ from the comparability data In addition, the Board periodically reviews the Executive Compensation Plan, including the philosophy, for (a) compliance with applicable laws and regulations, and (b) alignment with EEH's mission, charitable purposes, goals and strategies Based on the review, the Board approves any changes in one or more components of the plan or the plan philosophy that the Board considers necessary and appropriate relative to one or both of these criteria Other individuals who are officers or key employees of Elmhurst Memorial Healthcare Group, 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 additional, 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 VII, Section A, Line 1a Compensation Reporting	Pursuant to Treasury Regulation Section 1 6033-2(d)(5), Elmhurst Memorial Healthcare (EIN 36-4037473), the parent entity of Elmhurst Memorial Healthcare Group (EIN 35-2339114), has elected to report information about compensation and other information for officers, directors, trustees, and key employees and certain other highly compensated employees on a consolidated basis along w ith all members of the Group on the Elmhurst Memorial Healthcare Group Form 990

Return Reference	Explanation
Form 990, Part VII, Section A Atchison, Dave ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Vice Chair, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Elmhurst Memorial Hospital, Title Trustee/Vice Chair, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

Return Reference	Explanation
Form 990, Part VII, Section A Davis, Pamela M ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Elmhurst Memorial Hospital, Title System CEO, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

Return Reference	Explanation
Form 990, Part VII, Section A Malloy, Mary Ann, MD ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee/Vice Chair, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

Return Reference	Explanation
Form 990, Part VII, Section A Schubel, Ron ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Chairman, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Elmhurst Memorial Hospital, Title Trustee/Chair, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

Return Reference	Explanation
Form 990, Part VII, Section A Sullivan, Daniel ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title CMO/Trustee (partial year), AverageHours 1 000, IndividualTrusteeOrDirectorOfficer Organization Name Elmhurst Memorial Hospital, Title CMO/Trustee (partial year), AverageHours 39 000, Officer

Return Reference	Explanation
Form 990, Part VII, Section A Wegner, Kenneth ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee/Chair, AverageHours 1 000, IndividualTrusteeOrDirectorOfficer

Return Reference	Explanation
Form 990, Part VII, Section A Achepohl, Danelle ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Atchison, Laura ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Beatty, Joe ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Bresnahan, Timothy ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Brueggen, Dave ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Cahill, Valerie ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Caluw aert, Kathy ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Cheff, MD, Ronald ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Davalle, Michael ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A DePaulo, Joe ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Diamond, Sarah ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Grant, Michael ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Gunst, Ann ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Hagan, Brian ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Hanisch, Betsy ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Hennessey, Ryon ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Hill, Blanche ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Hoffman, Michael ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Inskeep, Richard ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Janevicius, Raymond ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Katzovitz, Kristina ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Kinzler, Jay ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Kloet, Thomas ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Koch, Paul ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Ladone, Mary Kay ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Lizzadro, Caron ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Lurye, Donald ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Martino, Rocco ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Martirano, Michael ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A McNamara, James ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Meziere, Michelle ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Momkus, Edw ard ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Morrissey, Christina ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Nelson, James ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Nyberg, Ron ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Oldenburg, Anne ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Platt, Robert ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Regan, Michael ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Rivelli, Tim ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Scinto, Nancy ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Vos, MD, Karl ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Welz, Daniel ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title Trustee, AverageHours 1 000, IndividualTrusteeOrDirector

Return Reference	Explanation
Form 990, Part VII, Section A Davis, Brian P ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title System Vice President, Chief Mktg Officer, AverageHours 1 000, Officer

Return Reference	Explanation
Form 990, Part VII, Section A Dunley, Pamela ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title VP, COO/CNO, AverageHours 39 000, Officer

Return Reference	Explanation
Form 990, Part VII, Section A Fishbain, Ken ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Healthcare, Title VP, Phy & Amb Netw ork, AverageHours 1 000, Officer Organization Name Elmhurst Memorial Hospital, Title VP, Phy & Amb Netw ork, AverageHours 39 000, Officer

Return Reference	Explanation
Form 990, Part VII, Section A Friant, Jeffrey D ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title VP, Finance, AverageHours 1 000, Officer Organization Name Elmhurst Memorial Healthcare, Title VP, Finance, AverageHours 1 000, Officer Organization Name Elmhurst Memorial Hospital, Title VP, Finance, AverageHours 1 000, Officer

Return Reference	Explanation
Form 990, Part VII, Section A Mastro, Mary L ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title President, CEO Elm Mem Healthcare, AverageHours 1 000, Officer Organization Name Elmhurst Memorial Healthcare, Title President, CEO Elm Mem Healthcare, AverageHours 1 000, Officer Organization Name Elmhurst Memorial Hospital, Title President, CEO Elm Mem Healthcare, AverageHours 36 000, Officer

Return Reference	Explanation
Form 990, Part VII, Section A Mollet, Chris J ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title System EVP General Counsel, AverageHours 1 000, Officer Organization Name Elmhurst Memorial Healthcare, Title System EVP General Counsel, AverageHours 1 000, Officer Organization Name Elmhurst Memorial Hospital, Title System EVP, General Counsel, Secretary, AverageHours 1 000, Officer

Return Reference	Explanation
Form 990, Part VII, Section A Pryor, Vincent E ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital Foundation, Title System EVP CFO, Treasurer, AverageHours 1 000, Officer Organization Name Elmhurst Memorial Healthcare, Title System EVP CFO, Treasurer, AverageHours 1 000, Officer Organization Name Elmhurst Memorial Hospital, Title System EVP CFO,Treasurer, AverageHours 1 000, Officer

Return Reference	Explanation
Form 990, Part VII, Section A Eslick, Laura L ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Assoc VP, Hospital Ops, AverageHours 40 000, KeyEmployee

Return Reference	Explanation
Form 990, Part VII, Section A Hrabski, Richard S ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Dir, Pharmacy, AverageHours 40 000, KeyEmployee

Return Reference	Explanation
Form 990, Part VII, Section A Lydon, Jean T ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Assoc VP, Clinical Ops, AverageHours 40 000, KeyEmployee

Return Reference	Explanation
Form 990, Part VII, Section A Sedivy, John ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Dir, Imaging Svs & Cardioloy, AverageHours 40 000, KeyEmployee

Return Reference	Explanation
Form 990, Part VII, Section A Williams, Phillip C ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Admin Dir, Pharmacy Svs, AverageHours 13 000, KeyEmployee

Return Reference	Explanation
Form 990, Part VII, Section A DiNunno, Lucio ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Physician, AverageHours 40 000, HighestCompensatedEmployee

Return Reference	Explanation
Form 990, Part VII, Section A Evrard, Marilyn L ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Physician, AverageHours 40 000, HighestCompensatedEmployee

Return Reference	Explanation
Form 990, Part VII, Section A Galassi, William V ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Physician, AverageHours 40 000, HighestCompensatedEmployee

Return Reference	Explanation
Form 990, Part VII, Section A Gil, Amaryllis ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Physician, AverageHours 40 000, HighestCompensatedEmployee

Return Reference	Explanation
Form 990, Part VII, Section A Gundala, Srilata ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital, Title Physician, AverageHours 40 000, HighestCompensatedEmployee

Return Reference	Explanation
Form 990, Part VII, Section A Doyle, James F ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital(Former), Title Former EVP/CFO, AverageHours 40 000, Officer

Return Reference	Explanation
Form 990, Part VII, Section A Colander, Charles ADDITIONAL POSITIONS HELD	Organization Name Elmhurst Memorial Hospital(Former), Title Former VP, Chief Information Officer, AverageHours 0 000, Officer

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	OTH REV-OTHER - Total Revenue 1727567, Related or Exempt Function Revenue 1727567, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , OTH REV-INTERCO - Total Revenue 162120, Related or Exempt Function Revenue 162120, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , OTH REV-RESEARCH - Total Revenue 6205, Related or Exempt Function Revenue 6205, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , OTH REV-AP DISCOUNT - Total Revenue 21323, Related or Exempt Function Revenue 21323, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , OTH REV-RENTAL INCOME - Total Revenue 18989, Related or Exempt Function Revenue 18989, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , OTH REV - IHP DISTRIBUTIONS - Total Revenue 693288, Related or Exempt Function Revenue 693288, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Purchased Svcs-Physicians - Total Expense 8378015, Program Service Expense 8368005, Management and General Expenses 10010, Fundraising Expenses , Purchased Svcs-Consulting - Total Expense 555031, Program Service Expense 185016, Management and General Expenses 370015, Fundraising Expenses , Shared Services Fee - Total Expense 54877715, Program Service Expense , Management and General Expenses 54877715, Fundraising Expenses , Other Fees - Total Expense 24226347, Program Service Expense 14218970, Management and General Expenses 9964739, Fundraising Expenses 42638,

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	TRANSFERS FROM AFFILIATES - -35639134, POSTRETIREMENT BENEFITS PLAN ADJUSTMENT - -18675083, RELEASE FROM RESTRICTION - -137763, UNREALIZED LOSS ON VALUATION OF ASSETS - -451000,

Return Reference	Explanation
Form 990, Line H Subordinate Organizations	THE ELMHURST MEMORIAL HEALTHCARE GROUP RETURN INCLUDES ALL SUBORDINATE ORGANIZATIONS INCLUDED IN GROUP EXEMPTION NUMBER 5467 PURSUANT TO TREASURY REGULATION SECTION 1 6033-2(D)(2)(II) THE FOLLOWING LIST IDENTIFIES THE NAME, ADDRESS, AND EIN OF EACH SUBORDINATE ELMHURST MEMORIAL HOSPITAL 155 E BRUSH HILL ROAD ELMHURST, IL 60126 EIN 36-2167784 ELMHURST MEMORIAL HOSPITAL FOUNDATION 155 E BRUSH HILL ROAD ELMHURST, IL 60126 EIN 36-3083197

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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

2015

Open to Public Inspection

Name of the organization
Elmhurst Memorial Healthcare Group

Employer identification number
35-2339114

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ELMHURST MEMORIAL INTERVENTIONAL RADIOLOGY SERVICES LLC 155 BRUSH HILL ROAD ELMHURST, IL 60126 80-0152217	DISSOLVED	IL			ELMHURST MEMORIAL HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) 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) Disproprtionate 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	
ELMHURST OUTPATIENT SURGERY **(1)** CENTER LLC 1200 SOUTH YORK ROAD ELMHURST, IL 60126 36-4150045	HEALTH CARE	IL	EMH	Related	961,158	2,112,068		No			No	55 24 %
(2) EDWARD PHYSICIAN OFFICE CENTER LP 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3524485	HEALTH CARE	IL	NA	N/A	0	0						0 %
(3) THE CENTER FOR SURGERY LP 475 E DIEHL ROAD NAPERVILLE, IL 60563 36-3776424	HEALTH CARE	IL	NA	N/A	0	0						0 %
(4) RESIDENTIAL HOME HEALTH ILLINOIS LLC 5440 CORPORATE DRIVE SUITE 400 TROY, MI 48098 27-0179825	HEALTH CARE	IL	NA	N/A	0	0						0 %
(5) RESIDENTAL HOSPICE ILLINOIS LLC 5440 CORPORATE DRIVE SUITE 400 TROY, MI 48098 45-4745710	HEALTH CARE	IL	NA	N/A	0	0						0 %
(6) MIDWEST ENDOSCOPY LLC 1243 RICKERT DRIVE NAPERVILLE, IL 60540 20-8292570	HEALTH CARE	IL	NA	N/A	0	0						0 %
(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	0	0						0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) ELMHURST MEMORIAL HEALTH TECHNOLOGIES LLC 855 NORTH CHURCH COURT ELMHURST, IL 60126 36-3229839	PRACTICE MANAGEMENT	IL	NA	C Corporation					No
EDWARD MANANGEMENT **(2)**CORPORATION 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3833311	MANAGEMENT CORP	IL	NA	C Corporation					No
(3) ILLINOIS HEALTH PARTNERS LLC 1100 W 31ST ST SUITE 400 DOWNERS GROVE, IL 60515 90-0744712	HEALTH CARE	IL	NA	C Corporation					No
EEH SPC - SEGREGATED **(4)**PORTFOLIO A GOVERNORS SQUARE BLDG 4 FLOOR 2 LIME TREE BAY, GRAND CAYMAN KY11002 CJ	INSURANCE	CJ	NA	C Corporation					No
EEH SPC - SEGREGATED **(5)**PORTFOLIO B GOVERNORS SQUARE BLDG 4 FLOOR 2 LIME TREE BAY, GRAND CAYMAN KY11002 CJ 98-1185160	INSURANCE	CJ	NA	C Corporation					No
(6) ELMHURST PHYSICIAN HOSPITAL ORGANIZATION LLC 855 N CHURCH COURT ELMHURST, IL 60126 36-3994179	HEALTH CARE	IL	EMH	C Corporation	32,693	276,950			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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)**royalties, or**(iv)**rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to related organization(s)	**1b**	**Yes**	
c	Gift, grant, or capital contribution from related organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for related organization(s)	**1d**		**No**
e	Loans or loan guarantees by related organization(s)	**1e**		**No**
f	Dividends from related organization(s)	**1f**		**No**
g	Sale of assets to related organization(s)	**1g**		**No**
h	Purchase of assets from related organization(s)	**1h**		**No**
i	Exchange of assets with related organization(s)	**1i**	**Yes**	
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**	**Yes**	
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**	**Yes**	
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**	**Yes**	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**		**No**
o	Sharing of paid employees with related organization(s)	**1o**	**Yes**	
p	Reimbursement paid to related organization(s) for expenses	**1p**	**Yes**	
q	Reimbursement paid by related organization(s) for expenses	**1q**		**No**
r	Other transfer of cash or property to related organization(s)	**1r**	**Yes**	
s	Other transfer of cash or property from related organization(s)	**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

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) Disproprtionate 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

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 35-2339114
Name: Elmhurst Memorial Healthcare Group

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
EDWARD HOSPITAL 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3297173	HOSPITAL	IL	501(c)(3	3	EEH		No
EDWARD-ELMHURST HEALTHCARE 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3513954	SYSTEM PARENT	IL	501(c)(3	Type II	NA		No
NAPERVILLE PSYCHIATRIC VENTURES 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3965251	HOSPITAL	IL	501(c)(3	3	EHV		No
EDWARD HEALTH VENTURES 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 58-1672987	SUPPORTING ORG	IL	501(c)(3	Type II	EEH		No
EDWARD FOUNDATION 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3723705	FUNDRAISING	IL	501(c)(3	7	EEH		No
EDWARD HEALTH & FITNESS CENTER 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3555528	HEALTHCARE	IL	501(c)(3	9	EHV		No
EDWARD AMBULANCE SERVICES LLC 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 45-2389060	HEALTH CARE	IL	501(c)(3	9	EH		No
ELMHURST MEMORIAL HEALTHCARE 155 EAST 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) Disproprtionate 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	
ELMHURST OUTPATIENT SURGERY CENTER LLC 1200 SOUTH YORK ROAD ELMHURST, IL 60126 36-4150045	HEALTH CARE	IL	EMH	Related	961,158	2,112,068		No			No	55 24 %
EDWARD PHYSICIAN OFFICE CENTER LP 801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3524485	HEALTH CARE	IL	NA	N/A	0	0						0 %
THE CENTER FOR SURGERY LP 475 E DIEHL ROAD NAPERVILLE, IL 60563 36-3776424	HEALTH CARE	IL	NA	N/A	0	0						0 %
RESIDENTIAL HOME HEALTH ILLINOIS LLC 5440 CORPORATE DRIVE SUITE 400 TROY, MI 48098 27-0179825	HEALTH CARE	IL	NA	N/A	0	0						0 %
RESIDENTAL HOSPICE ILLINOIS LLC 5440 CORPORATE DRIVE SUITE 400 TROY, MI 48098 45-4745710	HEALTH CARE	IL	NA	N/A	0	0						0 %
MIDWEST ENDOSCOPY LLC 1243 RICKERT DRIVE NAPERVILLE, IL 60540 20-8292570	HEALTH CARE	IL	NA	N/A	0	0						0 %
WESTMONT SURGERY CENTER LLC DBA SALT CREEK SURGERY CENTER 530 NORTH CASS AVENUE WESTMONT, IL 60599 36-4419691	HEALTH CARE	IL	NA	N/A	0	0						0 %