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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☒ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

COPLEY MEMORIAL HOSPITAL INC

C/O RUSH COPLEY MEDICAL CTR

Doing business as

Number and street (or P O box if mail is not delivered to street address)

2000 OGDEN AVENUE

Room/suite

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

AURORA, IL 605044206

F Name and address of principal officer

BARRY FINN

2000 OGDEN AVENUE

AURORA, IL 605044206

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 ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

WWW.RUSHCOPLEY.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1886

M State of legal domicile

IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO PROVIDE ADVANCED MEDICINE WITH QUALITY OUTCOMES AND EXTRAORDINARY CARE

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

19

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

16

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

5

2,272

6 Total number of volunteers (estimate if necessary)

6

340

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

0

7b Net unrelated business taxable income from Form 990-T, line 34

7b

42,376

Revenue

8 Contributions and grants (Part VIII, line 1h)

8

1,184,698

Prior Year

Current Year

9 Program service revenue (Part VIII, line 2g)

9

305,721,600

305,721,600

305,059,403

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

10

11,311,285

9,835,156

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

11

3,263,860

1,457,569

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

12

321,481,443

317,292,448

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

13

37,187

20,551

14 Benefits paid to or for members (Part IX, column (A), line 4)

14

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

15

141,773,145

142,023,489

16a Professional fundraising fees (Part IX, column (A), line 11e)

16a

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

17

140,580,195

141,021,217

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

18

282,390,527

283,065,257

19 Revenue less expenses Subtract line 18 from line 12

19

39,090,916

34,227,191

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

20

582,894,855

Beginning of Current Year

End of Year

21 Total liabilities (Part X, line 26)

21

266,830,962

275,843,333

22 Net assets or fund balances Subtract line 21 from line 20

22

316,063,893

361,072,561

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

Signature of officer

2019-05-15

Date

BRENDA VANWYHE CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

KRISTINA RASMUSSEN

Preparer's signature

KRISTINA RASMUSSEN

Date

Check ☐ if self-employed

PTIN P00143920

Firm's name ▶ DELOITTE TAX LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ 50 S 6TH STREET SUITE 2800

Phone no (612) 397-4000

MINNEAPOLIS, MN 554021844

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

THE MISSION OF RUSH COPLEY IS TO PROVIDE ADVANCED MEDICINE WITH QUALITY OUTCOMES AND EXTRAORDINARY 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 \$ 224,155,520	including grants of \$ 20,551	(Revenue \$ 306,334,760)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	224,155,520
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	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 Yes	
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	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	199	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2,272	
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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	0	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
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		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒**Section A. Governing Body and Management**

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 19		
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 16		
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	No
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	

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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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. BRENDA VAN WYHE 2000 OGDEN AVENUE AURORA, IL 60504 (630) 978-6200	

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

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

Form **990** (2017)

[illegible]

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 ▶ 281

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO 4880 PAYSHERE CIRCLE CHICAGO, IL 60674	FOOD AND CLEANING SERVICE MANAGEMENT	3,815,793
ANTHELIO HEALTHCARE SOLUTIONS 1 LINCOLN DR STE 200 5400 LBJ FRW DALLAS, TX 75240	MEDICAL RECORDS MANAGEMENT	3,383,999
INTUITIVE SURGICAL INC 1020 KIFER ROAD SUNNYVALE, CA 94086	MEDICAL EQUIPMENT REPAIR AND SERVICING	749,265
FOX VALLEY ACUTE DIALYSIS 1300 WATERFORD DRIVE AURORA, IL 60504	DIALYSIS SERVICES	729,544
ANDERSON MIKOS ARCHITECHTS LTD 17W110 22ND ST STE 200 OAKBROOK TERRACE, IL 60181	ARCHITECTS	705,498

<p>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 ► 23</p>	
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Part VIII **Statement of Revenue**

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

**Contributions, Gifts, Grants
and Other Similar Amounts**

1a Federated campaigns . . .	1a	
b Membership dues . . .	1b	
c Fundraising events . . .	1c	
d Related organizations	1d	940,320
e Government grants (contributions)	1e	
f All other contributions, gifts, grants, and similar amounts not included above	1f	
g Noncash contributions included in lines 1a-1f \$ _____		
h Total. Add lines 1a-1f ▶		940,320

Program Service Revenue

	Business Code				
2a NET PATIENT SVC REV	621110	280,453,805	280,453,805		
b MEDICAID TAX REVENUE	621110	26,268,734	26,268,734		
c OTHER PROGRAM REVENUE	900099	-1,663,136	-1,663,136		
d _____					
e _____					
f All other program service revenue					
g Total. Add lines 2a-2f ▶		305,059,403			

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts) ▶		6,715,380			6,715,380
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
6a Gross rents	(i) Real	(ii) Personal			
	1,028,489				
b Less rental expenses	1,527,099				
c Rental income or (loss)	-498,610				
d Net rental income or (loss) ▶		-498,610			-498,610
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	15,091,651	1,421,788			
b Less cost or other basis and sales expenses	13,393,663	0			
c Gain or (loss)	1,697,988	1,421,788			
d Net gain or (loss) ▶		3,119,776			3,119,776
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
b Less direct expenses b					
c Net income or (loss) from fundraising events . . . ▶					
9a Gross income from gaming activities See Part IV, line 19 a					
b Less direct expenses b					
c Net income or (loss) from gaming activities . . . ▶					
10a Gross sales of inventory, less returns and allowances . . . a					
b Less cost of goods sold . . . b					
c Net income or (loss) from sales of inventory . . . ▶					
Miscellaneous Revenue	Business Code				
11a OUTSIDE SERVICE REV	621990	1,275,357	1,275,357		
b CAFETERIA REVENUE	621990	370,143			370,143
c GIFT SHOP REVENUE	453220	310,679			310,679
d All other revenue					
e Total. Add lines 11a-11d ▶		1,956,179			
12 Total revenue. See Instructions ▶		317,292,448	306,334,760	0	10,017,368

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	20,551	20,551		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	12,517,291		12,517,291	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	97,794,335	73,345,751	24,448,584	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,731,101	2,048,326	682,775	
9 Other employee benefits.	19,269,235	14,451,926	4,817,309	
10 Payroll taxes.	9,711,527	7,283,645	2,427,882	
11 Fees for services (non-employees):				
a Management.	7,231,028	5,423,271	1,807,757	
b Legal.	301,084		301,084	
c Accounting.	205,028		205,028	
d Lobbying.	52,616		52,616	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	67,508		67,508	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	8,038,431	6,028,823	2,009,608	
12 Advertising and promotion.	734,934	734,934		
13 Office expenses.	15,368,262	11,526,197	3,842,065	
14 Information technology.	10,354,941	7,766,206	2,588,735	
15 Royalties.				
16 Occupancy.	7,613,985	5,710,489	1,903,496	
17 Travel.	179,743	134,807	44,936	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	79,399	59,549	19,850	
20 Interest.	4,994,742	4,994,742		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	18,688,404	18,688,404		
23 Insurance.	159,749	119,812	39,937	
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	47,932,872	47,932,872		
b MEDICAID PROVIDER TAX	13,082,016	13,082,016		
c REPAIRS/MAINTAINENCE	845,744	845,744		
d COLLECTION FEES	557,626	557,626		
e All other expenses	4,533,105	3,399,829	1,133,276	
25 Total functional expenses. Add lines 1 through 24e.	283,065,257	224,155,520	58,909,737	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		14,069,478	2	21,141,985
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		47,096,725	4	48,943,347
	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	
	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	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		5,293,019	8	5,846,586
	9	Prepaid expenses and deferred charges		12,924,563	9	5,868,524
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	407,433,492		
	b	Less: accumulated depreciation	10b	235,025,498		
				174,456,445	10c	172,407,994
	11	Investments—publicly traded securities		269,805,003	11	287,617,692
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		3,282,363	14	3,190,961
15	Other assets. See Part IV, line 11		55,967,259	15	91,898,805	
16	Total assets. Add lines 1 through 15 (must equal line 34)		582,894,855	16	636,915,894	
Liabilities	17	Accounts payable and accrued expenses		132,461,230	17	134,171,486
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		101,622,859	20	99,162,939
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		32,746,873	25	42,508,908
	26	Total liabilities. Add lines 17 through 25		266,830,962	26	275,843,333
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		313,148,752	27	357,208,458
	28	Temporarily restricted net assets		2,915,141	28	3,864,103
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		316,063,893	33	361,072,561
	34	Total liabilities and net assets/fund balances		582,894,855	34	636,915,894

Part XI Reconciliation of Net AssetsCheck 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	317,292,448
2	Total expenses (must equal Part IX, column (A), line 25)	2	283,065,257
3	Revenue less expenses Subtract line 2 from line 1	3	34,227,191
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	316,063,893
5	Net unrealized gains (losses) on investments	5	8,795,464
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	1,986,013
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	361,072,561

Part XII Financial Statements and ReportingCheck 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

Additional Data

Software ID:
Software Version:
EIN: 36-2170840
Name: COPLEY MEMORIAL HOSPITAL INC
C/O RUSH COPLEY MEDICAL CTR

Form 990 (2017)

Form 990, Part III, Line 4a:

COPLEY MEMORIAL HOSPITAL'S MISSION IS TO PROVIDE ADVANCED MEDICINE WITH QUALITY OUTCOMES AND EXTRAORDINARY CARE TO THAT END, THE MEDICAL CENTER SEEKS TO SERVE THE COMMUNITY IN WAYS THAT ENGAGE, EDUCATE AND EMPOWER IN FY2018, COPLEY MEMORIAL HOSPITAL PROUDLY COLLABORATED WITH DOZENS OF CIVIC AND COMMUNITY GROUPS TO IMPACT THE KNOWLEDGE, HEALTH AND WELL-BEING OF THE COMMUNITY COPLEY MEMORIAL HOSPITAL OFFERS FREE EDUCATIONAL PROGRAMS RANGING FROM HAND HYGIENE EDUCATION AIMED AT PRESCHOOL AND PRIMARY GRADE SCHOOL AGED CHILDREN TO ANNUAL SEMINARS EDUCATING ADULTS ABOUT DIABETES, HEART HEALTH, CANCER PREVENTION, WEIGHT CONTROL, SMOKING CESSATION, CHRONIC HEALTH AND MORE A COMMUNITY NEWSLETTER IS PUBLISHED AND HIGHLIGHTS HEALTH INFORMATION AND CALENDAR OF EVENTS INFO TO 80,000+ HOUSEHOLDS THROUGHOUT THE HOSPITAL SERVICE AREA FREE AND REDUCED COST HEALTH SCREENINGS ARE REGULARLY OFFERED INCLUDING FREE BLOOD PRESSURE MONITORING ON A WALK-IN BASIS ELECTRONIC NEWSLETTERS ALSO HIGHLIGHTING HEALTH INFORMATION, NEWS AND EVENTS ARE EMAILED MONTHLY HEALTHY EUPDATE AND FITNOTES THESE NEWSLETTERS AVERAGE 60,000 AND 6,000 EMAILS RESPECTFULLY ADDITIONALLY, CANCER CARE NEWS, TARGETED AT CANCER CARE PATIENTS AND THEIR FAMILY AND CARE GIVERS, WAS SENT TO APPROXIMATELY 2,400 EMAIL ADDRESSES DURING FY2018, COPLEY MEMORIAL HOSPITAL SPONSORED, PARTNERED OR PARTICIPATED IN OVER 600 COMMUNITY-BASED PROGRAMS AND EVENTS, SPECIFICALLY GROUPS AIMED AT IMPROVING THE LIVES OF CHILDREN AND ADULTS PROGRAMMING HIGHLIGHTS INCLUDES CAR SEAT SAFETY CHECKS, NUTRITION AND WEIGHT LOSS INFORMATION, HEART HEALTH ADVICE, CANCER SURVIVORSHIP AND MORE COPLEY MEMORIAL HOSPITAL OFFERS A FREE PHYSICIAN REFERRAL SERVICE, PROVIDES A FREE SPEAKER'S BUREAU TO COMMUNITY-BASED GROUPS AND ROUTINELY PARTICIPATES AND SPONSORS OR DONATES TO HEALTH FAIRS AIMED AT MINORITY POPULATIONS INCLUDING THE YEARLY AFRICAN AMERICAN HEALTH FAIR AND THE ANNUAL LATINO COMMUNITY HEALTH FESTIVAL COPLEY MEMORIAL HOSPITAL'S WEBSITE, WITH TRANSLATION INTO DOZENS OF LANGUAGES, OFFERS FREE HEALTH INFORMATION AND ONLINE RESOURCES TOGETHER, THESE INITIATIVES PROVIDED A POSITIVE INFLUENCE FOR THOUSANDS OF RESIDENTS IN THE COMMUNITIES SERVED BY COPLEY MEMORIAL HOSPITAL

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS ALEXANDER DIRECTOR (END 9/17)	1 00 2 00	X						0	0	0
TRISH ANEN DIRECTOR	1 00 2 00	X						0	0	0
JAMES BAKA DIRECTOR	1 00 2 00	X						0	0	0
PATRICK CARMODY DIRECTOR (START 9/17)	1 00 2 00	X						0	0	0
CATI CEDEROTH DIRECTOR	1 00 2 00	X						0	0	0
BRUCE DIENST CHAIRMAN OF BOARD/DIRECTOR	1 00 2 00	X						0	0	0
RICHARD EDELMAN DIRECTOR	1 00 2 00	X						0	0	0
RONALD HEM DIRECTOR	1 00 2 00	X						0	0	0
GARRETT KATULA DO VICE CHIEF OF STAFF/DIRECTOR	41 00 2 00	X						282,985	0	31,661
STEPHEN KELANIC MD VICE CHIEF OF STAFF/DIRECTOR	41 00 2 00	X						432,990	0	30,652

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			
HERBERT KNIGHT DIRECTOR	1 00 2 00	X						0	0	0
MARYANNE LOCKLIN DIRECTOR	1 00 2 00	X						0	0	0
DAVE MEAD DIRECTOR	1 00 2 00	X						0	0	0
MARK METZGER DIRECTOR	1 00 2 00	X						0	0	0
AVERY MILLER DIRECTOR	1 00 2 00	X						0	0	0
LUIS PEREZ DIRECTOR (START 9/17)	1 00 2 00	X						0	0	0
WILLIAM SKOGLUND VICE CHAIR BOARD/DIRECTOR	1 00 2 00	X						0	0	0
CHRISTINE SOBEK DIRECTOR	1 00 2 00	X						0	0	0
ANDREW VANECKEREN DIRECTOR	1 00 2 00	X						0	0	0
BARRY FINN PRESIDENT & CEO/DIRECTOR	40 00 3 00	X		X				1,548,342	0	31,424

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			
RYAN ASMUS VP GENERAL COUNSEL/SECRETARY	40 00 3 00			X				369,599	0	68,925
BRENDA VAN WYHE SR VP FINANCE & CFO/TREASURER	40 00 3 00			X				451,921	0	73,852
GAIL BUMGARNER SR VP, STRATEGY	40 00 0 00				X			425,727	0	13,696
DENNIS DEMASIE VP, INFORMATION TECH & CIO	40 00 0 00				X			706,868	0	16,312
JOHN DIEDERICH SR VP, OPERATIONS & COO	40 00 1 00				X			546,495	0	166,993
BRENDA FANN MD ASSISTANT VP, MEDAFFAIRS	40 00 0 00				X			328,916	0	31,335
DIANE HOMAN MD VP, QUALITY & PSO	40 00 0 00				X			514,808	0	28,351
STEVE LOWENTHAL MD SR VP, MEDICAL AFFAIRS & CMO	40 00 0 00				X			688,691	0	14,347
DAVID PETASNICK ASSISTANT VP, ANCILLARY SVCS	40 00 0 00				X			220,651	0	26,208
ALEX POPE VP, PHILANTHROPY & CDO	40 00 1 00				X			265,822	0	57,932

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			
MARY SHILKAITIS VP PATIENT CARE SRVCS & CNO	40 00 0 00				X			329,112	0	69,372
SUSAN STERCHI ASSISTANT VP, PATIENT CARE	40 00 0 00				X			223,270	0	30,184
MARK SHARP-SCHINSKY MD PHYSICIAN	40 00 0 00					X		1,251,245	0	34,713
DIMITRY RUBAN MD PHYSICIAN	40 00 0 00					X		983,547	0	29,999
KEVIN KELLY MD PHYSICIAN	40 00 0 00					X		918,213	0	25,958
ARIF SALEEM MD PHYSICIAN	40 00 0 00					X		797,358	0	30,916
TERESSA ALEXANDER MD PHYSICIAN	40 00 0 00					X		786,376	0	30,836

SCHEDULE A (Form 990 or 990-EZ)	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 2017 Open to Public Inspection
	Name of the organization COPLEY MEMORIAL HOSPITAL INC C/O RUSH COPLEY MEDICAL CTR	Employer identification number 36-2170840

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2017. 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 ► <input type="checkbox"/>	
b	33 1/3% support test—2016. 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 ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2017. 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 ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2016. 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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

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? <i>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.</i>		
	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? <i>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.</i>		
	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)? <i>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).</i>		
	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
	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? <i>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.</i>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	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 (explain in Part VI) **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 <input type="checkbox"/> 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 36-2170840

Name: COPLEY MEMORIAL HOSPITAL INC
C/O RUSH COPLEY MEDICAL CTR

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

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

2017

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 COPLEY MEMORIAL HOSPITAL INC C/O RUSH COPLEY MEDICAL CTR	Employer identification number 36-2170840
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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-
1				
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

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		52,616
j	Total. Add lines 1c through 1i			52,616
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
PART II-B, LINE 1	COPLEY MEMORIAL HOSPITAL, INC IS A MEMBER OF VARIOUS ORGANIZATIONS THAT ADVOCATE ON LEGAL AND POLICY ISSUES THAT AFFECT HEALTHCARE. A PORTION OF THE ANNUAL MEMBERSHIP DUES PAID BY COPLEY MEMORIAL HOSPITAL, INC TO THESE ORGANIZATIONS IS ATTRIBUTABLE TO LOBBYING ACTIVITIES.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493135135679	
SCHEDULE D (Form 990)		Supplemental Financial Statements			OMB No 1545-0047
Department of the Treasury Internal Revenue Service		<p>► 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.</p> <p>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</p>			2017 Open to Public Inspection
Name of the organization COPLEY MEMORIAL HOSPITAL INC C/O RUSH COPLEY MEDICAL CTR				Employer identification number 36-2170840	
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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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?				<input type="checkbox"/> Yes <input type="checkbox"/> 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)					
<input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area					
<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure					
<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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 ► \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2017	

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

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	11,691,205	10,975,986	12,538,872	11,931,067	11,161,160
b Contributions	1,193,365	2,004,750	1,093,070	2,373,022	1,178,338
c Net investment earnings, gains, and losses	662,110	512,030	104,565	204,733	1,068,336
d Grants or scholarships					
e Other expenditures for facilities and programs	1,577,382	1,801,561	2,760,521	1,969,950	1,476,767
f Administrative expenses					
g End of year balance	11,969,298	11,691,205	10,975,986	12,538,872	11,931,067

2

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

a

Board designated or quasi-endowment

22 000 %

b

Permanent endowment

69 000 %

c

Temporarily restricted endowment

9 000 %

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

b

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

3b

Yes

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		19,257,712		19,257,712
b Buildings		234,484,556	122,430,595	112,053,961
c Leasehold improvements		3,743,627	2,934,648	808,979
d Equipment		144,913,914	109,660,255	35,253,659
e Other		5,033,683		5,033,683
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				172,407,994

Schedule D (Form 990) 2017

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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	86,316,107
(2) INVESTMENTS IN JOINT VENTURES	3,228,715
(3) MISCELLANEOUS	2,353,983
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	91,898,805

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
(1) Federal income taxes	
LONG TERM DEFERRED RENT OBLIGATION	754,377
DEFERRED GAIN ON SALE LONG TERM	4,591,141
LONG TERM SERP	2,574,317
LONG TERM MARKET ADJUSTMENT SWAP LIABILITY	6,571,685
DUE TO RELATED PARTY	28,666,693
UNAMORTIZED BOND DISCOUNT	-649,305
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	42,508,908

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

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	
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-2170840
Name: COPLEY MEMORIAL HOSPITAL INC
C/O RUSH COPLEY MEDICAL CTR

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	RUSH COPLEY FOUNDATION HOLDS THE VORIS (INCOME FOR CMH CANCER CARE), KOBISK (BOARD RESTRICTED INCOME TO CMH), COPLEY (INCOME UNRESTRICTED), DOBBINS (INCOME FOR CMH WOMEN'S HEALTH), AND MOVEMENT DISORDER (INCOME FOR CMH MOVEMENT DISORDER PROGRAM) ENDOWMENTS RUSH COPLEY FOUNDATION ALSO HOLDS THE FOLLOWING QUASI ENDOWMENTS, NURSING (INCOME FOR CMH FUTURE OF NURSING SCHOLARSHIPS), FOX VALLEY HEART (INCOME FOR THE HEART INSTITUTE), WATERFORD PLACE (INCOME FOR CMH CANCER RESOURCE CENTER) AND COPLEY (INCOME FROM THE COPLEY ENDOWMENT) THESE FUNDS ARE HELD FOR THE BENEFIT OF COPLEY MEMORIAL HOSPITAL, INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	<p>THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE CORPORATION, THE HOSPITAL, VENTURES AND THE FOUNDATION ARE QUALIFIED AS TAX-EXEMPT ORGANIZATIONS UNDER CODE SECTION 501(C)(3), ACCORDINGLY, INCOME TAXES ARE NOT PROVIDED FOR IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS THE MEDICAL GROUP OPERATES AS A TAXABLE CORPORATION AND ACCOUNTS FOR INCOME TAXES UNDER FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740 NO PROVISION FOR INCOME TAXES WAS RECORDED FOR 2018 AND 2017 DUE TO OPERATING LOSSES AS OF JUNE 30, 2018, THE MEDICAL GROUP HAD NET OPERATING LOSS CARRYFORWARDS OF APPROXIMATELY \$116,866,000 FOR INCOME TAX PURPOSES THAT ARE AVAILABLE TO OFFSET FUTURE TAXABLE INCOME IF NOT UTILIZED, THESE CARRYFORWARDS WILL BEGIN TO EXPIRE IN 2019 BASED ON THE UNCERTAIN REALIZATION OF THESE CARRYFORWARDS, A VALUATION ALLOWANCE HAS BEEN RECORDED TO FULLY RESERVE THESE CARRYFORWARDS</p>

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

2017

Open to Public Inspection

Name of the organization
COPLEY MEMORIAL HOSPITAL INC
C/O RUSH COPLEY MEDICAL CTR

Employer identification number
36-2170840

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		
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> 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	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 20000 0000000000 %		
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	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 60000 0000000000 %		
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	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
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)			3,961,766		3,961,766	1 400 %
b Medicaid (from Worksheet 3, column a)			68,800,321	54,093,488	14,706,833	5 200 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			72,762,087	54,093,488	18,668,599	6 600 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			67,319		67,319	0 020 %
f Health professions education (from Worksheet 5)			4,031,361	1,091,639	2,939,722	1 040 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			21,606		21,606	0 010 %
j Total. Other Benefits			4,120,286	1,091,639	3,028,647	1 070 %
k Total. Add lines 7d and 7j			76,882,373	55,185,127	21,697,246	7 670 %

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 %
2 Economic development						0 %
3 Community support						0 %
4 Environmental improvements						0 %
5 Leadership development and training for community members						0 %
6 Coalition building						0 %
7 Community health improvement advocacy						0 %
8 Workforce development						0 %
9 Other						0 %
10 Total						

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	32,367,543	
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	3,236,754	
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	88,098,623
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	109,421,433
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-21,322,810
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.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> 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

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

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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)
COPLEY MEMORIAL HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
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	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE PART V, SECTION C</u>	10 Yes	
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)**

COPLEY 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? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>600 000000000000</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, PAGE 8</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

COPLEY MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group

	Yes	No
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 nonpayment?	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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> 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 <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

COPLEY MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

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? 5

Name and address	Type of Facility (describe)
1 1 - RIVER WEST RADIATION CENTER LLC 1221 N HIGHLAND AVENUE AURORA, IL 605044206	JV ONCOLOGY
2 2 - CASTLE SURGICENTER 2111 OGDEN AVE AURORA, IL 60504	AMBULATORY SURGERY CENTER
3 3 - RUSH COPLEY HEALTHCARE CENTER 1100 WEST VETERANS PARKWAY YORKVILLE, IL 60560	FREE STANDING EMERGENCY CARE, RADIOLOGY, LAB, AND OCCUPATIONAL HEALTH SERVI
4 4 - RUSH COPLEY CARDIOVASCULAR 2000 OGDEN AVENUE AURORA, IL 605044206	CARDIOVASCULAR SERVICES
5 5 - MIDWEST CENTER FOR ADVANCED IMAGING 4355 MONTGOMERY ROAD NAPERVILLE, IL 60564	RADIOLOGY SERVICES
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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	THE COST TO CHARGE RATIO CALCULATED IN WORKSHEET 2 WAS USED TO CALCULATE THE AMOUNTS REPORTED IN TABLE A. THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS (INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED AND SELF PAY)
PART III, LINE 4	NET PATIENT SERVICE REVENUE IS REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM THIRD PARTY PAYORS, PATIENTS, AND OTHERS FOR SERVICES RENDERED. RCMC HAS AGREEMENTS WITH THIRD PARTY PAYORS THAT PROVIDE FOR PAYMENT AT AMOUNTS DIFFERENT FROM ESTABLISHED RATES. PAYMENT ARRANGEMENTS INCLUDE PROSPECTIVELY DETERMINED RATES PER DISCHARGE, REIMBURSED COSTS, PER DIEM PAYMENTS, AND DISCOUNTED CHARGES, INCLUDING ESTIMATED RETROACTIVE SETTLEMENTS UNDER PAYMENT AGREEMENTS WITH THIRD PARTY PAYORS. RCMC RECOGNIZES PATIENT SERVICE REVENUE ASSOCIATED WITH SERVICES PROVIDED TO PATIENT WHO HAVE THIRD PARTY PAYOR COVERAGE ON THE BASIS OF CONTRACTUAL RATES FOR SERVICES RENDERED. PROVISIONS FOR ADJUSTMENTS TO NET PATIENT SERVICE REVENUE ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED TO FUTURE PERIODS AS FINAL SETTLEMENTS ARE DETERMINED. FOR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, RCMC RECOGNIZES REVENUE BASED ON ITS DISCOUNTED RATES. ON THE BASIS OF HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF RCMC'S UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR SERVICES PROVIDED. THUS, RCMC RECORDS A SIGNIFICANT PROVISION FOR UNCOLLECTIBLE ACCOUNTS RELATED TO UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED. PATIENT ACCOUNTS RECEIVABLE ARE BASED ON GROSS CHARGES AND STATED AT NET REALIZABLE VALUE. ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR CONTRACTUAL ADJUSTMENTS, BASED ON EXPECTED PAYMENT RATES FROM PAYORS UNDER CURRENT REIMBURSEMENT METHODOLOGIES, AND ALSO BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE HOSPITAL ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR UNCOLLECTIBLE ACCOUNTS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS 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 CONTRACTUAL ADJUSTMENTS AND ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE. RCMC ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR UNCOLLECTIBLE ACCOUNTS (FOR EXAMPLE, FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY). FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), RCMC RECORDS A SIGNIFICANT PROVISION FOR UNCOLLECTIBLE ACCOUNTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE DISCOUNTED RATES AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN THE PERIOD THEY ARE DETERMINED UNCOLLECTIBLE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	ALL OF THE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT BECAUSE IF WE DID NOT PROVIDE THE SERVICE, THE BURDEN OF THE COSTS WOULD FALL ON THE GOVERNMENT
PART III, LINE 9B	IT IS OUR POLICY NOT TO PURSUE COLLECTION PRACTICES AGAINST PATIENTS KNOWN TO QUALIFY FOR CHARITY CARE OR OTHER FINANCIAL ASSISTANCE IN CERTAIN CASES IT MAY NOT BE EASILY DETERMINED WHETHER OR NOT A PATIENT QUALIFIES FOR CHARITY CARE OR FINANCIAL ASSISTANCE HOWEVER, IF AFTER COLLECTION PRACTICES HAVE BEGUN, IT BECOMES KNOWN THE PATIENT QUALIFIES, THE COLLECTION EFFORTS CEASE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	COMMUNITY NEED IS ASSESSED THROUGH REVIEW OF COMMUNITY AND HOSPITAL DATA, PERIODIC ASSESSMENTS WITH PHYSICIAN AND CLINICIANS, AND REPORTING OF INFORMATION FROM HOSPITAL COMMITTEES FURTHER INPUT FROM THE COMMUNITY ARISES FROM THE COMMUNITY BASED BOARD OF DIRECTORS, VARIOUS FORMS OF PATIENT INPUT, AND HOSPITAL INVOLVEMENT WITH GOVERNMENT, HEALTH INDUSTRY, AND COMMUNITY AGENCIES THE HOSPITAL ALSO ACTIVELY PARTICIPATES IN FORMAL NEEDS ASSESSMENTS CONDUCTED BY GOVERNMENT AND COMMUNITY AGENCIES
PART VI, LINE 3	AT THE TIME OF SERVICE, COPLEY MEMORIAL HOSPITAL, INC PATIENTS ARE GIVEN A BILLING BROCHURE, WHICH DESCRIBES THE FINANCIAL ASSISTANCE/CHARITY CARE PROGRAMS AVAILABLE THIS INFORMATION IS ALSO POSTED AT THE REGISTRATION CHECK-IN DESKS, IN AN INPATIENT GUIDE, AND ON THE RUSH COPLEY WEBSITE FINANCIAL COUNSELORS ARE AVAILABLE TO EXPLAIN THE PROGRAM IN DETAIL TO PATIENTS WHO ARE SEEN WITHOUT INSURANCE COVERAGE ALL PATIENT BILLING STATEMENTS ADVISE THE PATIENTS TO CALL AND INQUIRE ON THE DETAILS AS NEEDED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4	COPLEY MEMORIAL HOSPITAL INC 'S PRIMARY SERVICE AREA IS APPROXIMATELY SOUTHERN KANE COUNTY AND KENDALL COUNTY, ILLINOIS LOCATED 45 TO 55 MILES SOUTHWEST OF CHICAGO KANE COUNTY HAS A POPULATION OF 535,000 PEOPLE AND IS PREDOMINANTLY URBAN AND SUBURBAN NEARLY 32% OF THE POPULATION IS OF HISPANIC OR LATINO ORIGIN PERSONS OVER THE AGE OF 65 COMPRISE 13% OF THE POPULATION, AND THE POVERTY RATE IS 11% AURORA IS THE SECOND LARGEST CITY IN ILLINOIS, AND IT DOMINATES THE COUNTY HISTORICALLY AN INDUSTRIAL CITY, AURORA HAS EXPERIENCED A CONSIDERABLE LOSS OF MANUFACTURING JOBS AND IS TRANSITIONING ITS ECONOMY KENDALL COUNTY, TO THE SOUTH OF KANE, HAS A POPULATION OF 127,000 PERSONS OVER THE AGE OF 65 COMPRISE 10 0% OF THE POPULATION, AND THE POVERTY RATE IS 5 4% THE NORTHWEST SECTION OF THE COUNTY IS SUBURBAN WHILE THE REMAINDER IS RURAL
PART VI, LINE 5	COPLEY MEMORIAL HOSPITAL'S MISSION IS TO PROVIDE ADVANCED MEDICINE WITH QUALITY OUTCOMES AND EXTRAORDINARY CARE TO THAT END, THE MEDICAL CENTER SEEKS TO SERVE THE COMMUNITY IN WAYS THAT ENGAGE, EDUCATE AND EMPOWER COPLEY MEMORIAL HOSPITAL SERVES ALL PATIENTS WHO PRESENT FOR CARE AND SERVES THE SURROUNDING COMMUNITY ALONG WITH A BOARD OF DIRECTORS WITH A STRONG COMMUNITY BASE THE BOARD MEMBERS ARE INDEPENDENT COMMUNITY LEADERS AND ARE SELECTED BASED UPON THEIR EXPERTISE AND EXPERIENCE IN A VARIETY OF AREAS OF BENEFIT TO THE ORGANIZATION AND THEIR ROLE AS BOARD MEMBERS WHO DIRECT AND GUIDE MANAGEMENT IN CARRYING OUT OUR MISSION BOARD MEMBERS ARE NOT COMPENSATED FOR THEIR SERVICE AS A CHARITABLE ORGANIZATION, ALL SURPLUS FUNDS ARE USED TO FURTHER OUR CHARITABLE PURPOSE, MISSION AND TO SERVE THE COMMUNITY SOME OF OUR PRIMARY PROGRAMS ARE COMMUNITY HEALTH FAIRS, BREASTFEEDING EDUCATION CLASSES, CHILD CARE CLASSES, ETC COPLEY MEMORIAL HOSPITAL PROVIDES ACCESS TO PHYSICIAN, ACUTE CARE, DIAGNOSTIC, AND REHABILITATIVE SERVICES TO PEOPLE, REGARDLESS OF ABILITY TO PAY, THROUGH A NUMBER OF FACILITIES AND SERVICES LOCATED THROUGHOUT THE SERVICE AREA IT PROVIDES PROGRAMMING RELATING TO HEALTH EDUCATION, PREVENTION, AND SUPPORT TARGETED TO SPECIFIC POPULATIONS MEDICAL EDUCATION EXTENDS TO CLINICAL SETTINGS FOR NURSING EDUCATION AND A FAMILY PRACTICE RESIDENCY EMPLOYEES FILL BOARD AND COMMITTEE LEADERSHIP POSITIONS FOR A NUMBER OF ECONOMIC DEVELOPMENT AND SOCIAL SERVICE AGENCIES IN COMMUNITIES THROUGHOUT THE SERVICE AREA

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	IL
PART V, SECTION B, LINE 16I	<p>THE FOLLOWING DISCLOSURE IS IN ACCORDANCE WITH REV PROC 2015-21 SECTION 7 IN REGARDS TO SCHEDULE H, PART V, SECTION B, LINE 16I FOR THE FISCAL YEAR ENDED 6/30/18, COPLEY MEMORIAL HOSPITAL, INC (CMH) PROVIDED SPANISH TRANSLATIONS OF THE FINANCIAL ASSISTANCE POLICY, PLAIN LANGUAGE SUMMARY, AND FINANCIAL ASSISTANCE APPLICATION ADDITIONALLY, CMH PROVIDES LANGUAGE ASSISTANCE FREE OF CHARGE FOR MANY OTHER LANGUAGES (SEE HTTPS //WWW RUSHCOPLEY COM/ABOUT/LANGUAGE-ASSISTANCE/) HOWEVER, FOR PART OF THE TAX YEAR, (CMH) DID NOT HAVE THE FINANCIAL ASSISTANCE POLICY, PLAIN LANGUAGE SUMMARY, AND FINANCIAL ASSISTANCE APPLICATION TRANSLATED INTO EACH OF THE PRIMARY LANGUAGES SPOKEN BY LIMITED ENGLISH PROFICIENCY (LEP) POPULATIONS DUE TO THE AVAILABILITY OF TRANSLATION ASSISTANCE, CMH IS NOT AWARE OF ANY INDIVIDUALS WHO WERE ADVERSELY IMPACTED BY THIS OVERSIGHT AS OF SEPTEMBER 30, 2018, CMH HAD ALL OF THE TRANSLATIONS COMPLETED AND AVAILABLE ON THEIR WEBSITE CMH HAS ALSO IMPLEMENTED PROCEDURES TO ENSURE COMPLIANCE WITH THIS REQUIREMENT IN THE FUTURE BY ANNUALLY REVIEWING THE LEP POPULATIONS AND ADDING ADDITIONAL TRANSLATIONS AS NEEDED AND UPDATING THE TRANSLATIONS SHOULD THERE BE CHANGES TO THE DOCUMENTS</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART V, SECTION B, LINE 20A	THE FOLLOWING DISCLOSURE IS IN ACCORDANCE WITH REV PROC 2015-21 SECTION 7 IN REGARDS TO SCHEDULE H, PART V, LINE 20A DURING THE TAX YEAR, COPLEY MEMORIAL HOSPITAL (CMH) DID NOT PROVIDE A PLAIN LANGUAGE SUMMARY OF THE FAP WITH THE WRITTEN NOTICE ABOUT UPCOMING ECAS PROVIDED TO PATIENTS AT LEAST 30 DAYS BEFORE INITIATING THOSE ECAS IN FY18, CMH PROVIDED BILLING COMMUNICATIONS THAT INCLUDED COMMENTS ON THE FINANCIAL ASSISTANCE AVAILABLE TO PATIENTS, BUT DID NOT TECHNICALLY PROVIDE THE PLAIN LANGUAGE SUMMARY WITHIN THE WRITTEN NOTIFICATION THIS WAS DISCOVERED IN APRIL 2019 AS CMH WORKED WITH TAX CONSULTANTS ON SCHEDULE H CMH ESTIMATES THIS AFFECTED AN ESTIMATED 10,000 TO 12,000 CMH PATIENTS WHO RECEIVED THE WRITTEN NOTICE ABOUT UPCOMING ECAS WITHOUT THE PLAIN LANGUAGE SUMMARY CMH HAS SINCE IMPLEMENTED PROCEDURES TO ENSURE COMPLIANCE WITH THIS REQUIREMENT GOING FORWARD CMH WILL BEGIN INCLUDING THE PLAIN LANGUAGE SUMMARY WHEN MAILING A PREANNOUNCEMENT TO THE PATIENT THAT ECA WILL BE TAKEN THE ANNOUNCEMENT IS MAILED A MINIMUM OF 30 DAYS PRIOR TO ANY ECA BEING TAKEN AND WILL NOW INCLUDE THE PLAIN LANGUAGE SUMMARY THIS WILL ENSURE THAT ALL PATIENTS THAT COULD POTENTIALLY RECEIVE AN ECA IN THE EVENT OF NON-PAYMENT WILL HAVE RECEIVED THE PLAIN LANGUAGE SUMMARY AT LEAST 30 DAYS IN ADVANCE ADDITIONALLY, CMH MAKES EFFORTS TO NOTIFY ALL PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE ORALLY THROUGHOUT THE BILLING PROCESS IN COMMUNICATIONS PRIOR TO INITIATING ANY ECAS
PART V, SECTION B, LINE 22B	THE FOLLOWING DISCLOSURE IS IN ACCORDANCE WITH REV PROC 2015-21 SECTION 7 IN REGARDS TO SCHEDULE H, PART V, SECTION B, LINE 22B DURING THE TAX YEAR, COPLEY MEMORIAL HOSPITAL, INC (CMH) COMPLETED THE AGB CALCULATION AND APPLIED IT TO PATIENT ACCOUNTS HOWEVER, CMH DID NOT INCLUDE IN ITS FINANCIAL ASSISTANCE POLICY THE AMOUNTS GENERALLY BILLED (AGB) PERCENTAGE NOR DID IT EXPLAIN HOW MEMBERS OF THE PUBLIC MAY READILY OBTAIN SUCH PERCENTAGES CMH'S AGB CALCULATION USES THE LOOK-BACK METHOD BASED ON CLAIMS ALLOWED BY MEDICARE FEE-FOR-SERVICE AND ALL PRIVATE HEALTH INSURERS THAT PAY CLAIMS TO THE HOSPITAL FACILITY DURING A PRIOR 12-MONTH PERIOD CMH IS WORKING TO UPDATE THE FINANCIAL ASSISTANCE POLICY TO INCLUDE INFORMATION ON WHERE PATIENTS CAN FIND THE AGB PERCENTAGE AND WILL MAKE THIS AVAILABLE TO PATIENTS CMH DETERMINED THAT THIS OVERSIGHT DID NOT CAUSE ANY PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE TO BE CHARGED GREATER THAN AGB AS THE PERCENTAGE WAS CORRECTLY CALCULATED AND APPLIED TO PATIENT ACCOUNTS CMH HAS ALSO IMPLEMENTED PROCEDURES TO ENSURE ANNUAL COMPLIANCE WITH THIS REQUIREMENT IN THE FUTURE CMH WILL REGULARLY REVIEW THE AGB PERCENTAGE AND WILL MONITOR THE PERCENTAGE USED TO MAKE SURE ANY PATIENT WHO QUALIFIES FOR FINANCIAL ASSISTANCE ISN'T OVER CHARGED

Schedule H (Form 990) 2017

Additional Data

Software ID:
Software Version:
EIN: 36-2170840
Name: COPLEY MEMORIAL HOSPITAL INC
C/O RUSH COPLEY MEDICAL CTR

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		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	COPLEY MEMORIAL HOSPITAL 2000 OGDEN AVENUE AURORA, IL 605044206 WWW.RUSHCOPLEY.COM 2150791	X	X		X				X		

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
COPLEY MEMORIAL HOSPITAL	PART V, SECTION B, LINE 5 IN CONDUCTING THE COMMUNITY HEALTH NEEDS ASSESSMENT, THE HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED THIS INCLUDED COMMUNITY RESIDENTS AND EXPERTS IN A RANGE OF AREAS INCLUDING PUBLIC HEALTH, MINORITY POPULATIONS, DISPARITIES IN HEALTH CARE, SOCIAL DETERMINANTS OF HEALTH, AND HEALTH & SOCIAL SERVICES PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED INCLUDED BOARD OF DIRECTORS, HOSPITAL ADMINISTRATION, COMMUNITY HEALTH NEEDS COMMITTEE, PARTNERSHIPS WITH KANE COUNTY, PARTNERSHIPS WITH KENDALL COUNTY, COMMUNITY HEALTH SURVEY, FOCUS GROUPS, AND SECONDARY DATA ANALYSIS FOR COMPLETE DETAILS ABOUT HOW THE HOSPITAL TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED, THE HOSPITAL'S COMMUNITY HEALTH NEEDS ASSESSMENT CAN BE ACCESSED AT HTTP //WWW RUSHCOPLEY COM/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT-REPORT/

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
COPLEY MEMORIAL HOSPITAL	PART V, SECTION B, LINE 6A THE KANE COUNTY HEALTH DEPARTMENT, RUSH COPLEY MEDICAL CENTER, NORTHWESTERN DELNOR HOSPITAL, AMITA MERCY MEDICAL CENTER, AMITA ST JOSEPH HOSPITAL (ELGIN), AND ADVOCATE SHERMAN HOSPITAL WORKED TOGETHER ALONG WITH THE INC BOARD TO DEVELOP THE COUNTY'S IPLAN (ILLINOIS PROJECT FOR LOCAL ASSESSMENT OF NEEDS) THE IPLAN IS A COMMUNITY HEALTH ASSESSMENT AND PLANNING PROCESS THAT IS CONDUCTED EVERY THREE TO FIVE YEARS BY LOCAL HEALTH JURISDICTIONS IN ILLINOIS THE COLLABORATIVE PARTICIPATION IN THE PLANNING PROCESS, PLAN DEVELOPMENT, AND IDENTIFICATION OF THE HEALTH NEEDS FOR THE COUNTY SERVED AS A FOUNDATION FOR THE DEVELOPMENT OF EACH OF THE HOSPITAL'S RESPECTIVE COMMUNITY HEALTH NEEDS ASSESSMENTS

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
COPLEY MEMORIAL HOSPITAL	PART V, SECTION B, LINE 6B THE KANE COUNTY HEALTH DEPARTMENT, RUSH COPLEY MEDICAL CENTER, NORTHWESTERN DELNOR HOSPITAL, AMITA MERCY MEDICAL CENTER, AMITA ST JOSEPH HOSPITAL (ELGIN), AND ADVOCATE SHERMAN HOSPITAL WORKED TOGETHER ALONG WITH THE INC BOARD TO DEVELOP THE COUNTY'S IPLAN (ILLINOIS PROJECT FOR LOCAL ASSESSMENT OF NEEDS) THE IPLAN IS A COMMUNITY HEALTH ASSESSMENT AND PLANNING PROCESS THAT IS CONDUCTED EVERY THREE TO FIVE YEARS BY LOCAL HEALTH JURISDICTIONS IN ILLINOIS THE COLLABORATIVE PARTICIPATION IN THE PLANNING PROCESS, PLAN DEVELOPMENT, AND IDENTIFICATION OF THE HEALTH NEEDS FOR THE COUNTY SERVED AS A FOUNDATION FOR THE DEVELOPMENT OF EACH OF THE HOSPITAL'S RESPECTIVE COMMUNITY HEALTH NEEDS ASSESSMENTS

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
COPLEY MEMORIAL HOSPITAL	<p>PART V, SECTION B, LINE 11 IMPLEMENTATION STRATEGY TO MEET SIGNIFICANT HEALTH NEEDS IDENTIFIED IN CHNA RUSH COPLEY IS CURRENTLY WORKING ON THE IMPLEMENTATION OF STRATEGIES IDENTIFIED IN THE FY17-FY19 STRATEGY IMPLEMENTATION PLAN FOR THE THREE HEALTH NEED PRIORITIES IDENTIFIED IN THE FY2016 CHNA KEY ACCOMPLISHMENT HIGHLIGHTS DURING THE YEAR ENDED JUNE 30, 2018 INCLUDE THE FOLLOWING - DEVELOPED AND IMPLEMENTED A HEALTHY LIFESTYLE FAMILY PROGRAM FOR THE HISPANIC/LATINO COMMUNITY AT NO COST TO PARTICIPANTS (23 FAMILIES) - A MAJORITY OF INDIVIDUALS IMPROVED THEIR KNOWLEDGE ABOUT A HEALTHY LIFESTYLE AND SAW AN IMPROVEMENT IN THEIR PHYSICAL ACTIVITY PERFORMANCE - DESIGNED, DEVELOPED, AND IMPLEMENTED FOUR PROFESSIONALLY PRINTED BILINGUAL NUTRITION POSTERS THAT WERE INSTALLED AT FOUR LOCAL FOOD PANTRIES FOR NATIONAL NUTRITION MONTH - ADDITIONALLY, RCMC PROVIDED EDUCATIONAL SESSIONS ON THE CONTENT OF THE NUTRITION POSTERS AT TWO OF THE FOOD PANTRIES WITH AN ESTIMATED 100 TOTAL PARTICIPANTS - WORKED WITH CITY OF AURORA TO DEVELOP FOUR HEALTHY EATING COOKING DEMONSTRATION VIDEOS WITH BILINGUAL SUBTITLES THAT FEATURE HEALTHY HISPANIC/LATINO RECIPES - PARTNERED WITH COMMUNITY ORGANIZATIONS TO DEVELOP A PILOT FOOD PRESCRIPTION PROGRAM FOR VULNERABLE POPULATIONS THROUGH THE NEW KANE COUNTY FOOD HUB PROGRAM - CONTINUED TO OFFER THE 12-WEEK HEALTHY WEIGHT LOSS PROGRAM, YOUFIT, WHERE PARTICIPANTS SAW AN AVERAGE DECREASE OF 11 BMI POINTS AND LOST AN AVERAGE OF 7.3 POUNDS - BASED ON PARTICIPANT FEEDBACK FROM THE YOUFIT PROGRAM, RCMC DEVELOPED A MAINTENANCE HEALTHY WEIGHT LOSS PROGRAM CALLED YOUFIT MORE, AN 8-WEEK PROGRAM FOR THOSE WHO ARE CONTINUING OR RENEWING THEIR WEIGHT LOSS GOALS - CONTINUED THE PROCESS DEVELOPED BY RCMC CARE MANAGEMENT OF SCHEDULING POST-DISCHARGE FOLLOW-UP APPOINTMENTS WITH A PCP FOR PATIENTS TREATED IN THE ED WHO DO NOT HAVE A PCP OR ARE UNAWARE OF THEIR PCP, ESPECIALLY THOSE WHO ARE VULNERABLE, HAVE A CHRONIC DISEASE, AND/OR ARE HIGH UTILIZERS OF THE ED - CARE MANAGERS SCHEDULED APPROXIMATELY 1,800 POST-DISCHARGE FOLLOW-UP APPOINTMENTS IN FY18 - CONTINUED THE PROCESS DEVELOPED BY RCMC CARE MANAGEMENT OF SCHEDULING POST-DISCHARGE FOLLOW-UP APPOINTMENTS FOR THE HIGH-RISK CHRONIC DISEASE INPATIENTS - IN FY18, 83% OF CHF PATIENTS AND 100% OF STROKE PATIENTS HAD THEIR POST DISCHARGE FOLLOW-UP APPOINTMENT SCHEDULED FOR THEM BEFORE DISCHARGE - DEVELOPED AND IMPLEMENTED A MEDICATION ADHERENCE PILOT PROGRAM FOR HEART FAILURE AND CORONARY INTERVENTION PATIENTS DURING THE PILOT PROGRAM 92% OF PATIENTS HAD DISCREPANCIES IN THEIR MEDICATION LISTS WHICH WERE RECONCILED - BEGAN THE DEVELOPMENT OF A CHRONIC DISEASE COMMUNITY EDUCATION SERIES TO PROVIDE TOOLS AND RESOURCES FOR HOW TO MANAGE CHRONIC HEALTH CONDITIONS - CONTINUED TO ACTIVELY PARTICIPATE WITH COMMUNITY PARTNERS IN THE DISCUSSION AND DEVELOPMENT OF RESOURCES AND EDUCATION REGARDING APPROPRIATE CARE SETTINGS - RCMC CARE MANAGEMENT PROVIDED ONE-ON-ONE EDUCATION IN THE ED ABOUT APPROPRIATE CARE</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
COPLEY MEMORIAL HOSPITAL	<p>SETTINGS TO APPROXIMATELY 1,000 PATIENTS IN FY18 - IN FY18, RAN 27 PROGRAMS IN THE COMMUNITY RELATED TO THE TOP IDENTIFIED NEEDS OF OBESITY, CHRONIC DISEASE AND ACCESS TO CARE WITH OVER 950 ATTENDEES THE FOLLOWING NEEDS ARE NOT BEING ADDRESSED BY COPLEY MEMORIAL HOSPITAL (1) BEHAVIORAL HEALTH, INCLUDING MENTAL HEALTH AND SUBSTANCE ABUSE IT WOULD NOT BE FEASIBLE FOR THE HOSPITAL TO DEVELOP THIS TYPE OF PROGRAM, BUT THE HOSPITAL WORKS CLOSELY WITH BEHAVIORAL HEALTH PROGRAMS IN THE COMMUNITY IN ORDER TO ASSIST PATIENTS IN ACCESSING CARE (2) ACCESS TO CARE TRANSPORTATION FOR HEALTH CARE SERVICES IT WOULD NOT BE FEASIBLE FOR THE HOSPITAL TO DEVELOP THIS TYPE OF PROGRAM, BUT THE HOSPITAL CONTINUES TO ADDRESS THE NEED FOR TRANSPORTATION THROUGH A NUMBER OF PROGRAMS, RESOURCES, GRANTS AND OUTREACH ACTIVITIES IN THE COMMUNITY, INCLUDING PROVIDES CAB FARE AND BUS VOUCHERS, COORDINATES PUBLIC TRANSPORTATION, AND HELPS IDENTIFY PATIENTS APPROPRIATE FOR COUNTY-FUNDED TRANSPORTATION (3) INCOME, JOB-READY WORKFORCE AND EDUCATION THIS NEED IS BEING ADDRESSED THROUGH THE KANE COUNTY PLAN WITH A DEDICATED KANE HEALTH COUNTS COMMITTEE DEVELOPING AND IMPLEMENTING STRATEGIES TO IMPROVE INCOME, JOB READINESS AND EDUCATION ATTAINMENT IN THE COMMUNITY WHILE THE HOSPITAL IS NOT IN A POSITION TO IMPACT THIS NEED ON A LARGE SCALE THROUGHOUT THE COMMUNITY, THE HOSPITAL HAS A NUMBER OF PROGRAMS IN PLACE THAT HELP ADDRESS THIS NEED, INCLUDING EMPLOYEE TUITION REIMBURSEMENT PROGRAM, OFFERING EMPLOYEES REIMBURSEMENT FOR SPECIALTY CERTIFICATION/CONTINUING EDUCATION, AND PARTNERING WITH LOCAL SCHOOLS TO PROVIDE JOB- READINESS PROGRAMS FOR THE HEALTH CARE WORKFORCE</p>

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7A	HTTPS //WWW RUSHCOPLEY COM/APP/FILES/PUBLIC/3767/CHNA-FY2016-FINAL PDF

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 10A	HTTPS //WWW RUSHCOPLEY COM/APP/FILES/PUBLIC/3768/RCMC-IMPLEMENTATION-STRATEGY---FY2016-FINAL PDF

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B, LINE 16A	HTTPS //WWW RUSHCOPLEY COM/APP/FILES/PUBLIC/4528/FINANCIAL-ASSISTANCE-CHARITY-CARE-POLICY PDF

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B, LINE 16B	HTTPS //WWW RUSHCOPLEY COM/APP/FILES/PUBLIC/4526/FINANCIAL-ASSISTANCE-APPLICATION PDF

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16C	HTTPS //WWW RUSHCOPLEY COM/APP/FILES/PUBLIC/4530/PLAIN-LANGUAGE-SUMMARY PDF

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

- 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.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COPLEY MEMORIAL HOSPITAL INC
C/O RUSH COPLEY MEDICAL CTR

Employer identification number

36-2170840

Part I Questions Regarding Compensation

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.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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.

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?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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?

b Any related organization?

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?

b Any related organization?

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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b Yes

2 No

4a No

4b Yes

4c No

5a No

5b No

6a No

6b No

7 Yes

8 No

9

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.

See Additional Data Table

Schedule J (Form 990) 2017

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
PART I, LINE 1A	THE ORGANIZATION PROVIDES TO ALL EMPLOYEES THE USE OF AN ATHLETIC FACILITY THAT IS OWNED AND OPERATED BY A RELATED TAX EXEMPT ORGANIZATION
PART I, LINE 4B	CMH OFFERS A SUPPLEMENTAL RETIREMENT PLAN TO CERTAIN EMPLOYEES WHO PARTICIPATE IN THE EXECUTIVE BENEFITS PROGRAM. THERE IS NO CONSTRUCTIVE RECEIPT OF THESE AMOUNTS BY THE INDIVIDUALS UNTIL THEY ARE PAID OUT AS THEY ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE UNTIL INDIVIDUALS MEET THE REQUIRED VESTING PERIOD. ONCE VESTED, PAYOUTS WOULD BE INCLUDED AS REPORTABLE COMPENSATION ON THE RECIPIENTS ANNUAL FORM W-2. THE AMOUNTS PAID OUT OF THIS PLAN IN 2017 WERE AS FOLLOWS: BARRY FINN - \$474,302, STEVE LOWENTHAL - \$85,214, DENNIS DEMAISE - \$372,803, DIANE HOMAN - \$60,566 AND GAIL BUMGARNER - \$46,301.
PART I, LINE 7	INCENTIVE BONUS PLAN BASED ON A SERIES OF APPROVED STRATEGIC ACCOMPLISHMENTS

Additional Data

Software ID:
Software Version:
EIN: 36-2170840
Name: COPLEY MEMORIAL HOSPITAL INC
C/O RUSH COPLEY MEDICAL CTR

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				
1GARRETT KATULA DO VICE CHIEF OF STAFF/DIRECTOR	(i)	242,706	33,621	6,658	4,803	26,858	314,646	0
	(ii)	0	0	0	0	0	0	0
1STEPHEN KELANIC MD VICE CHIEF OF STAFF/DIRECTOR	(i)	292,307	139,702	981	5,143	25,509	463,642	0
	(ii)	0	0	0	0	0	0	0
2BARRY FINN PRESIDENT & CEO/DIRECTOR	(i)	739,783	304,470	504,089	5,400	26,024	1,579,766	0
	(ii)	0	0	0	0	0	0	0
3RYAN ASMUS VP GENERAL COUNSEL/SECRETARY	(i)	260,044	89,490	20,065	43,447	25,478	438,524	0
	(ii)	0	0	0	0	0	0	0
4BRENDA VAN WYHE SR VP FINANCE & CFO/TREASURER	(i)	343,863	103,950	4,108	56,642	17,210	525,773	0
	(ii)	0	0	0	0	0	0	0
5GAIL BUMGARNER SR VP, STRATEGY	(i)	264,528	89,490	71,709	5,042	8,654	439,423	0
	(ii)	0	0	0	0	0	0	0
6DENNIS DEMASIE VP, INFORMATION TECH & CIO	(i)	255,408	72,540	378,920	4,200	12,112	723,180	274,721
	(ii)	0	0	0	0	0	0	0
7JOHN DIEDERICH SR VP, OPERATIONS & COO	(i)	442,975	89,490	14,030	141,455	25,538	713,488	0
	(ii)	0	0	0	0	0	0	0
8BRENDA FANN MD ASSISTANT VP, MEDAFFAIRS	(i)	264,568	40,519	23,829	5,163	26,172	360,251	0
	(ii)	0	0	0	0	0	0	0
9DIANE HOMAN MD VP, QUALITY & PSO	(i)	316,957	108,330	89,521	4,012	24,339	543,159	0
	(ii)	0	0	0	0	0	0	0
10STEVE LOWENTHAL MD SR VP, MEDICAL AFFAIRS & CMO	(i)	424,406	139,730	124,555	5,400	8,947	703,038	0
	(ii)	0	0	0	0	0	0	0
11DAVID PETASNICK ASSISTANT VP, ANCILLARY SVCS	(i)	185,984	32,298	2,369	3,600	22,608	246,859	0
	(ii)	0	0	0	0	0	0	0
12ALEX POPE VP, PHILANTHROPY & CDO	(i)	200,782	61,776	3,264	32,679	25,253	323,754	0
	(ii)	0	0	0	0	0	0	0
13MARY SHILKAITIS VP PATIENT CARE SRVCS & CNO	(i)	225,317	79,599	24,196	41,378	27,994	398,484	0
	(ii)	0	0	0	0	0	0	0
14SUSAN STERCHI ASSISTANT VP, PATIENT CARE	(i)	164,421	35,074	23,775	2,400	27,784	253,454	0
	(ii)	0	0	0	0	0	0	0
15MARK SHARP-SCHINSKY MD PHYSICIAN	(i)	733,184	496,389	21,672	1,440	33,273	1,285,958	0
	(ii)	0	0	0	0	0	0	0
16DIMITRY RUBAN MD PHYSICIAN	(i)	956,074	8,879	18,594	5,400	24,599	1,013,546	0
	(ii)	0	0	0	0	0	0	0
17KEVIN KELLY MD PHYSICIAN	(i)	909,079	5,544	3,590	692	25,266	944,171	0
	(ii)	0	0	0	0	0	0	0
18ARIF SALEEM MD PHYSICIAN	(i)	536,669	239,099	21,590	5,400	25,516	828,274	0
	(ii)	0	0	0	0	0	0	0
19TERESSA ALEXANDER MD PHYSICIAN	(i)	471,139	289,013	26,224	5,340	25,496	817,212	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
COPLEY MEMORIAL HOSPITAL INC
C/O RUSH COPLEY MEDICAL CTR

Employer identification number
36-2170840

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ILLINOIS FINANCE AUTHORITY	86-1091967	45203HS45	02-11-2015	105,601,668	REFUND BONDS ISSUED 5/28/2008, 2/10/2009, AND 7/29/2009		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	3,085,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	105,601,668							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	86,043,195							
7	Issuance costs from proceeds	824,030							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds	145							
10	Capital expenditures from proceeds								
11	Other spent proceeds	22,355,870							
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6 Total of lines 4 and 5	0 %							
7 Does the bond issue meet the private security or payment test? . . .		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
PART IV, LINE 6, COLUMN A	THIS QUESTION IS BEING ANSWERED WITHOUT REGARD TO A YIELD-RESTRICTED ADVANCE REFUNDING ESCROW FINANCED WITH PROCEEDS OF THE BONDS

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493135135679
SCHEDULE O (Form 990 or 990-EZ) <small>Department of the Treasury Internal Revenue Service</small>	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
			2017 Open to Public Inspection
Name of the organization COPLEY MEMORIAL HOSPITAL INC C/O RUSH COPLEY MEDICAL CTR		Employer identification number 36-2170840	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>SUMMARY OF FY18 HEALTH PROGRAMMING DURING FY18, COPLEY MEMORIAL HOSPITAL SPONSORED, PARTNERED OR PARTICIPATED IN OVER 600 COMMUNITY-BASED PROGRAMS AND EVENTS WITH SPECIAL EMPHASIS ON IMPROVING THE HEALTH AND WELLNESS OF ADULTS, CHILDREN AND UNDERSERVED POPULATIONS. NUTRITION AND WEIGHT LOSS YOUFIT HELD THREE 12-WEEK SESSIONS WITH A TOTAL OF 14 PARTICIPANTS ENROLLED IN THE PROGRAM. PARTICIPANTS LEARNED FROM A VARIETY OF EXPERTS INCLUDING RUSH COPLEY PHYSICIANS, HEALTHPLEX PERSONAL TRAINERS AND REGISTERED DIETICIANS. FAMILIA SALUDABLE - A SIX-SESSION, ONCE A MONTH FAMILY FOCUSED COMMUNITY NUTRITION AND FITNESS BASED HEALTHY LIFESTYLE PROGRAM EDUCATED 25 FAMILIES AND A TOTAL OF 58 PARTICIPANTS. THE NUTRITION PORTION OF THE PROGRAM WAS CONDUCTED IN ENGLISH WITH SPANISH INTERPRETATION. THE EXERCISE PORTION WAS CONDUCTED IN SPANISH. EACH FAMILY WAS PROVIDED WITH A BINDER THAT INCLUDED THE PRESENTATION AS WELL AS TOOLS SUCH AS ACTIVITY CALENDAR AND RECIPES. EACH FAMILY ALSO RECEIVED PORTION PLATES, STRETCH BANDS AND OTHER ITEMS TO CONTINUE THEIR HEALTHY LIFESTYLE JOURNEY. COMMUNITY WALKING CLUB RUSH COPLEY CONTINUES TO OFFER THE COMMUNITY THE TOOLS AND RESOURCES TO START THEIR OWN WALKING CLUB. PRESENTATIONS ARE PROVIDED TO ORGANIZATIONS SUCH AS SCHOOLS, PARK DISTRICTS AND ANYONE INTERESTED IN WALKING THEIR WAY TO HEALTH. A PRE AND POST TEST IS GIVEN TO THE PARTICIPANTS TO OBSERVE THEIR PROGRESS AND PEDOMETERS AND WALKING LOGS ARE PROVIDED TO KEEP THEM MOTIVATED. 30 NEW COMMUNITY MEMBERS WERE ADDED TO THE COMMUNITY WALKING CLUB. DIABETES FREE FASTING GLUCOSE SCREENINGS WERE PROVIDED TO OVER 69 COMMUNITY MEMBERS. SMOKING CESSATION FREEDOM FROM SMOKING. SMOKING CESSATION FREEDOM FROM SMOKING IS A SEVEN-WEEK, EIGHT-SESSION PROGRAM SPONSORED BY THE AMERICAN LUNG ASSOCIATION AND HOSTED BY RUSH COPLEY MEDICAL CENTER. SESSIONS ARE LED BY A CERTIFIED FACILITATOR. FOUR PROGRAM SESSIONS WERE HOSTED WITH A TOTAL OF NINE PARTICIPANTS. CANCER AWARENESS AND INFORMATION RUSH COPLEY GASTROENTEROLOGISTS, DR. TOMMY PACANA, DR. DHIRAJ GULATI AND NURSING STAFF FROM THE DIGESTIVE HEALTH SERVICES PRESENTED GET THE SCOOP ON THE SCOPE TWO TIMES WITH A TOTAL OF 27 PARTICIPANTS. AT THE ANNUAL CELEBRATION OF NATIONAL CANCER SURVIVORS DAY HELD AT WATERFORD PLACE CANCER RESOURCE CENTER, THERE WERE MORE THAN 100 PARTICIPANTS IN ATTENDANCE. DR. HO MYONG, MEDICAL ONCOLOGIST AND HEMATOLOGIST AND STEPHANIE BEAM, CLINICAL ONCOLOGY PHARMACIST PRESENTED HORMONE THERAPY FOR BREAST CANCER. WHAT IS IT AND HOW DOES IT WORK? THERE WERE 25 PARTICIPANTS THAT ATTENDED. RUSH COPLEY'S COMMUNITY HEALTH OUTREACH COORDINATOR AND ADVANCE PRACTICE NURSE GYNE ONCOLOGY ALONG WITH THE AMERICAN CANCER SOCIETY HOSPITAL SYSTEMS MANAGER PRESENTED THE "YOU ARE THE KEY" PRESENTATION FROM THE CDC HPV VACCINATION TOOLKIT TO 26 EAST AURORA SCHOOL DISTRICT 131 SCHOOL NURSES AND HEALTHCARE COORDINATORS. RUSH COPLEY PARTNERED WITH ALAS-WINGS TO HOST ALAS ON WHEELS MOBILE SALON AT WATERFORD PLACE CANCER RESOURCE CENTER.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>AT THIS EVENT, 23 WOMEN BENEFITTED FROM RECEIVING A DONATION OF MASTECTOMY BRAS AND PROSTHESIS. COMMUNITY HEALTH TALKS COMMUNITY HEALTH TALKS IS AN EDUCATIONAL SERIES GEARED TOWARD THE HEALTHCARE NEEDS OF THE LATINO POPULATION. COMMUNITY HEALTH TALKS IS OFFERED SEVEN TIMES A YEAR FROM SEPTEMBER THROUGH APRIL AND TARGETS WOMEN, MEN AND CHILDREN OVER THE AGE OF 12 IN THE FOX VALLEY AREA. SOME OF THE TOPICS PRESENTED BY PROFESSIONAL HEALTHCARE PROVIDERS INCLUDE ADVANCED DIRECTIVES FOR HEALTHCARE, STRENGTHENING PARENT CHILD RELATIONSHIPS, HOW TO MANAGE DIABETES DURING THE WINTER MONTHS, TAKING CARE OF YOUR HEALTH! THE IMPORTANCE OF CANCER SCREENINGS, HOW TO PREVENT/REVERSE CARDIAC DISEASE, THE AGING BRAIN AND HOW TO MANAGE CHRONIC DISEASE. TYPICALLY, BETWEEN 10 AND 25 WOMEN AND MEN ATTEND THE MONTHLY SESSIONS. CLOSE TO 120 PARTICIPANTS ATTENDED AND BENEFITTED FROM THE PRESENTATIONS IN FY18. HEALTH EXHIBITS AT SCI-TECH HANDS ON MUSEUM EXHIBITS CONTINUE TO BE DISPLAYED IN THE LUNCHEON ROOM AND ADJACENT CORRIDOR OF THE MUSEUM. TARGETING VISITORS IN THE 5-16 AGE RANGE, THE EXHIBITS ENABLE VISITORS TO MEASURE THEIR HEART RATE AFTER EXERCISING AND MAKE THE LINK BETWEEN EXERCISE AND HEART HEALTH. ANOTHER TESTS VISITORS' KNOWLEDGE ABOUT THE AMOUNT OF SUGAR IN POPULAR BEVERAGES AND EDUCATES THEM ABOUT DIABETES. SMALLER EXHIBITS ON THE LUNCHEON ROOM WALLS DISPLAY THE USDA'S "MY PLATE" GRAPHIC, THE "5-4-3-2-1-GO!" PROGRAM, "EAT-THIS-NOT-THAT" INFORMATION, AND OTHER KID-FRIENDLY INFORMATION ABOUT NUTRITION AND HEALTH. A HAND-WASHING EXHIBIT TO DEMONSTRATE THE IMPORTANCE OF EFFECTIVE HAND-WASHING TECHNIQUES WAS PLACED IN THE LUNCHROOM AT SCITECH TO ENSURE THAT THE MESSAGE REACHES CHILDREN AT A TIME WHEN THEY CAN APPLY THE LESSONS LEARNED DIRECTLY TO THEIR OWN EATING HABITS FOR IMMEDIATE REINFORCEMENT. CHILDREN PLACE THEIR HANDS IN THE SINK TO START AN INTERACTIVE VIDEO THAT SHOWS THE RIGHT TECHNIQUE AND LENGTH OF TIME NEEDED TO REMOVE DIRT AND GERMS. PINK LIGHTS SHINE ON THEIR HANDS, SIMULATING GERMS, UNTIL THE RIGHT AMOUNT OF TIME AND ACTIVITY HAS ELAPSED. IN ADDITION TO THE DAILY VISITORS THE MUSEUM HOSTS DAILY (75,000 VISITORS A YEAR), SCI-TECH HANDS ON MUSEUM CONTINUES TO PARTICIPATE IN FIRST FRIDAYS, A VENUE IN THE DOWNTOWN THAT PROVIDES ARTS AND CULTURE TO THE COMMUNITY AND DRAWS 100,300 COMMUNITY MEMBERS AND VISITORS TO THE MUSEUM FOR THE FIVE HOUR EVENT MOST MONTHS OF THE YEAR. HEALTHY HANDS TO HELP SCHOOL-AGED CHILDREN UNDERSTAND THE IMPORTANCE OF HAND WASHING, RUSH CROPLEY MEDICAL CENTER OFFERS A FUN AND EDUCATIONAL PROGRAM FOR SCHOOLS AND COMMUNITY GROUPS CALLED HEALTHY HANDS. THE PROGRAM PROVIDES AN EXPLANATION OF GERMS AND HOW THEY SPREAD. AN INTERACTIVE PRESENTATION INCLUDES THE USE OF "GLOW" GERMS USING A GEL AND THE USE OF A BLACK LIGHT TO SHOW "GERMS" IF THE PARTICIPANTS WASH THEIR HANDS CORRECTLY AND FOR THE PROPER AMOUNT OF TIME USING ANTIBACTERIAL HAND GEL, THEIR HANDS SHOULD NOT SHOW THE "GLOW" GERMS WHEN THEY ARE PLACED UNDER THE BLACK LIGHT AS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>SECOND TIME THE CHILDREN ARE GIVEN A BOOK MARK THAT SHOWS HOW TO PROPERLY WASH THEIR HANDS IN FY18 A TOTAL OF 84 CHILDREN PARTICIPATED IN THE HEALTHY HANDS DEMONSTRATION HELD AT A FITNESS FUN FAIR. PLAY IT SAFE PLAY IT SAFE IS A FUN AND INTERACTIVE FAMILY EVENT THAT EDUCATES PEOPLE OF ALL AGES ABOUT IMPORTANT HEALTH TOPICS AND INJURY PREVENTION. IT IS AN ANNUAL EVENT HOSTED BY RUSH COPLEY EMERGENCY SERVICES AND RUSH COPLEY HEALTHPLEX. MORE THAN 500 PEOPLE ATTEND THIS ANNUAL EVENT NOW IN ITS TENTH YEAR. OLDER ADULT EDUCATION RUSH COPLEY, IN COLLABORATION WITH THE OSWEGO SENIOR CENTER, THE UNIVERSITY OF ILLINOIS EXTENSION AND THE KENDALL COUNTY HEALTH DEPARTMENT, IS HOSTING AN ONGOING WORKSHOP AND CHALLENGE SERIES FOR SENIORS IN KENDALL COUNTY TO COMBAT OBESITY. KNOWN AS HEALTHY HABITS FOR SUCCESSFUL LIVING, THIS IS A 9-WEEK PROGRAM DESIGNED FOR SENIORS WHO WANT TO BE HEALTHIER - PARTICIPANTS ARE ENCOURAGED TO MAKE SUSTAINABLE LIFE CHANGES TO MEET THEIR HEALTH GOALS. RUSH COPLEY HEALTHPLEX FITNESS TRAINERS PROVIDE EXERCISE DEMONSTRATIONS FOR PARTICIPANTS TO ENCOURAGE AN ACTIVE LIFESTYLE. TEN SENIORS ENROLLED AND PARTICIPATED IN THE SESSION HELD FEBRUARY THROUGH APRIL 2018. IN FY18, RUSH COPLEY PROVIDED SPEAKERS FOR FIVE SCHEDULED PRESENTATIONS IN THE DOCTOR'S NOTES SERIES HELD AT THE OSWEGO SENIOR CENTER. THIS SERIES EDUCATES SENIORS ON VARIOUS HEALTH TOPICS RELATED TO AGING. OVER 60 SENIORS ATTENDED. ADDITIONAL PROGRAMS SCHEDULED FOR SENIORS WERE HELD AT VARIOUS LOCATIONS THROUGHOUT THE COMMUNITY AND INCLUDED TOPICS SUCH AS HEART HEALTH, DIABETES EDUCATION, STROKE AWARENESS, ADVANCED CARE PLANNING, HOW TO USE AN AED, AND JOINT REPLACEMENT. OVER 150 SENIORS ATTENDED THESE PROGRAMS. PREGNANCY AND CHILDBIRTH PRE-AND POSTNATAL CLASSES ARE OFFERED TO COUPLES AND FAMILIES WHO ARE EXPECTING OR HAVE A BABY. CLASS TOPICS INCLUDE CHILDBIRTH EDUCATION, BABY CARE BASICS, BREASTFEEDING PART I, BREASTFEEDING PART II, WORKING & BREASTFEEDING, BECOMING A GRANDPARENT, BOOT CAMP FOR NEW DADS, BRINGING HOME BABY, INFANT MASSAGE CLASS, FAMILY BIRTH CENTER TOURS, CHILD SEAT SAFETY, SIBLING CLASS, AND INFANT CPR AND HOME SAFETY. OVER 1,860 PEOPLE PARTICIPATED IN FY18. HEART SURVIVOR WALK ATTENDEES RECEIVE A FREE VEIN SCREENING. THE 2018 HEART SURVIVOR WALK AND BREAKFAST AT BLACKBERRY FARM HAD 98 PARTICIPANTS. PARTICIPANTS PARTICIPATED IN A ONE MILE WALK AND ENJOYED COMPLIMENTARY BREAKFAST. AWARDS WERE GIVEN FOR THE OLDEST SURVIVOR, YOUNGEST SURVIVOR AND SUPER SURVIVOR. PARTICIPANTS AND THEIR GUESTS WERE EDUCATED BY DRS. ALWARSHETTY, NUYLES AND LOME ABOUT THE IMPORTANCE OF RECOGNIZING SIGNS AND SYMPTOMS OF A HEART ATTACK, THE IMPORTANCE OF CALLING 911 AND LEADING A HEALTHY LIFESTYLE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>SUMMARY OF FY18 HEALTH PROGRAMMING (CONTINUED FROM ABOVE) MOVEMENT DISORDERS RUSH COPLEY'S MOVEMENT DISORDERS PROGRAM PROVIDES SUPPORT AND MANAGEMENT OF PARKINSON'S DISEASE, ESSENTIAL TREMOR, DYSTONIA AND ATAXIA TO HELP PATIENTS MAXIMIZE THEIR MOBILITY, COORDINATION, AND QUALITY OF LIFE PROGRAM OFFERINGS INCLUDE SUPPORT GROUPS, EXERCISE CLASSES BOTH ON LAND AND WATER, GROUP BOXING, ART AND MUSIC THERAPY AS WELL AS SPECIAL EVENTS WITH GUEST SPEAKERS TO MORE THAN 200 PARTICIPANTS WOMEN OVER 50 WOMEN ATTENDED TWO PROGRAMS IN THE WOMEN TO WOMEN HEALTH SERIES TOPICS INCLUDED TREATING GYNE CONDITIONS FROM ROBOTIC SURGERY TO RECOVERY AND FOOD SENSITIVITIES IN FAMILIES STROKE PROGRAMS ON STROKE EDUCATION WERE HELD ON 5/1/18 WITH 30 PARTICIPANTS IN ATTENDANCE AND 5/16/18 WITH 25 PARTICIPANTS IN ATTENDANCE PHYSICIAN REFERRAL AND SERVICE LINE COPLEY MEMORIAL HOSPITAL OFFERS A FREE PHYSICIAN AND INFORMATION REFERRAL TELEPHONE SERVICE TO THE COMMUNITY THIS SERVICE ALLOWS COMMUNITY MEMBERS TO TALK WITH A CALL ADVISOR TO MATCH A PERSON'S HEALTH NEEDS AND PREFERENCES WITH THE PHYSICIAN OF THEIR CHOICE, LINKS CALLERS TO SERVICES PROVIDED BY THE MEDICAL CENTER AND MANAGES REGISTRATION FOR RUSH COPLEY CLASSES AND PROGRAMS OVER 8,600 PEOPLE USED THIS SERVICE IN FY18 WEBSITE COPLEY MEMORIAL HOSPITAL'S WEBSITE, RUSHCOPLEY.COM, WITH TRANSLATION AVAILABLE INTO DOZENS OF LANGUAGES, OFFERS ACCESS TO FREE HEALTH INFORMATION IN FY18, RUSHCOPLEY.COM HAD NEARLY 700,000 USER SESSIONS AND OVER 1,614,000 PAGE VIEWS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ALL OF THE PERSONS LISTED ON PART VII HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF SITTING ON RELATED RUSH COPLEY MEDICAL CENTER ENTITY BOARDS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	RUSH COPLEY MEDICAL CENTER, INC ("RCMC") IS THE SOLE CORPORATE MEMBER OF COPLEY MEMORIAL HOSPITAL, INC ("CMH"), RUSH COPLEY MEDICAL GROUP, NFP ("RCMG"), COPLEY VENTURES, INC ("CV"), AND RUSH COPLEY FOUNDATION ("RCF")

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	CMH'S BOARD OF DIRECTORS INCLUDES AT LEAST NINE (9) INDIVIDUALS ELECTED BY THE SOLE CORPORATE MEMBER, RCMC EACH OF THESE ELECTED DIRECTORS IS ALSO A MEMBER OF THE GOVERNING BOARD OF CMH'S SOLE CORPORATE MEMBER, RCMC THE ELECTION AND RE-ELECTION OF ALL CMH DIRECTORS IS AT THE DIRECTION OF RCMC AT THE ANNUAL GOVERNING BOARD MEETING VACANCIES ON THE CMH BOARD OF DIRECTORS ARE FILLED BY CMH'S SOLE CORPORATE MEMBER, RCMC IN ACCORDANCE WITH CERTAIN PROCEDURAL REQUIREMENTS STATED IN THE BYLAWS, ELECTED DIRECTORS MAY BE REMOVED BY THE AFFIRMATIVE VOTE OF TWO-THIRDS OF THE BOARD OF DIRECTORS OF CMH'S SOLE CORPORATE MEMBER, RCMC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE BOARD OF DIRECTORS OF CMH'S SOLE CORPORATE MEMBER, RCMC, HAS THE FOLLOWING EXCLUSIVE POWERS OVER CMH (1) THE ELECTION OF THE BOARD OF DIRECTORS, (2) ANY AMENDMENT TO THE ARTICLES OF INCORPORATION OR BYLAWS OF THIS CORPORATION (3) THE BORROWING OF ANY SUM, THE PRINCIPAL OF WHICH EXCEEDS \$500,000 00, OR WHICH HAS A STATED TERM OF GREATER THAN ONE YEAR, OR WHICH IS SECURED BY A MORTGAGE OF ALL OR ANY PORTION OF THE CORPORATION'S REAL PROPERTY OR THE CREATION OF A SECURITY INTEREST IN THE CORPORATION'S ASSETS, INCLUDING PERSONAL PROPERTY AND REVENUES, FOR THE BENEFIT OF THE LENDER, LESSOR OR VENDOR, OR THE DEFEASANCE, ADVANCE PAYMENT OR CANCELLATION OF ANY OUTSTANDING DEBT OF THE CATEGORY DESCRIBED HEREIN, (4) ANY VOLUNTARY DISSOLUTION, MERGER, CONSOLIDATION, SALE OR TRANSFER OF ANY OF THE CORPORATION'S ASSETS (ABOVE A MATERIAL DOLLAR THRESHOLD AS A PERCENTAGE OF THE CORPORATION'S ASSETS AS DETERMINED IN CONJUNCTION WITH THE CORPORATE MEMBER) OR ANY CREATION OF A SUBSIDIARY OR AFFILIATE OF THIS CORPORATION, (5) APPLICATION TO THE ILLINOIS HEALTH FACILITIES PLANNING BOARD OR ANY SUCCESSOR FOR A PERMIT OR CERTIFICATE OF NEED FOR A PROPOSED ACTIVITY, WHETHER OR NOT INVOLVING A CAPITAL EXPENDITURE, (6) APPROVAL OF ALL NEW OR CHANGES TO EXISTING ANNUAL AND LONG-TERM CAPITAL AND OPERATIONAL BUDGETS OR LONG-TERM OR MASTER STRATEGIC PLANS, (7) ANY AGREEMENT OR TRANSACTION, EITHER OF WHICH IS OF A MATERIAL NATURE, WITH ANOTHER CORPORATION CONTROLLED BY OR AFFILIATED WITH THE CORPORATE MEMBER OR WHICH IS A SUBSIDIARY OF THE CORPORATE MEMBERS, (8) SALE OF ANY OF THE CORPORATION'S REAL PROPERTY OR INTEREST THEREIN OR PURCHASES OF ANY ADDITIONAL REAL ESTATE, (9) THE AUDITED FINANCIAL STATEMENTS AND BOND DISCLOSURES OF THE CORPORATION, (10) SELECTION AND ANNUAL EVALUATION OF THE PRESIDENT, AND (11) THE ANNUAL AUDITED FINANCIAL STATEMENTS AND BOND DISCLOSURES OF THE CORPORATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 TAX RETURN IS PREPARED BY OUR EXTERNAL TAX ADVISOR WITH DATA PROVIDED BY OUR ORGANIZATION A DRAFT OF THE FORM 990 IS PROVIDED TO MANAGEMENT FOR REVIEW AND COMMENT THE BOARD OF DIRECTORS IS PROVIDED WITH AN APPROVED COPY OF THE FORM 990 BEFORE IT IS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, OFFICERS, DIRECTORS, KEY EMPLOYEES, MANAGEMENT TEAM (DEPARTMENT DIRECTORS AND MANAGERS), AND BILLING OFFICE PERSONNEL OF COPLEY MEMORIAL HOSPITAL, INC ARE REQUIRED TO DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS THE CONFLICT OF INTEREST STATEMENTS ARE SUBMITTED AND REVIEWED BY THE CHIEF COMPLIANCE OFFICER AND THE AUDIT AND CORPORATE INTEGRITY COMMITTEE OF THE BOARD THOSE KEY PERSONNEL WITH CONFLICTS ARE ADVISED TO RECUSE THEMSELVES FROM PARTICIPATING IN DECISION-MAKING RELATED TO THE CONFLICT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	WITH RESPECT TO THE CEO/VPS OF THE ORGANIZATION AND KEY SENIOR MANAGEMENT, THE ORGANIZATION FOLLOWS A COMPENSATION APPROVAL PROCEDURE ANNUALLY THAT INVOLVES APPROVAL OF PROPOSED AND FINAL COMPENSATION ARRANGEMENTS BY THE ORGANIZATION'S COMPENSATION COMMITTEE AND FULL BOARD OF DIRECTORS USING COMPARABILITY DATA, AS WELL AS CONTEMPORANEOUS DOCUMENTATION OF COMPENSATION DECISIONS IN MINUTES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FORM 990 IS AVAILABLE UPON REQUEST THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC COPIES OF THE FINANCIAL STATEMENTS (WHETHER OR NOT AUDITED) ARE PROVIDED UPON REASONABLE REQUEST SUCH AS FOR A BANK LOAN OR TO A BOND RATING AGENCY THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ATTORNEY GENERAL'S WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN INTEREST IN NET ASSETS OF FOUNDATION 100,019 SWAP VALUE ADJUSTMENT 1,893,927 OTHER -7,933

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINES 2A & 2B	ALTHOUGH THE ORGANIZATION DOES NOT RECEIVE STAND ALONE GAAP FINANCIAL STATEMENTS IT DOES RECEIVE ON AN ANNUAL BASIS FROM INDEPENDENT AUDITORS CONSOLIDATED ENTITY GAAP FINANCIAL STATEMENTS (AUDITED) FOR ITSELF AND ITS AFFILIATES

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

2017

Open to Public Inspection

Name of the organization
COPLEY MEMORIAL HOSPITAL INC
C/O RUSH COPLEY MEDICAL CTR

Employer identification number
36-2170840

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)RUSH COPLEY MEDICAL CENTER INC 2000 OGDEN AVENUE AURORA, IL 60504 36-3193787	PARENT COMPANY	IL	501(C)(3)	LINE 12B, II	RUSH SYSTEM FOR HEALTH	Yes	
(2)RUSH COPLEY HEALTH CARE SYSTEM INC 2000 OGDEN AVENUE AURORA, IL 60504 36-3584043	BRIDGE BOARD RCMC & RUMC	IL	501(C)(3)	LINE 11A	RUSH UNIVERSITY MEDICAL CENTER INC	Yes	
(3)RUSH COPLEY FOUNDATION 2000 OGDEN AVENUE AURORA, IL 60504 36-3093877	GRANTS TO CHARITABLE ORGANIZATIONS	IL	501(C)(3)	LINE 7	RUSH COPLEY MEDICAL CENTER INC	Yes	
(4)COPLEY VENTURES INC 2000 OGDEN AVENUE AURORA, IL 60504 36-3370216	RENTAL PROP , INFIRMARY CARE, AND HEALTHPLEX FITNESS CENTER	IL	501(C)(3)	LINE 3	RUSH COPLEY MEDICAL CENTER INC	Yes	
(5)RUSH UNIVERSITY MEDICAL CENTER 1700 WEST VAN BUREN STREET CHICAGO, IL 60612 36-2174823	HEALTHCARE	IL	501(C)(3)	LINE 3	RUSH SYSTEM FOR HEALTH	Yes	
(6)RUSH SYSTEM FOR HEALTH 1725 W HARRISON STREET CHICAGO, IL 60612 36-4046278	HOSPITAL	IL	501(C)(3)	LINE 12C	N/A		No
(7)RUSH OAK PARK HOSPITAL INC 520 S MAPLE AVE OAK PARK, IL 60304 36-2183812	HOSPITAL	IL	501(C)(3)	LINE 3	RUSH UNIVERSITY MEDICAL CENTER INC	Yes	

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.

See Additional Data Table

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

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) RUSH UNIVERSITY MEDICAL CENTER INSURANCE CO LTD PO BOX 1051 GRAND CAYMAN CJ	INSURANCE	CJ	N/A	C					No
(2) RUSH COPLEY MEDICAL GROUP NFP 2000 OGDEN AVENUE AURORA, IL 60504 36-3235315	PHYSICIAN PRACTICES	IL	N/A	C					No

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

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

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

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

1a Yes

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

1b

No

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

1c Yes

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

1d Yes

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

No

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

1k Yes

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

1l

No

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 Yes

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 36-2170840
Name: COPLEY MEMORIAL HOSPITAL INC
C/O RUSH COPLEY MEDICAL CTR

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
2000 OGDEN AVENUE AURORA, IL 60504 36-3193787	PARENT COMPANY	IL	501(C)(3)	LINE 12B, II	RUSH SYSTEM FOR HEALTH	Yes	
2000 OGDEN AVENUE AURORA, IL 60504 36-3584043	BRIDGE BOARD RCMC & RUMC	IL	501(C)(3)	LINE 11A	RUSH UNIVERSITY MEDICAL CENTER INC	Yes	
2000 OGDEN AVENUE AURORA, IL 60504 36-3093877	GRANTS TO CHARITABLE ORGANIZATIONS	IL	501(C)(3)	LINE 7	RUSH COPLEY MEDICAL CENTER INC	Yes	
2000 OGDEN AVENUE AURORA, IL 60504 36-3370216	RENTAL PROP , INFIRMARY CARE, AND HEALTHPLEX FITNESS CENTER	IL	501(C)(3)	LINE 3	RUSH COPLEY MEDICAL CENTER INC	Yes	
1700 WEST VAN BUREN STREET CHICAGO, IL 60612 36-2174823	HEALTHCARE	IL	501(C)(3)	LINE 3	RUSH SYSTEM FOR HEALTH	Yes	
1725 W HARRISON STREET CHICAGO, IL 60612 36-4046278	HOSPITAL	IL	501(C)(3)	LINE 12C	N/A		No
520 S MAPLE AVE OAK PARK, IL 60304 36-2183812	HOSPITAL	IL	501(C)(3)	LINE 3	RUSH UNIVERSITY MEDICAL CENTER INC	Yes	

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) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CIRCLE IMAGING PARTNERS LP 1725 W HARRISON STREET CHICAGO, IL 60612 36-3539382	OPERATION IMAGING	IL	N/A									
RUSH SURGICENTER AT THE PROFESSIONAL BUILDING LP 1725 W HARRISON STREET CHICAGO, IL 60612 36-3853026	SURGERY CENTER	IL	N/A									
GUARDIAN HEALTH TECHNOLOGIES LLC 1653 W CONGRESS PARKWAY CHICAGO, IL 60612 36-2174823	ANALYTICS SOFTWARE LICENSE HOLDER	IL	N/A									
YORKVILLE PHYSICAL THERAPY & SPORTS MEDICINE CENTER LLC 2000 OGDEN AVENUE AURORA, IL 60504 36-4236345	PHYSICAL THERAPY & SPORTS MEDICINE	IL	N/A									
RUSH COPLEY CARDIOVASCULAR LLC 2000 OGDEN AVENUE AURORA, IL 60504 27-3234201	CARDIOVASCULAR MEDICINE	IL	RUSH COPLEY MEDICAL CENTER INC	RELATED	4,652,713	11,753,471		No			No	99 000 %
RUSH COPLEY HOSPITALISTS LLC 2000 OGDEN AVENUE AURORA, IL 60504 61-1787188	MEDICAL SERVICES	IL	RUSH COPLEY MEDICAL CENTER INC	RELATED	783,564	1,856,794		No			No	99 000 %
RUSH COPLEY ORTHOPEDICS LLC 2000 OGDEN AVENUE AURORA, IL 60504 61-1801175	MEDICAL SERVICES	IL	N/A									
RUSH COPLEY SURGICENTER LLC 2000 OGDEN AVENUE AURORA, IL 60504 38-4012268	MEDICAL SERVICES	IL	COPLEY MEMORIAL HOSPITAL INC	RELATED	3,270,621	13,170,240		No			No	99 000 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
RUSH COPLEY MEDICAL GROUP NFP	A	636,349	FAIR MARKET VALUE
RUSH COPLEY FOUNDATION	C	940,320	FAIR MARKET VALUE
RUSH UNIVERSITY MEDICAL CENTER	D	621,247	FAIR MARKET VALUE
COPLEY VENTURES INC	K	1,062,779	FAIR MARKET VALUE
RUSH UNIVERSITY MEDICAL CENTER	Q	81,649	FAIR MARKET VALUE
RUSH COPLEY FOUNDATION	Q	224,544	FAIR MARKET VALUE
COPLEY VENTURES INC	R	570,000	FAIR MARKET VALUE