Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

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.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

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

C Name of organization
Elmhurst Memorial Healthcare Group

Doing business as

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

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

D Employer identification number
35-2339114

E Telephone number
(331) 221-1000

G Gross receipts $ 547,680,824

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

H(a) Is this a group return for subordinates? ☑ Yes ☐ No
H(b) Are all subordinates included? ☑ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ 5467

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

J Website: ▶ WWW.EEHEALTH.ORG

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

L Year of formation:

M State of legal domicile: IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Edward-Elmhurst Healthcare's mission and vision statement is: "MISSION: Advancing the health of our communities. VISION: Transform the Healthcare Experience - Safe, Seamless, Personal." Toward this end, it is committed to meeting the needs of its local community, while ensuring the scale and geographic reach to provide quality, efficiency and access to the population served.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	39
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	34
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	3,336
6	Total number of volunteers (estimate if necessary)	6	185
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,143,544
b	Net unrelated business taxable income from Form 990-T, line 39	7b	1,283,540

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	33,355,581	14,686,760
	9	Program service revenue (Part VIII, line 2g)	472,133,620	522,979,843
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,342,494	101,955
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,251,116	9,080,651
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	518,082,811	546,849,209
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	548,552	461,065
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	178,343,808	175,638,178
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	292,555,636	317,935,019
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	471,447,996	494,034,262
	19	Revenue less expenses. Subtract line 18 from line 12	46,634,815	52,814,947
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	473,543,794	489,676,442
	21	Total liabilities (Part X, line 26)	235,208,115	206,225,735
	22	Net assets or fund balances. Subtract line 21 from line 20	238,335,679	283,450,707

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

****** 2022-05-11
Signature of officer Date

Denise Chamberlain EVP Chief Financial Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 388,143,007 including grants of $ 461,065) (Revenue $ 525,868,920)

See Additional Data

4b (Code:) (Expenses $ 176,266 including grants of $) (Revenue $)

See Additional Data

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

4d Other program services (Describe in Schedule O.)

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

4e **Total program service expenses ▶** 388,319,273

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**		
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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	282			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 3,336			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		No

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 39			
	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 34			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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:
▶Denise Chamberlain 4201 Winfield Road Warrenville, IL 60555 (630) 527-3000

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

See instructions for the order in which to list the persons above.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
See Additional Data Table										

	(D)	(E)	(F)
1b Sub-Total . . . ▶			
c Total from continuation sheets to Part VII, Section A . . . ▶			
d Total (add lines 1b and 1c) . . . ▶	3,564,643	11,002,493	1,487,316

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 ▶ 180

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TRIMEDX LLC 5451 LAKEVIEW PARKWAY SOUTH DR INDIANAPOLIS, IN 46268	EQUIPMENT MAINTENANCE SERVICES	5,059,230
ELMHURST EMERGENCY MEDICAL SERVICES LTD 155 E BRUSH HILL ROAD ELMHURST, IL 60126	PHYSICIAN SERVICES	1,955,521
CYBERKNIFE CENTER OF CHICAGO LLC 100 BAYVIEW CIRCLE SUITE 400 NEWPORT BEACH, CA 92660	MEDICAL TREATMENTS	1,577,600
ADVOCATE MEDICAL GROUP 1901 MEYER RD SUITE 350 OAKBROOK, IL 60181	MEDICAL SERVICES	1,528,436
CARDIAC SURGERY ASSOCIATES SC PO BOX 153 CHANNAHON, IL 60410	PHYSICIAN SERVICES	1,502,627

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 ▶ 34

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c	0				
d Related organizations	1d					
e Government grants (contributions)	1e	13,447,582				
f All other contributions, gifts, grants, and similar amounts not included above	1f	1,239,178				
g Noncash contributions included in lines 1a - 1f:$	1g	0				
h Total. Add lines 1a-1f ▶			14,686,760			

Program Service Revenue

	Business Code	(A)	(B)	(C)	(D)
2a Patient Services	621300	420,440,835	420,440,835		
b Ambulatory	621990	16,771,346	16,771,346		
c Medicaid Assessment Program	900099	24,520,184	24,520,184		
d Reference Lab	621500	56,224,114	53,545,210	2,678,904	
e Property Rental to Affiliates	532000	2,143,188	2,143,188		
f All other program service revenue.		2,880,176	1,473,873	1,406,303	0
g **Total.** Add lines 2a–2f. ▶		522,979,843			

Other Revenue

		(i)	(ii)	(A)	(B)	(C)	(D)
3 Investment income (including dividends, interest, and other similar amounts) ▶				923,075			923,075
4 Income from investment of tax-exempt bond proceeds ▶							
5 Royalties ▶							
		(i) Real	(ii) Personal				
6a Gross rents	6a	34,581					
b Less: rental expenses	6b	7,019					
c Rental income or (loss)	6c	27,562	0				
d Net rental income or (loss) ▶				27,562	27,562		
		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a		3,476				
b Less: cost or other basis and sales expenses	7b		824,596				
c Gain or (loss)	7c	0	-821,120				
d Net gain or (loss) ▶				-821,120			-821,120
8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18	8a		0				
b Less: direct expenses	8b		0				
c Net income or (loss) from fundraising events ▶				0			0
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities ▶							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory ▶							

Miscellaneous Revenue	Business Code	(A)	(B)	(C)	(D)
11a Cafeteria and Dietary	561499	2,048,030			2,048,030
b Misc Inc from EEH Entities	621400	1,770,178	1,770,178		
c School Nurse Program	621300	1,358,164	1,358,164		
d All other revenue		3,876,717	3,818,380	58,337	0
e **Total.** Add lines 11a–11d ▶		9,053,089			
12 **Total revenue.** See instructions ▶		546,849,209	525,868,920	4,143,544	2,149,985

Part IX **Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	440,290	440,290		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	20,775	20,775		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	942,543		942,543	
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	142,536,329	126,155,071	16,381,258	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,986,359	4,400,300	586,059	
9 Other employee benefits	17,041,590	15,090,632	1,950,958	
10 Payroll taxes	10,131,357	8,915,594	1,215,763	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	105,175,559	25,090,521	80,085,038	0
12 Advertising and promotion	40,530	40,012	518	
13 Office expenses	640,893	635,398	5,495	
14 Information technology				
15 Royalties				
16 Occupancy	8,393,448	7,886,383	507,065	
17 Travel	33,238	28,920	4,318	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	585	585		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,772,289	21,799,614	2,972,675	
23 Insurance	8,940,256	8,940,256		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES & DRUGS	138,651,364	138,647,579	3,785	
b MEDICAID TAX	21,447,964	21,447,964		
c EQUIPMENT RENTAL/MAINTENANCE	5,840,197	5,222,215	617,982	
d INCOME TAX	266,753		266,753	
e All other expenses	3,731,943	3,557,164	174,779	0
25 **Total functional expenses.** Add lines 1 through 24e	494,034,262	388,319,273	105,714,989	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		22,875,974	1	18,838,641
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		197,116	3	187,657
	4	Accounts receivable, net		51,953,933	4	56,379,034
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		11,567,683	8	10,409,751
	9	Prepaid expenses and deferred charges		4,083,971	9	8,754,752
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 710,771,969			
	b	Less: accumulated depreciation	10b 371,888,561	357,476,790	10c	338,883,408
	11	Investments—publicly traded securities		21,518,457	11	25,750,774
	12	Investments—other securities. See Part IV, line 11		0	12	
	13	Investments—program-related. See Part IV, line 11		2,905,407	13	3,082,873
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		964,463	15	27,389,552
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		473,543,794	16	489,676,442
Liabilities	17	Accounts payable and accrued expenses		34,417,829	17	37,822,883
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	0
	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		200,790,286	25	168,402,852
	26	**Total liabilities.** Add lines 17 through 25		235,208,115	26	206,225,735
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		236,334,985	27	281,288,718
	28	Net assets with donor restrictions		2,000,694	28	2,161,989
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		238,335,679	32	283,450,707
	33	Total liabilities and net assets/fund balances		473,543,794	33	489,676,442

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	546,849,209
2	Total expenses (must equal Part IX, column (A), line 25)	2	494,034,262
3	Revenue less expenses. Subtract line 2 from line 1	3	52,814,947
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	238,335,679
5	Net unrealized gains (losses) on investments	5	3,606,383
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	-11,306,302
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	283,450,707

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other ____________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 35-2339114
Name: Elmhurst Memorial Healthcare Group

Form 990 (2020)

Form 990, Part III, Line 4a:

ELMHURST MEMORIAL HOSPITAL (HOSPITAL OR EMH) IS A NOT-FOR-PROFIT HEALTHCARE ORGANIZATION THAT PROVIDES ACUTE AND NONACUTE INPATIENT AND OUTPATIENT CARE TO RESIDENTS OF EASTERN DUPAGE AND WESTERN COOK COUNTIES. FOUNDED IN 1926, ELMHURST MEMORIAL HOSPITAL HAS EXPANDED ITS SERVICES AND HAS SEVERAL CONVENIENTLY LOCATED CARE CENTERS TO BETTER SERVE ITS PATIENTS, THEIR FAMILIES AND NUMEROUS COMMUNITIES. IN FISCAL YEAR 2021, EMH TREATED MORE THAN 17,000 INPATIENTS AND TOTALED MORE THAN 431,000 OUTPATIENT VISITS. THERE WERE MORE THAN 65,000 VISITS TO THE EMERGENCY DEPARTMENT. 2,600 NEWBORNS WERE DELIVERED IN THE FAMILY BIRTHING CENTER. THE ORGANIZATION ALSO PROVIDED MORE THAN $57 MILLION IN COMMUNITY BENEFITS, (PER STATE COMMUNITY BENEFIT REPORTING, THE DEFINITION OF WHICH IS DIFFERENT FROM THE FEDERAL REPORTING ON SCHEDULE H OF THE FORM 990), WHICH INCLUDE A GENEROUS FINANCIAL ASSISTANCE POLICY THAT EXCEEDS THE STANDARDS RECOMMENDED BY THE ILLINOIS HOSPITAL ASSOCIATION, CHARITY CARE AND COMMUNITY EDUCATION PROGRAMS AND EVENTS. THE FULLY INTEGRATED MEDICAL CAMPUS, LOCATED AT THE CORNER OF YORK STREET AND ROOSEVELT ROAD IN ELMHURST, IS SITUATED ON A HIGHLY ACCESSIBLE 50-ACRE SITE AND INCLUDES AN ACUTE CARE HOSPITAL WITH ALL PRIVATE ROOMS, OUTPATIENT SERVICES IN THE ELMHURST MEMORIAL CENTER FOR HEALTH AND A VARIETY OF PHYSICIAN OFFICES IN NEW MEDICAL OFFICE BUILDINGS.

Form 990, Part III, Line 4b:

ELMHURST MEMORIAL HOSPITAL FOUNDATION (FOUNDATION) WAS ESTABLISHED IN 1980 AS THE OFFICIAL FUNDRAISING AND GIFT RECEIVING ARM OF ELMHURST MEMORIAL HEALTHCARE (EMHC). THE FOUNDATION ENCOURAGES AND RECEIVES CONTRIBUTIONS THAT ARE USED TO ENHANCE THE DELIVERY OF HIGH QUALITY, COMPREHENSIVE HEALTHCARE SERVICES FOR THOSE WHO LIVE AND WORK IN THE COMMUNITIES SERVED BY EMHC. THE FOUNDATION ACCOMPLISHES THIS THROUGH FUNDRAISING EVENTS, SUCH AS THE ANNUAL AUTUMN AFFAIR gala, AND PROGRAMS, SUCH AS THE GRATEFUL PATIENT PROGRAM, WHICH WAS ESTABLISHED BY THE FOUNDATION AS A WAY FOR PATIENTS TO SHOW THEIR THANKS AND APPRECIATION FOR THE CARE THEY RECEIVED AT EMHC BY MAKING A DONATION. DONATIONS TO the FOUNDATION ARE KEY IN SUPPORTING building projects, PROGRAMS such AS BEHAVIORAL HEALTH, enhancing services at the Nancy W. Knowles Cancer Center, and Jumpstart Your Health - a lifestyle maintenance program to prevent the onset of diabetes, as well as purchasing standard of care equipment and technologies.

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Mary L Mastro Schedule O	2.0 38.0	X		X				0	1,752,910	39,239
Ahmed El-Ganzouri Schedule O	3.0 37.0							0	321,190	12,246
Amaryllis Gil Schedule O	0 40.0							0	472,874	52,707
Andy Tremble Schedule O	40.0 0							144,833	0	32,414
Ann Gunst Schedule O	1.0 0							0	0	0
Anne Oldenburg Schedule O	1.0 0							0	0	0
Arvind Ramanathan Schedule O	40.0 0							112,356	0	10,859
Blanche Hill Schedule O	1.0 0							0	0	0
Bridget McLemore Schedule O	40.0 0							199,561	0	16,776
Caron Lizzadro Schedule O	1.0 0							0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Chris J Mollet Schedule O	3.0 37.0							0	1,025,935	22,756
Christina Morrissey Schedule O	1.0 0							0	0	0
Cindy M Rentsch Schedule O	39.0 1.0							215,290	0	10,906
Danelle Achepohl Schedule O	1.0 0							0	0	0
Daniel Sullivan Schedule O	39.0 1.0							772,781	0	29,919
Daniel Welz Schedule O	1.0 0							0	0	0
Dave Atchison Schedule O	2.0 2.0							0	0	0
Dave Brueggen Schedule O	0 1.0							0	0	0
Dawn Sandner Schedule O	40.0 0							187,310	0	13,932
Denise Chamberlain Schedule O	3.0 37.0							0	718,924	129,865

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Donald Lurye Schedule O	1.0 0							0	0	0
Edward Momkus Schedule O	1.0 0							0	0	0
Hollis Walker Schedule O	0 39.0							0	513,614	27,310
James McNamara Schedule O	1.0 0							0	0	0
James Nelson Schedule O	1.0 0							0	0	0
Jason Ogden Schedule O	3.0 37.0							0	328,250	37,554
Jean T Lydon Schedule O	0 39.0							0	398,207	102,003
Jeffrey D Friant Schedule O	3.0 37.0							0	488,876	26,187
Joe DePaulo Schedule O	2.0 2.0							0	0	0
John Nowak Schedule O	40.0 0							249,128	0	12,130

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: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Joseph Dant Schedule O	0 39.0							0	653,445	157,178
Kathy Caluwaert Schedule O	0 0							0	0	0
Katie G McGovern Schedule O	0 40.0							0	303,213	11,902
Kenneth Wegner Schedule O	1.0 0							0	0	0
Kimberley Darey Schedule O	40.0 0							340,310	0	38,346
Laura L Eslick Schedule O	1.0 39.0							0	391,015	105,564
Liz Aquino Schedule O	1.0 2.0							0	0	0
Margaret Harrell Schedule O	1.0 2.0							0	0	0
Marianne Spencer Schedule O	1.0 39.0							0	795,757	44,160
Mary Ann Malloy MD Schedule O	0 0							0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Mary Cluver Schedule O	20.0 20.0							192,622	0	34,110
Mary Kay Ladone Schedule O	2.0 2.0							0	0	0
Michael Grant Schedule O	1.0 0							0	0	0
Michael Hoffman Schedule O	3.0 0							0	0	0
Michael Martirano Schedule O	1.0 0							162,180	0	0
Michael P Mckenna Schedule O	39.0 1.0							211,130	0	24,141
Michael Regan Schedule O	1.0 0							0	0	0
Michelle Meziere Schedule O	40.0 0							284,726	0	21,044
Nancy Scinto Schedule O	0 0							0	0	0
Pamela Dunley Schedule O	2.0 38.0							0	991,690	39,725

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) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Pamela M Davis Schedule O	0 0.0							0	267,467	0
Paul Koch Schedule O	1.0 0							0	0	0
Philip C Williams Schedule O	13.0 27.0							0	308,242	43,731
Philip McAndrew Schedule O	40.0 0							128,421	0	16,425
Ram Shivakumar Schedule O	2.0 2.0							0	0	0
Raymond Janevicius Schedule O	1.0 0							1,650	0	0
Richard Inskeep Schedule O	1.0 0							0	0	0
Rita Magnuson Schedule O	40.0 0							181,017	0	43,239
Robert Platt Schedule O	1.0 2.0							0	0	0
Rocco Martino Schedule O	2.0 2.0							0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Ron Nyberg Schedule O	2.0 2.0							0	0	0
Ron Schubel Schedule O	2.0 2.0							0	0	0
Ryan Garland Schedule O	1.0 39.0							0	192,416	34,330
Ryon Hennessey Schedule O	1.0 0							0	0	0
Sanjeeb Khatua Schedule O	1.0 39.0							0	649,016	150,620
Sean Chou Schedule O	2.0 2.0							0	0	0
Susan Tyburski Schedule O	40.0 0							181,327	0	34,983
Tim Rivelli Schedule O	2.0 2.0							0	0	0
Valerie Cahill Schedule O	1.0 2.0							0	100	0
Yvette M Saba Schedule O	1.0 39.0							0	429,354	111,016

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Elmhurst Memorial Healthcare Group

Employer identification number
35-2339114

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

The organization is not a private foundation because it is: (For lines 1 through 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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An 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) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	2,372,140	2,012,062	1,390,990	589,267	1,239,178	7,603,637
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4 **Total.** Add lines 1 through 3	2,372,140	2,012,062	1,390,990	589,267	1,239,178	7,603,637
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) . .						2,227,016
6 **Public support.** Subtract line 5 from line 4.						5,376,621

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .	2,372,140	2,012,062	1,390,990	589,267	1,239,178	7,603,637
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	19,629	126,120	827,944	1,102,832	725,321	2,801,846
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .	0					0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	0	0	0	0	0	0
11 **Total support.** Add lines 7 through 10						10,405,483

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

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) . . . . | **14** | 51.67 %

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . | **15** | 59.07 %

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☑

b **33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **331/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

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 lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*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 0.015 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 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2020**	**(iii)** **Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 1 Unusual Grant	2019- $10,000,000

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.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		39,790
j	Total. Add lines 1c through 1i			39,790
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	A portion of professional dues paid to the Illinois Hospital Association for membership is attributed to lobbying activities. The lobbying expenses reported in Schedule C represent lobbying expenses attributable to professional dues.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization
Elmhurst Memorial Healthcare Group

Employer identification number
35-2339114

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

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

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

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

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

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

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . .	2d	

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X . . . . ▶ $ ____________

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other ....

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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	489,515	489,515	489,515	489,515	711,949
b Contributions					
c Net investment earnings, gains, and losses	0	100,000	100,000		75,588
d Grants or scholarships					
e Other expenditures for facilities and programs	0	100,000	100,000		298,022
f Administrative expenses					
g End of year balance	489,515	489,515	489,515	489,515	489,515

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 100 %

c Term endowment ▶ 0 %

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

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

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

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

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" 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		30,520,543		30,520,543
b Buildings		458,731,656	199,345,225	259,386,431
c Leasehold improvements				
d Equipment		221,519,770	172,543,336	48,976,434
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				338,883,408

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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)		
(10)		
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)Def Comp SERP	552,413
(2)Gifted Property	524,000
(3)Lease Right-of-use Asset	26,313,139
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	27,389,552

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	0
(2) Net Pension Liability	31,073,462
(3) Misc Liability	281,230
(4) Due to EEH	
(5) Malpractice IBNR	7,100,785
(6) Reserve for Reinsured Losses	69,856
(7) Due to Third Parties	81,954,878
(8) Medicare Advance Payment	15,140,000
(9) Lease Obligation	32,782,641
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	168,402,852

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	550,462,608
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	3,606,380		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	7,019		
e	Add lines **2a** through **2d**			2e	3,613,399
3	Subtract line **2e** from line **1**			3	546,849,209
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	0		
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	546,849,209

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	494,041,281
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	7,019		
e	Add lines **2a** through **2d**			2e	7,019
3	Subtract line **2e** from line **1**			3	494,034,262
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	494,034,262

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: 20011424
Software Version: 2020v4.0
EIN: 35-2339114
Name: Elmhurst Memorial Healthcare Group

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	Due to COVID and declining market return there was no spending on endowments in FY21

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	EDWARD-ELMHURST HEALTHCARE, EDWARD HOSPITAL, EDWARD HEALTH VENTURES, EDWARD HEALTH AND FIT NESS CENTER, EDWARD FOUNDATION, NAPERVILLE PSYCHIATRIC VENTURES, EDWARD AMBULANCE SERVICES , ELMHURST MEMORIAL HOSPITAL, ELMHURST MEMORIAL FOUNDATION, AND ELMHURST MEMORIAL HEALTHCA RE ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CO DE ON INCOME RELATED TO THEIR EXEMPT PURPOSES. ACCORDINGLY, THERE IS NO MATERIAL PROVISION FOR INCOME TAX FOR THESE ENTITIES. Certain entities had unrelated business income generat ed primarily from the sale of certain services that are not directly related to patient ca re and through limited partnerships within the portfolio. The Corporation and its affiliat es apply ASC Topic 740, Income Taxes, which clarifies the accounting for uncertainty in in come taxes recognized in a company s financial statements. ASC Topic 740 prescribes a more -likely than-not recognition threshold and measurement attribute for the financial stateme nt recognition and measurement of a tax position taken or expected to be taken. Under ASC Topic 740, tax positions are evaluated for recognition, derecognition, and measurement usi ng consistent criteria and provide more information about the uncertainty in income tax as sets and liabilities. As of June 30, 2021 and 2020, the Corporation and its affiliates do not have an asset or liability recorded for unrecognized tax positions.

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Expense included in audited financial statements but not in 990 Statement of Revenue. Inst ead, report on 990 Functional Expense as a line 6b rent expense deducted from Gross Rents. - 7019

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Expense included in audited financial statements but not in 990 Statement of Revenue. Inst ead, report on 990 Functional Expense as a line 6b rent expense deducted from Gross Rents. - 7019

Form 990, Schedule D, Part X, - Other Liabilities

1. (a) Description of Liability	(b) Book Value
Net Pension Liability	31,073,462
Misc Liability	281,230
Due to EEH	
Malpractice IBNR	7,100,785
Reserve for Reinsured Losses	69,856
Due to Third Parties	81,954,878
Medicare Advance Payment	15,140,000
Lease Obligation	32,782,641

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Elmhurst Memorial Healthcare Group

Employer identification number
35-2339114

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. ☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☑ 200% ☐ Other ____ %	3a	Yes	
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: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 60000 %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			5,941,373		5,941,373	1.20 %
b Medicaid (from Worksheet 3, column a)			68,417,630	45,717,021	22,700,609	4.59 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d **Total** Financial Assistance and Means-Tested Government Programs	0	0	74,359,003	45,717,021	28,641,982	5.80 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	3	2,364	169,614	16,830	152,784	0.03 %
f Health professions education (from Worksheet 5)	1	1,651	440,088	0	440,088	0.09 %
g Subsidized health services (from Worksheet 6)	0	0	0	0	0	0 %
h Research (from Worksheet 7)	1	0	339,262	0	339,262	0.07 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	369	941,260	0	941,260	0.19 %
j **Total.** Other Benefits	7	4,384	1,890,224	16,830	1,873,394	0.38 %
k **Total.** Add lines 7d and 7j	7	4,384	76,249,227	45,733,851	30,515,376	6.18 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	0	0	0	0	0	0 %
2 Economic development	0	0	0	0	0	0 %
3 Community support	0	0	0	0	0	0 %
4 Environmental improvements	0	0	0	0	0	0 %
5 Leadership development and training for community members	0	0	0	0	0	0 %
6 Coalition building	1	1,550	11,470	0	11,470	0 %
7 Community health improvement advocacy	0	0	0	0	0	0 %
8 Workforce development	0	0	0	0	0	0 %
9 Other					0	0 %
10 Total	1	1,550	11,470	0	11,470	0 %

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	20,291,498		
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	0		
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	199,091,636
6	Enter Medicare allowable costs of care relating to payments on line 5	6	222,406,619
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-23,314,983

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 ELMHURST OUTPATIENT SURGERY CENTER LLC	OUTPATIENT SURGICAL SERVICES	61.41 %	0 %	38.59 %
2 CYBERKNIFE CENTER OF CHICAGO LLC	RADIATION TREATMENT SERVICES FOR CANCER PATIENTS	40 %	0 %	60 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER–24 hours	ER–other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Elmhurst Memorial Hospital

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

			Yes	No
	Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?.	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C.	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	☑ Hospital facility's website (list url): https://www.eehealth.org/about-us/community-benefit/			
b	☐ Other website (list url):			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url): https://www.eehealth.org/about-us/community-benefit/			
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)

Name of hospital facility or letter of facility reporting group Elmhurst Memorial Hospital

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
	a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0 % and FPG family income limit for eligibility for discounted care of 600.0 %			
	b ☐ Income level other than FPG (describe in Section C)			
	c ☑ Asset level			
	d ☑ Medical indigency			
	e ☑ Insurance status			
	f ☑ Underinsurance discount			
	g ☑ Residency			
	h ☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
	a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
	b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
	c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
	d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
	e ☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
	a ☑ The FAP was widely available on a website (list url): https://www.eehealth.org/patients-visitors/manage-my-costs-and-billing/billing/financial-assistance/			
	b ☑ The FAP application form was widely available on a website (list url): https://www.eehealth.org/patients-visitors/manage-my-costs-and-billing/billing/financial-assistance/			
	c ☑ A plain language summary of the FAP was widely available on a website (list url): https://www.eehealth.org/patients-visitors/manage-my-costs-and-billing/billing/financial-assistance/			
	d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
	f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	g ☑ 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 ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	i ☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
	j ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group Elmhurst Memorial Hospital

			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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ 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	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☑ 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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ 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	☐ Actions that require a legal or judicial process			
e	☐ 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	☑ 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 (if not, describe in Section C)			
b	☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c	☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d	☑ Made presumptive eligibility determinations (if not, describe in Section C)			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

			Yes	No
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
	If "No," indicate why:			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Elmhurst Memorial Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
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?	**23**		No
If "Yes," explain in Section C.			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
If "Yes," explain in Section C.			

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

Form and Line Reference	Explanation
See Add'l Data	

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? **15**

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

Part VI Supplemental Information

Provide the following information.

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	THE AMOUNT OF BAD DEBT EXPENSE IS OBTAINED BY TAKING THE NET AMOUNT PLACED IN BAD DEBT LESS THE PAYMENTS AND ADJUSTMENTS RECEIVED. Discounts and payments on patient accounts reduce the organization's bad debt expense.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	THE HOSPITAL IS UNABLE TO ESTIMATE ACCURATELY THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE FOR FREE SERVICES UNDER THE FINANCIAL ASSISTANCE POLICY. ALTHOUGH A PORTION OF BAD DEBT EXPENSES MAY RELATE TO PATIENTS WHO WOULD QUALIFY FOR CHARITY CARE, A REPORTABLE FIGURE CANNOT BE REASONABLY ESTIMATED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	THE TEXT OF THE FOOTNOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES BAD DEBT EXPENSE CAN BE FOUND ON PAGE 20 OF THE EDWARD-ELMHURST HEALTHCARE CONSOLIDATED AUDIT REPORT.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- Elmhurst Memorial Hospital: Line 16a URL: https://www.eehealth.org/patients-visitors/manage-my-costs-and-billing/billing/financial-assistance/;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- Elmhurst Memorial Hospital: Line 16b URL: https://www.eehealth.org/patients-visitors/manage-my-costs-and-billing/billing/financial-assistance/;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- Elmhurst Memorial Hospital: Line 16c URL: https://www.eehealth.org/patients-visitors/manage-my-costs-and-billing/billing/financial-assistance/;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	PLANNING FOR COMMUNITY BENEFITS IS AN INTEGRAL PART OF THE EDWARD-ELMHURST HEALTH STRATEGIC PLANNING PROCESS, WHICH FOLLOWS A THREE-YEAR CYCLE WITH INTERIM ANNUAL REVIEWS AND UPDATES. INTERIM REVIEWS OCCUR QUARTERLY AND UPDATES ARE MADE BASED ON THE RECOMMENDATIONS OF THE EEH SYSTEM COMMUNITY BENEFIT STEERING COMMITTEE. The Committee is tasked to assess community need, establish priorities and supporting initiatives, and monitor outcomes to ensure initiatives are consistent with its mission to advance the health of the community served. RECOMMENDATIONS FROM THE EEH COMMUNITY BENEFIT STEERING COMMITTEE ARE BASED ON REVIEW OF ORGANIZATIONAL PRIORITIES, STRATEGIC DIRECTION, PROGRAM DEVELOPMENT, AND PERFORMANCE OUTCOMES. Edward Elmhurst Health (EEH) collaborated with DuPage and Will Counties in the development of the counties' most recent CHNAs and implementation strategies and ultimately incorporated these CHNAs into a joint EEH CHNA report. THE FINDINGS ARE DERIVED FROM COMMUNITY DEMOGRAPHICS INCLUDING SOCIAL DETERMINANTS OF HEALTH, ANALYSIS OF GENERAL HEALTH STATUS INCLUDING DEATH, DISEASE, INFECTIOUS DISEASE AND CHRONIC CONDITIONS, AND MODIFIABLE HEALTH RISKS. THE PROCESS BRINGS TOGETHER THE ABOVE OUTLINED INFORMATION, PUBLIC HEALTH STATISTICS AND INPUT FROM REPRESENTATIVES FROM THE COMMUNITY, INCLUDING PATIENTS AND PROVIDER AGENCIES. THE OVERARCHING GOAL OF THIS PROCESS IS TO UNDERSTAND THE ESSENTIAL HEALTH ISSUES IN THE COMMUNITY IN ORDER TO ENSURE ORGANIZATIONAL RESPONSIVENESS AND APPROPRIATE PRIORITIZATION OF RESOURCES. In addition, in the Spring of 2019, EEH sponsored a series of internal and community stakeholder forums, known as Healthy Driven Communities, to review County-specific CHNA information and establish recommendations for the joint CHNA and Implementation Strategy for EEH. Throughout this process, forum participants, which included representation from county health departments and medically underserved, low-income, and minority populations, prioritized issues and opportunities based on an assessment of: * Overlap between DuPage and Will Counties: The fact that a health need was identified in both the DuPage and Will County CHNAs as an area of opportunity * Magnitude: the size of the population affected and the degree of variance from benchmarks and trends * Impact/Seriousness: the degree to which the issue affects or exacerbates other quality of life and health-related issues * Feasibility: the ability for EEH to reasonably impact the issue given available resources * Consequences of inaction: the risk of not addressing the problem at the earliest opportunity The process outlined above allowed for the completion of the 3-YR COMMUNITY HEALTH NEEDS ASSESSMENT IN COMPLIANCE WITH FEDERAL REGULATION (FY2020-FY2022 PLAN).

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	INFORMING OUR PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE IS AN IMPORTANT PART OF EEH's FINANCIAL ASSISTANCE PROGRAM. FINANCIAL ASSISTANCE IS AVAILABLE TO THE UNDER-INSURED AS WELL AS THE UNINSURED. INFORMATION ABOUT OUR FINANCIAL ASSISTANCE PROGRAM AND THE APPLICATION IS AVAILABLE ON EEH WEBSITE IN ENGLISH AND SPANISH. PATIENT STATEMENTS ALSO INCLUDE INFORMATION ON HOW TO OBTAIN A FINANCIAL ASSISTANCE APPLICATION. UNINSURED INPATIENTS ARE SCREENED FOR ELIGIBILITY FOR GOVERMENTAL PROGRAMS. PATIENTS WHO DO NOT QUALIFY FOR SUCH PROGRAMS ARE GIVEN A FINANCIAL ASSISTANCE APPLICATION. SIGNAGE IS POSTED AT ALL REGISTRATION AREAS INCLUDING THE EMERGENCY DEPARTMENT. A NOTICE ON OUR CONSENT TO TREAT HIGHLIGHTS THAT FINANCIAL ASSISTANCE IS AVAILABLE. ALSO, OUR CUSTOMER SERVICE DEPARTMENT AND FINANCIAL COUNSELORS ARE AVAILABLE TO ASSIST PATIENTS WHO ARE HAVING DIFFICULTY PAYING THEIR BILL AND THE NEED FOR FINANCIAL ASSISTANCE. LASTLY, EEH LEVERAGES A PRESUMPTIVE ELIGIBLITY TOOL THAT PROVIDES ADDITIONAL SCREENING FOR FINANCIAL ASSISTANCE PRIOR TO THE STATEMENTS BEING SENT. FOR UNINSURED PATIENTS THE STATEMENT REFLECTS ANY DISCOUNTS THE PATIENT WAS ELIGIBLE FOR UNDER OUR FINANCIAL ASSISTANCE POLICY. EEH continues its partnership with Change Healthcare with the goal to provide under- and uninsured patients with insurance coverage through various Medicaid programs. The service is offered to patients receiving care as an inpatient, in the emergency department and in various outpatient departments, and is tailored to guide the patient through a complex application process for applicable federal, state, and community benefit programs.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	EEH IS A FULL-SERVICE, REGIONAL HEALTHCARE PROVIDER OFFERING ACCESS TO A FULL RANGE OF HEALTH CARE SERVICES, INCLUDING PRIMARY CARE, COMPLEX MEDICAL SPECIALTIES, AND INNOVATIVE PROGRAMMING FOR community members OF CHICAGO'S WEST AND SOUTHWEST SUBURBS. Over 50% of patients receiving inpatient services at EEH are Medicare or Medicaid recipients. EEH services a population of nearly two million residents from DuPage, Will, and Cook counties, with additional representation from Kane and Kendall counties. The System's Primary Service Area (PSA) - the area from which Edward and Elmhurst Hospitals draw roughly seventy-five percent (75%) of inpatient (IP) admissions - stretching approximately 42 miles from Yorkville (southwest corner of Edward PSA) to Bensenville (northeast corner of Elmhurst PSA). The specific communities included in EEH's Primary Service Area (PSA) are directly. Note that Linden Oaks Hospital provides services across each acute care hospital's service areas. Edward Hospital Service Area Edward North Primary Service Area WARRENVILLE - 60555 NAPERVILLE - 60540 NAPERVILLE - 60563 NAPERVILLE - 60565 NAPERVILLE - 60566 NAPERVILLE - 60567 WOODRIDGE - 60517 LISLE - 60532 AURORA - 60502 AURORA - 60503 AURORA - 60504 Edward South Primary Service Area NAPERVILLE - 60564 PLAINFIELD - 60544 PLAINFIELD - 60585 PLAINFIELD - 60586 BOLINGBROOK - 60440 ROMEOVILLE - 60446 BOLINGBROOK - 60490 OSWEGO - 60543 YORKVILLE - 60560 Elmhurst Hospital Primary Service Area zip codes: City - Zip Code Elmhurst - 60126 Hillside - 60162 Berkeley - 60163 Villa Park - 60181 Oak Brook - 60523 Bellwood - 60104 Franklin Park - 60131 Westchester - 60154 Melrose Park - 60160 Northlake - 60164 Stone Park - 60165 Addison - 60101 Bensenville - 60106 Wood Dale - 60191 Glen Ellyn - 60137 Lombard - 60148 OTHER HOSPITALS SERVING THE EEH COMMUNITY: --RUSH-COPLEY MEDICAL CENTER --ADVENTIST BOLINGBROOK HOSPITAL -- ADVOCATE GOOD SAMARITAN HOSPITAL --NORTHWESTERN CENTRAL DUPAGE HOSPITAL --PRESENCE SAINT JOSEPH MEDICAL CENTER --ADVOCATE GOOD SAMARITAN HOSPITAL --LOYOLA UNIVERSITY MEDICAL CENTER --AMITA HEALTH ALEXIAN BROTHERS MEDICAL CENTER --GOTTLIEB MEMORIAL HOSPITAL --WESTLAKE HOSPITAL --AMITA HEALTH ADVENTIST GLENOAKS --AMITA HEALTH ADVENTIST HINSDALE HOSPITAL POPULATION: The EEH Systems primary service area has over 950,000 residents while the total service area has over 1.9 million residents. EEH SERVICE AREA POPULATION ESTIMATES: EDWARD NORTH PRIMARY SERVICE AREA- 277,334 EDWARD SOUTH PRIMARY SERVICE AREA- 330,939 EDWARD NORTH SECONDARY SERVICE AREA- 201,312 EDWARD SOUTH SECONDARY SERVICE AREA- 225,589 ELMHURST PRIMARY - 361,508 ELMHURST SECONDARY - 544,539 Roughly 69% of EEH System patients reside in DuPage (47%) or Will (22%) county. The hospitals also see patients from Cook (20%), Kane (4%), Kendall (3%), and other (4%) counties. The median age of DuPage county is higher than that of Illinois (40.1 yrs compared to 38.9 yrs) while the median age of Will county is slightly lower (38.6 yrs compared to 38.9 yrs). The projected growth rate of residents 65+ is disproportionately higher than that of other age groups; the growth rate of this age group within DuPage and Will county is 16% compared to projected decreases in ages 0-64 years.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	The majority of EEH's governing body is comprised of persons who reside in the primary ser vice area and are neither employees nor independent contractors of the organization, nor f amily members thereof. The organization extends medical staff privileges to all qualified physicians in its community for all departments. As a Not-For-Profit Organization, EEH re- invests earnings in the organization to maintain and enhance services that benefit the com munity served by the hospitals. The organization develops and updates a strategic plan on a regular basis to identify needs and opportunities to deploy excess funds (revenue in exc ess of expenditures). Projects are evaluated based on organizational objectives and commun ity needs, and are prioritized by senior management and the board of trustees. Edward-Elmh urst Health actively promotes the health of its community by integrating community benefit planning into its strategic planning process, which ensures resources are allocated to su pporting activities. Examples of efforts are reflected below: EEH also promotes the health of its community by participating in a range of committees, coalitions, panels, advisory groups, commissions, and boards. In addition, members of senior management participate in coalitions to strengthen partnerships with other organizations for the development of prog rams for the health of the community. An example is Will County Mobilizing for Action thro ugh Planning and Partnerships (MAPP), which represents a unique partnership of hospitals, physicians, local government, human services agencies and community groups working togethe r locally to address the national healthcare crisis. Another example is a statewide coalit ion focused on obesity prevention, Illinois Alliance to Prevent Obesity which drives legis lative change to combat obesity and promote equity in health outcomes. EEH actively engage s with local and national non-profit partners to advance health equity, with a premier exa mple being the American Heart Association. EEH staff organize a walk every year with hundr eds of community participants in cooperation with the AHA to fundraise for the organizatio n. We also actively participate in their Health Equity Task Force, where we learn and shar e best practices to advance health equity along with guiding the advocacy efforts for the organization to advance health equity in the region. As a not-for-profit, community-based healthcare system, Edward-Elmhurst Health (EEH) applies surplus funds to a number of initi atives aimed at providing enhanced patient care to the residents of the communities served , including but not limited to improvements in facilities and equipment, patient care, med ical training, and education. On an annual basis, the EEH Board of Trustees and EEH Financ e Committee approve a capital budget as presented by EEH management. The annual capital ex penditures are designed to fund the facility and equipment requirements of various strateg ic patient-care initiatives, as well as to replace or modernize existing equipment. The an nual budget is set based on the operational needs of the organization to provide patient c are, taking into account available surplus funds. EEH's senior executive leadership team r egularly evaluate opportunities to invest in improved patient care across the system, as w ell as medical training/education across employees. In August 2021, the EEH Board of Trust ees approved the establishment of a Community Investment Program (the "Program"), to be fu nded by an investment of $100 million. The purpose of the Program is to establish EEH as a community anchor institution committed to partnering with organizations to meaningfully a dvance the health and well-being of the communities it serves. Community Education is prov ided free of charge to the community at large with the aim of promoting wellness, enhancin g understanding of disease prevention and management to minimize related complications and improve quality of life. Monthly webinars, presented by primary care physicians, speciali sts, dietitians and advanced practice clinicians are provided free of charge to promote pr evention, awareness, education and overall wellness. These programs reach an average of 15 0 participants per program. Key health areas include nutrition, fitness, diabetes, cardiol ogy, cancer prevention, arthritis, pain management, sleep and integrative medicine. The ho spital system also funds access to an application/database of area resources for "in need" individuals and families call "Find Help". Finally, we partner with area non-profits to e ncourage physical activity through our newly created annual "Take a Hike! Challenge". The system provides the coordination and structure of the program as well as an award incentiv e for participants, which takes place for 8 weeks in the Fall. Participation in this year' s event was over 1,300. Additional community education is provided through a vast database of online education, primarily in the form of blo

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	g articles, authored by experts in their fields, which can be accessed through the website : EEHealth.org. These are also featured on social media such as Facebook, Instagram and Tw itter. Additional blog content is regularly added. Education is also pushed out through ou r monthly newsletters: Healthy Driven Newsletter, Healthy Driven Moms, Cancer Fight, HD He arts. EEH provides a speakers bureau, free of charge, to a wide array of community organiz ations including senior centers, churches, cultural organizations, school STEM programs, l iving communities, newcomers organizations, libraries and school districts throughout the year. The ED participates in a large Road to Reality program with Plainfield School Distri ct that is a re-enactment of a drinking and driving accident scene. The ED also provides e ducation at many community fairs on dog bite and bicycle safety.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 35-2339114
Name: Elmhurst Memorial Healthcare Group

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	Elmhurst Memorial Hospital 155 E Brush Hill Road Elmhurst, IL 60126 http://www.eehealth.org/locations/elmhurst/elmhurst-hospital-main-campus 0005751(1)	X	X					X			

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	The significant health needs are a prioritized description of the significant health needs of the community and identified through the CHNA.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - ELMHURST MEMORIAL HOSPITAL. Beginning in the Spring of 2016 (Will County) a nd Winter 2018 (DuPage County), EEH collaborated with Will and DuPage Counties in the deve lopment of their most recent CHNAs and implementation strategies; ultimately EEH incorpora ted these CHNAs into its FY20-FY22 joint CHNA report. County-specific CHNAs for Will and D uPage counties were developed through "Mobilizing for Action through Planning and Partners hips" (MAPP) collaborative forums, which allowed for each county, along with community lea ders, to identify and prioritize the most pressing health issues within the region. This a pproach included comprehensive, cross-sector input to ensure creation of county plans that are relevant and responsive to community need, incorporating defined goals and initiative s. The framework incorporated the following qualitative and quantitative collection method s: * Community Themes and Strengths Assessment: a community survey distributed to resident s in which feedback is requested about the health of the county. The survey is often used by public health systems to evaluate community health by answering questions such as: What is important to our community? How is quality of life perceived in our community? What as sets do we have that can be used to improve community health? * Local Public Health Assess ment: focused on community stakeholder input to assess how well the system works together to provide the 10 Essential Public Health Services . The Assessment is designed to answer two key questions, "What are the components, activities, competencies, and capacities of o ur local service provider system?" and "How are the 10 Essential Services being provided t o our community?" * Community Health Status Assessment: presents quantitative data about e ach respective county. The information is designed to give a thorough snapshot of the curr ent health status. * Forces of Change Assessment: aims to solicit wide-ranging input from community leaders to identify forces such as trends, factors or events that influence the health of the community. The goal is to better understand the current state in an effort t o influence the outcomes of the future. The DuPage County CHNA was conducted from January - June 2018 and finalized in December of 2018. The process was led by the DuPage County De partment of Community Services, a designated Community Action Agency that works to empower people with needs in DuPage County to become self-sufficient and lead enriched, productiv e lives, and Impact DuPage, a collective impact partnership, primarily comprised of commun ity leaders from health and human service sectors throughout DuPage County. EEH participat ed in the conduct of the DuPage County CHNA, along with the DuPage County Health Departmen t and numerous organizations serving and representing the interests of medically underserv ed, low-income and minority populations. The process and methods used to conduct this CHNA and a description of how inpu

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	t into the CHNA was solicited and taken into account is contained in the DuPage County CHN A report, including key stakeholder participants. Following a similar process, the Will Co unty CHNA was conducted from May 2016 - May 2017 and finalized in August, 2017. Participan ts for each County can be made available upon request to the Will County MAPP Collaborativ e. EEH and EH participated in the conduct of the Will County CHNA, along with the Will Cou nty Health Department and numerous organizations serving and representing the interests of medically underserved, low-income and minority populations. The process and methods used to conduct this CHNA and a description of the participants and input provided is contained in the Will County CHNA report. After collaborating with DuPage and Will Counties in the development of the counties' three year CHNAs and Implementation Strategies (with involvem ent ranging from participation on executive steering committees to local public health ass essments) and identifying the areas of overlap between the areas of opportunity identified in the DuPage and Will County CHNAs, EEH engaged in a process to further inform prioritiz ation of its strategic priorities for the FY20-22 implementation strategy. This process in volved internal and external (community) stakeholders participating in a series of forums. Forum participants included representation from county health departments and medically u nderserved, low-income, and minority populations. These forums were designed to review are a demographics and Will and DuPage County CHNA findings and implementation strategies, fin alize the selection of significant health needs for this FY 2019 joint CHNA report, priori tize these health needs, and identify resources potentially available to address those hea lth needs. IN THE SPRING OF 2019, EEH SPONSORED A SERIES OF INTERNAL AND COMMUNITY STAKEHO LDER FORUMS, KNOWN AS HEALTHY DRIVEN COMMUNITIES, TO REVIEW COUNTY-SPECIFIC CHNA INFORMATI ON AND ESTABLISH RECOMMENDATIONS FOR THE JOINT CHNA AND IMPLEMENTATION STRATEGY FOR EEH. F or more information regarding the dates these meetings were held and the participants, ple ase see the CHNA.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - ELMHURST MEMORIAL HOSPITAL. DuPage County: Advocate Good Samaritan Hospital AMITA Health Edward Elmhurst Health Northwestern Medicine Loyola University - Chicago Will County: AMITA Health Edward Elmhurst Health Presence St Joes Medical Center Silver Cross Hospital

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - ELMHURST MEMORIAL HOSPITAL. DuPage County DuPage County Health Department M etropolitan Family Services DuPage County Office of Homeland Security and Emergency Manage ment WeGo Together for Kids DuPage Foundation SCARCE Catholic Charities Teen Parent Connec tion DuPage Senior Citizens Council United Way of Metro Chicago Fry Family YMCA of Metro C hicago West Chicago Library Peoples Resource Center Illinois Department of Human Services DuPage County Court YMCA of Metropolitan Chicago DuPage County Board of Health DU-COMM Ill inois Department of Human Services DuPage Health Coalition DuPage Federation on Human Serv ices Reform Family Shelter Service DuPage Pads YWCA Child Care Resource and Referral Acces s Community Health Network DuPage Senior Citizens Council Elmhurst College Benedictine Uni versity Will County Agape Missions, NFP Agency on Aging Northeastern IL Aunt Marthas Youth Services Bluestern Earth Festival Bolingbrook Fire Department Braidwood Area Healthy Comm unity Coalition Breast Intentions of Illinois C.W. Avery Family YMCA Catholic Charities Di oceses of Joliet Channahon Par District Chestnut Health Systems Child and Family Connectio ns #15 Child Care Resource and Referral CITGO Petroleum Corp Coldwell Banker Residential C ommunity Alliance and Action Network Community Lifeline Ministries, INC Cornerstone Servic es Inc Easterseals Joliet Region, Inc Evergreen Terrace Apartments Food Allergy Research a nd Education Forest Park Center Franciscan Communities, Inc - Marian Village Glenwood Reha b Center Governors State University Greater Jolie Area YMCA Guardian Angel Community Servi ces Harvey Brooks Foundation Heritage Woods of Plainfield Illinois Department of Children and Family Services Illinois Department of Employment Security J.F Holder Foundation Jolie t Fire Department Joliet Junior College Joliet Police Department Joliet Public School Dist rict 86 Joliet Township High School District 204 Lakewood Nursing Center Lewis University Mari Gallagher Research and Consulting Group Mokena Police Department Mt Zio Baptist Churc h New Life Church PACE Suburban Bus Plainfield Counseling Center LLC Presence Home Care PT Solutions Physical Therapy Rasmussen College Senior Services Center of Will County Silver Cross Health Community Commission Illinois Department of Public Health Stepping Stones, I nc TEC Services Consulting Inc The Community Foundation of Will County Trinity Services In c United Way of Will County University of Illinois Extension University of St Francis Vall ey View School District VNA Health Care Warren-Sharpe Community Center Wil County Adult De tention Facility Will County Board Will County Board of Health Will County Center for Comm unity Concerns Will County Circuit Clerk Will County Community Health Center Will County E mergency Management Agency Will County Executive Office Will County Forest Preserve Distri ct Will County GIS Will County Health Department Will County Land Use Department Will Coun ty Medical Reserve Corps Will

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	County Residents Will County Veterans Assistance Commission Will Grundy Center for Indepen dent Living Will-Grundy Medical Clinic

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - ELMHURST MEMORIAL HOSPITAL. The FY2019 EEH CHNA findings, supported by find ings and priorities of DuPage and Will County CHNAs health assessments, were considered by the EEH Community Benefit Steering Committee in finalizing priorities for action over the next three years (FY20-22). Criteria considered in prioritization included: * Overlap bet ween DuPage and Will Counties: The fact that a health need was identified in both the DuPa ge and Will County CHNAs as an area of opportunity * Magnitude: the size of the population affected and the degree of variance from benchmarks and trends * Impact/Seriousness: the degree to which the issue affects or exacerbates other quality of life and health-related issues * Feasibility: the ability for EEH to reasonably impact the issue given available r esources * Consequences of inaction: the risk of not addressing the problem at the earlies t opportunity The following priorities were adopted for the FY2020-2022 EEH community heal th implementation plan. * Chronic Disease (Obesity/Diabetes, Cancer, Heart Disease/Stroke) * Behavioral Health (Mental Health, Substance Use, Adolescent Depression and Suicide) * A ccess to Primary Care and Community Resources (including provider supply and availability, financial access and health literacy around how to seek care) PRIORITY #1a - Chronic Dise ase (Obesity [children/adults]/Diabetes) PROBLEM STATEMENT: For both children and adults, obesity is a prevalent problem within DuPage and Will counties. It can be indicative of un derlying social determinants of health and an unhealthy lifestyle, which increases the ris k of chronic disease. Between both counties, approximately 400,000 individuals above the a ge of 20 years were categorized as obese (BMI > 30). In addition, 14.8% (137.496) of child ren/adolescents in DuPage County are obese and 13% (90,046) of 6th graders in Will County are obese. Strategy #1: Community engagement around the prevention and management of child hood obesity * Research best practices * Partner with community organizations, grocery sto res, schools and others to establish a regional initiative to address childhood obesity, i ncluding nutrition and exercise programming and referral relationship development Strategy #2: Expand treatment options for weight management * Expand Edward and Elmhurst weight ma nagement programming (weight management clinics, bariatrics, and related educational suppo rt). Expand eligibility beyond morbidly obese adults to promote earlier intervention. * Co ntinue to grow EEH System AWARE programs focused on child and adult obesity, nutrition, di abetes. Link 'at risk' patients to appropriate resources Strategy #3: Enhance education an d programming focused on prevention and early intervention around obesity and diabetes * P rovide community education programs focused on weight management, nutrition and fitness * Continue to grow EEH System AWARE programs focused on child and adult obesity, and diabete s. Link 'at risk' patients to

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	appropriate resources PRIORITY #1b - Chronic Disease (Cancer) PROBLEM STATEMENT: Of all th e chronic diseases researched within the community, the following continue to elevate to t he top as most pressing: heart disease/stroke, cancer and diabetes. The age-adjusted death rate due to breast cancer is 21.6/100,000 population in DuPage County. The age-adjusted c ancer incidence rate is 492.5/100,000 population in Will County. Strategy #1: Increase rat es of screening for breast, colorectal and lung cancer * Increase cancer screening rates t hrough EHV/PPD primary care providers (breast, colorectal) * Continue CT lung screening pr ogram * Promote EEH System LungAware, ColonAware and BreastAware and continue targeted scr eening reminder programs Strategy #2: Reduce smoking and vaping (cancer/cardiovascular ris k factors) * Research anti-vaping initiatives and partner with school system on education/ prevention initiative * Sponsor community smoking cessation programs PRIORITY #1c - Chroni c Disease (Heart Disease/Stroke) PROBLEM STATEMENT: Of all the chronic diseases researched within the community, the following continue to elevate to the top as most pressing: hear t disease/stroke, cancer and diabetes. The age-adjusted death rate due to coronary heart d isease is 68.3/100,000 in DuPage County. The coronary heart disease mortality rate is 107. 7/100,000 in Will County. Strategy #1: Early Detection and Intervention * Continue to grow EEH System HeartAware, StrokeAware (free online screening tools) and connect 'at risk' pa tients to appropriate resources Expand UltraFast Heartscan (UFHS) programs and connect 'at risk' patients to appropriate resources * Conduct community Peripheral vascular screening s and connect 'at risk' patients to appropriate resources * Expand "Young Hearts for Life" with Midwest Heart Specialists to provide EKG testing in high schools Strategy #2: Commun ity education and tools to prevent and manage risk factors * Provide community education p rograms focused on heart health and stroke prevention Strategy #3: Reduce mortality from s udden cardiac arrest through CPR training * Sponsor CPR classes/certification programs PRI ORITY #2 - Behavioral Health (Mental Health/Substance Use/Adolescent Depression & Suicide) PROBLEM STATEMENT: With limited resources across both counties, behavioral health (mental health/substance use disorders) continues to be a top concern. During the survey period, over 185,000 community members indicated that their mental health was 'not good' for at le ast the prior 8 days. Strategy #1: Increase behavioral health awareness and education/ dec rease stigma * Expand Mental Health First Aid beyond Naperville into communities throughou t the EEH service area * Adopt a new curriculum around Mental Health First aid, specific t o adolescents * Expand local community partnerships as a vehicle for continued education a nd awareness * Continue to support area school districts in prevention, education and iden tification of students using t

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	he Signs of Suicide Program * Continue to provide education around adolescent mental healt h skills and treatment for school professional staff Strategy #2: Enhance access to behavi oral health treatment * Expand the local supply of psychiatrists and psychiatric Advanced Practice Clinicians through Linden Oaks Medical Group recruitment Evaluate telemedicine op tions to expand cost effective access to mental health care * Continue to grow behavioral health provider integration and navigation programs within physician offices and appropria te hospital departments (e.g., ED, IC) * Develop pediatric/adolescent collaborative with p hysician and community resources focused on depression and anxiety Strategy #3: Reduce com munity-wide opioid abuse * Continue to enhance the EEH Opioid Program Efforts * Work with community partners on medication take back initiative and overall education/prevention eff orts * Collaborate with local hospitals to establish consistent practices around opioid pr escribing and monitoring * Develop tools to monitor physician opioid prescribing guideline s * Promote referrals to LOH Medication Assisted Therapy for patients with opioid dependen ce * Evolve pain management model to incorporate alternatives to medication management

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	Facility , 2 - ELMHURST MEMORIAL HOSPITAL. PRIORITY #3 - Access to Care & Community Resour ces PROBLEM STATEMENT: People who lack a regular source of health care may not receive the proper medical services when they need them, which can lead to missed and untreated diagn osis along with adverse health outcomes. In DuPage and Will counties, approximately 15-17% of adults do not have a usual provider or source of health care. That is equivalent to ro ughly 257,106 individuals within these counties. Further, traditionally health systems foc us the majority of their resources on providing clinical care; however, evidence demonstra tes that underlying social determinants of health, individual health behaviors, and the ph ysical environment play an influential role in the overall health status of communities. S trategy #1: Enhance health literacy around accessing the most appropriate site of care * P rovide public education about availability of EEH network of cost effective ambulatory acc ess points (alternative to ED) and navigation support through Immediate Care Nurse Triage Program * Implement virtual triage program to provide digital guidance on the most appropr iate site of care Strategy #2: Reduce Financial Barriers to Access * Promote and offer fin ancial assistance policy to eligible patients Identify and assist uninsured patients in ED and other care settings in obtaining coverage through counseling and related assistance, including Medicaid Application initiative * Partner with DuPage Health Coalition, Will Cou nty MAPP collaborative, Impact DuPage to ensure access for low income residents * Advocacy to support adequate Medicaid funding to ensure access to physician and hospital services for low income patients Strategy #3: Increase Access to Primary Care & Specialists * Expan d EEH primary care provider base, including physicians and Advanced Practice Clinicians (A PCs) * Address gaps in physician specialty coverage through annual physician needs assessm ents/recruitment plans * Expand and grow Immediate Care, walk-in/retail clinic sites and c onnect new patients with PCPs Strategy #4: Increase connections between EEH patients and c ommunity organizations addressing social determinants of health * Evaluate process and tec hnology platform for screening patients with social determinant needs and connecting to ap propriate community resources * Evaluate opportunities to enhance support to local food ba nks Based on prioritization criteria and internal consensus around where EEH can play a un ique and significant role and therefore drive greatest impact, summarized below is a list of Will and DuPage County-identified health priorities that will not be directly addressed by the FY2020-2022 EEH Implementation Strategy. Note that, while not directly driving ini tiatives around these priorities, EEH will support many of them by participating in task f orces, community collaborative forums, and coalition building activities. DuPage and Will County Priority Health Issue T

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	hat Will Not be Addressed and Supporting Rationale: Health Priorities Identified Rationale Affordable Housing This was identified in DuPage County and will be addressed through the DuPage Housing Collaborative. The Collaborative is comprised of representatives from near by housing organizations, business leaders, and elected officials. As a newly formed organ ization in 2018, the Collaborative is beginning with a specific scope of identifying, deve loping, and serving one housing location in DuPage. EEH will participate in this Collabora tive. Aging Population This was identified within DuPage county during the Forces of Chang e Assessment. As the population ages, different social and clinical needs will need to be addressed. EEH routinely provides programming and services responsive to this demographic segment. Specific initiatives around screening for social determinants of health for the s enior population will be incorporated into the EEH implementation strategy. Inclusivity Th is was identified within DuPage county and is indirectly addressed and incorporated in Pro grams throughout EEH. Specifically, EEH established a diversity and inclusion council in 2 016 and has implemented several initiatives to improve cultural sensitivity within the org anization and promote the use of race, ethnicity and language data to eliminate disparitie s in health care. Technology Access and Overuse This was identified within DuPage County d uring the Forces of Change Assessment. While no quantitative data exists, community member s perceive this to be a problem. The scope and problem statement need to be further refine d before discussion on ways to address the issue. Transportation This was identified withi n both counties. While no quantitative data was reviewed, there is consensus around lack o f a true transportation system and limited public transit routes. Support from EEH will be provided through collaborative partnerships and involvement with community coalitions. Fu rther, as EEH aims to address transportation barriers for patients, the System already pro vides transportation vouchers to low income individuals on an as-needed basis, as well as a discounted ride services in the Elmhurst region. Workforce Development This was identifi ed within DuPage County based on the perception that unemployment rates are misleading and that more people are unemployed or not employed in the jobs they want or were trained for . As one of the largest employers in the region, EEH is a major provider of jobs and attra cts a diverse workforce. Continued growth of the organization and active involvement in re gional economic development coalitions will ensure an ongoing positive contribution. Anima l/Vector Borne Disease This was identified within Will County as the incidence of Lyme dis ease, Rabies and West Niles has increased. While not directly influencing incidence, EEH p rovides health care services for those affected from these diseases and advises about prev ention through community educa

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 2	tion efforts. Education This was identified within Will County as higher education has bee n linked to positive health outcomes. Specifically, ethnicity in Will County illustrated a key discrepancy in education completion, as 34% of the Hispanic/Latino population had les s than a high school diploma, compared to 6% of the non-Hispanic/Latino population. As EEH 's core competency is health care and not education, support will be provided through comm unity partnerships and collaboration around job training and other initiatives where appro priate. Injury/Violence As violence increasingly impacts EEH and its staff, it is already focused on mitigating strategies focused on its employees. In addition, continued focus on mental health and substance abuse will hopefully have an indirect positive impact on this trend. Additional resources already provided by EEH include: emergency department case ma nagers which provide follow-up care to victims of abuse; access to a pediatric care center which provides expanded services for the care of sexually abused children; child protecti on task force which encompasses a multidisciplinary team to provide oversight of all child abuse cases identified and reported. EEH remains committed to the provision of these serv ices. Maternal/Child Health This was identified within Will County during the CHNA assessm ent process. While not directly prioritized in the FY2020-2022 EEH implementation strategy , the System already plays a major role in Maternal and Child Health through its obstetric s and pediatric service lines, which provide a full range of preventive and treatment serv ices for women and children in the region. Oral Health This was identified within Will Cou nty, which established an initiative to collaborate with health systems that provide denta l care to develop a comprehensive oral health improvement plan. As EEH does not provide de ntal care services, this is out of scope and will be addressed at the county level.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - Elmhurst Memorial Hospital. State regulated uninsured discount

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

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

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

	Name and address	Type of Facility (describe)
1	Addison Health Center 303 West Lake Street Addison, IL 60101	OP Ambulatory
1	Elmhurst Memorial Center for Health 1200 S York Road Elmhurst, IL 60126	OP Ambulatory
2	Lombard Health Center 130 S Main Street Lombard, IL 60148	OP Ambulatory
3	Elmhurst Hospital West MOB 133 E Brush Hill Rd Elmhurst, IL 60126	OP Ambulatory
4	Cancer Center 177 E Brush Hill Rd Elmhurst, IL 60126	Cancer treatment center
5	Elmhurst Clinic 172 Schiller Street Elmhurst, IL 60126	OP Ambulatory
6	Elmhurst Clinic 1100 Lake Street Suite 230 Oak Park, IL 60301	OP Ambulatory
7	Primary Care Associates 3005 Wolf Rd Westchester, IL 60154	OP Ambulatory
8	Primary Care Associates 305 N York Road Elmhurst, IL 60126	OP Ambulatory
9	Elmhurst Clinic 471 W Army Trail Road Suite 102 Bloomingdale, IL 60108	OP Ambulatory
10	Elmhurst Medical Associates 183 N Addison Avenue Elmhurst, IL 60126	OP Ambulatory
11	Primary Care Associates 7355 West North Avenue River Forest, IL 60305	OP Ambulatory
12	Elmhurst Clinic 360 Butterfield Rd Suite 230 Elmhurst, IL 60126	OP Ambulatory
13	Elmhurst Sleep Center 701 S Main Street Lombard, IL 60148	Sleep Lab
14	Hinsdale Health Center and Immediate Care 8 Salt Creek Ln Hinsdale, IL 60521	OP AMBULATORY

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Elmhurst Memorial Healthcare Group

Employer identification number
35-2339114

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 2

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 2

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

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1) SCHOLARSHIPS	8	20,775			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 35-2339114
Name: Elmhurst Memorial Healthcare Group

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DUPAGE HEALTH COALITION 511 THORNHILL DRIVE SUITE E CAROL STREAM, IL 60188	36-4448208	501(C)(3)	349,416				GENERAL SUPPORT FOR THE ORGANIZATION'S PROGRAM OF PROVIDING MEDICAL SERVICES ACCESS TO LOW INCOME DUPAGE COUNTY RESIDENTS
CHOOSE DUPAGE 2525 CABOT DRIVE SUITE 303 LISLE, IL 60532	32-0177792	501(c)(6)	12,500				TO SUPPORT ECONOMIC GROWTH AND ACTIVE ENGAGEMENT, AND TO ADVOCATE FOR THE COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS HEALTH AND HOSPITAL ASSOCIATION 1151 East Warrenville Road Naperville, IL 60563	36-2352486	501(c)(6)	23,358				GENERAL SUPPORT FOR THE ORGANIZATION'S PROGRAM OF PROVIDING MEDICAL SERVICES INCLUDING A POISON CONTROL CENTER
DAN GIBBINS TURKEY TROT FOUNDATION NFP 421 E CHURCH STREET ELMHURST, IL 60126	36-3435457	501(C)(3)	10,000				GENERAL SUPPORT FOR THE ORGANIZATION'S PROGRAM OF PROVIDING ASSISTANCE TO DUPAGE COUNTY RESIDENTS INCLUDING MEALS TO LOW INCOME RESIDENTS

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Elmhurst Memorial Healthcare Group

Employer identification number
35-2339114

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . .	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	The organization's officers and key employees are offered life insurance and long term disability benefits. The amount of the premium is grossed up to offset the tax liability.
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	ALL EMPLOYEES ARE OFFERED A MEMBERSHIP AT THE EDWARD HEALTH & FITNESS CENTER, AN AFFILIATE OF EDWARD-ELMHURST HEALTHCARE , AS A TAXABLE EMPLOYEE BENEFIT. THE VALUE OF THIS BENEFIT IS DETERMINED BASED UPON THE FAIR MARKET VALUE OF THESE MEMBERSHIPS, WHICH IS IN TURN DETERMINED BASED UPON THE ACTUAL AMOUNT THAT THE EDWARD HEALTH & FITNESS CENTER CHARGES TO OTHER CORPORATE CUSTOMERS.
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	Executive compensation, including the Elmhurst Memorial Hospital President and all officers of the system known as Edward-Elmhurst Healthcare ("Senior Management") is managed by the Edward-Elmhurst Healthcare ("EEH") Board of Trustees ("Board"), on behalf of EEH and all of its affiliates. On an annual basis, the Board reviews compensation arrangements, including the compensation award for the Elmhurst Memorial Hospital President for the coming year. The Board conducts the review in a manner that will qualify for the rebuttable presumption of reasonableness under the Intermediate Sanction Rules of Section 4958 of the Internal Revenue Code. As for the Elmhurst Memorial Hospital President, the President is compensated with a competitive base salary, along with an incentive plan which is reflective of EEH's market, as determined by a review of market compensation survey data. For more information about the review and determination of executive compensation, see description in Schedule O in response to Form 990, Part VI, Section B, Line 15.
Schedule J, Part I, Line 4a Severance or change-of-control payment	Organization: Elmhurst Memorial Healthcare Group (EIN: 35-2339114) Terms: Compensation paid as a result of a severance from the position listed. Interested person: Davis, Pamela M, CEO 267,467
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	INDIVIDUALS WHO HAVE THE TITLE OF VICE PRESIDENT OR HIGHER ARE ELIGIBLE TO PARTICIPATE IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP); ANY ELIGIBLE PARTICIPANTS MUST BE APPROVED BY THE EDWARD-ELMHURST HEALTHCARE BOARD OF TRUSTEES. THE SERP WAS ESTABLISHED TO RECOGNIZE THE VALUABLE CONTRIBUTIONS THAT EACH OF THE PARTICIPANTS MAKES TO THE OPERATIONS OF EDWARD-ELMHURST HEALTHCARE AND TO REWARD CERTAIN EXECUTIVE EMPLOYEES FOR THEIR LONG-TERM SERVICE AND COMMITMENT TO EDWARD-ELMHURST HEALTHCARE. THE SERP IS DESIGNED TO PROVIDE A FULL RETIREMENT SUPPLEMENT TO PARTICIPANTS IF THEY REMAIN WITH EDWARD-ELMHURST HEALTHCARE UNTIL AGE 65. IN EXCHANGE FOR THIS LONG-TERM SERVICE, EDWARD-ELMHURST HEALTHCARE WANTS TO SUPPLEMENT THESE PARTICIPANTS' RETIREMENT INCOME WITH ADDITIONAL ANNUAL COMPENSATION THAT IS INVESTED IN AN ANNUITY CONTRACT; CONTRIBUTIONS VEST AFTER FIVE YEARS. THE FOLLOWING INTERESTED PERSONS RECEIVED DEFERRALS TO THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2020, THESE DEFERRALS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C). Chamberlain, Denise 103,824 Eslick, Laura L 60,466 Lydon, Jean T 56,722 Saba, Yvette 65,689 Dant, Joe 103,857 Khatua, Sanjeeb 103,958 THE FOLLOWING INTERESTED PERSONS RECEIVED DISTRIBUTIONS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN 2020; THESE PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (B)(III) AND SCHEDULE J, PART II, COLUMN (F), AS APPLICABLE. Dunley, Pamela 280,712 Friant, Jeffrey 66,691 Mastro, Mary L 269,415 Mollet, Chris J 100,146 Spencer, Marianne 266,402 Sullivan, Daniel 94,148
Schedule J, Part I, Line 7 Non-fixed payments	SCHEDULE J, PART 1, LINE 7 IS ANSWERED YES BECAUSE CERTAIN INDIVIDUALS, WHOSE SALARY AND BENEFITS ARE PAID BY THE REPORTING ORGANIZATION OR A RELATED ORGANIZATION, RECEIVED A NONFIXED PAYMENT (BONUS) DURING THE YEAR. THE NON-FIXED PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(II) AS BONUSES. THE BONUS AMOUNTS DETERMINED ARE BASED ON A FIXED PERCENTAGE OF BASE COMPENSATION, HOWEVER THEY ARE DISCRETIONARY IN NATURE, IN THAT DISCRETION IS GIVEN AS TO WHETHER OR NOT A BONUS WILL BE PAID FOR THE REPORTING PERIOD.

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 35-2339114
Name: Elmhurst Memorial Healthcare Group

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

(A) Name and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable 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
1 Pamela Dunley Schedule O	(i)	0	0	0	0	0	0	0
	(ii)	489,099	150,283	352,307	14,214	25,511	1,031,415	0
1 Michelle Meziere Schedule O	(i)	174,046	0	110,680	0	21,044	305,770	0
	(ii)	0	0	0	0	0	0	0
2 Mary L Mastro Schedule O	(i)	0	0	0	0	0	0	0
	(ii)	990,687	358,872	403,352	14,254	24,985	1,792,149	0
3 Daniel Sullivan Schedule O	(i)	446,133	119,308	207,340	13,391	16,527	802,700	0
	(ii)	0	0	0	0	0	0	0
4 Sanjeeb Khatua Schedule O	(i)	0	0	0	0	0	0	0
	(ii)	483,521	149,536	15,958	118,480	32,140	799,636	0
5 Michael Martirano Schedule O	(i)	162,180	0	0	0	0	162,180	0
	(ii)	0	0	0	0	0	0	0
6 Denise Chamberlain Schedule O	(i)	0	0	0	0	0	0	0
	(ii)	488,842	149,359	80,722	116,969	12,896	848,788	0
7 Ahmed El-Ganzouri Schedule O	(i)	0	0	0	0	0	0	0
	(ii)	274,857	45,493	840	11,224	1,021	333,435	0
8 Jeffrey D Friant Schedule O	(i)	0	0	0	0	0	0	0
	(ii)	322,884	87,013	78,979	10,727	15,461	515,063	0
9 Chris J Mollet Schedule O	(i)	0	0	0	0	0	0	0
	(ii)	475,982	319,537	230,416	13,648	9,109	1,048,691	0
10 Jason Ogden Schedule O	(i)	0	0	0	0	0	0	0
	(ii)	260,306	44,322	23,621	9,654	27,900	365,804	0
11 Susan Tyburski Schedule O	(i)	170,411	10,693	223	8,027	26,956	216,310	0
	(ii)	0	0	0	0	0	0	0
12 Laura L Eslick Schedule O	(i)	0	0	0	0	0	0	0
	(ii)	296,413	80,715	13,887	74,210	31,355	496,579	0
13 Ryan Garland Schedule O	(i)	0	0	0	0	0	0	0
	(ii)	167,487	5,265	19,664	6,275	28,055	226,746	0
14 Rita Magnuson Schedule O	(i)	162,292	18,100	624	3,477	39,762	224,256	0
	(ii)	0	0	0	0	0	0	0
15 Michael P Mckenna Schedule O	(i)	193,372	10,444	7,315	6,000	18,141	235,270	0
	(ii)	0	0	0	0	0	0	0
16 Yvette M Saba Schedule O	(i)	0	0	0	0	0	0	0
	(ii)	318,154	86,698	24,502	77,114	33,902	540,370	0
17 Dawn Sandner Schedule O	(i)	163,966	9,452	13,892	3,243	10,689	201,242	0
	(ii)	0	0	0	0	0	0	0
18 Marianne Spencer Schedule O	(i)	0	0	0	0	0	0	0
	(ii)	383,162	103,515	309,080	14,736	29,425	839,917	0
19 Andy Tremble Schedule O	(i)	123,473	7,451	13,908	4,506	27,908	177,246	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other reportable 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
21 Philip C Williams	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	250,734	43,922	13,587	9,376	34,354	351,973	0
1 Mary Cluver	(i)	179,191	11,029	2,402	7,055	27,056	226,733	0
Schedule O	(ii)	0	0	0	0	0	0	0
2 Kimberley Darey	(i)	225,841	0	114,469	8,190	30,155	378,656	0
Schedule O	(ii)	0	0	0	0	0	0	0
3 Bridget McLemore	(i)	188,397	11,047	118	6,018	10,758	216,337	0
Schedule O	(ii)	0	0	0	0	0	0	0
4 John Nowak	(i)	241,827	0	7,302	7,590	4,540	261,259	0
Schedule O	(ii)	0	0	0	0	0	0	0
5 Cindy M Rentsch	(i)	201,125	11,971	2,194	7,704	3,202	226,196	0
Schedule O	(ii)	0	0	0	0	0	0	0
6 Joseph Dant	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	477,626	149,405	26,413	114,369	42,808	810,623	0
7 Pamela M Davis	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	0	0	267,467	0	0	267,467	0
8 Amaryllis Gil	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	464,692	0	8,183	14,792	37,915	525,581	0
9 Jean T Lydon	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	275,944	76,087	46,176	69,209	32,794	500,210	0
10 Katie G McGovern	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	236,993	49,348	16,871	8,933	2,969	315,115	0
11 Hollis Walker	(i)	0	0	0	0	0	0	0
Schedule O	(ii)	507,303	0	6,311	12,701	14,609	540,924	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Elmhurst Memorial Healthcare Group

Employer identification number
35-2339114

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 6 Volunteers	OUR VOLUNTEERS WORK IN A LARGE MAJORITY OF AREAS THROUGHOUT THE EDWARD-ELMHURST HEALTHCARE SYSTEM. THE RESPONSIBILITIES OF THE VOLUNTEERS VARY, DEPENDENT ON THE AREA THEY ARE VOLUNTEERING IN AND THE PROJECTS TO BE COMPLETED. VOLUNTEERS HAVE ASSISTED WITH CLERICAL WORK, DATA ENTRY, MEETING AND GREETING, FRIENDLY VISITS, ESCORTING AND PROVIDING GENERAL INFORMATION TO PATIENTS AND VISITORS. WE TRACK OUR VOLUNTEER HOURS MONTHLY. ALL OF THE VOLUNTEERS SIGN IN AND OUT EACH SHIFT AND WE COLLECT THE SIGN IN SHEETS AT THE END OF THE MONTH. THROUGHOUT THE SYSTEM, FOR THE FISCAL YEAR ENDED JUNE 30, 2021 OUR VOLUNTEERS GAVE 37,000 HOURS OF SERVICE. VOLUNTEER HORUS DECREASED FROM PREVIOUS YEARS DUE TO LIMITATIONS OF VOLUNTEER ACTIVITIES TO SUPPORT ONGOING EFFORTS TO REDUCE THE SPREAD OF COVID-19.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4 COVID-19	On March 11, 2020, the World Health Organization designated COVID-19 as a global pandemic. Patient activity and related revenues for most hospital services were significantly impacted starting in mid-March as various policies were implemented by Federal, state and local governments in response to the COVID-19 pandemic that caused many people to remain at home and forced the closure of or limitations on certain businesses, as well as suspended elective surgical procedures and other nonessential healthcare services. In response to the pandemic, the hospital took several precautionary steps to enhance operational and financial flexibility to address the risks posed by the pandemic, including: implementing cost reduction initiatives; reducing certain planned projects and capital expenditures; executing revolving lines of credit at the corporate level; and taking advantage of various Federal stimulus and other relief opportunities available. The hospital's operating results for the fiscal year ended June 30, 2021 were significantly negatively impacted by the pandemic, net of relief funds recognized. The foundation initiated fundraising efforts directed at addressing costs incurred as a result of the pandemic.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

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Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	In addition to the exclusive authority of Edward Elmhurst Healthcare set forth in the narr ative for Form 990, Part VI, Line 7a, the approval of each of Elmhurst Memorial Healthcare (EMHC) and Edward Elmhurst Healthcare (EEH) shall be required to authorize the following matters: (i) the exercise by Elmhurst Memorial Hospital (EMH) of its approval rights over certain actions of Elmhurst Memorial Hospital Foundation (EMHF) as set forth in the EMH By laws; (ii) the adoption, amendment and repeal of the amended and restated articles of inco rporation of EMH and the EMH Bylaws; (iii) the adoption and approval of any plan of dissol ution or liquidation of EMH, any plan of merger or consolidation of EMH with another corpo ration or other entity; and/or any exchange, sale or transfer of any material portion of t he assets of EMH in any transaction or series of related transactions; (iv) The adoption, approval, amendment, restatement or modification of any financial control policy for EMH a nd the taking of any action by or on behalf of EMH not otherwise in conformance with any s uch policy; (v) the amendment or revision of the initial purpose and scope of services of EMH, including location, size, operations and activities; (vi) the adoption of any and all annual operating and capital budgets, strategic plans, capital investments and/or capital allocations of EMH; (vii) the authorization or approval of any long-term borrowing of mon ey by EMH, or the authorization or approval of any prepayment, in whole or in part, refina ncing, increase, modification or extension of any such indebtedness; (viii) the granting o f any security interest in, or otherwise providing for the encumbrance of, any of the asse ts or revenues of EMH; (ix) the creation and/or addition of any direct or indirect subsidi aries or affiliates of EMH, including, without limitation, any not-for-profit or for-profi t corporations, limited liability companies, partnerships or other legal entities; (x) the filing of a voluntary petition, or any consent to the involuntary filing of a petition, b y or on behalf of EMH, in bankruptcy or any reorganization, or any appointment of a receiv er on behalf of EMH; (xi) the submission of any applications, filings or material correspo ndence to the Illinois Health Facilities and Services Review Board or any successor theret o (the "IHFSRB") for any proposed project or activity of EMH subject to the jurisdiction o f the IHFSRB, regardless of the level of capital expenditure; and (xii) the purchase or sa le by EMH of any interest in real property. Any exercise of any exclusive powers by EEH as set forth above shall be evidenced by a resolution of the EEH board of trustees. Any exer cise of any approval rights as set forth above shall be evidenced by a resolution of each of the EEH and Elmhurst Memorial Healthcare board of trustees. The Elmhurst Memorial Healt hcare Board of Trustees or the EEH board of trustees, as applicable, may delegate to its r espective president or another

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Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	officer thereof the authority to exercise any of the exclusive powers or approval rights noted above to such entity, if any, and such delegation may be limited to specific events or transactions, or to general categories of events or transactions, as such board of trus tees shall consider to be necessary or desirable in the circumstances. -Elmhurst Memorial Hospital (EMH) is the sole corporate member of Elmhurst Memorial Hospital Foundation (Affi liated Corporation). The Bylaws of the Affiliate Corporate requires the approval of each o f EMH, EMHC and EEH to authorize the following matters: (i) the adoption, amendment, and r epeal of the articles of incorporation, bylaws or similar governing document of any Affili ated Corporation; (ii) the adoption and approval of any plan of dissolution or liquidation of any Affiliated Corporation, any plan of merger or consolidation of any Affiliated Corp oration with another corporation or other entity; and/or any exchange, sale or transfer of any material portion of the assets of any Affiliated Corporation in any transaction or se ries of related transactions; (iii) the adoption, approval, amendment, restatement or modi fication of any financial control policy for any Affiliated Corporation and the taking of any action by or on behalf of any Affiliated Corporation not otherwise in conformance with any such policy; (iv) the amendment or revision of the initial purpose and scope of servi ces of any Affiliated Corporation, including location, size, operations and activities; (v) the adoption of any and all annual operating and capital budgets, strategic plans, capit al investments and/or capital allocations of any Affiliated Corporation; (vi) the authoriz ation or approval of any long-term borrowing of money by the Affiliated Corporation, or th e authorization or approval of any prepayment, in whole or in part, refinancing, increase, modification or extension of any such indebtedness; (viii) the granting of any security i nterest in, or otherwise providing for the encumbrance of, any of the assets or revenues o f any Affiliated Corporation; (ix) the creation and/or addition of any direct or indirect subsidiaries or affiliates of any Affiliated Corporation, including, without limitation, a ny not-for-profit or for-profit corporations, limited liability companies, partnerships or other legal entities: (x) the filing of a voluntary petition, or any consent to the invol untary filing of a petition, by or on behalf of any Affiliated Corporation, in bankruptcy or any reorganization, or any appointment of a receiver on behalf of the Affiliated Corpor ation; (xi) the submission of any applications, filings or correspondence to the IHFSRB fo r any proposed project or activity of any Affiliated Corporation subject to the jurisdicti on of the IHFSRB, regardless of the level of capital expenditure; (xii) the purchase or sa le by any Affiliated Corporation of any interest in real property. Any exercise of any app roval rights noted above shall

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Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	be evidenced by a resolution of the EMH Board of Trustees, the EMHC Board of Trustees and the EEH board of trustees. The EMH Board of Trustees, the EMHC Board of Trustees or the E EH board of trustees, as applicable, may delegate to its respective president or another o fficer thereof the authority to exercise any of the approval rights as noted above of such entity, and such delegation may be limited to specific events or transactions, or to gene ral categories of events or transactions, as such board of trustees shall consider to be n ecessary or desirable in the circumstances.

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Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	A draft of the full form 990 was made available to the Edward-Elmhurst Regional Board of Directors for review prior to filing.

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

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Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	Executive compensation, including the President and all officers of Edward-Elmhurst Health care ("Senior Management") is managed by the Edward-Elmhurst Healthcare ("EEH") Board of T rustees ("Board"), on behalf of EEH and all of its affiliates. On an annual basis, the Boa rd reviews compensation arrangements, including the compensation award for Elmhurst Memori al Healthcare Group President for the coming year. The Board conducts the review in a mann er that will qualify for the rebuttable presumption of reasonableness under the Intermedia te Sanction Rules of Section 4958 of the Internal Revenue Code. To that end: - The CEO and all other members of Senior Management may participate in this review process and be pres ent at meetings of the Board only if and to the extent necessary to answer questions and p rovide other information the Board needs for its analysis, assessment and deliberations, a nd they must otherwise recuse themselves from Board meetings during Board debate and votin g on compensation arrangements. - Any Board member identified as having a conflict shall p articipate in the process only to the same extent as members of Senior Management. - The B oard conducts the review with the assistance of an experienced and independent compensatio n firm, which summarizes its analysis and findings in writing to the Board. - The Board ob tains and relies on current comparable market compensation data from appropriate peer orga nizations for each compensation component prior to making its determination. Relevant info rmation will include compensation levels paid by similarly situated organizations, both ta xable and tax-exempt, for functionally comparable positions; the availability of similar s ervices in the geographic area served by EEH; current compensation survey compiled by an i ndependent firm; and, where applicable, actual written offers from similar organizations c ompeting for the services for the members of Senior Management. - The Board also adequatel y and promptly documents its decision. The documentation states its intention to quality f or the rebuttable presumption of reasonableness; the specific terms of the compensation ar rangement that were approved; the approval date; the names of the individuals present and those who voted; the specific comparability data obtained and relied upon; and an explanat ion as to why the approved amounts are considered reasonable if the terms of the compensat ion arrangement differ from the comparability data. In addition, the Board periodically re views the Executive Compensation Plan, including the philosophy, for (a) compliance with a pplicable laws and regulations, and (b) alignment with EEH's mission, charitable purposes, goals and strategies. Based on the review, the Board approves any changes in one or more components of the plan or the plan philosophy that the Board considers necessary and appro priate relative to one or both of these criteria. Other individuals who are officers or ke y employees of Elmhurst Memori

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Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	al Healthcare Group, but are not a part of EEH Senior Management are compensated with a co mpetitive base salary, along with an incentive plan, which is reflective of EEH's market a s determined by a review of independently gathered market compensation survey data. At the time of hire, the salary determination is made by giving consideration to the experience pertinent to the role for which the individual is to be hired, also considered are niche s kills or experience the individual brings to the organization. Supply and demand will also play a role in determining the hiring rate of pay. Based on these factors, the EEH Human Resources department, which supports EEH and all of its affiliates, will assign the key em ployee to an appropriate pay grade, and a rate of pay will be offered within that pay grad e. On a periodic basis, the EEH Human Resources Department works with an independent third party compensation consultant to conduct a thorough market review of all positions which are not considered Senior Management. Using a variety of sources, EEH salary ranges are co mpared to the current market pay grade assignments, and individual rate of pay may change based on the results of this annual market review. In additional, annual merit increases m ay be awarded based on EEH's budget for the year.

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

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

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Return Reference	Explanation
Form 990, Part VII, Section A, Line 1a Compensation Reporting	Pursuant to Treasury Regulation Section 1.6033-2(d)(5), Elmhurst Memorial Healthcare (EIN: 36-4037473), the parent entity of Elmhurst Memorial Healthcare Group (EIN: 35-2339114), has elected to report information about compensation and other information for officers, directors, trustees, and key employees and certain other highly compensated employees on a consolidated basis along with all members of the Group on the Elmhurst Memorial Healthcare Group Form 990.

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Return Reference	Explanation
Form 990, Part VII, Section A Dunley, Pamela ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Pres & CEO Elm Hospital, AverageHours: 1.000; Officer Organization Name: Elmhurst Memorial Healthcare, Title: Pres & CEO Elm Hospital/Trustee, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer

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Return Reference	Explanation
Form 990, Part VII, Section A Martino, Rocco ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Chairperson/Trustee, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: Elmhurst Memorial Healthcare, Title: Chairperson/Trustee, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer

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Return Reference	Explanation
Form 990, Part VII, Section A Mastro, Mary L ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: System CEO/Trustee, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: Elmhurst Memorial Healthcare, Title: System CEO/Trustee, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer

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Return Reference	Explanation
Form 990, Part VII, Section A Meziere, Michelle ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Physician/Trustee, AverageHours: 39.000; IndividualTrusteeOrDirector Organization Name: Elmhurst Memorial Hospital Foundation, Title: Vice Chairperson/Trustee, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer

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Return Reference	Explanation
Form 990, Part VII, Section A Nyberg, Ron ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Vice Chairperson/Trustee, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer Organization Name: Elmhurst Memorial Healthcare, Title: Vice Chairperson/Trustee, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer

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Return Reference	Explanation
Form 990, Part VII, Section A Wegner, Kenneth ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital Foundation, Title: Chairperson/Trustee, AverageHours: 1.000; IndividualTrusteeOrDirectorOfficer

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Return Reference	Explanation
Form 990, Part VII, Section A Sullivan, Daniel ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: VP, Chief Medical Officer, AverageHours: 37.000; KeyEmployee Organization Name: Elmhurst Memorial Hospital Foundation, Title: VP, Chief Medical Officer/Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Elmhurst Memorial Healthcare, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Achepohl, Danelle ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital Foundation, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Aquino, Liz ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Atchison, Dave ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Elmhurst Memorial Healthcare, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Cahill, Valerie ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital Foundation, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Chou, Sean ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Elmhurst Memorial Healthcare, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A DePaulo, Joe ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Elmhurst Memorial Healthcare, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Grant, Michael ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital Foundation, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Gunst, Ann ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital Foundation, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Harrell, Margaret ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Hennessey, Ryon ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital Foundation, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Hill, Blanche ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital Foundation, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Hoffman, Michael ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Elmhurst Memorial Healthcare, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Elmhurst Memorial Hospital Foundation, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Inskeep, Richard ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital Foundation, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Janevicius, Raymond ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital Foundation, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Khatua, Sanjeeb ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Healthcare, Title: EVP, Phys & Amb Ntwk, Chief Phys Exec & Pres EHV, Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Koch, Paul ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital Foundation, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Ladone, Mary Kay ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Elmhurst Memorial Healthcare, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Lizzadro, Caron ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital Foundation, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Lurye, Donald ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital(Former), Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Elmhurst Memorial Healthcare, Title: Trustee through 12/31/2019, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Martirano, Michael ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital Foundation, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A McNamara, James ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital Foundation, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Momkus, Edward ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital Foundation, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Morrissey, Christina ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital Foundation, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Nelson, James ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital Foundation, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Oldenburg, Anne ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital Foundation, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Platt, Robert ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Regan, Michael ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital Foundation, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Rivelli, Tim ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Elmhurst Memorial Healthcare, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Schubel, Ron ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Elmhurst Memorial Healthcare, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Shivakumar, Ram ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector Organization Name: Elmhurst Memorial Healthcare, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Welz, Daniel ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital Foundation, Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

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Return Reference	Explanation
Form 990, Part VII, Section A Chamberlain, Denise ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Exec VP CFO, Corporate Treasurer, AverageHours: 1.000; Officer Organization Name: Elmhurst Memorial Healthcare, Title: Exec VP CFO, Corporate Treasurer, AverageHours: 1.000; Officer Organization Name: Elmhurst Memorial Hospital Foundation, Title: Exec VP CFO, Corporate Treasurer, AverageHours: 1.000; Officer

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Return Reference	Explanation
Form 990, Part VII, Section A El-Ganzouri, Ahmed ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Deputy General Counsel/Assistant Secretary, AverageHours: 1.000; Officer Organization Name: Elmhurst Memorial Healthcare, Title: Deputy General Counsel/Assistant Secretary, AverageHours: 1.000; Officer Organization Name: Elmhurst Memorial Hospital Foundation, Title: Deputy General Counsel/Assistant Secretary, AverageHours: 1.000; Officer

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Return Reference	Explanation
Form 990, Part VII, Section A Friant, Jeffrey D ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: VP, Finance/ Assistant Treasurer, AverageHours: 1.000; Officer Organization Name: Elmhurst Memorial Healthcare, Title: VP, Finance/ Assistant Treasurer, AverageHours: 1.000; Officer Organization Name: Elmhurst Memorial Hospital Foundation, Title: VP, Finance/ Assistant Treasurer, AverageHours: 1.000; Officer

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Return Reference	Explanation
Form 990, Part VII, Section A Mollet, Chris J ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Exec VP General Counsel/Corp Secretary, AverageHours: 1.000; Officer Organization Name: Elmhurst Memorial Healthcare, Title: Exec VP General Counsel/Corp Secretary, AverageHours: 1.000; Officer Organization Name: Elmhurst Memorial Hospital Foundation, Title: Exec VP General Counsel/Corp Secretary, AverageHours: 1.000; Officer

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Return Reference	Explanation
Form 990, Part VII, Section A Ogden, Jason ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: AVP, Corp Control & Treas Mgmt/Assistant Treasurer, AverageHours: 1.000; Officer Organization Name: Elmhurst Memorial Healthcare, Title: AVP, Corp Control & Treas Mgmt/Assistant Treasurer, AverageHours: 1.000; Officer Organization Name: Elmhurst Memorial Hospital Foundation, Title: AVP, Corp Control & Treas Mgmt/Assistant Treasurer, AverageHours: 1.000; Officer

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Return Reference	Explanation
Form 990, Part VII, Section A Tyburski, Susan ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Exec Dir, EMH Foundation, AverageHours: 39.000; Organization Name: Elmhurst Memorial Hospital Foundation, Title: Exec Dir, EMH Foundation, AverageHours: 1.000; Officer

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Return Reference	Explanation
Form 990, Part VII, Section A Eslick, Laura L ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: System VP Ops, AverageHours: 1.000; KeyEmployee

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Return Reference	Explanation
Form 990, Part VII, Section A Garland, Ryan ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Svs Line Dir, Imaging & Respiratory Svcs, AverageHours: 1.000; KeyEmployee

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Return Reference	Explanation
Form 990, Part VII, Section A Magnuson, Rita ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Dir, Pharmacy, AverageHours: 40.000; KeyEmployee

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Return Reference	Explanation
Form 990, Part VII, Section A Mckenna, Michael P ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Svs Line Dir, Onc & Palliative Care, Surg Svs, AverageHours: 39.000; KeyEmployee

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Return Reference	Explanation
Form 990, Part VII, Section A Saba, Yvette M ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: System VP Ops/Trustee, AverageHours: 1.000; KeyEmployee

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Return Reference	Explanation
Form 990, Part VII, Section A Sandner, Dawn ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Dir, Phys Prac Quality & Pop H, AverageHours: 40.000; KeyEmployee

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Spencer, Marianne ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: System VP Ops, AverageHours: 1.000; KeyEmployee

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Tremble, Andy ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Dir, Patient Care, AverageHours: 40.000; KeyEmployee

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Williams, Philip C ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: AVP, Pharmacy Svs, AverageHours: 13.000; KeyEmployee

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Cluver, Mary ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Sys Dir, Lab, AverageHours: 20.000; HighestCompensatedEmployee

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Darey, Kimberley ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Physician, AverageHours: 40.000; HighestCompensatedEmployee

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A McAndrew, Philip ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Physician, AverageHours: 40.000; HighestCompensatedEmployee

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A McLemore, Bridget ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Svs Line Dir, Spec Clinics, Rehab & Fitness Ctr, AverageHours: 40.000; HighestCompensatedEmployee

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Nowak, John ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Physician, AverageHours: 40.000; HighestCompensatedEmployee

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Rentsch, Cindy M ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Nursing Leadership Effectiveness Sys Dir, AverageHours: 39.000; HighestCompensatedEmployee

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Brueggen, Dave ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital(Former), Title: Trustee through 10/22/2019, AverageHours: 1.000; IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Caluwaert, Kathy ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital Foundation(Former), Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Dant, Joseph ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Healthcare(Former), Title: President & CEO Edward Hospital, Trustee through 9/30/2019, AverageHours: 1.000; IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Davis, Pamela M ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital(Former), Title: Former System CEO/Trustee, AverageHours: 0.000; Officer Organization Name: Elmhurst Memorial Healthcare(Former), Title: Former System CEO/Trustee, AverageHours: 0.000; Officer

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Lydon, Jean T ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital(Former), Title: System VP Ops/CNO, AverageHours: 1.000; KeyEmployee

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Malloy, Mary Ann, MD ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital Foundation(Former), Title: Trustee through 2/4/20, AverageHours: 1.000; IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Ramanathan, Arvind ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital, Title: Dir, Practice Ops, AverageHours: 40.000;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Scinto, Nancy ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital Foundation(Former), Title: Trustee, AverageHours: 1.000; IndividualTrusteeOrDirector

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Walker, Hollis ADDITIONAL POSITIONS HELD	Organization Name: Elmhurst Memorial Hospital(Former), Title: Physician, AverageHours: 1.000; HighestCompensatedEmployee

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 1e GOVERNMENT GRANTS	FUNDS RECEIVED FROM DEPARTMENT OF HEALTH AND HUMAN SERVICES AS A RESULT OF THE CARES ACT OF 2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	IHP Distributions - Total Revenue: 937110, Related or Exempt Function Revenue: 937110, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; Income from Affiliates - Total Revenue: 1943066, Related or Exempt Function Revenue: 536763, Unrelated Business Revenue: 1406303, Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	OTH REV-OTHER - Total Revenue: 2158924, Related or Exempt Function Revenue: 2100587, Unrelated Business Revenue: 58337, Revenue Excluded from Tax Under Sections 512, 513, or 514: ; OTH REV-PENSION/SERP BENEFIT COST - Total Revenue: 842773, Related or Exempt Function Revenue: 842773, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; OTH REV - OCC/CORP HEALTH - Total Revenue: 757310, Related or Exempt Function Revenue: 757310, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; OTH REV-RESEARCH - Total Revenue: 87739, Related or Exempt Function Revenue: 87739, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; OTH REV-AP DISCOUNT - Total Revenue: 9483, Related or Exempt Function Revenue: 9483, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ; OTH REV-RENTAL INCOME - Total Revenue: 20488, Related or Exempt Function Revenue: 20488, Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Purchased Svcs-Physicians - Total Expense: 8659237, Program Service Expense: 8659237, Management and General Expenses: , Fundraising Expenses: ; Purchased Svcs-Consulting - Total Expense: 390598, Program Service Expense: 224240, Management and General Expenses: 166358, Fundraising Expenses: ; Shared Services Fee - Total Expense: 74692840, Program Service Expense: , Management and General Expenses: 74692840, Fundraising Expenses: ; Other Fees - Total Expense: 21432884, Program Service Expense: 16207044, Management and General Expenses: 5225840, Fundraising Expenses: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	TRANSFERS FROM AFFILIATES - -11471755; RELEASE FROM RESTRICTION - 4158; CHANGE IN TEMPORARILY RESTRICTED ASSETS - 161295;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Line H Subordinate Organizations	THE ELMHURST MEMORIAL HEALTHCARE GROUP RETURN INCLUDES ALL SUBORDINATE ORGANIZATIONS INCLUDED IN GROUP EXEMPTION NUMBER 5467. PURSUANT TO TREASURY REGULATION SECTION 1.6033-2(D)(2)(II) THE FOLLOWING LIST IDENTIFIES THE NAME, ADDRESS, AND EIN OF EACH SUBORDINATE. ELMHURST MEMORIAL HOSPITAL 155 E. BRUSH HILL ROAD ELMHURST, IL 60126 EIN: 36-2167784 ELMHURST MEMORIAL HOSPITAL FOUNDATION 155 E. BRUSH HILL ROAD ELMHURST, IL 60126 EIN: 36-3083197

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 1a Executive Committee	The organization's governing body delegates broad authority to act on its behalf to the Executive Committee of Edward Elmhurst Healthcare. The Executive Committee shall have and exercise the authority of the Board of Trustees in the management of the Corporation and have those duties, responsibilities and authority as may be prescribed by the Board of Trustees from time to time. The Executive Committee shall review and/or develop the strategic plan(s) for the Corporation and its Affiliated Entities, taking into account the mission of the Corporation, and recommend same for approval, or approval with modifications, to the Board of Trustees. The role of the Executive Committee shall include, but not be limited to, the following: (i) the identification of individuals who may be nominated and elected to serve as new Trustees or as Chairperson, Vice Chairperson or President; (ii) the education of new Trustees; (iii) the review and evaluation of the President; (iv) the review and approval of any and all executive compensation plans for the Corporation and the Affiliate Entities; and (v) the review and approval of any transactions involving the acquisition of physician practices/groups and/or joint ventures or transactions with physicians or physician practices/ groups. The Executive Committee consists of 6 voting members-the Edward Elmhurst Healthcare System CEO and 5 other independent members of the community. All 6 of these individuals are voting members of the Edward Elmhurst Healthcare Board of Trustees.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Line H Subordinate Organizations	THE ELMHURST MEMORIAL HEALTHCARE GROUP RETURN INCLUDES ALL SUBORDINATE ORGANIZATIONS INCLUDED IN GROUP EXEMPTION NUMBER 5467. PURSUANT TO TREASURY REGULATION SECTION 1.6033-2(D)(2)(II) THE FOLLOWING LIST IDENTIFIES THE NAME, ADDRESS, AND EIN OF EACH SUBORDINATE. ELMHURST MEMORIAL HOSPITAL 155 E. BRUSH HILL ROAD ELMHURST, IL 60126 EIN: 36-2167784 ELMHURST MEMORIAL HOSPITAL FOUNDATION 155 E. BRUSH HILL ROAD ELMHURST, IL 60126 EIN: 36-3083197

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.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
Elmhurst Memorial Healthcare Group

Employer identification number
35-2339114

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

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

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

See Additional Data Table

(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

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
(1)ELMHURST MEMORIAL HEALTH TECHNOLOGIES LLC 855 NORTH CHURCH COURT ELMHURST, IL 60126 36-3229839	PRACTICE MANAGEMENT	IL	NA	C Corporation					No
(2)IHP ACO Suite 300 1100 W 31st Street Downers Grove, IL 60515 46-2848987	HEALTH CARE	IL	NA	C Corporation					No
(3)EEH SPC - SEGREGATED PORTFOLIO A GOVERNORS SQUARE BLDG 4 FLOOR 2 LIME TREE BAY, GRAND CAYMAN KY11002 CJ 98-1238485	INSURANCE	CJ	NA	C Corporation					No
(4)EEH SPC - SEGREGATED PORTFOLIO B GOVERNORS SQUARE BLDG 4 FLOOR 2 LIME TREE BAY, GRAND CAYMAN KY11002 CJ 98-1185160	INSURANCE	CJ	NA	C Corporation					No

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

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

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)ELMHURST OUTPATIENT SURGERY CENTER	J	662,370	EOSC OFFICE SPACE AT ELMHURST CENTER FOR HEALTH
(2)ELMHURST OUTPATIENT SURGER CENTER	L	105,643	HOUSEKEEPING, LAUNDRY, AND OTHER SERVICES
(3)ELMHURST OUTPATIENT SURGERY CENTER	S	1,580,000	JV DISTRIBUTION

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 20011424
Software Version: 2020v4.0
EIN: 35-2339114
Name: Elmhurst Memorial Healthcare Group

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	No
801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3297173	HOSPITAL	IL	501(c)(3)	3	EEH		No
801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3513954	SYSTEM PARENT	IL	501(c)(3)	Type II	NA		No
801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3965251	HOSPITAL	IL	501(c)(3)	3	EHV		No
801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 58-1672987	SUPPORTING ORG	IL	501(c)(3)	Type II	EEH		No
801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3723705	FUNDRAISING	IL	501(c)(3)	7	EEH		No
801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 36-3555528	HEALTHCARE	IL	501(c)(3)	10	EHV		No
801 SOUTH WASHINGTON STREET NAPERVILLE, IL 60540 45-2389060	HEALTH CARE	IL	501(c)(3)	10	EH		No
155 EAST BRUSH HILL ROAD ELMHURST, IL 60126 36-4037473	SUPPORTING ORG	IL	501(c)(3)	Type II	EEH		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
CYBERKNIFE CENTER OF CHICAGO LLC PO BOX 19532 IRVINE, CA 92623 26-4331429	SURGERY CENTER	IL	EMH	Related	125,681	1,330,665		No			No	40 %
DMG SURGICAL CENTER LLC 2725 South Technology Drive Lombard, IL 60148 37-1474161	SURGERY CENTER	IL	NA	N/A								
ELMHURST OUTPATIENT SURGERY CENTER LLC 1200 S YORK ROAD SUIT 1400 ELMHURST, IL 60126 36-4150045	SURGERY CENTER	IL	EMH	Unrelated	1,594,782	2,920,625		No			No	62 %
INSIGHT MEDICAL IMAGING LLC 8930 WAUKEGAN RD STE 130 MORTON GROVE, IL 60053 82-2352016	HEALTHCARE	IL	NA	N/A								
MIDWEST ENDOSCOPY LLC 1243 RICKERT DRIVE NAPERVILLE, IL 60540 20-8292570	HEALTHCARE	IL	NA	N/A								
PLAINFIELD SURGERY CENTER LLC 24600 W 127TH ST BLD C PLAINFIELD, IL 60585 30-0391104	SURGERY CENTER	IL	NA	N/A								
RESIDENTIAL HOME HEALTH ILLINOIS LLC 5440 CORPORATE DRIVE SUITE 400 TROY, MI 48098 27-0179825	HEALTHCARE	IL	NA	N/A								
RESIDENTIAL HOSPICE ILLINOIS LLC 5440 CORPORATE DRIVE SUITE 400 TROY, MI 48098 45-4745710	HEALTHCARE	IL	NA	N/A								
SALT CREEK SURGERY CENTER 550 w OGDEN AVE STE 100 HINSDALE, IL 605213186 36-4419691	SURGERY CENTER	IL	NA	N/A								