

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2018)

**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

WE ARE DEDICATED TO THE HEALTH AND WELL-BEING OF ALL CHILDREN AS THE PEDIATRIC TEACHING FACILITY FOR NORTHWESTERN UNIVERSITY'S FEINBERG SCHOOL OF MEDICINE, THIS COMMITMENT DRIVES US TO BE A LEADER IN - PEDIATRIC HEALTH CARE DELIVERY - RESEARCH INTO THE PREVENTION, CAUSES AND TREATMENT OF DISEASES THAT AFFECT CHILDREN - EDUCATION FOR PHYSICIANS, NURSES, ALLIED HEALTH PROFESSIONALS, AND PUBLIC HEALTH PRACTITIONERS - ADVOCACY FOR CHILDREN AS A CHARITABLE ORGANIZATION, WE SERVE CHILDREN AND THEIR FAMILIES TO THE BEST OF OUR ABILITIES AND TO THE LIMITS OF OUR RESOURCES

**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

<b>4a</b>	(Code )	(Expenses \$ 927,765,646	including grants of \$ 165,183,847	(Revenue \$ 1,004,440,500 )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$ 0	including grants of \$ 0	(Revenue \$ 0 )
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<b>4e</b>	<b>Total program service expenses ▶</b>	927,765,646
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b> Yes	
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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	<b>6</b>	No
<b>7</b> 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	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> 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	<b>9</b>	No
<b>10</b> 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	<b>10</b> Yes	
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</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	<b>11b</b> Yes	
<b>c</b> 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	<b>11c</b>	No
<b>d</b> 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	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> 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	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b> Yes	
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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)	<b>17</b>	No
<b>18</b> 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	<b>18</b>	No
<b>19</b> 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	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> 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	<b>21</b> Yes	
<b>22</b> 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	<b>22</b>	No

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b> Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	<b>24b</b>	No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	<b>24d</b>	No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b> Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b> Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	No
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 388	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> Yes	

<b>2a</b> 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 . . . . .		<b>2a</b>	6,512			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> 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)? . . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> 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? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> 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? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</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 . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> 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 . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 117		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 111		
<b>2</b> 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?	<b>2</b>	Yes	
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</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?	<b>16b</b>	

### Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed: CA, 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  
 ►RON BLAUSTEIN 225 E CHICAGO AVE Chicago, IL 606112991 (312) 227-7133

## 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 ☒

☒

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

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

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	8,159,152	2,704,434	2,379,418

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 ▶ 1,065

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	<b>3</b>	No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	<b>4</b> Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person . . . . .</i>	<b>5</b>	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)	(B)	(C)
Name and business address	Description of services	Compensation
MCGAW MEDICAL CENTER, 303 E CHICAGO AVE CHICAGO, IL 60611	PROF MED SVCS	20,658,562
SKENDER CONSTRUCTION LLC, 260 Larkdale Row WAUCONDA, IL 60084	Construction Svcs	16,399,368
POWER CONSTRUCTION, 8750 W BRYN MAWR CHICAGO, IL 606313546	CONSTRUCTION SVCS	14,769,294
CHILDRENS SURGICAL FOUNDATION, 737 N Michigan Ave 2050 CHICAGO, IL 60611	Prof Med Svcs	12,597,327
CROTHALL HEALTHCARE INC, 955 CHESTERBROOK BLVD WAYNE, PA 19087	HEALTHCARE SUPPORT	11,223,695

<p><b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 128</p>	
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**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐**Contributions, Gifts, Grants and Other Similar Amounts**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
<b>b</b> Membership dues . . . . .	<b>1b</b>				
<b>c</b> Fundraising events . . . . .	<b>1c</b>				
<b>d</b> Related organizations . . . . .	<b>1d</b>	60,276,418			
<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>				
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	0			
<b>g</b> Noncash contributions included in lines 1a - 1f \$ . . . . .					
<b>h Total.</b> Add lines 1a-1f . . . . .		60,276,418			

**Program Service Revenue**

	Business Code				
<b>2a</b> PATIENT CARE & PROGRAM SVCS . . . . .	621110	621,481,807	621,481,807		
<b>b</b> MEDICARE/MEDICAID . . . . .	621110	322,466,406	322,466,406		
<b>c</b> GRANTS-FED/STATE/AGENCY . . . . .	621110	46,999,238	46,999,238		
<b>d</b> REFERENCE LAB REVENUE . . . . .	621500	322,491	3,946	318,545	
<b>e</b> PARKING GARAGES . . . . .	812930	3,421,287		396,994	3,024,293
<b>f</b> All other program service revenue . . . . .		7,932,096	3,827,018		4,105,078
<b>g Total.</b> Add lines 2a-2f . . . . .		1,002,623,325			

**Other Revenue**

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		19,589,319		549,159	19,040,160
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0			
<b>5</b> Royalties . . . . .		0			
<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal			
	1,958,129				
<b>b</b> Less rental expenses . . . . .	27,055				
<b>c</b> Rental income or (loss) . . . . .	1,931,074	0			
<b>d</b> Net rental income or (loss) . . . . .		1,931,074	1,817,175		113,899
<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
	2,794,840,045	11,329,652			
<b>b</b> Less cost or other basis and sales expenses . . . . .	2,751,668,989	9,861,442			
<b>c</b> Gain or (loss) . . . . .	43,171,056	1,468,210			
<b>d</b> Net gain or (loss) . . . . .		44,639,266			44,639,266
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	0			
<b>b</b> Less direct expenses . . . . .	<b>b</b>	0			
<b>c</b> Net income or (loss) from fundraising events . . . . .		0			
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>	0			
<b>b</b> Less direct expenses . . . . .	<b>b</b>	0			
<b>c</b> Net income or (loss) from gaming activities . . . . .		0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0			
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	0			
<b>c</b> Net income or (loss) from sales of inventory . . . . .		0			
Miscellaneous Revenue . . . . .	Business Code				
<b>11a</b> . . . . .					
<b>b</b> . . . . .					
<b>c</b> . . . . .					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . .		0			
<b>12 Total revenue.</b> See Instructions . . . . .		1,129,059,402	996,595,590	1,264,698	70,922,696

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	165,183,847	165,183,847		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
<b>4</b> Benefits paid to or for members.	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	4,144,042	3,547,996	596,046	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	135,645	116,135	19,510	
<b>7</b> Other salaries and wages.	390,693,817	334,499,513	56,194,304	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	-2,834,681	-2,409,479	-425,202	
<b>9</b> Other employee benefits.	47,266,359	38,435,687	8,830,672	
<b>10</b> Payroll taxes.	28,411,705	25,152,657	3,259,048	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.	0			
<b>b</b> Legal.	842,563		842,563	
<b>c</b> Accounting.	269,436		269,436	
<b>d</b> Lobbying.	456,666	456,666		
<b>e</b> Professional fundraising services. See Part IV, line 17.	0			
<b>f</b> Investment management fees.	5,623,484		5,623,484	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	38,033,373	17,544,562	20,488,811	
<b>12</b> Advertising and promotion.	3,689,628		3,689,628	
<b>13</b> Office expenses.	53,597,530	53,246,013	351,517	
<b>14</b> Information technology.	21,053,405	3,047,764	18,005,641	
<b>15</b> Royalties.	0			
<b>16</b> Occupancy.	26,469,517	8,739,171	17,730,346	
<b>17</b> Travel.	2,534,654	1,660,162	874,492	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
<b>19</b> Conferences, conventions, and meetings.	2,737,728	2,654,096	83,632	
<b>20</b> Interest.	14,896,558	14,896,558		
<b>21</b> Payments to affiliates.	0			
<b>22</b> Depreciation, depletion, and amortization.	69,538,120	69,350,235	187,885	
<b>23</b> Insurance.	17,917,411	17,917,411		
<b>24</b> 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):				
<b>a</b> MEDICAL SUPPLIES	103,610,150	103,610,150		
<b>b</b> MEDICAL ADMIN & TEACHING	19,941,150	19,941,150		
<b>c</b> MEDICAID PROVIDER TAX	21,988,710	21,988,710		
<b>d</b> BAD DEBT	7,090,048	7,090,048		
<b>e</b> All other expenses	28,914,647	21,096,594	7,818,053	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,072,205,512	927,765,646	144,439,866	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	81,127,652	<b>2</b>	44,554,308
	<b>3</b> Pledges and grants receivable, net . . . . .	58,694,494	<b>3</b>	65,282,972
	<b>4</b> Accounts receivable, net . . . . .	124,104,027	<b>4</b>	220,069,388
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	10,976,519	<b>8</b>	12,054,197
	<b>9</b> Prepaid expenses and deferred charges . . . . .	17,954,047	<b>9</b>	19,342,626
	<b>10a</b> Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,464,056,342		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 565,743,345	901,500,109	<b>10c</b> 898,312,997
	<b>11</b> Investments—publicly traded securities . . . . .	837,873,528	<b>11</b>	792,307,969
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	544,548,870	<b>12</b>	555,628,687
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	34,130,418	<b>15</b>	32,067,805
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,610,909,664	<b>16</b>	2,639,620,949	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	147,886,188	<b>17</b>	163,171,740
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	367,320,678	<b>20</b>	361,400,568
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	194,701,760	<b>25</b>	206,946,517
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	709,908,626	<b>26</b>	731,518,825
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	1,420,485,616	<b>27</b>	1,427,243,292
	<b>28</b> Temporarily restricted net assets . . . . .	289,623,344	<b>28</b>	277,185,176
	<b>29</b> Permanently restricted net assets	190,892,078	<b>29</b>	203,673,656
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	1,901,001,038	<b>33</b>	1,908,102,124	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,610,909,664	<b>34</b>	2,639,620,949	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,129,059,402
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,072,205,512
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	56,853,890
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,901,001,038
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-49,501,671
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-251,133
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,908,102,124

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	No	
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> 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?	Yes	
<b>b</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	Yes	

Software ID:	
Software Version:	
EIN:	36-2170833
Name:	Ann & Robert H Lurie Children's Hospital of Chicago

Form 990 (2018)

Form 990, Part III, Line 4a:

ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO ("LURIE CHILDREN'S") IN CHICAGO, ILLINOIS OWNS AND OPERATES THE ONLY FULL-SERVICE, INDEPENDENT, FREESTANDING PEDIATRIC HOSPITAL IN ILLINOIS. THIS NOT-FOR-PROFIT, TERTIARY CARE HOSPITAL, FOUNDED IN 1882, PROVIDES PATIENT CARE 24 HOURS-PER-DAY, 7 DAYS-PER-WEEK. LURIE CHILDREN'S HAS 364 LICENSED BEDS AND PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT CARE AND RELATED ANCILLARY SERVICES. LURIE CHILDREN'S PROVIDES MORE CARE THAN ANY OTHER HOSPITAL PROVIDER IN ILLINOIS IN NEARLY EVERY PEDIATRIC MEDICAL AND SURGICAL SPECIALTY. AS A MAJOR ACADEMIC TERTIARY CARE MEDICAL CENTER, LURIE CHILDREN'S HAS SERVED PATIENTS FROM 48 STATES, AND 49 COUNTRIES. LURIE CHILDREN'S IS A DESIGNATED LEVEL I PEDIATRIC TRAUMA CENTER FOR THE CITY OF CHICAGO, WITH A LEVEL III NEONATAL NURSERY THAT SERVES AS A REGIONAL REFERRAL CENTER IN THE STATE OF ILLINOIS PERINATAL NETWORK. LURIE CHILDREN'S ABILITY TO TREAT THE MOST CRITICALLY ILL INFANTS IN ITS NEONATAL INTENSIVE CARE UNIT ("NICU") IS DEMONSTRATED BY STATISTICS FOR FISCAL YEAR 2017 WHICH SHOW THAT OVER HALF OF ALL TRANSPORTS INTO ITS NICU WERE FROM OTHER LEVEL III NURSERIES IN METROPOLITAN CHICAGO. IN 2019, LURIE CHILDRENS IS THE TOP RANKED CHILDRENS HOSPITAL IN ILLINOIS AND THE ONLY CHILDRENS HOSPITAL IN THE STATE TO RANK IN ALL 10 FEATURED SPECIALTIES. IN 2019, LURIE CHILDRENS RANKED IN THE TOP 10 HOSPITALS ACROSS THE NATION FOR CARDIOLOGY AND HEART SURGERY (2ND), UROLOGY (5TH), GASTROENTEROLOGY AND GASTROINTESTINAL SURGERY (8TH), AND NEPHROLOGY (10TH). IN 2016, LURIE CHILDREN'S WAS NAMED A LEVEL I PEDIATRIC SURGERY CENTER BY THE AMERICAN COLLEGE OF SURGEONS (ACS), BECOMING THE FIRST CHILDREN'S HOSPITAL IN ILLINOIS TO EARN THIS STATUS. SO FAR, ONLY TWO OTHER PEDIATRIC HOSPITALS IN THE COUNTRY HAVE ACHIEVED THIS VERIFICATION. LEVEL I VERIFICATION - THE HIGHEST OF THREE - IS AWARDED BY A MULTI-ORGANIZATIONAL TASKFORCE LED BY THE ACS, THE BODY RESPONSIBLE FOR SETTING THE NATION'S STANDARDS FOR QUALITY OF SURGICAL CARE, PRACTICE AND TRAINING. ALSO IN 2016, LURIE CHILDREN'S WAS ONE OF ONLY 12 CHILDREN'S HOSPITALS NATIONWIDE - AND THE ONLY ONE IN ILLINOIS - TO BE RECOGNIZED AS A "TOP HOSPITAL" FOR PATIENT SAFETY BY THE LEAPFROG GROUP, A NATIONAL CONSORTIUM OF HEALTHCARE PAYERS THAT PROMOTES "LEAPS" IN PATIENT SAFETY. THE AWARD IS BASED ON A HOSPITAL'S PERFORMANCE IN PATIENT SAFETY AND CARE QUALITY. IN FY 2019, LURIE CHILDREN'S, THROUGH MORE THAN 808,200 PATIENT VISITS, SERVED MORE THAN 220,100 CHILDREN WHO CAME FROM ALL OVER THE STATE OF ILLINOIS AND BEYOND TO ACCESS THE MORE THAN 70 SPECIALTIES OFFERED BY LURIE CHILDREN'S. LURIE CHILDREN'S IS THE LARGEST PROVIDER OF MEDICAID SERVICES TO ILLINOIS CHILDREN. LURIE CHILDREN'S PEDIATRIC-SPECIALIST PHYSICIANS PROVIDE MORE SPECIALTY CARE TO CHILDREN INSURED BY THE STATE OF ILLINOIS' ALL KIDS (MEDICAID) PROGRAM THAN ANY OTHER SPECIALTY CARE PROVIDER. MORE THAN HALF OF THE HOSPITAL INPATIENT SERVICES ARE PROVIDED TO CHILDREN INSURED BY MEDICAID. LURIE CHILDREN'S MAINTAINS A CHARITY CARE POLICY UNDER WHICH IT PROVIDES HEALTHCARE SERVICES FREE OF CHARGE OR AT A GREATLY REDUCED RATE TO CHILDREN WHOSE FAMILIES ARE UNABLE TO PAY FOR THE CHARGES ASSOCIATED WITH THEIR MEDICAL CARE. FOR FY 2019, THE TOTAL UNREIMBURSED CARE AND COMMUNITY BENEFIT (AS REPORTED IN THE FY 2019 AUDIT OF LURIE CHILDREN'S AND ITS AFFILIATES) PROVIDED BY LURIE CHILDREN'S AND ITS AFFILIATES WAS APPROXIMATELY \$181.8 MILLION, INCLUDING \$124.9 MILLION IN COSTS ASSOCIATED WITH UNREIMBURSED SERVICES AND CHARITY CARE PROVIDED BY LURIE CHILDREN'S AND ITS AFFILIATED PHYSICIAN GROUPS AND \$56.9 MILLION FOR OTHER COMMUNITY BENEFIT INCLUDING, BUT NOT LIMITED TO, RESIDENT AND FELLOW EXPENSES OF \$23.7 MILLION, RESEARCH FUNDING OF \$11.7 MILLION, OPERATION OF A COMMUNITY CLINIC SUPPORT OF \$3.3 MILLION, CHILD ADVOCACY PROGRAMS OF \$3.8 MILLION AND THE PROVISION OF LANGUAGE ASSISTANCE, PASTORAL CARE, SOCIAL WORK, ART AND MUSIC THERAPIES, HOSPITAL VOLUNTEER SERVICES, TRANSPLANT FAMILY HOUSING AND OTHER FAMILY SUPPORT SERVICES OF \$8.6 MILLION. LURIE CHILDREN'S UNDERTAKES A BROAD RANGE OF SERVICES AND ACTIVITIES IN ADDITION TO PATIENT CARE THAT SUPPORT ITS CHARITABLE MISSION. LURIE CHILDREN'S FUNCTIONS AS A TEACHING AND RESEARCH INSTITUTION WHOSE EFFORTS HAVE CONTRIBUTED CONSIDERABLY TO IMPROVEMENTS IN THE QUALITY OF LIFE AND HEALTHCARE FOR CHILDREN. LURIE CHILDREN'S SUPPORTS COMMUNITY MEDICAL NEEDS THROUGH A VARIETY OF OUTREACH PROGRAMS AND EDUCATIONAL PROGRAMS. IN DECEMBER 2001, LURIE CHILDREN'S BECAME THE FIRST PEDIATRIC HOSPITAL IN THE NATION AND THE FIRST HOSPITAL IN ILLINOIS TO RECEIVE THE MAGNET AWARD FROM THE AMERICAN NURSES CREDENTIALING CENTER. LURIE CHILDREN'S WAS AWARDED THIS DESIGNATION AGAIN IN 2005, 2010, AND 2015. TODAY, WHILE THE STATUS IS THE MOST SOUGHT-AFTER NATION-WIDE HONOR IN HOSPITAL NURSING, LESS THAN 1% OF HOSPITALS HAVE ACHIEVED THE ACCOMPLISHMENT OF MAINTAINING THE DESIGNATION FOUR TIMES. LURIE CHILDREN'S IS ONE OF THE MAJOR PEDIATRIC TEACHING HOSPITALS IN THE U.S., SERVING AS THE PEDIATRIC TEACHING FACILITY AND THE PRIMARY PEDIATRIC PRACTICE SITE OF NORTHWESTERN UNIVERSITY'S FEINBERG SCHOOL OF MEDICINE ("NUFSM") FOR RESIDENT PHYSICIANS, FELLOWS AND MEDICAL STUDENTS IN PEDIATRIC SPECIALTIES AND SUB-SPECIALTIES. THIS PROGRAM IS CONSISTENTLY ONE OF THE MOST SOUGHT AFTER IN THE COUNTRY. FOR ACADEMIC YEAR 2018-2019, MCGAW MEDICAL CENTER OF NORTHWESTERN UNIVERSITY MANAGED THE TRAINING OF APPROXIMATELY 821 RESIDENT-LEVEL TRAINEES AND 379 TRAINEES AT THE FELLOW LEVEL. OF THOSE, LURIE CHILDREN'S IS THE PRIMARY TEACHING SITE FOR APPROXIMATELY 103 PEDIATRIC RESIDENTS AND 132 PEDIATRIC SUBSPECIALTY FELLOWS. IN ADDITION, TRAINEES FROM THE ADULT PROGRAMS OF MCGAW ROTATE TO LURIE CHILDREN'S FOR VARYING LENGTHS OF TIME TO FULFILL THE PEDIATRIC COMPONENT OF THEIR TRAINING PROGRAM. LURIE CHILDREN'S ROLE AS A REGIONAL REFERRAL CENTER FOR A VARIETY OF PEDIATRIC DISEASES AND ILLNESSES HAS CREATED MANY RESEARCH OPPORTUNITIES TO STUDY AND TREAT THEM AND LURIE CHILDREN'S RESEARCH ARM, STANLEY MANNE CHILDREN'S RESEARCH INSTITUTE, ("RESEARCH INSTITUTE") IS ONE OF THE NATION'S FEW CENTERS DEDICATED SOLELY TO PEDIATRIC RESEARCH. SEE THE TAX INFORMATION RETURN OF LURIE CHILDREN'S AFFILIATE, RESEARCH INSTITUTE (36-3357005). LURIE CHILDRENS HAS HAD A LONGSTANDING COMMITMENT TO WORK WITH COMMUNITY LEADERS AND ORGANIZATIONS TO SUPPORT THE HEALTH AND WELL-BEING OF CHILDREN BEYOND THE WALLS OF THE HOSPITAL, PARTICULARLY IN UNDER RESOURCED COMMUNITIES. HOSPITAL PHYSICIANS AND STAFF PROVIDE EXPERTISE ON CHILD HEALTH ISSUES TO GOVERNMENT LEADERS AT LOCAL, CITY, STATE AND NATIONAL LEVELS. LURIE CHILDREN'S ENGAGES IN STRATEGIC ORGANIZATIONAL PARTNERSHIPS, SUCH AS SCHOOL-BASED COLLABORATIONS TO PROMOTE HEALTH, SAFETY AND SOCIALIZATION FOR ALL STUDENTS INCLUDING SUPPORT FOR LEARNING ACCOMMODATIONS FOR STUDENTS WITH SPECIAL HEALTH CARE NEEDS, SOCIAL-EMOTIONAL LEARNING, CONCUSSION MANAGEMENT, SUBSTANCE ABUSE, VIOLENCE PREVENTION, INJURY PREVENTION AND OBESITY REDUCTION. COLLABORATIONS WITH THE CHICAGO PARK DISTRICT HAVE INCLUDED PLAYGROUND SAFETY INSPECTIONS, TRAUMA-INFORMED TRAINING FOR COACHES AND STAFF, OBESITY PREVENTION EDUCATION AND POLICY DEVELOPMENT, AND SYSTEM-WIDE COACH TRAINING IN CONCUSSION MANAGEMENT. OTHER COMMUNITY HEALTH ACTIVITIES INCLUDE A PARTNERSHIP BY LURIE CHILDREN'S HEMATOLOGISTS WITH THE AMERICAN RED CROSS BLOOD SERVICES TO LAUNCH A COOPERATIVE SICKLE CELL BLOOD DONOR PROGRAM TO INCREASE THE NUMBER OF BLOOD DONATIONS BY AFRICAN AMERICANS TO HELP CHILDREN WITH SICKLE CELL DISEASE WHO REQUIRE FREQUENT BLOOD TRANSFUSIONS. SINCE 2004, LURIE CHILDRENS CENTER FOR CHILDHOOD RESILIENCE (CCR) HAS ENGAGED YOUTH-SERVING ORGANIZATIONS TO ADDRESS THE IMPACT OF TRAUMA AND PROMOTE MENTAL WELLNESS. THEY HOUSE THE ILLINOIS CHILDHOOD TRAUMA COALITION AND THE ILLINOIS CHILDRENS MENTAL HEALTH PARTNERSHIP. CCR HAS PARTNERED WITH NINE SCHOOL DISTRICTS, INCLUDING CHICAGO PUBLIC SCHOOLS, TO IMPLEMENT TRAUMA-INFORMED AND TRAUMA-RESPONSIVE PRACTICES AND DELIVER PROVEN EVIDENCE-BASED MENTAL HEALTH SERVICES. LURIE CHILDREN'S HOUSES AND OVERSEES THE CONSORTIUM TO LOWER OBESITY IN CHICAGO CHILDREN (CLOCC), A LEADING NATIONAL PROGRAM THAT TAKES AN ECOLOGICAL APPROACH TO CHILDHOOD OBESITY PREVENTION. CLOCC FOCUSES ON THE ROOT CAUSES OF OBESITY AND DEVELOPS, SUPPORTS AND DISSEMINATES EVIDENCE-BASED INTERVENTIONS. CLOCC SUPPORTS THE EFFORTS OF MORE THAN 30 CHICAGO PUBLIC SCHOOLS TO ACHIEVE HEALTHY CPS DESIGNATION, ADVOCATES FOR HEALTHY VENDING CONTRACTS AND IMPROVED OPTIONS IN BUILDINGS OWNED OR MANAGED BY THE CITY OF CHICAGO, DEVELOPED AND TRAINED MORE THAN 9,400 STAFF FROM MORE THAN 2,300 ORGANIZATIONS USING 5-4-3-2-1 GO!, AN EVIDENCE-BASED, HEALTHY LIFESTYLE MESSAGE FOR CHILDREN AND FAMILIES. LURIE CHILDREN'S LEADS A VIOLENCE PREVENTION CONSORTIUM CALLED STRENGTHENING CHICAGO'S YOUTH (SCY). SCY USES A PUBLIC HEALTH APPROACH TO VIOLENCE PREVENTION AND HELPS BUILD CAPACITY AMONG PUBLIC AND PRI

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Alan Chapman ..... Director	1 0 ..... 2 0	X						0	0	0
Alfreda Bradley-Coar ..... Director (beg 5/16/19)	1 0 ..... 1 0	X						0	0	0
Allan Bulley III ..... Director	1 0 ..... 1 0	X						0	0	0
Ana Dutra ..... Director	1 0 ..... 1 0	X						0	0	0
Andrew J Mckenna ..... Director & Vice Chair	1 0 ..... 1 0	X						0	0	0
Andrew N Reyes ..... Director	1 0 ..... 1 0	X						0	0	0
Anthony K Kesman ..... Director	1 0 ..... 2 0	X						0	0	0
Arlington J Guenther ..... Director	1 0 ..... 1 0	X						0	0	0
Barbara Sullivan ..... Director (beg 8/15/19)	1 0 ..... 1 0	X						0	0	0
Betsy B Rosenfield ..... Director	1 0 ..... 1 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Brendan F Carroll ..... Director	1 0 .....	X						0	0	0
Brian D Price ..... Director	1 0 .....	X						0	0	0
Bruce R Hague ..... Director	1 0 .....	X						0	0	0
Bruce S Saltzberg ..... Director (beg 12/6/18)	1 0 ..... 2 0	X						0	0	0
Carl S Allegretti ..... Director	1 0 ..... 1 0	X						0	0	0
Charles W Douglas ..... Director	1 0 ..... 1 0	X						0	0	0
Christopher Deveny ..... Director	1 0 ..... 1 0	X						0	0	0
Christopher M Keogh ..... Director	1 0 ..... 1 0	X						0	0	0
Christopher Merrill ..... Director	1 0 ..... 1 0	X						0	0	0
Christopher S Segal ..... Director	1 0 ..... 1 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Craig C Martin ..... Director	1 0 ..... 1 0	X						0	0	0
Daniel J Murphy ..... Director	1 0 ..... 1 0	X						0	0	0
David A Garfield ..... Director (beg 12/6/18)	1 0 ..... 1 0	X						0	0	0
David A Helfand ..... Director	1 0 ..... 1 0	X						0	0	0
David D Grumhaus Jr ..... Director	1 0 ..... 1 0	X						0	0	0
David Neithercut ..... Director	1 0 ..... 1 0	X						0	0	0
David S Dobkin MD ..... Ex-Offc Director (until 1/19)	1 0 ..... 2 0	X						0	0	0
Deidra Merriwether ..... Director	1 0 ..... 1 0	X						0	0	0
Dennis J Drescher ..... Director	1 0 ..... 1 0	X						0	0	0
Donald J Edwards ..... Director	1 0 ..... 1 0	X						0	0	0



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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Donna G Drescher ..... Ex-Offc Director (until 2/19)	1 0 ..... 3 0	X						0	0	0
Edward J Wehmer ..... Director	1 0 ..... 1 0	X						0	0	0
Eleanor O Clarke ..... Director	1 0 ..... 1 0	X						0	0	0
Elizabeth J Perlman MD ..... Ex-Offc Director (beg 12/6/18)	1 0 ..... 42 0	X						0	647,805	318,464
Eric C King MD ..... Ex-Offc Director (beg 3/7/19)	1 0 ..... 42 0	X						0	0	0
Eric G Neilson MD ..... Ex-Officio Director	1 0 ..... 2 0	X						0	0	0
Eric S Smith ..... Director	1 0 ..... 2 0	X						0	0	0
Esther T Franklin ..... Director (beg 12/6/18)	1 0 ..... 1 0	X						0	0	0
Gavin D Hattersley ..... Director (until 12/6/18)	1 0 ..... 1 0	X						0	0	0
Gregory C Case ..... Director	1 0 ..... 1 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gregory D Smith ..... Director	1 0 ..... 1 0	X						0	0	0
H Thomas Watkins III ..... Director	1 0 ..... 2 0	X						0	0	0
H William Schnaper MD ..... EX-OFFC DIR/PFF MD, UNTIL 1/19	1 0 ..... 40 0	X						0	291,969	55,529
Honey Jacobs Skinner ..... Director	1 0 ..... 1 0	X						0	0	0
J Christopher Reyes ..... Director & Vice Chair	1 0 ..... 2 0	X						0	0	0
Jack R Callison Jr ..... Director	1 0 ..... 1 0	X						0	0	0
James F Derosé ..... Director	1 0 ..... 1 0	X						0	0	0
James H Wooten Jr ..... Director	1 0 ..... 1 0	X						0	0	0
James Olson MD ..... Ex-Offc Director (beg 1/1/19)	1 0 ..... 2 0	X						0	0	0
James P Hickey ..... Director	1 0 ..... 1 0	X						0	0	0

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(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			
Jed Hoyer ..... Director	1 0 ..... 1 0	X						0	0	0
John C Moore ..... Director	1 0 ..... 1 0	X						0	0	0
John H Simpson ..... Director	1 0 ..... 1 0	X						0	0	0
John J Allen ..... Director	1 0 ..... 1 0	X						0	0	0
John J Greisch ..... Director	1 0 ..... 1 0	X						0	0	0
John P Amboian Jr ..... Director (until 12/6/18)	1 0 ..... 1 0	X						0	0	0
John S Gates Jr ..... Director	1 0 ..... 1 0	X						0	0	0
John T Walkup MD ..... Ex-Off/Dir/Physician Trm 12/18	40 0 ..... 3 0	X						598,876	0	111,188
John W Rutledge ..... Director	1 0 ..... 1 0	X						0	0	0
Jonathon Levin ..... Director	1 0 ..... 1 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Joshua J Prangley ..... Director	1 0 ..... 2 0	X						0	0	0
Julie M Howard ..... Director	1 0 ..... 1 0	X						0	0	0
Karen A Eng ..... Director (until 12/6/18)	1 0 ..... 1 0	X						0	0	0
Karen Sauder ..... Director	1 0 ..... 1 0	X						0	0	0
Karuna Rawal ..... Director (beg 5/16/19)	1 0 ..... 1 0	X						0	0	0
Kevin M Connelly ..... Director	1 0 ..... 1 0	X						0	0	0
Kevin W Burke ..... Director (beg 3/7/19)	1 0 ..... 1 0	X						0	0	0
Kirk B Johnson ..... Director (until 12/6/18)	1 0 ..... 3 0	X						0	0	0
Kristi L Stathis ..... Ex-Officio Director Beg 2/2019	1 0 ..... 3 0	X						0	0	0
Kristin Finney-Cooke ..... Director (beg 5/16/19)	1 0 ..... 1 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Labeed S Diab Rph ..... Director	1 0 .....	X						0	0	0
Lauren Gorter ..... Director	1 0 .....	X						0	0	0
Leslie H Newman ..... Director	2 0 .....	X						0	0	0
Lester Crown ..... Director	1 0 .....	X						0	0	0
Liam Walsh ..... Director	1 0 .....	X						0	0	0
Lilia Arroyo Flores ..... Director	1 0 .....	X						0	0	0
Linda S Wolf ..... Director	1 0 .....	X						0	0	0
Lyle Logan ..... Director	1 0 .....	X						0	0	0
Lyndon A Taylor ..... Director	1 0 .....	X						0	0	0
Margaret W Brennan ..... Director (until 12/6/18)	1 0 ..... 2 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mark A Hoppe ..... Director	1 0 ..... 1 0	X						0	0	0
Marleta Reynolds MD ..... Ex-Officio Director	1 0 ..... 44 0	X						0	0	0
Martin Kaplan ..... Director (beg 8/15/19)	1 0 ..... 1 0	X						0	0	0
Matthew Davis MD ..... Ex-Offc Director (beg 1/18/19)	1 0 ..... 1 0	X						0	0	0
Matthew W Brewer ..... Director	1 0 ..... 1 0	X						0	0	0
Melvin Gray ..... Director	1 0 ..... 1 0	X						0	0	0
Meredith Bluhm-Wolf ..... Director	1 0 ..... 1 0	X						0	0	0
Michael C Evangelides ..... Director	1 0 ..... 2 0	X						0	0	0
Michael D Kelleher MD ..... EX-OFFICIO DIRECTOR/CMO/HOSP	1 0 ..... 43 0	X						0	757,346	137,900
Michael M Larsen ..... Director	1 0 ..... 1 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael P Goldman ..... Director	1 0 ..... 1 0	X						0	0	0
Michael Pucker ..... Director	1 0 ..... 1 0	X						0	0	0
Michael T Bromfield ..... Director	1 0 ..... 1 0	X						0	0	0
Michael W Ferro Jr ..... Director (until 12/6/18)	1 0 ..... 1 0	X						0	0	0
Mitchell J Manassa ..... Director (until 12/6/18)	1 0 ..... 1 0	X						0	0	0
Mohan P Rao Phd ..... Director	1 0 ..... 2 0	X						0	0	0
Monsignor Kenneth J Velo ..... Director	1 0 ..... 1 0	X						0	0	0
Ms Jia Zhao ..... Director	1 0 ..... 2 0	X						0	0	0
Nancy A Pacher ..... Director	1 0 ..... 1 0	X						0	0	0
Patrick M Magoon ..... EX-OFFIC DIR/CEO-MED CTR, HOSP	40 0 ..... 7 0	X		X				1,653,234	0	93,348

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Pedro Dejesus ..... Director	1 0 ..... 1 0	X						0	0	0
Peter B Bensinger Jr ..... Director	1 0 ..... 2 0	X						0	0	0
Peter C Roberts ..... Director (until 12/10/18)	1 0 ..... 1 0	X						0	0	0
Ravindra Simhambhatla ..... Director (beg 3/7/19)	1 0 ..... 1 0	X						0	0	0
Robert J Winter Jr ..... Director (until 2/21/19)	1 0 ..... 2 0	X						0	0	0
Robert L Verigan ..... Director	1 0 ..... 1 0	X						0	0	0
Robert S Murley ..... Director & Vice Chair	1 0 ..... 2 0	X						0	0	0
Robin G Zafirovski ..... Director	1 0 ..... 2 0	X						0	0	0
Roxanne Martino ..... Director & Chair	1 0 ..... 2 0	X						0	0	0
Sarah Baine ..... Director	1 0 ..... 2 0	X						0	0	0



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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sharon L Manne Phd ..... Director	1 0 ..... 1 0	X						0	0	0
Shelley Patenaude ..... Ex-Officio Director	1 0 ..... 2 0	X						0	0	0
Sherman Wright ..... Director	1 0 ..... 1 0	X						0	0	0
Smita N Shah ..... Director	1 0 ..... 1 0	X						0	0	0
Stephen A Smith ..... Director	1 0 ..... 1 0	X						0	0	0
Stephen W Beard ..... Director	1 0 ..... 1 0	X						0	0	0
Steven B Collens ..... Director	1 0 ..... 1 0	X						0	0	0
Susan B Depree ..... Director	1 0 ..... 2 0	X						0	0	0
Susan L Lees ..... Director	1 0 ..... 1 0	X						0	0	0
T Randall Kinsella MD ..... Ex-Officio Director	1 0 ..... 2 0	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Thomas E O'Neill ..... Director (beg 12/6/18)	1 0 ..... 1 0	X						0	0	0
Thomas P Shanley MD ..... EX-OFFICIO DIR/PRES&CHAIR PFF	1 0 ..... 44 0	X						0	1,007,314	146,716
Thomas R Reusche ..... Director (until 6/30/19)	1 0 ..... 1 0	X						0	0	0
Thomas S Souleles ..... Director	1 0 ..... 1 0	X						0	0	0
Veronica Gomez ..... Director	1 0 ..... 1 0	X						0	0	0
Virginia K Simmons ..... Director (until 12/6/18)	1 0 ..... 1 0	X						0	0	0
W Brennan Smith ..... Director (beg 3/7/19)	1 0 ..... 1 0	X						0	0	0
W Bruce Johnson ..... Director	1 0 ..... 1 0	X						0	0	0
William J Devers Jr ..... Director	1 0 ..... 1 0	X						0	0	0
William J Mckenna ..... Director	1 0 ..... 2 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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			
William Silverstein ..... Director	1 0 ..... 1 0	X						0	0	0
Zaldwaynaka Scott ..... Director	1 0 ..... 1 0	X						0	0	0
Nancy M Borders ..... Gen Counsel & Corp Secretary	40 0 ..... 7 0			X				559,969	0	130,710
Ron Blaustein ..... Chief Financial Officer	40 0 ..... 7 0			X				684,157	0	123,936
Joni M Duncan ..... CHIEF HR OFFICER	40 0 ..... 0 0				X			474,153	0	96,609
Lisa M Dykstra ..... CHIEF INFORMATION OFFICER	40 0 ..... 0 0				X			554,530	0	80,247
Michelle M Stephenson ..... CHIEF PT CARE OFCR/NURSE EXEC	40 0 ..... 1 0				X			765,511	0	561,914
Grant Stirling ..... EVP & CHF DEVL OFFCR, FDN	40 0 ..... 1 0					X		755,905	0	133,574
Monica Heenan ..... CHIEF AMBULATORY EXECUTIVE	40 0 ..... 0 0					X		599,346	0	108,829
Scott T Wilkerson ..... EXECUTIVE DIRECTOR LCHPCIN	40 0 ..... 0 0					X		657,236	0	25,832

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Susan H Gordon ..... CHIEF COMMUNIC & EXT AFFAIRS	40 0 ..... 0 0					X		474,039	0	207,088
Kary G McIlwain ..... SVP & Chf Mktg & Comm Officer	40 0 ..... 0 0					X		382,196	0	47,534

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

Ann & Robert H Lurie Children's Hospital of Chicago

Employer identification number

36-2170833

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

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

☐

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

☐

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

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
b	<b>33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
17a	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
b	<b>10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>	
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>▶ <input type="checkbox"/></span>	

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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



Part IV

Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

Additional Data

Software ID:  
Software Version:  
EIN: 36-2170833  
Name: Ann & Robert H Lurie Children's Hospital of  
Chicago

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

Facts And Circumstances Test

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

**2018**

**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 Ann & Robert H Lurie Children's Hospital of Chicago	<b>Employer identification number</b> 36-2170833
---	---

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

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

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

<b>1</b>	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
<b>2</b>	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
<b>3</b>	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>4a</b>	Was a correction made?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>b</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).**

<b>1</b>	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
<b>2</b>	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
<b>3</b>	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
<b>4</b>	Did the filing organization file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>5</b>	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)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	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			
<b>a</b>	Volunteers?	Yes		
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?	Yes		236
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		772,079
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		155,458
<b>j</b>	Total. Add lines 1c through 1i			927,773
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	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
<b>1</b>	Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b>	Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	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?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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
FORM 990, SCHEDULE C	SUPPLEMENTAL INFORMATION TO FURTHER THEIR COLLECTIVE MISSION, ANN & ROBERT H. LURIE CHILDRENS HOSPITAL OF CHICAGO ("LURIE CHILDRENS") AND ITS AFFILIATES, BY VIRTUE OF THEIR ROLE IN PROVIDING COMPLEX CARE AND CARE FOR CHILDREN, PARTNER WITH AND FREQUENTLY INTERACT WITH MEMBERS OF THE GOVERNMENT IN DEVELOPING POLICIES APPLICABLE TO CHILDRENS HEALTH AND WELL-BEING. IN 1994, LURIE CHILDRENS ESTABLISHED A PUBLIC POLICY COMMITTEE OF THE BOARD OF DIRECTORS TO RECOMMEND INSTITUTIONAL POSITIONS ON LEGISLATION AND REGULATION THAT WOULD ENABLE LURIE CHILDRENS AND ITS AFFILIATES TO ENHANCE THE HEALTH AND WELL-BEING OF CHILDREN OVER THE YEARS. THE PUBLIC POLICY COMMITTEE (NOW CALLED THE POLICY, ADVOCACY AND COMMUNITY ENGAGEMENT COMMITTEE) HAS RECOMMENDED POSITIONS ON PUBLIC POLICY MATTERS AFFECTING CHILDRENS HEALTH AND WELL-BEING AND TO GARNER GOVERNMENT FUNDING TO SUPPORT THE EXEMPT ACTIVITIES OF LURIE CHILDRENS AND ITS AFFILIATES AND FOR THE DEVELOPMENT AND CONSTRUCTION OF A NEW HOSPITAL WHICH REPLACED THE OLD FACILITY OF LURIE CHILDRENS. THIS NEW FACILITY, OPENED IN 2012, FACILITATES LURIE CHILDRENS ABILITY TO CONTINUE TO BUILD UPON ITS ACADEMIC AND RESEARCH TIES IN A FAMILY-CENTERED ENVIRONMENT AND STATE-OF-THE-ART FACILITY THAT WILL FOSTER THE PROVISION OF COMPASSIONATE CARE. EXAMPLES OF POLICY INITIATIVES FOR WHICH LURIE CHILDRENS HAS ADVOCATED INCLUDE: PREVENTING TRANSMISSION OF HIV FROM MOTHERS TO NEWBORNS, PREVENTION OF CHILDHOOD INJURY (UNINTENTIONAL AND VIOLENT), PREVENTION OF CHILD ABUSE, AND PREVENTION OF CHILDHOOD OBESITY, AND IMPROVING ACCESS TO HEALTH INSURANCE FOR CHILDREN. READ MORE ABOUT OUR CURRENT INSTITUTIONAL PUBLIC POSITIONS AT WWW.LURIECHILDRENS.ORG/EN/SERVING-THE-COMMUNITY/GOVERNMENT-RELATIONS/PUBLIC-POLICY-PRIORITIES-POSITIONS. IN ADDITION, WHEN STATE AND FEDERAL LEGISLATORS OR COMMITTEES NEED EXPERTS TO ANALYZE AND TESTIFY AS TO HOW A PENDING BILL WOULD AFFECT CHILDRENS HEALTH IN ILLINOIS, THEY OFTEN LOOK TO LURIE CHILDRENS AND ITS AFFILIATES. IN RECENT YEARS, EMPLOYEES, OFFICERS AND PHYSICIANS OF LURIE CHILDRENS AND ITS AFFILIATES HAVE TESTIFIED BEFORE ELECTED OFFICIALS AND GOVERNMENT POLICYMAKERS IN WASHINGTON, DC, SPRINGFIELD AND CHICAGO ON ISSUES RANGING FROM THE BENEFITS OF CHILDREN PASSENGER SAFETY AND HELMET LAWS TO THE PREVENTION OF CONCUSSIONS IN YOUTH, FUNDING FOR GRADUATE MEDICAL EDUCATION AND MEDICAID REFORM. IN ADDITION, LURIE CHILDRENS ENGAGES IN LOBBYING ACTIVITIES TO SEEK APPROPRIATE MEDICAID FUNDING OF THE SUBSTANTIAL SERVICES PROVIDED BY LURIE CHILDRENS AND ITS AFFILIATES TO MEDICAID-ELIGIBLE PATIENTS IN ILLINOIS. LURIE CHILDRENS ALSO SEEKS FUNDING, ON A STATE AND FEDERAL LEVEL, FOR VARIOUS INITIATIVES THAT WILL ENHANCE PATIENT CARE. ON THE FEDERAL LEVEL, LURIE CHILDRENS, IN CONNECTION WITH OTHER CHILDRENS TEACHING HOSPITALS, WORKS TO PROTECT AND ENHANCE FUNDING FOR THE MEDICAID PROGRAM AND GRADUATE MEDICAL EDUCATION FOR MORE THAN 50 FREESTANDING CHILDRENS TEACHING HOSPITALS IN THE UNITED STATES AND ADVOCATES FOR NATIONAL NETWORKS OF CARE FOR MEDICAID CHILDREN WITH MEDICAL COMPLEXITY.

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DLN: 93493196039900

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► 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](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
Ann & Robert H Lurie Children's Hospital of Chicago

Employer identification number  
36-2170833

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.

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

2a

2b

2c

2d

Held at the End of the Year

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

5

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

6

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

7

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

8

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

9

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

10

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

11

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

Part III

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

1a

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

1b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018



Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	451,211,042	432,134,483	416,518,766	411,844,794	410,652,011
b Contributions . . . . .	13,038,192	14,831,358	5,659,378	3,537,604	7,629,605
c Net investment earnings, gains, and losses	8,878,836	15,889,309	21,933,934	9,497,852	3,180,754
d Grants or scholarships . . . . .	14,907,952	11,246,371	10,511,203	10,002,966	8,952,874
e Other expenditures for facilities and programs . . . . .	515,120	397,737	1,466,392	-1,641,482	664,702
f Administrative expenses . . . . .					
g End of year balance . . . . .	457,704,998	451,211,042	432,134,483	416,518,766	411,844,794

2

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

a

Board designated or quasi-endowment ▶ 39 260 %

b

Permanent endowment ▶ 44 500 %

c

Temporarily restricted endowment ▶ 16 240 %

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

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

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

	Yes	No
3a(i)		No
3a(ii)		No
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 . . . . .		34,812,506		34,812,506
b Buildings . . . . .		977,023,856	284,272,439	692,751,417
c Leasehold improvements		29,631,148	9,916,644	19,714,504
d Equipment . . . . .		395,981,262	271,554,262	124,427,000
e Other . . . . .		26,607,570		26,607,570
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				898,312,997

Schedule D (Form 990) 2018

Part VII

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) ALTERNATIVE INVESTMENTS	555,628,687	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶	555,628,687	

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
SELF INSURANCE LIABILITY	123,393,663
DUE TO THIRD PARTIES	29,812,220
ACCRUED PENSION LIABILITY	12,937,381
ASSET RETIREMENT COSTS	416,028
LEASE OBLIGATIONS	40,387,225
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	206,946,517

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.

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

**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.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 36-2170833  
**Name:** Ann & Robert H Lurie Children's Hospital of Chicago

**Supplemental Information**

Return Reference	Explanation
FORM 990, SCHEDULE D, PART V, LINE 4	<p>INTENDED USE OF ENDOWMENT FUNDS LURIE CHILDREN'S ENDOWMENT FUND CONSISTS OF INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY ITS BOARD TO FUNCTION AS ENDOWMENTS</p> <p>THE NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING THOSE FUNDS DESIGNATED BY THE BOARD TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS EFFECTIVE JUNE 30, 2009, ILLINOIS PASSED UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT ("UPMIFA") LURIE CHILDREN'S HAS, AFTER OBTAINING ADVICE OF OUTSIDE COUNSEL, INTERPRETED UPMIFA AS SUSTAINING THE PRESERVATION OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY AS A RESULT OF THIS INTERPRETATION, LURIE CHILDREN'S CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS, (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND THAT IS NOT CLASSIFIED IN PERMANENTLY RESTRICTED NET ASSETS IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY LURIE CHILDREN'S IN A MANNER CONSISTENT WITH THE DONOR INTENT AND STANDARD OF PRUDENCE PRESCRIBED BY UPMIFA WHERE THE BOARD DESIGNATES UNRESTRICTED FUNDS TO FUNCTION AS ENDOWMENTS THEY ARE CLASSIFIED AS UNRESTRICTED NET ASSETS</p>

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization  
Ann & Robert H Lurie Children's Hospital of  
Chicago

**Employer identification number**  
36-2170833

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

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
<b>3a</b> Sub-total	0	0			333,760,375
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)	0	0			333,760,375

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

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

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

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]



**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No

**Part V** **Supplemental Information**

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

ReturnReference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-2170833

**Name:** Ann & Robert H Lurie Children's Hospital of  
Chicago

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Investments		94,936,030
Central America and the Caribbean	0	0	Investments		238,824,345

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SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047  
2018  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Name of the organization  
Ann & Robert H Lurie Children's Hospital of Chicago

Employer identification number  
36-2170833

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100% ☐ 150% ☐ 200% ☒ Other 300 %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other %

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

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs

a

Financial Assistance at cost (from Worksheet 1)

0

1,708,201

0

1,708,201

0 160 %

b

Medicaid (from Worksheet 3, column a)

0

402,501,674

350,091,804

52,409,870

4 920 %

c

Costs of other means-tested government programs (from Worksheet 3, column b)

0

0

0

0

0 %

d

Total Financial Assistance and Means-Tested Government Programs

0

404,209,875

350,091,804

54,118,071

5 080 %

Other Benefits

e

Community health improvement services and community benefit operations (from Worksheet 4)

0

21,817,570

3,305,045

18,512,525

1 740 %

f

Health professions education (from Worksheet 5)

0

26,995,312

3,612,399

23,382,913

2 200 %

g

Subsidized health services (from Worksheet 6)

0

65,911,091

0

65,911,091

6 190 %

h

Research (from Worksheet 7)

0

78,420,434

55,802,195

22,618,239

2 120 %

i

Cash and in-kind contributions for community benefit (from Worksheet 8)

0

0

0

0

0 %

j

Total. Other Benefits

0

193,144,407

62,719,639

130,424,768

12 250 %

k

Total. Add lines 7d and 7j

0

597,354,282

412,811,443

184,542,839

17 330 %

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

Cat No 50192T

Schedule H (Form 990) 2018

**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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>						

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>		No
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>		
	1,996,880		
<b>3</b> 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.	<b>3</b>		
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	3,005,373
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	3,665,172
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-659,799
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</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.	<b>9b</b>	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 %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

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

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

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

**1**

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

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

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
Lurie Children's**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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 . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u>		
<b>5</b> 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 . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</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 . . . . .	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.luriechildrens.org/chna</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>19</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>www.luriechildrens.org/chna</u>	<b>10</b> Yes	
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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)**

Lurie Children's

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b>	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 _____ % and FPG family income limit for eligibility for discounted care of 400 _____ %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes	
<b>15</b> Explained the method for applying for financial assistance? . . . . .	<b>15</b>	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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? . . . . .	<b>16</b>	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>www.luriechildrens.org</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>www.luriechildrens.org</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>www.luriechildrens.org</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			



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

Lurie Children's

**Name of hospital facility or letter of facility reporting group**

**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? . . . . .

	Yes	No
<b>17</b>	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? . . . . .

<b>19</b>		No
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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
- b** ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- c** ☒ Processed incomplete and complete FAP applications
- d** ☒ Made presumptive eligibility determinations
- e** ☐ Other (describe in Section C)
- f** ☐ None of these efforts were made

**Policy Relating to Emergency Medical Care**

**21** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .

<b>21</b>	Yes	
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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)**

Lurie Children's

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

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

[illegible]

**Part V**   **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 19

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

**Part VI Supplemental Information**

Provide the following information

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

Form and Line Reference	Explanation
PART I, LINE 3C	<p>TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE, THE PATIENT MUST BE AN ILLINOIS RESIDENT. THE ORGANIZATION ALSO FOLLOWS ILLINOIS PRESUMPTIVE ELIGIBILITY GUIDELINES IN DETERMINING FINANCIAL ASSISTANCE. PART I, LINE 6A LURIE CHILDREN'S PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT. THE ANNUAL REPORT IS FOUND AT <a href="https://www.luriechildrens.org/en/serving-the-community/community-relation">HTTPS://WWW.LURIECHILDRENS.ORG/EN/SERVING-THE-COMMUNITY/COMMUNITY-RELATIONS/COMMUNITY-INVESTMENT/</a>. THE CALCULATION FOR "CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST" REFLECTS THE FORM 990 DEFINITIONS AND WILL NOT NECESSARILY CORRESPOND TO CALCULATIONS PREPARED FOR SIMILAR STATE OF ILLINOIS REPORTING REQUIREMENTS AND OUR AUDITED FINANCIAL STATEMENT REPORTING, EACH OF WHICH MAY REQUIRE THE USE OF SPECIFIED METHODOLOGIES THAT MAY DIFFER FROM FORM 990. PART I, LINE 7G SUBSIDIZED HEALTH SERVICES REPORTED IN SECTION I, LINE 7G INCLUDE DETAILS FROM TWO DIFFERENT COMMUNITY BENEFIT PROGRAMS OF LURIE CHILDREN'S, NAMELY THE UPTOWN PRIMARY CARE AND DENTISTRY CLINICS. THE OPERATING COSTS ATTRIBUTABLE TO THE UPTOWN PRIMARY CARE AND DENTISTRY CLINICS ARE \$3,283,027. BOTH PROGRAMS ARE OPERATED DESPITE FINANCIAL LOSSES TO THE ORGANIZATION. THE CLINICS PROVIDE HEALTHCARE TO A LARGELY UNDERSERVED COMMUNITY. LURIE CHILDREN'S PROVIDES FINANCIAL SUPPORT TO THE FOLLOWING AFFILIATED ORGANIZATIONS TO ALLOW THESE ORGANIZATIONS TO PROVIDE CHARITY CARE SERVICES TO MEDICAID PATIENTS AND ENGAGE IN OTHER CHARITABLE ACTIVITIES: PEDIATRIC FACULTY FOUNDATION, INC. \$36,878,979; LURIE CHILDREN'S MEDICAL GROUP, LLC \$3,924,325; LURIE CHILDREN'S HEALTH PARTNERS CARE COORDINATION \$1,418,389; ALMOST HOME KIDS \$3,281,533; LURIE CHILDREN'S PRIMARY CARE, LLC \$482,024. PART I, LINE 7, COLUMN (F) TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN (A) WAS \$1,072,205,512. THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT WAS \$7,090,048. THEREFORE, A TOTAL EXPENSE OF \$1,065,115,464 WAS USED FOR PURPOSES OF CALCULATING FORM 990, SCHEDULE H, LINE 7, COLUMN (F). PART I, LINE 7 COST-TO-CHARGE RATIO IS CALCULATED USING THE TOTAL EXPENSE REFLECTED IN OUR FY 2018 AUDITED FINANCIAL STATEMENTS REDUCED BY COMMUNITY BENEFITS REFLECTED ON SCHEDULE H, BAD DEBT, PROVIDER TAX AND NON-PATIENT RELATED ACTIVITY EXPENSES FOUND IN THE LURIE CHILDREN'S COST REPORT DIVIDED BY GROSS PATIENT CHARGES. THIS COST-TO-CHARGE RATIO IS USED TO CALCULATE THE AMOUNTS ON LINES 7A THROUGH 7C. THE REMAINDER OF THE ROWS IN PART I, LINE 7 ARE CALCULATED AS FOLLOWS: LINE 7E THE AMOUNTS REPORTED ARE DIRECT COSTS USED TO IMPROVE COMMUNITY HEALTH FROM OUR RESTRICTED AND UNRESTRICTED FUNDS AND AMOUNTS FROM OUR AUDITED FINANCIAL STATEMENTS (\$16 MILLION) OFFSET BY DIRECT REVENUE OF (\$3.3 MILLION). LINE 7F - THESE AMOUNTS ARE UNREIMBURSED MEDICAL EDUCATION COSTS OF \$28 MILLION USING MEDICARE COST REPORTS INCLUDING TEACHING COSTS OFFSET BY A HRSA GRADUATE MEDICAL REIMBURSEMENT IN THE AMOUNT OF \$3.0 MILLION. LINE 7G - THESE AMOUNTS SUPPORT THE COMMUNITY BY PROVIDING FINANCIAL ASSISTANCE TO PFF, LCMG, AHK, LCPC, CCE, AS WELL AS UPTOWN (MEDICAL HOME) AND DENTISTRY CLINIC. LINE 7H - TOTAL RESEARCH COSTS ARE DERIVED FROM THE MEDICARE COST REPORT AND SMCRI COST CENTERS LESS REVENUE AND LESS PHARMACEUTICAL ACTIVITIES. PART II N/A. PART III, SECTION A, LINE 2 THE BAD DEBT REPORTED ON PART III, LINE 2 IS THE TOTAL AMOUNT OF ANN &amp; ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO PROVISION FOR DOUBTFUL ACCOUNTS PER THE CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER AND AFFILIATED CORPORATIONS AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED AUGUST 31, 2018. PART III, SECTION A, LINE 3 THE PROVISION FOR FINANCIAL ASSISTANCE POLICY ALLOWS FOR ACCOUNTS IN BAD DEBT TO BE APPROVED FOR FINANCIAL ASSISTANCE IF THE PATIENT MEETS THE CRITERIA. THERE ARE POSSIBLE FINANCIAL ASSISTANCE ACCOUNTS IN BAD DEBT, ALTHOUGH THE EXACT PERCENTAGE IS UNKNOWN. PART III, SECTION A, LINE 4 PLEASE NOTE, SIMILAR TO FY 2017, WE DO NOT HAVE AN AFS FOOTNOTE FOR THE BAD DEBT CALCULATION FOR FY 2018. THE FOOTNOTES TO LURIE CHILDREN'S AUDITED FINANCIAL STATEMENTS DO NOT SPECIFICALLY ADDRESS BAD DEBT EXPENSE. LURIE CHILDREN'S DEFINES SELF-PAY AS BAD DEBT WHEN A FAMILY IS NOT ELIGIBLE FOR FINANCIAL ASSISTANCE AND DOES NOT PAY AN OUTSTANDING ACCOUNT BALANCE. EVEN WHEN A PATIENT IS NOT ELIGIBLE FOR FINANCIAL ASSISTANCE, OR ELIGIBILITY IS UNKNOWN, LURIE CHILDREN'S IS SENSITIVE TO THE FINANCIAL HEALTH OF OUR PATIENTS AND THEIR FAMILIES AND RECOGNIZES THAT FAMILY FINANCIAL CONCERNS MAY NOT ALWAYS BE SHARED. AT TIMES, A PATIENT MAY BE RELUCTANT TO COMPLETE A FINANCIAL ASSESSMENT TO DETERMINE THEIR ELIGIBILITY FOR CHARITY CARE. AS A RESULT, IT IS POSSIBLE THAT A PORTION OF BAD DEBT EXPENSE COULD REPRESENT PATIENTS WHO ARE UNABLE TO PAY AND MIGHT QUALIFY FOR FINANCIAL ASSISTANCE, HOWEVER, ACCURATE DATA TO ESTIMATE THIS AMOUNT IS UNAVAILABLE. LURIE CHILDREN'S IS COMMITTED TO MANAGING COLLECTION EFFORTS IN A SENSITIVE AND RESPECTFUL MANNER. IN THIS REGARD, LURIE CHILDREN'S SENDS A MINIMUM OF FOUR LETTERS/STATEMENTS TO THE FAMILIES BEFORE TAKING FURTHER ACTION.</p>

Form and Line Reference	Explanation
PART I, LINE 3C	<p>ION FOR HIGH BALANCE ACCOUNTS, THE HOSPITAL WILL ALSO ATTEMPT TO CONTACT THE PATIENT/FAMILY BY TELEPHONE SHOULD THE HOSPITAL RECEIVE NO REPLY AFTER MULTIPLE ATTEMPTS TO CONTACT THE FAMILY, THE SELF-PAY BALANCES ARE SENT TO A COLLECTION AGENCY FOR FURTHER ACTION WITH FEW EXCEPTIONS, LURIE CHILDREN'S DOES NOT CREDIT LIST ITS PATIENTS OR TAKE COURT ACTION IN ITS ATTEMPTS TO COLLECT THE OUTSTANDING BALANCES THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AT THE AMOUNT OF CHARGES WRITTEN OFF (NET OF CONTRACTUALS AND DISCOUNTS) IS PRESENTED AS A SEPARATE LINE ITEM ON THE FACE OF THE FINANCIAL STATEMENTS BAD DEBT EXPENSE ON PART II I, LINE 2 OF SCHEDULE H IS CALCULATED BASED ON AGING ACCOUNTS RECEIVABLE AND APPLYING HISTORICAL BAD DEBT PERCENTAGES PART III, SECTION B, LINE 8 THE MEDICARE SHORTFALL HAS NOT BEEN TREATED AS COMMUNITY BENEFIT FOR FY 2018, HOWEVER, IT SHOULD BE BECAUSE THIS BURDEN WOULD FALL ON THE GOVERNMENT AND OTHER CHARITIES IF CARE WAS NOT PROVIDED BY LURIE CHILDREN'S HOSPITAL PART III, SECTION B, LINE 9B COLLECTION POLICIES ARE THE SAME FOR ALL LURIE CHILDREN'S PATIENTS IF AT ANY POINT IN THE COLLECTION PROCESS DOCUMENTATION IS RECEIVED THAT INDICATES THE PATIENT IS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE, BUT HAS NOT APPLIED FOR IT, THE ACCOUNT IS REFERRED BACK FOR A FINANCIAL ASSISTANCE REVIEW THROUGH THE USE OF PAMPHLETS, SIGNAGE AND WEB SITE NOTICE, PATIENTS AND FAMILIES ARE NOTIFIED OF LURIE CHILDREN'S FINANCIAL ASSISTANCE POLICY ON RECEIPT OF THE INFORMATION, WE WILL DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE AND NOTIFY THE PATIENT AS QUICKLY AS POSSIBLE LURIE CHILDREN'S DOES NOT PURSUE COLLECTION OF AMOUNTS FROM PATIENTS WHO ARE BEING REVIEWED FOR FINANCIAL ASSISTANCE ELIGIBILITY OR WHO ARE DETERMINED TO QUALIFY FOR FINANCIAL ASSISTANCE IN ADDITION, ALL PATIENTS HAVING DIFFICULTY PAYING THEIR BILLS ARE DIRECTED TO FINANCIAL COUNSELORS OUR FINANCIAL COUNSELORS WILL WORK WITH OUR PATIENTS TO HELP THEM TO QUALIFY FOR FINANCIAL ASSISTANCE OR GOVERNMENT PAYORS SUCH AS MEDICAID AFTER IT IS DETERMINED THAT A PATIENT MEETS THE QUALIFICATIONS FOR THE FINANCIAL ASSISTANCE PROGRAM, THE ACCOUNT BALANCE IS EITHER PARTIALLY OR ENTIRELY WRITTEN OFF IN ACCORDANCE WITH OUR FINANCIAL ASSISTANCE POLICY IF THERE IS ANY REMAINING BALANCE, ONLY THAT BALANCE WOULD BE SUBJECT TO OUR DEBT COLLECTION POLICY IF A PATIENT HAS REQUESTED AND/OR FILLED OUT A FINANCIAL ASSISTANCE APPLICATION, ALL DEBT COLLECTION ACTIVITIES STOP UNTIL ELIGIBILITY FOR FINANCIAL ASSISTANCE CAN BE DETERMINED OUR POLICY PROVIDES THAT ONCE WE HAVE RECEIVED THE NECESSARY DOCUMENTATION WE WILL NOT REFER ANY ACCOUNTS FOR COLLECTION UNTIL WE CAN DETERMINE WHETHER THE PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE</p>

Form and Line Reference	Explanation
Part VI, Line 2	<p>NEEDS ASSESSMENT WHILE LURIE CHILDREN'S CONDUCTED ITS FORMAL CHNA REQUIRED UNDER SECTION 5 01(R) OF THE INTERNAL REVENUE CODE AND HAS ESTABLISHED ADVISORY COMMITTEES TO REVIEW THE H EALTH NEEDS OF THE COMMUNITY AND DEVELOP A CHNA REPORT, LURIE CHILDREN'S HAS ALSO UTILIZED OTHER MECHANISMS TO ASSESS THE HEALTH CARE NEEDS OF THE LARGER AND DIVERSE COMMUNITY IT S ERVES IN A VARIETY OF WAYS COMMUNITY NEEDS ARE IDENTIFIED BY THE LURIE CHILDREN'S BOARD O F DIRECTORS, AS WELL AS SEVERAL ADVISORY BOARDS WHICH ARE COMPRISED OF INDIVIDUALS FROM TH E COMMUNITY SERVED, WHO ARE ACTIVE MEMBERS OF THE COMMUNITY AND ATTUNED TO COMMUNITY NEEDS LURIE CHILDREN'S HAS A VERY ACTIVE FAMILY ADVISORY BOARD WHICH THE HOSPITAL RELIES UPON TO ASSIST IN MAKING DECISIONS ABOUT PROGRAMMING AND POLICIES FAMILY ADVISORY BOARD MEMBER S, COMPRISED OF PARENTS OF CHILDREN WHO HAVE HAD EXTENSIVE INPATIENT AND OUTPATIENT EXPERI ENCES AT THE HOSPITAL, ADVISE ADMINISTRATION AND MEDICAL LEADERSHIP ON PATIENT NEEDS AND H OSPITAL PRIORITIES FROM THE FAMILY PERSPECTIVE FAMILY ADVISORY BOARD MEMBERS CONTRIBUTE T HROUGH PARTICIPATION IN PLANNING, OPERATING AND POLICY COMMITTEES OF LURIE CHILDREN'S SIM ILARLY, THE KIDS' ADVISORY BOARD IS INTENDED TO GIVE A VOICE TO CHILDREN WHO HAVE BEEN TRE ATED AT THE HOSPITAL THE KIDS' ADVISORY BOARD MAKES RECOMMENDATIONS ON ISSUES RELATED TO PATIENT CARE FROM THE PERSPECTIVE OF A CHILD, TEENAGER AND SIBLING OF A PATIENT MOREOVER, LURIE CHILDREN'S HAS STRONG RELATIONSHIPS WITH OTHER NOT-FOR-PROFIT ORGANIZATIONS (SUCH A S HEALTH CLINICS AND SOCIAL SERVICE AGENCIES) AND COMMUNITY LEADERS WHO HELP IDENTIFY EXIS TING COMMUNITY NEEDS AND WAYS TO ADDRESS SUCH NEEDS LURIE CHILDREN'S IS ALSO A LEADER IN PEDIATRIC RESEARCH AIMED AT ADVANCEMENTS IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF DIS EASES THAT AFFECT THE DEVELOPMENT OF CHILDREN THROUGH ADOLESCENCE AS WELL AS ADULT DISORDE RS THAT DERIVE FROM THEM STANLEY MANNE CHILDREN'S RESEARCH INSTITUTE ("STANLEY MANNE RESE ARCH INSTITUTE") IS ONE OF A FEW INSTITUTIONS IN THE U S DEDICATED EXCLUSIVELY TO PEDIATR IC RESEARCH THIS RESEARCH AIDS IN THE IDENTIFICATION OF UNMET NEEDS FACED BY THE COMMUNIT Y AND, IN PARTICULAR, THE CHILDREN LURIE CHILDREN'S IS PRIVILEGED TO SERVE IN 2018, LURIE CHILDRENS HOSPITAL AND THE CHICAGO DEPARTMENT OF PUBLIC HEALTH (CDPH) LAUNCHED "VOICES OF CHILD HEALTH IN CHICAGO" TO HEAR DIRECTLY FROM CHICAGO FAMILIES ABOUT THEIR MOST SIGNIFIC ANT CHILD HEALTH AND WELLNESS CONCERNS THEY CONDUCTED A TELEPHONE SURVEY OF 3,310 ADULT C HICAGOANS IN 2017-2018 AND A FOLLOW-UP SURVEY OF 2,982 ADULTS IN CHICAGO IN 2018-2019 DAT A FROM THE SURVEY HAS LED TO OVER 15 REPORTBRIEFS ON SPECIFIC TOPIC AREAS BASED UPON ALL THESE VARIED ASSESSMENTS, LURIE CHILDREN'S, IN CONCERT WITH OTHERS IN THE COMMUNITY, STRIV ES TO ADDRESS IDENTIFIED NEEDS WHICH IT IS POSITIONED TO ASSIST WITH, PARTICULARLY THOSE R ELATED TO THE HEALTH AND WELL-BEING OF CHILDREN, THROUGH EDUCATION, RESEARCH AND PATIENT C ARE PROGRAMS, IN KEEPING WITH ITS CHARITABLE MISSION AS A TAX-EXEMPT ENTITY FOR SPECIFIC EXAMPLES OF COMMUNITY BUILDING ACTIVITIES OF LURIE CHILDREN'S, PLEASE SEE RESPONSE TO PART VI, LINE 5 BELOW PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE LURIE C HILDREN'S FINANCIAL ASSISTANCE POLICY IS COMMUNICATED TO THE PUBLIC AND PATIENTS FREQUENTLY AND IN MANY WAYS NEW PATIENTS RECEIVE A WRITTEN NOTICE INFORMING THEM ABOUT LURIE CHILD REN'S FINANCIAL ASSISTANCE POLICY AND ARE REQUESTED TO SIGN A STATEMENT AT LEAST ANNUALLY CONFIRMING THAT THEY HAVE RECEIVED THIS POLICY SIGNS ARE POSTED AT ALL AREAS OF REGISTRAT ION, LOBBIES OF OUR FACILITIES, RECEPTION, CLINICAL AREAS, WAITING ROOMS AND THE EMERGENCY DEPARTMENT DIRECTING PATIENTS WHO HAVE NEED OF FINANCIAL ASSISTANCE TO CONTACT OUR FINANC IAL COUNSELORS PAMPHLETS, DISTRIBUTED THROUGH THE HOSPITAL AND OTHER FACILITIES, TITLED " BILLING/FINANCIAL ASSISTANCE AND UNDERSTANDING YOUR BILL" PROVIDE INFORMATION ABOUT THE BI LLS THAT THE PATIENTS CAN BE EXPECTED TO HAVE RECEIVED AND DIRECT PATIENTS WHO MAY NEED FI NANCIAL ASSISTANCE TO CONTACT OUR FINANCIAL COUNSELORS IN ADDITION, A LINK IS SHOWN ON OU R WEBSITE ENTITLED "BILLING &amp; FINANCIAL ASSISTANCE" CLICKING ON THIS LINK WILL TAKE SOMEONE TO THE HOSPITAL'S APPLICATION FORM AND INSTRUCTIONS AVAILABILITY OF FINANCIAL ASSISTAN CE IS ALSO NOTED ON THE FRONT AND BACK OF THE FIRST PAGE OF THE PATIENT BILLING STATEMENT LURIE CHILDREN'S HAS FINANCIAL COUNSELORS WHO ARE TRAINED TO ASSIST AND ADVISE PATIENTS A S TO THE AVAILABILITY OF A VARIETY OF SOCIAL SERVICES AND RESOURCES, INCLUDING STATE MEDIC AID, ALLKIDS (ANOTHER STATE INSURANCE PROGRAM AVAILABLE TO CHILDREN FROM FAMILIES WHOSE IN COME EXCEEDS THE THRESHOLDS FOR MEDICAID ELIGIBILITY) AND THE HOSPITAL'S CHARITABLE ASSIST ANCE PROGRAM THE HOSPITAL'S STAFF ACTIVELY ASSISTS INPATIENTS AND OUTPATIENT SURGERY PATI ENTS WHO ARE ELIGIBLE FOR MEDICAID IN APPLYING FOR AND OBTAINING THESE BENEFITS IN THE AM BULATORY CLINIC SETTING APPLICATIONS FOR ALLKIDS A</p>



Form and Line Reference	Explanation
Part VI, Line 2	<p>RE PROVIDED TO PATIENTS WHERE INDIVIDUALS ARE NOT ELIGIBLE FOR SUCH PROGRAMS AND THERE IS NEED FOR FINANCIAL ASSISTANCE, LURIE CHILDREN'S FINANCIAL COUNSELORS ASSIST PATIENTS AND FAMILIES IN APPLYING FOR CHARITABLE ASSISTANCE AVAILABLE FROM THE HOSPITAL A PATIENT MAY QUALIFY FOR FINANCIAL ASSISTANCE AT ANY TIME, INCLUDING AFTER APPLICABLE INSURANCE LIMITS MAY HAVE BEEN EXHAUSTED PART VI, LINE 4 COMMUNITY INFORMATION LURIE CHILDREN'S IS UNIQUE IN THE COMMUNITY AND THE STATE OF ILLINOIS AS IT IS THE ONLY FREESTANDING PEDIATRIC HOSPITAL IN THE STATE AND ITS TERTIARY SERVICES INCLUDES A LEVEL I TRAUMA CENTER AND LEVEL III NEONATAL NURSERY WHICH SERVES AS A REGIONAL REFERRAL CENTER FOR THE STATE OF ILLINOIS' PERINATAL NETWORK IN ADDITION, FOR MORE THAN 60 YEARS, LURIE CHILDREN'S HAS SERVED AS THE PEDIATRIC TRAINING SITE FOR NORTHWESTERN UNIVERSITY'S FEINBERG SCHOOL OF MEDICINE, TRAINING RESIDENTS, MEDICAL STUDENTS AND FELLOWS WHO WILL COMPRISE THE NEXT GENERATION OF HEALTH CARE PROVIDERS WHILE LURIE CHILDREN'S SERVES PATIENTS FROM ALL OVER THE STATE OF ILLINOIS AND ALL OTHER STATES AND 57 COUNTRIES, THE PRIMARY COMMUNITY SERVED BY LURIE CHILDREN'S IS CHILDREN FROM THE CHICAGO METROPOLITAN AREA, WITH THE PRIMARY SERVICE AREA DEFINED AS BEING THE CITY OF CHICAGO AND COOK, DUPAGE, KANE, KENDALL, LAKE, MCHENRY AND WILL COUNTIES IN ILLINOIS APPROXIMATELY HALF OF THE INPATIENTS TO THE HOSPITAL LIVE WITHIN 10 MILES OF THE HOSPITAL AND MORE THAN HALF OF OUTPATIENTS RESIDE WITHIN 10 MILES APPROXIMATELY HALF OF THE PATIENTS TREATED BY THE HOSPITAL IN FISCAL YEAR 2017 WERE MEDICAID RECIPIENTS LURIE CHILDREN'S IS THE LARGEST PROVIDER OF MEDICAID PEDIATRIC SERVICES IN THE STATE OF ILLINOIS ACCORDING TO THE MOST RECENT U S CENSUS BUREAU DATA, 20.1% OF FAMILIES WITH RELATED CHILDREN UNDER AGE 18 ARE BELOW THE U S POVERTY LEVEL PATIENT DEMOGRAPHICS ARE DIVERSE AND INCLUDE A LARGE NUMBER OF FAMILIES WHOSE PRIMARY LANGUAGE IS NOT ENGLISH, DEMONSTRATED BY THE FACT THAT LURIE CHILDREN'S SPENT OVER \$1 MILLION IN TRANSLATION SERVICES IN FY17 INTERPRETERS ON STAFF ASSISTED COMMUNICATION BETWEEN FAMILIES AND DOCTORS THROUGH A COMBINATION OF IN-PERSON, VIDEO OR TELEPHONIC INTERPRETATION CLOSE TO 200 LANGUAGES WERE AVAILABLE VIA ANY HOSPITAL PHONE</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH LURIE CHILDREN'S INVESTS SIGNIFICANT RESOURCES EACH YEAR TO BUILD AND PROMOTE THE GENERAL HEALTH OF THE COMMUNITY IT SERVES LURIE CHILDREN'S ENGAGES IN A BROAD SPECTRUM OF ACTIVITIES IN FURTHERANCE OF ITS MISSION TO PROVIDE HEALTH CARE, RESEARCH, TEACHING AND ADVOCACY FOR THE PROMOTION OF CHILDREN'S WELL-BEING LURIE CHILDREN'S IS A LEADER IN PROVIDING NECESSARY HEALTH CARE SERVICES AS WELL AS EDUCATION AND ADVOCACY ABOUT IMPORTANT ISSUES AFFECTING CHILDREN LURIE CHILDREN'S IS A LEADER IN PEDIATRIC RESEARCH, INCLUDING CLINICAL RESEARCH AIMED AT PROMOTING THE HEALTH AND WELL-BEING OF CHILDREN IN THE COMMUNITY LURIE CHILDREN'S PARTNERS WITH MANY COMMUNITY PROGRAMS INTENDED TO PROVIDE ACCESS TO HEALTH-RELATED SERVICES, HEALTH EDUCATION, INJURY PREVENTION AND ADVOCACY FOR IMPORTANT INITIATIVES TO IMPROVE CHILDREN'S HEALTH LURIE CHILDREN'S ALSO SPENDS SIGNIFICANT RESOURCES TOWARD GRADUATE MEDICAL EDUCATION, PROVIDING SPECIALIZED TRAINING IN PEDIATRIC SPECIALTY MEDICINE, INCLUDING SPECIALTY AREAS WHERE THERE ARE SEVERE SHORTAGES OF CLINICIANS AND FEW GRADUATES EACH YEAR THE FOLLOWING ARE EXAMPLES OF SOME OF LURIE CHILDREN'S COMMUNITY HEALTH INITIATIVES BEYOND THOSE ADDRESSED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN REVIEWED ABOVE LURIE CHILDREN'S OPERATES A PRIMARY CARE CLINIC IN CHICAGO'S UPTOWN NEIGHBORHOOD, PROVIDING NEEDED PRIMARY CARE SERVICES, INCLUDING CHECK-UPS, BACK-TO-SCHOOL AND SPORTS PHYSICALS, IMMUNIZATIONS, VISION AND HEARING SCREENING AND SICK-CHILD CARE BY PEDIATRIC STAFF RESIDENTS, SUPERVISED BY ATTENDING PHYSICIANS LURIE CHILDREN'S ALSO HAS ESTABLISHED COLLABORATIONS WITH COMMUNITY RESOURCES AND AGENCIES, INCLUDING CHICAGO PUBLIC SCHOOLS FOR VARIOUS PROGRAMS TO SUPPORT HIV-AFFECTED CHILDREN ATTENDING SCHOOL, ASSISTING CHILDREN WITH COCHLEAR IMPLANTS IN RE-ENTERING SCHOOL AND SUPPORTING CHILDREN WITH EPILEPSY WHO ATTEND CHICAGO PUBLIC SCHOOLS AND SUBURBAN SCHOOLS IN ADDITION, LURIE CHILDREN'S COLLABORATES WITH THE DIVISION OF SPECIALIZED CARE FOR CHILDREN AS A MEANS TO MEET IDENTIFIED NEEDS IN THE PATIENTS IT SERVES THE INJURY PREVENTION AND RESEARCH CENTER ("IPRC") AT LURIE CHILDREN'S STRIVES TO EDUCATE THE PUBLIC ABOUT INJURY PREVENTION, IMPROVE PUBLIC POLICY AND FOSTER PROTECTIVE ENVIRONMENTS FOR CHILDREN, WHILE COORDINATING ALL INJURY PREVENTION INITIATIVES AT LURIE CHILDREN'S LURIE CHILDREN'S PROVIDES EDUCATION ON CAR SEAT SAFETY AND PROVIDES CAR SEATS TO PATIENTS WHO DO NOT HAVE THE MEANS TO PURCHASE A CAR SEAT FOR THEIR CHILD LURIE CHILDREN'S ALSO EDUCATES AND ADVOCATES FOR PREVENTION OF CHILDHOOD INJURIES, INCLUDING INJURY PREVENTION IN CHILDREN (PARTICULARLY UNINTENTIONAL INJURIES SUCH AS PREVENTION OF FALLS, PLAYGROUND SAFETY AND BUTTON BATTERIES), AS WELL AS HAS BEEN A LEADER IN ISSUES RELATED TO EARLY HIV TESTING FOR NEWBORNS THE HOSPITAL DEVOTES SIGNIFICANT RESOURCES TO FAMILY SUPPORT SERVICES WHICH INCLUDE SOCIAL WORK, PASTORAL CARE, PARENT EDUCATION AND OTHER FAMILY AMENITIES TO ADDRESS EMOTIONAL, SOCIAL AND SPIRITUAL NEEDS OF HOSPITALIZED CHILDREN AND THEIR FAMILIES OTHER INFORMATION THE LURIE CHILDREN'S MISSION IS TO PROVIDE PEDIATRIC HEALTH CARE, RESEARCH, TEACHING AND ADVOCACY FOR ISSUES RELATED TO CHILDREN LURIE CHILDREN'S GOVERNING BOARD AND VARIOUS ADVISORY BOARDS (FAMILY ADVISORY BOARD, KIDS' ADVISORY BOARD AND COMMUNITY ADVISORY BOARDS) ARE COMPRISED OF VOLUNTEERS FROM THE COMMUNITY WHO HAVE KNOWLEDGE OF THE COMMUNITY AND A BROAD RANGE OF EXPERTISE THE HOSPITAL PROVIDES MORE PEDIATRIC PATIENT CARE THAN ANY OTHER HOSPITAL IN ILLINOIS IN NEARLY EVERY PEDIATRIC AND SURGICAL SPECIALTY LURIE CHILDREN'S OPERATES A 24-HOUR, 7 DAY-PER-WEEK PEDIATRIC EMERGENCY ROOM, INCLUDING A LEVEL I TRAUMA CENTER AND LEVEL III NEONATAL NURSERY THAT SERVES AS A REGIONAL REFERRAL CENTER FOR THE STATE OF ILLINOIS' PERINATAL NETWORK THE HOSPITAL IS THE LARGEST PROVIDER OF MEDICAID SERVICES TO ILLINOIS CHILDREN THE HOSPITAL'S PEDIATRIC PHYSICIAN SPECIALISTS PROVIDE MORE SERVICES TO CHILDREN INSURED BY THE STATE OF ILLINOIS' INSURANCE PROGRAM THAN ANY OTHER PROVIDER THE HOSPITAL'S ABILITY TO TREAT THE MOST CRITICALLY ILL INFANTS IS DEMONSTRATED BY THE FACT THAT IN FISCAL YEAR 2017, OVER HALF OF ALL TRANSPORTS INTO ITS NEONATAL INTENSIVE CARE UNIT WERE FROM OTHER LEVEL III NURSERIES IN THE CHICAGO METROPOLITAN AREA IN FISCAL YEAR 2017, LURIE CHILDREN'S SERVED MORE THAN 208,600 PATIENTS FROM THE STATE OF ILLINOIS AND ELSEWHERE IN 70 PEDIATRIC SPECIALTIES OFFERED BY THE HOSPITAL IN KEEPING WITH ITS EXEMPT PURPOSES, SURPLUS FUNDS OF THE HOSPITAL ARE UTILIZED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND OR IMPROVE ITS FACILITIES AND ADVANCE MEDICAL TRAINING, EDUCATION AND RESEARCH PROGRAMS IN FY 2012, LURIE CHILDREN'S COMPLETED CONSTRUCTING A NEW, MODERN HOSPITAL FACILITY LOCATED ON THE CAMPUS OF NORTHWESTERN UNIVERSITY'S FEINBERG SCHOOL OF MEDICINE ("NUFSM"), DESIGNED TO CONTINUE TO PROVIDE THE HIGHEST QUALITY MEDICAL CARE, BETTER</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>ERVE PATIENTS AND FAMILIES AND ENHANCE THE ABILITY TO RECRUIT HIGH QUALITY PHYSICIAN FACULTY TO PROVIDE CLINICAL SERVICES, CONDUCT RESEARCH AND TRAIN RESIDENTS AND FELLOWS AMONG THE KEY DESIGN FEATURES AIMED AT IMPROVING THE CARE AND PRIVACY OF OUR PEDIATRIC PATIENTS IN PRIVATE PATIENT ROOMS. FURTHER, THE KIDS' ADVISORY BOARD AND FAMILY ADVISORY BOARD WERE ACTIVELY INVOLVED IN MAKING SUGGESTIONS ABOUT THE DESIGN OF THE NEW HOSPITAL FROM THE PERSPECTIVE OF PATIENTS AND FAMILIES AND THE NEW HOSPITAL REFLECTS MANY OF THEIR INSIGHTFUL RECOMMENDATIONS. LURIE CHILDREN'S ALSO INCREASES ACCESS TO ITS SERVICES BY OPERATING NUMEROUS OUTPATIENT SPECIALTY CLINICS IN VARIOUS LOCATIONS THROUGHOUT THE CHICAGO METROPOLITAN AREA, CONVENIENT FOR PATIENTS AND FAMILIES TO ACCESS THE SCARCE, PEDIATRIC SPECIALTY AND SUB-SPECIALTY SERVICES THAT WOULD NOT OTHERWISE BE IMMEDIATELY AVAILABLE. LURIE CHILDREN'S ALSO PROVIDES PHYSICIAN COVERAGE THROUGH NEONATOLOGISTS, PEDIATRIC INTENSIVISTS, PEDIATRIC HOSPITALISTS AND PEDIATRIC EMERGENCY MEDICINE PHYSICIANS AT 16 OTHER HOSPITALS LOCATED IN CHICAGO AS WELL AS THE SUBURBAN AREAS. CURRENTLY, LURIE CHILDREN'S PROVIDES THESE SERVICES TO NORTHWESTERN MEMORIAL HOSPITAL'S PRENTICE WOMEN'S HOSPITAL, NORTHWESTERN CENTRAL DUPAGE HOSPITAL, NORTHWESTERN DELNOR HOSPITAL, NORTHWESTERN LAKE FOREST HOSPITAL, NORTHWEST COMMUNITY HOSPITAL, PRESENCE MERCY, MERCY HOSPITAL &amp; MEDICAL CENTER, SILVER CROSS HOSPITAL, SW EDISH COVENANT HOSPITAL, NORWEGIAN AMERICAN HOSPITAL, WEST SUBURBAN MEDICAL CENTER, WESTLAKE MEDICAL CENTER, ADVENTIST HINSDALE HOSPITAL, CENTEGRA HOSPITAL HUNTLEY, AND LA RABIDA CHILDREN'S HOSPITAL, A SPECIALTY CHILDREN'S HOSPITAL IN CHICAGO SERVING CHILDREN WITH CHRONIC MEDICAL CONDITIONS. AGAIN, THESE SPECIALIZED SERVICES WOULD NOT OTHERWISE BE READILY AVAILABLE. LURIE CHILDREN'S IS INVOLVED WITH NUMEROUS PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS AND LEADERS TO PROMOTE THE HEALTH AND WELL-BEING OF THE CHILDREN IT SERVES. LURIE CHILDREN'S ALSO SERVES AS A MAJOR ACADEMIC TERTIARY CARE MEDICAL CENTER AND SERVES AS THE PRIMARY PEDIATRIC PRACTICE SITE FOR NUFSM AND PROVIDES THE CLINICAL TRAINING FOR NUFSM'S RESIDENT PHYSICIANS, FELLOWS AND MEDICAL STUDENTS IN PEDIATRIC SPECIALTIES AND SUB-SPECIALTIES. EACH YEAR, THE LURIE CHILDREN'S DEPARTMENT OF PEDIATRICS TRAINS OVER 200 PHYSICIANS. ALMOST HALF ARE PEDIATRIC RESIDENTS AND THE REMAINDER ARE FELLOWS IN VARIOUS PEDIATRIC SUB-SPECIALTIES INCLUDING CARDIOLOGY, HEMATOLOGY/ONCOLOGY AND NEONATOLOGY. IN ADDITION, THE LURIE CHILDREN'S DEPARTMENT OF SURGERY PROVIDES FORMAL RESIDENT EDUCATION TO NUFSM IN EACH OF ITS TEN DIVISIONS AND TRAINS ROTATING RESIDENTS FROM VARIOUS OTHER MEDICAL SCHOOLS. AMONG THE TRAINING OPPORTUNITIES FOR RESIDENTS, SUPERVISED BY ATTENDING PHYSICIANS, IS TO PROVIDE PRIMARY CARE AT THE UPTOWN CLINIC IN CHICAGO, WHERE PRIMARY CARE PEDIATRIC SERVICES ARE PROVIDED. THESE PRIMARY SERVICES WOULD NOT OTHERWISE BE AVAILABLE TO THE PATIENTS TREATED AT THE SITE. IN ADDITION TO TRAINING MEDICAL STUDENTS, RESIDENTS AND FELLOWS OF NUFSM AND OTHER INSTITUTIONS, LURIE CHILDREN'S OFFERS CLINICAL EXPERIENCES IN PEDIATRICS TO NURSING STUDENTS AND STUDENTS IN OTHER ALLIED HEALTH FIELDS. STUDENTS IN CLINICAL PLACEMENTS MUST BE CANDIDATES FOR A DEGREE IN THEIR PARTICULAR FIELD OF STUDY. LURIE CHILDREN'S IS AFFILIATED WITH 20 NURSING TRAINING PROGRAMS. IN ACADEMIC YEAR 2016-17 THERE WERE 1,966 STUDENT PLACEMENTS INCLUDING 398 THIRD AND FOURTH YEAR MEDICAL STUDENTS, 928 NURSING STUDENTS, AND 338 ALLIED HEALTH STUDENTS STUDYING IN THE FIELDS OF RESPIRATORY THERAPY, EXERCISE PHYSIOLOGY, REHABILITATION SERVICES, SOCIAL WORK, NUTRITION, RADIOLOGY, PHARMACY, CHILD LIFE, ART THERAPY, AND PSYCHIATRY-RELATED STUDIES. STUDENTS TRAINING TO BE OPERATING ROOM TECHNICIANS AND CARDIAC PERFUSION TECHNICIANS ALSO HAD CLINICAL PLACEMENTS AT LURIE CHILDREN'S. THE HOSPITAL HAS AN OPEN MEDICAL STAFF, WHICH IS COMPRISED OF PEDIATRICIANS AND PEDIATRIC SPECIALISTS WHOSE PRACTICE IS BASED AT LURIE.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 6	<p>AFFILIATED HEALTHCARE SYSTEM LURIE CHILDREN'S EMPLOYS, THROUGH AFFILIATED FACULTY PRACTICE PLANS ENTITIES, PEDIATRIC SPECIALISTS AND SUB-SPECIALISTS WHO PROVIDE PATIENT CARE AT LOCATIONS IN CHICAGO AND THE SURROUNDING COMMUNITIES IN ACCORDANCE WITH THE MISSION OF LURIE CHILDREN'S, THESE PHYSICIAN GROUPS PROVIDE MORE SERVICES TO MEDICAID PATIENTS THAN ANY OTHER PHYSICIAN PROVIDERS IN ILLINOIS IN CONNECTION WITH THEIR EXTENSIVE TREATMENT OF MEDICAID PATIENTS, IN FISCAL YEAR 2017, THESE PHYSICIAN AFFILIATES WERE PAID \$42.4 MILLION LESS THAN THE ACTUAL COSTS OF PROVIDING THE SERVICES IN ADDITION, LURIE CHILDREN'S, THROUGH ITS AFFILIATE, STANLEY MANNE CHILDREN'S RESEARCH INSTITUTE, PERFORMS RESEARCH AIMED AT ADVANCEMENTS IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF DISEASES THAT AFFECT THE DEVELOPMENT OF CHILDREN THROUGH ADOLESCENCE AS WELL AS ADULT DISORDERS THAT DERIVE FROM THEM STANLEY MANNE CHILDREN'S RESEARCH INSTITUTE, ONE OF A FEW INSTITUTIONS IN THE U.S. DEDICATED EXCLUSIVELY TO PEDIATRIC RESEARCH, OPERATES, IN PART, IN A FIVE-STORY, 125,000 SQUARE FOOT STATE-OF-THE-ART LABORATORY AND RESEARCH ADMINISTRATION FACILITY AS WELL AS IN THE HOSPITAL AND THE CAMPUS OF NORTHWESTERN UNIVERSITY STANLEY MANNE CHILDREN'S RESEARCH INSTITUTE RESEARCH ENCOMPASSES BASIC RESEARCH STUDIES AS WELL AS THOSE WITH POTENTIAL CLINICAL APPLICATIONS IN FISCAL YEAR 2017, THERE WERE MORE THAN 200 PHYSICIAN-SCIENTISTS ENGAGED IN RESEARCH IN ADDITION, THERE WERE OVER 400 FUNDED RESEARCH PROJECTS WHICH RECEIVED OVER \$40 MILLION IN ANNUAL FUNDING FROM EXTERNAL SPONSORS SUCH AS THE NATIONAL INSTITUTES OF HEALTH SEE THE TAX INFORMATION RETURN OF STANLEY MANNE CHILDREN'S RESEARCH INSTITUTE, EIN 36-3357005 FOR ADDITIONAL INFORMATION THE ANN &amp; ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO FOUNDATION ("LURIE CHILDREN'S FOUNDATION"), ANOTHER AFFILIATE OF LURIE CHILDREN'S, IS RESPONSIBLE FOR FUNDRAISING FOR THE HOSPITAL AND ITS AFFILIATED TAX-EXEMPT ORGANIZATIONS THESE PHILANTHROPIC DOLLARS SUPPORT THE PROGRAMS IN FURTHERANCE OF THE HOSPITAL'S MISSION AND BENEFITING THE COMMUNITY SERVED SEE THE TAX INFORMATION RETURN OF LURIE CHILDREN'S FOUNDATION, EIN 36-3357006 FOR ADDITIONAL INFORMATION IN ADDITION, IN CONNECTION WITH ITS RELATIONSHIP WITH NUFMS, LURIE CHILDREN'S IS A MEMBER INSTITUTION OF THE MCGAW MEDICAL CENTER OF NORTHWESTERN UNIVERSITY ("MCGAW") MCGAW IS AN ILLINOIS NOT-FOR-PROFIT CORPORATION, EXEMPT FROM FEDERAL INCOME TAXATION PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE MCGAW IS A CHARITABLE AND EDUCATIONAL CONSORTIUM OF FOUR INDEPENDENT HOSPITALS AND NUFMS THE GOAL OF MCGAW IS TO FACILITATE EDUCATION AND COORDINATE NUFMS MEDICAL RESIDENCY AND FELLOWSHIP PROGRAMS AMONG THE MEMBER INSTITUTIONS LURIE CHILDREN'S, NORTHWESTERN MEMORIAL HOSPITAL, NUFMS AND THE REHABILITATION INSTITUTE OF CHICAGO FOR ACADEMIC YEAR 2016-2017, MCGAW MEDICAL CENTER OF NORTHWESTERN UNIVERSITY MANAGED THE TRAINING OF APPROXIMATELY 799 RESIDENT-LEVEL TRAINEES AND 340 TRAINEES AT THE FELLOW LEVEL OF THOSE, LURIE CHILDREN'S IS THE PRIMARY TEACHING SITE FOR APPROXIMATELY 103 PEDIATRIC RESIDENTS AND 101 PEDIATRIC SUBSPECIALTY FELLOWS IN ADDITION, TRAINEES FROM THE ADULT PROGRAMS OF MCGAW ROTATE TO LURIE CHILDREN'S FOR VARYING LENGTHS OF TIME TO FULFILL THE PEDIATRIC COMPONENT OF THEIR TRAINING PROGRAM PART VI, 7 STATE FILING OF COMMUNITY BENEFIT REPORT LURIE CHILDREN'S FILES ITS ANNUAL COMMUNITY BENEFIT REPORT IN ILLINOIS</p>

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-2170833

**Name:** Ann & Robert H Lurie Children's Hospital of Chicago

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		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	Lurie Children's 225 E Chicago Ave BOX 282 Chicago, IL 606112991 www.luriechildrens.org 0005843	X		X	X		X	X			

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 2	<p>N/A PART V, SECTION B, LINE 3J N/A PART V, SECTION B, LINE 5 EVERY THREE YEARS, ANN &amp; ROBE RT H LURIE CHILDREN'S HOSPITAL OF CHICAGO ("LURIE CHILDREN'S") WORKS WITH INTERNAL AND EX TERNAL EXPERTS ON CHILD HEALTH TO DEVELOP A COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") AND IMPLEMENTATION STRATEGY THE MOST RECENT CHNA WAS COMPLETED IN 2019 AND THE FULL REPORT I S PUBLICLY AVAILABLE ONLINE AT LURIECHILDRENS ORG/CHNA THE GOALS OF THIS EFFORT ARE (1) T O BETTER UNDERSTAND THE HEALTH NEEDS OF CHILDREN AND ADOLESCENTS IN CHICAGO, (2) TO GUIDE LURIE CHILDRENS CONTINUING EFFORTS TO IMPROVE THE HEALTH AND WELL-BEING OF YOUTH, CONSISTE NT WITH OUR LONGSTANDING MISSION, AND (3) TO ADVANCE HEALTH EQUITY FOR YOUTH AND THEIR FAM ILIES IN ADDITION TO DEVELOPMENT OF OUR OWN COMMUNITY HEALTH NEEDS ASSESSMENT, LURIE CHIL DRENS PARTICIPATED IN THE DEVELOPMENT OF THE COLLABORATIVE CHNA (ALLHEALTHEQUITY ORG/PROJE CTS/2019-CHNA-REPORTS) SPEARHEADED BY THE ALLIANCE FOR HEALTH EQUITY, A COLLABORATIVE OF H OSPITALS/HEALTH SYSTEMS WORKING WITH HEALTH DEPARTMENTS AND REGIONAL AND COMMUNITY-BASED O RGANIZATIONS TO IMPROVE HEALTH EQUITY, WELLNESS AND QUALITY OF LIFE ACROSS CHICAGO AND SUB URBAN COOK COUNTY THE ALLIANCE FOR HEALTH EQUITY WAS DEVELOPED SO THAT PARTICIPATING ORGA NIZATIONS CAN COLLABORATIVELY ASSESS COMMUNITY HEALTH NEEDS, COLLECTIVELY DEVELOP SHARED I MPLEMENTATION PLANS TO ADDRESS COMMUNITY HEALTH NEEDS, MORE EFFICIENTLY SHARE RESOURCES, A ND HAVE A GREATER IMPACT ON THE LARGE POPULATION RESIDING IN COOK COUNTY CURRENTLY, 37 HO SPITALS, SIX LOCAL HEALTH DEPARTMENTS INCLUDING CHICAGO DEPARTMENT OF PUBLIC HEALTH (CDPH) AND COOK COUNTY DEPARTMENT OF PUBLIC HEALTH (CCDPH), AND NEARLY 100 COMMUNITY-BASED ORGAN IZATIONS ARE PARTICIPATING LURIE CHILDRENS PARTICIPATED IN AN ADVISORY ROLE AS A MEMBER O F THE ALLIANCE FOR HEALTH EQUITY STEERING COMMITTEE IN ADDITION, LURIE CHILDRENS PARTICIP ATED IN AND CONTRIBUTED TO THE COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT SUBCOMMITTEE, AND ALSO TO AD HOC WORK GROUPS FOCUSED ON DATA VISUALIZATIONS AND COPY EDITING, PROVIDI NG FEEDBACK AND GUIDANCE ON VARIOUS COLLABORATIVE CHNA ACTIVITIES (E G , COMMUNITY ENGAGEM ENT, SURVEY DEVELOPMENT AND DISSEMINATION, AND RECRUITING AND FACILITATING FOCUS GROUPS L URIE CHILDRENS CONTINUES TO BE ACTIVELY ENGAGED IN VARIOUS WORKGROUPS (E G , COMMUNITY SAF ETY, DATA, FOOD ACCESS, HOUSING, POLICY, TRAUMA-INFORMED CARE AND SOCIAL DETERMINANTS OF H EALTH), ENSURING THAT THE YOUTH-FOCUSED PERSPECTIVE IS WELL-REPRESENTED IN ADDITION TO LU RIE CHILDRENS PARTICIPATION IN THE ALLIANCE FOR HEALTH EQUITYS COLLABORATIVE CHNA, LURIE C HILDRENS CONDUCTED A CONCURRENT NEEDS ASSESSMENT BETWEEN MARCH 2018 AND JULY 2019 WITH A F OCUS ON OUR SERVICE AREA AND PRIORITY POPULATION THIS ASSESSMENT WAS CONDUCTED BY LURIE C HILDRENS HEALTHY COMMUNITIES, IN PARTNERSHIP WITH LURIE CHILDRENS DEPARTMENT OF DATA ANALY TICS AND REPORTING TWO ADVISORY GROUPS PROVIDED OVERSIGHT AND GUIDANCE ON THE CHNA LURIE CHILDRENS HEALTHY COMMUNITIES</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 2	INTERNAL ADVISORY COMMITTEE AND LURIE CHILDRENS HEALTHY COMMUNITIES EXTERNAL ADVISORY COM MITTEE  WE ALSO ASKED THESE COMMITTEES TO REVIEW AND PROVIDE FEEDBACK ON DRAFTS OF THE ALL IANCE FOR HEALTH EQUITY'S COLLABORATIVE CHNA AND LURIE CHILDRENS CHNA  LURIE CHILDRENS HEAL THY COMMUNITIES EXTERNAL ADVISORY COMMITTEE, AN AD-HOC SUBCOMMITTEE OF THE LURIE CHILDRENS BOARD OF DIRECTORS POLICY, ADVOCACY AND COMMUNITY ENGAGEMENT COMMITTEE, SERVES AS THE KEY OVERSIGHT COMMITTEE FOR LURIE CHILDRENS HEALTHY COMMUNITIES STRATEGY, OPERATIONS AND EVAL UATION, INCLUDING ADVISING ON THE DEVELOPMENT OF LURIE CHILDRENS COMMUNITY HEALTH NEEDS AS SESSMENTS AND IMPLEMENTATION PLANS  THE COMMITTEE IS COMPRISED OF POLICY, ADVOCACY AND COM MUNITY ENGAGEMENT COMMITTEE MEMBERS, LURIE CHILDRENS BOARD MEMBERS, HEALTHY COMMUNITIES EX ECUTIVE SPONSORS, CITY AND/OR STATE PUBLIC HEALTH EXPERTS, CITY GOVERNMENT LEADERS FROM CH ILD SERVING AGENCIES AND EXECUTIVE LEVEL LEADERS OF COMMUNITY PARTNER ORGANIZATIONS  MEMBE RS INCLUDE  * JAKE AMENT, DIRECTOR, NEIGHBORHOOD NETWORK, LISC CHICAGO * KENNETH FOX, MD, CHIEF HEALTH OFFICER, CHICAGO PUBLIC SCHOOLS * PAT GARCIA, MD, ASSOCIATE DEAN FOR CURRICUL UM AND PROFESSOR OF OBSTETRICS AND GYNECOLOGY AND MEDICAL EDUCATION, NORTHWESTERN UNIVERSI TY FEINBERG SCHOOL OF MEDICINE * LAUREN GORTER, LURIE CHILDREN'S BOARD * DARLENE HIGHTOWER , VICE PRESIDENT, COMMUNITY HEALTH EQUITY, RUSH UNIVERSITY MEDICAL CENTER * ERIKA HOLLIDAY , PAST PRESIDENT, LURIE CHILDREN'S FAMILY ADVISORY BOARD * MIKE KELLY, GENERAL SUPERINTEND ENT AND CEO, CHICAGO PARK DISTRICT * NORMAN KERR, VICE PRESIDENT, VIOLENCE PREVENTION, UCA N * MICHELLE MARTINEZ, LURIE CHILDREN'S FAMILY ADVISORY BOARD * ELIZABETH MCCHESNEY, DIREC TOR, CHILDREN'S SERVICES AND FAMILY ENGAGEMENT, CHICAGO PUBLIC LIBRARY * MICHELLE MORALES, CEO, MIKVA CHALLENGE * JULIE MORITA, MD, FORMER COMMISSIONER, CHICAGO DEPARTMENT OF PUBLI C HEALTH * JAMES RUDYK, EXECUTIVE DIRECTOR, NORTHWEST SIDE HOUSING CENTER * SMITA SHAH, PR ESIDENT AND CEO OF SPAAN TECH, INC, AND LURIE CHILDREN'S BOARD MEMBER * DARNELL SHIELDS, E XECUTIVE DIRECTOR, AUSTIN COMING TOGETHER * MONSIGNOR KENNETH VELO, BIG SHOULDERS FUND, DE PAUL UNIVERSITY AND LURIE CHILDREN'S BOARD MEMBER LURIE CHILDRENS HEALTHY COMMUNITIES INTE RNAL ADVISORY COMMITTEE SERVES AS THE KEY INTERNAL ADVISORY BODY TO GUIDE THE HOSPITALS EN GAGEMENT IN COMMUNITY HEALTH  STRATEGIC DIRECTION FOR THIS COMMITTEE WILL BE PROVIDED BY T HE MEDICAL CENTER BOARD OF DIRECTORS POLICY, ADVOCACY AND COMMUNITY ENGAGEMENT COMMITTEE T HROUGH ITS OVERSIGHT OF LURIE CHILDRENS HEALTHY COMMUNITIES  LIKE THE EXTERNAL ADVISORY CO MMITTEE, THIS COMMITTEE SERVES AS ADVISORS ON THE DEVELOPMENT OF LURIE CHILDRENS COMMUNITY HEALTH NEEDS ASSESSMENTS AND IMPLEMENTATION PLANS  LURIE CHILDRENS HEALTHY COMMUNITIES AD VISORY COMMITTEE INCLUDES EXPERTS IN PUBLIC HEALTH, CLINICAL CARE, ADVOCACY, MEDICAL COMPL EXITY, SOCIAL-EMOTIONAL WELL-BEING, RESEARCH, PUBLIC POLICY, WORKFORCE DEVELOPMENT, COMMUN ICATIONS AND PHILANTHROPY MEM

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 2	<p> BERS INCLUDE * RISHI AGRAWAL, MD, HOSPITALIST * BARB BAYLDON, MD, ACADEMIC GENERAL PEDIATRICS AND PRIMARY CARE * ADAM BECKER, PHD, EXECUTIVE DIRECTOR, CONSORTIUM TO LOWER OBESITY IN CHICAGO CHILDREN (CLOCC) * JENNIFER CALLIGAN, DIRECTOR, MARKETING AND COMMUNICATIONS * COLLEEN CICCHETTI, PHD, EXECUTIVE DIRECTOR, CENTER FOR CHILDHOOD RESILIENCE * MARY KATE DA LY, EXECUTIVE DIRECTOR, HEALTHY COMMUNITIES * MATTHEW M DAVIS, MD, MAPP, SENIOR VICE PRES IDENT AND CHIEF OF COMMUNITY HEALTH TRANSFORMATION * KELLI DAY, DIRECTOR OF OPERATIONS, HE ALTHY COMMUNITIES * JILL FRAGGOS, DIRECTOR, GOVERNMENT RELATIONS * MARIANA GLUSMAN, MD, AC ADEMIC GENERAL PEDIATRICS AND PRIMARY CARE * CHRIS HAEN, EXECUTIVE DIRECTOR, HEALTH PARTNE RS * SUSAN HAYES GORDON, SENIOR VICE PRESIDENT AND CHIEF OF EXTERNAL AFFAIRS * MARIE HEFFE RNAN, PHD, ASSOCIATE DIRECTOR, VOICES OF CHILD HEALTH IN CHICAGO * AMY HILL, EXECUTIVE DIR ECTOR, INJURY PREVENTION &amp; RESEARCH CENTER * CYNTHIA LABELLA, MD, SPORTS MEDICINE * JENNIF ER LEININGER, ASSOCIATE DIRECTOR, STRENGTHENING CHICAGO'S YOUTH AND ADOLESCENT MEDICINE * REBECCA LEVIN, EXECUTIVE DIRECTOR, STRENGTHENING CHICAGO'S YOUTH * MARYANN MASON, PHD, DIR ECTOR, ILLINOIS VIOLENT DEATH REPORTING SYSTEM * ANYA MAZIAK, DIRECTOR, LURIE CHILDRENS FO UNDATION * NELL MCKITRICK, DIRECTOR OF OPERATIONS, CENTER FOR CHILDHOOD RESILIENCE * MO OT TING, EMS COORDINATOR, EMERGENCY MEDICINE * STEPHANIE PELLIGRA, SR DIRECTOR, PEDIATRICS A DMINISTRATION AND OPERATIONS * MADIHA QURESHI, TEAMWORK TO REDUCE INFANT, CHILD AND ADOLES CENT MORTALITY (TRICAM) * MARIA RIVERA, MANAGER, WORKFORCE DEVELOPMENT, HUMAN RESOURCES * ANDREA ROMANIUK, MANAGER, POPULATION HEALTH, INFORMATION MANAGEMENT * ELLEN ROSENDALE, DIR ECTOR, FAMILY SERVICES * SUSAN RUOHONEN, SR DIRECTOR, FAMILY SERVICES * CORINNE SADECKI-L UND, TRAUMA COORDINATOR, TRAUMA * MICHELLE SAGAN, MD, ORTHOPEDIC SURGERY &amp; SPORTS MEDICINE * PARAG SHAH, MD, HOSPITALIST * KAREN SHEEHAN, MD, MPH, MEDICAL DIRECTOR, HEALTHY COMMUNI TIES * TRACIE SMITH, DIRECTOR, DATA ANALYTICS AND REPORTING </p>



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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6A	N/A PART V, SECTION B, LINE 6B N/A PART V, SECTION B, LINE 7D N/A PART V, SECTION B, LINE 11 AS A LEADING PEDIATRIC PROVIDER, LURIE CHILDRENS SERVES PATIENTS AND FAMILIES FROM EVERY STATE IN THE UNITED STATES AND 58 COUNTRIES ACROSS THE WORLD AS A PEDIATRIC LEADER IN CHICAGO, THE HIGHEST VOLUME OF PATIENTS COME FROM OUR VERY OWN COMMUNITY NEARLY 44 PERCENT OF OUR PATIENTS LIVE IN THE CITY OF CHICAGO ANNUALLY, LURIE CHILDRENS PROVIDES HEALTHCARE SERVICES, FROM PRIMARY CARE TO SUBSPECIALTY CARE, TO OVER 90,000 CHICAGOANS 0-19 YEARS OLD FOR THIS REASON AND THE FACT THAT LURIE CHILDRENS IS LOCATED IN THE CITY OF CHICAGO, WE DEFINE OUR SERVICE AREA COMMUNITY FOR THE PURPOSES OF THE ASSESSMENT AS THE CITY OF CHICAGO (FIGURE 5) OVER 97 PERCENT OF PATIENTS ARE 0-19 YEARS OLD, AND THEREFORE OUR PRIORITY POPULATION FOR THE CHNA IS INFANTS, CHILDREN AND ADOLESCENTS 0-19 YEARS OLD DATA ARE PRESENTED FOR THIS GEOGRAPHY AND POPULATION, WHERE AVAILABLE, AND NOTED WHEN DATA FALL OUTSIDE OF OUR SERVICE AREA AND PRIORITY POPULATION DATA WAS INCLUDED IN SOME INSTANCES FOR ADULT POPULATIONS, WHEN PEDIATRIC DATA WAS NOT AVAILABLE AND WHERE FAMILY/COMMUNITY CONTEXT IMPACTS CHILD HEALTH IN LINE WITH GOOD PUBLIC HEALTH PRACTICE, THE CHNA ANALYSIS BEGAN WITH A REVIEW OF THE LEADING CAUSES OF DEATH AND HOSPITALIZATION FOR CHICAGO CHILDREN AND ADOLESCENTS TO ASSURE THAT THE FULL RANGE OF SERIOUS HEALTH RISKS WAS CONSIDERED PRIMARY AND SECONDARY DATA FROM A DIVERSE RANGE OF SOURCES WERE UTILIZED FOR ROBUST DATA ANALYSIS AND TO IDENTIFY COMMUNITY HEALTH NEEDS IN CHICAGO THESE INCLUDED COMMUNITY INPUT SURVEYS, COMMUNITY RESIDENT FOCUS GROUPS AND LEARNING MAP SESSIONS, HEALTHCARE AND SOCIAL SERVICE PROVIDER FOCUS GROUPS, TWO STAKEHOLDER ASSESSMENTS LED BY PARTNER HEALTH DEPARTMENTS-FORCES OF CHANGE ASSESSMENT AND HEALTH EQUITY CAPACITY ASSESSMENT, ADDITIONAL AND VARIOUS STAKEHOLDER INTERVIEWS AND FOCUS GROUPS, PEER-REVIEWED LITERATURE AND WHITE PAPERS, EXISTING ASSESSMENTS AND PLANS FOCUSED ON KEY TOPIC AREAS, LOCALIZED DATA COMPILED BY SEVERAL AGENCIES INCLUDING CHICAGO DEPARTMENT OF PLANNING AND DEVELOPMENT, CHICAGO METROPOLITAN AGENCY FOR PLANNING, HOUSING AUTHORITY OF COOK COUNTY, AND STATE AND LOCAL POLICE DEPARTMENTS, LOCALIZED DATA COMPILED BY COMMUNITY-BASED ORGANIZATIONS AND ACADEMIC INSTITUTIONS, INCLUDING GREATER CHICAGO FOOD DEPOSITORY AND VOICES OF CHILD HEALTH IN CHICAGO, HOSPITALIZATION AND EMERGENCY DEPARTMENT ENCOUNTER DATA PROVIDED BY ILLINOIS HEALTH AND HOSPITAL ASSOCIATION AND ANALYZED BY THE CONDUENT HEALTHY COMMUNITIES INSTITUTE, DATA COMPILED BY STATE AGENCIES AND FEDERAL SOURCES HEALTH INEQUITIES AND THEIR UNDERLYING ROOT CAUSES ARE HIGHLIGHTED AND DISCUSSED THROUGHOUT THE ASSESSMENT THE ASSESSMENT IDENTIFIED FIVE PRIORITY DOMAINS, INCLUDING TWO PRIMARY DRIVERS (1) SOCIAL DETERMINANTS OF HEALTH AND (2) ACCESS TO CARE, PLUS THREE HEALTH DOMAINS (3) CHRONIC HEALTH CONDITIONS, (4) MENTAL AND BEHAVIORAL HEALTH, AND (5) UNINTENTIONAL INJURY AND

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6A	<p>VIOLENCE BELOW IS A SUMMARY OF THE CHNA PRIORITIES, AND LURIE CHILDRENS EFFORTS TO ADDRE SS THEM, INCLUDING WORK FROM THE 2017-2019 COMMUNITY HEALTH IMPLEMENTATION PLAN AND PLANS FOR THE 2020-2022 COMMUNITY HEALTH IMPLEMENTATION STRATEGY A DETAILED PROGRESS REPORT IS INCLUDED AS AN APPENDIX IN THE 2019 CHNA PUBLICLY PUBLISHED AT LURIECHILDRENS ORG/CHNA TH E FULL 2020-2022 COMMUNITY HEALTH IMPLEMENTATION STRATEGY IS ALSO AVAILABLE AT LURIECHILDR ENS ORG/CHNA PRIMARY DRIVERS SOCIAL DETERMINANTS/INFLUENCERS OF HEALTH AND ACCESS TO CAR E ACCORDING TO THE WORLD HEALTH ORGANIZATION, THE SOCIAL, ECONOMIC, AND ENVIRONMENTAL COND ITIONS INTO WHICH PEOPLE ARE BORN, LIVE, WORK, AND AGE THESE FACTORS INCLUDE ECONOMIC STA BILITY, EDUCATION, NEIGHBORHOOD AND BUILT ENVIRONMENT, SOCIAL AND COMMUNITY CONTEXT, AND A CCESS TO HEALTHCARE RESEARCH HAS LONG ESTABLISHED THAT SOCIAL INFLUENCERS OF HEALTH ARE P RIMARY DRIVERS OF HEALTH OUTCOMES FOR EXAMPLE, CHILDREN BORN TO MOTHERS WITHOUT A HIGH SC HOOL EDUCATION ARE TWICE AS LIKELY TO DIE BEFORE THEIR FIRST BIRTHDAY AS CHILDREN BORN TO MOTHERS WHO ARE COLLEGE GRADUATES, SELF-REPORTED POOR HEALTH INCREASES WITH DECREASING LEV ELS OF INCOME AND EDUCATION, AND LOW-INCOME INDIVIDUALS ARE MORE LIKELY TO HAVE A CHRONIC DISEASE LURIE CHILDRENS HAS BEGUN A PROCESS TO EXPAND SCREENING OF PATIENTS FOR SOCIAL DE TERMINANTS/INFLUENCERS OF HEALTH, AND TO PROVIDE RESOURCES TO HELP ADDRESS THESE ISSUES A CCESS TO HEALTHCARE IS BROADLY DEFINED BY THE INSTITUTE OF MEDICINE AS THE "THE TIMELY USE OF PERSONAL HEALTH SERVICES TO ACHIEVE THE BEST HEALTH OUTCOMES " HEALTHY PEOPLE 2020 DES CRIBES THE THREE STEPS REQUIRED FOR AN INDIVIDUAL TO ACCESS HEALTHCARE SERVICES (1) GAINI NG ENTRY INTO THE HEALTHCARE SYSTEM, (2) ACCESSING A LOCATION WHERE NEEDED HEALTHCARE SERV ICES ARE PROVIDED, AND (3) FINDING A HEALTHCARE PROVIDER WHOM THE PATIENT TRUSTS AND CAN C OMMUNICATE WITH THERE ARE SEVERAL COMPLEX FACTORS THAT FURTHER INFLUENCE ACCESS TO HEALTH CARE INCLUDING PROXIMITY, AFFORDABILITY, AVAILABILITY, CONVENIENCE, ACCOMMODATION, RELIABI LITY, QUALITY, ACCEPTABILITY, OPENNESS, CULTURAL RESPONSIVENESS, APPROPRIATENESS AND APPRO ACHABILITY LURIE CHILDRENS MOST SIGNIFICANT PARTNERS IN PROVIDING PRIMARY CLINICAL AND BE HAVIOR HEALTHCARE TO CHILDREN IN LOW/VERY LOW CHILD OPPORTUNITY NEIGHBORHOODS ARE FEDERALL Y QUALIFIED HEALTH CENTERS (FQHCs) FQHCs HAVE AN IMPORTANT ROLE IN ELIMINATING DISPARITIE S IN ACCESS TO HEALTHCARE AND ARE LOCATED THROUGHOUT CHICAGO TO ADDRESS THE SOCIAL DETERM INANTS/INFLUENCERS OF HEALTH AND ACCESS TO CARE, LURIE CHILDRENS UNDERTOOK SEVERAL INITIAT IVES BETWEEN 2017-2019, INCLUDING * ASSUMING LEADERSHIP ROLES IN WEST SIDE UNITED, A GROU P OF HOSPITALS, FUNDERS, TECHNICAL AND COMMUNITY ORGANIZATIONS WORKING TOGETHER ON ECONOMI C VITALITY, POPULATION HEALTH AND COMMUNITY-DRIVEN INITIATIVES TO IMPROVE THE HEALTH OF IN DIVIDUALS WHO LIVE ON THE WEST SIDE OF CHICAGO THE GOAL OF THIS COLLABORATIVE IS TO COORD INATE THE EFFORTS EACH INDIVID</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 6A	<p>UAL HOSPITAL IS UNDERTAKING TO MAXIMIZE OVERALL POSITIVE IMPACT AND IMPROVE HEALTH EQUITY WITH THE OBJECTIVE OF LOWERING THE 16-YEAR LIFE EXPECTANCY GAP BETWEEN CHICAGOS LOOP AND T HE WEST SIDE * LURIE CHILDRENS IS ONE OF 10 CHICAGO HOSPITALS TO JOIN FORCES WITH U S S E NATOR DICK DURBIN (D-IL) TO REDUCE VIOLENCE AS PART OF THE CHICAGO HOSPITAL ENGAGEMENT, AC TION AND LEADERSHIP (HEAL) INITIATIVE SENATOR DURBIN LAUNCHED THE CHICAGO HEAL INITIATIVE IN OCTOBER 2018 TO BRING TOGETHER HOSPITALS TO MAKE TANGIBLE COMMITMENTS TO REDUCE GUN VI OLENCE, HEAL THE PHYSICAL AND MENTAL TRAUMA THAT VIOLENCE INFLECTS ON VICTIMS, INCREASE WE LL-PAYING JOBS, AND CREATE OTHER ECONOMIC OPPORTUNITIES IN THE NEIGHBORHOODS THEY SERVE * IN 2018, LURIE CHILDRENS BECAME THE THIRD CHILDRENS HOSPITAL IN THE COUNTRY TO JOIN THE D EMOCRACY COLLABORATIVES HEALTHCARE ANCHOR NETWORK (WWW HEALTHCAREANCHOR NETWORK), A GROUP OF HOSPITALS AND HEALTH SYSTEMS COMMITTED TO BUILDING MORE INCLUSIVE AND SUSTAINABLE LOCAL ECONOMIES THIS GROUP SHARES INNOVATIVE IDEAS AND BEST PRACTICES TO EXPAND HOSPITALS ROLE AS ANCHOR INSTITUTIONS BY EXPAND COMMUNITY HIRING, PROCUREMENT AND INVESTMENT OPPORTUNITI ES *TO ENSURE THAT WE CAN DELIVER HEALTHCARE THAT MEETS SOCIAL, CULTURAL AND LINGUISTIC N EEDS, WE STRIVE TO HAVE A WORKFORCE THAT MIRRORS THE DIVERSITY OF OUR PATIENTS IN ADDITIO N, WE PROACTIVELY REACH OUT TO YOUNG PEOPLE IN UNDER-RESOURCED COMMUNITIES TO ENSURE THAT THEY HAVE ACCESS TO OPPORTUNITIES IN HEALTHCARE CAREERS THROUGH LURIE CHILDRENS WORKFORCE EDUCATION AND COMMUNITY ENGAGEMENT THROUGH THESE OPPORTUNITIES, WE PROVIDE OVER 200 INTER NSHIPS ANNUALLY AND HAVE HIRED MORE THAN 70 FORMER INTERNS INTO EMPLOYMENT AT LURIE CHILDR ENS * SUPPORTING EVIDENCE-BASED PARENTING PROGRAMS WITH METROPOLITAN FAMILY SERVICES AND CHICAGO PUBLIC LIBRARY * INITIATING AN ON-SITE FOOD PANTRY AT LURIE CHILDRENS PRIMARY CAR E UPTOWN FOR FAMILIES WHO IDENTIFY AS FOOD INSECURE * LAUNCHING A COMPREHENSIVE NEIGHBORH OOD-BASED INTERVENTION IN THE BELMONT CRAGIN AND AUSTIN NEIGHBORHOODS TO BETTER ADDRESS TH E RELATED AND UNDERLYING CAUSES OF CHILD AND ADOLESCENT HEALTH CHALLENGES * SINCE 2016, L URIE CHILDRENS HAS PROVIDED \$900,000 IN COMMUNITY BENEFIT GRANTS TO FQHCS TO EXTEND OUR MI SSION AND SUPPORT KEY PARTNERS PEDIATRIC-FOCUSED OPERATIONS IN 2017, WE REVISED THE AIM O F THESE GRANTS TO (1) FOCUS ON MISSION IMPACT CONCORDANT WITH THEIR UNIQUE GOALS AND WITH LURIE CHILDRENS CHNA PRIORITY AREAS, AND (2) INCLUDE MORE RIGOROUS EVALUATION TO MEASURE I MPACT * IN 2019, LURIE CHILDRENS BECAME THE ILLINOIS AFFILIATE OF PROJECT ADAM, AN INITIA TIVE TO PREVENT DEATHS FROM SUDDEN CARDIAC ARREST THROUGH ADVOCACY, EDUCATION, PREPAREDNES S AND COLLABORATION THIS INITIATIVE EDUCATES STAKEHOLDERS ON BYSTANDER CPR TRAININGS AND PROVIDES TECHNICAL ASSISTANCE TO LOCAL SCHOOLS ON THE PATHWAY TO BECOMING HEART SAFE SCHOO LS * IN 2019, LURIE CHILDRENS LAUNCHED OUR MOBILE HEALTH PROGRAM, A MOBILE CARE CLINIC AN D HEALTH PROMOTION PROGRAM WHI</p>

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

Form and Line Reference	Explanation
CHRONIC HEALTH CONDITIONS	<p>THE DEFINITION OF CHRONIC DISEASE VARIES WIDELY IN THE UNITED STATES AND ACROSS THE GLOBE. HOWEVER, CHRONIC DISEASES ARE OFTEN DEFINED AS HAVING THE FOLLOWING CHARACTERISTICS: COMPLEX CAUSALITY WITH MULTIPLE FACTORS LEADING TO ONSET INCLUDING SOCIOECONOMICS AND HEALTH BEHAVIORS, LONG DEVELOPMENT PERIOD, PROLONGED COURSE OF ILLNESS THAT OFTEN REQUIRES ONGOING MEDICAL ATTENTION, NON-COMMUNICABLE, AND CAUSE FUNCTIONAL IMPAIRMENT IN DAILY ACTIVITIES OR DISABILITY. ACCORDING TO THE WORLD HEALTH ORGANIZATION AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION, WORLDWIDE AND IN THE UNITED STATES, CHRONIC DISEASES ARE THE LEADING CAUSES OF DISABILITY AND DEATH. IN ADDITION, CHRONIC DISEASE RATES ARE ACCELERATING GLOBALLY ACROSS ALL SOCIOECONOMIC CLASSES. HOWEVER, SOCIOECONOMIC INEQUITIES HAVE PROFOUND IMPACTS ON WHICH POPULATIONS AND COMMUNITIES HAVE THE GREATEST BURDEN OF DISEASE. MANY OF THE SOCIOECONOMIC INEQUITIES THAT ARE UNDERLYING ROOT CAUSES OF CHRONIC ILLNESS ARE EXPLORED IN DEPTH IN THE HEALTH INEQUITIES AND SOCIAL DETERMINANTS OF HEALTH SECTION. PREVENTION CHRONIC CONDITIONS SUCH AS HEART DISEASE, STROKE, CANCER, DIABETES, ARTHRITIS, ASTHMA, MENTAL ILLNESS, AND HIV/AIDS ACCOUNT FOR 90 PERCENT OF THE NATION'S \$3.3 TRILLION IN ANNUAL HEALTHCARE EXPENDITURES (CDC, 2019). ADDRESSING THE RISK FACTORS IN CHILDHOOD THROUGH EARLY PREVENTION AND ONGOING MANAGEMENT CAN MITIGATE THE ONSET AND REDUCE THE COSTLY PHYSICAL AND SOCIOECONOMIC BURDEN OF THESE CHRONIC CONDITIONS IN ADULTHOOD. RISK FACTORS: A SMALL NUMBER OF COMMON RISK FACTORS CONTRIBUTE TO MOST OF THE MAIN CHRONIC DISEASES: UNHEALTHY DIET, PHYSICAL INACTIVITY, TOBACCO USE, STRESS AND/OR DEPRESSION, MATERNAL AND INFANT HEALTH AND POVERTY AND OTHER SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH. TO ADDRESS CHRONIC HEALTH CONDITIONS, LURIE CHILDREN'S UNDERTOOK SEVERAL INITIATIVES BETWEEN 2017-2019, INCLUDING:</p> <ul style="list-style-type: none"> <li>* TO BETTER CARE FOR THE HIGHEST RISK ASTHMA PATIENTS, LURIE CHILDREN'S LAUNCHED A HIGH-RISK MULTI-DISCIPLINARY ASTHMA CLINIC WITH ADVANCED PRACTICE NURSES AND SOCIAL WORKERS TO ADDRESS SOCIAL DETERMINANTS OF CHRONIC ASTHMA AND ADVANCED CLINICIANS WITH EXPERTISE IN ASTHMA COMPLEXITY/ASTHMA SEVERITY.</li> <li>* IN ORDER TO PREVENT POTENTIALLY UNNECESSARY VISITS TO THE EMERGENCY ROOM, LURIE CHILDREN'S PARTNERED WITH RESPIRATORY HEALTH ASSOCIATION TO PROVIDE EVIDENCE-BASED ASTHMA EDUCATIONAL SERVICES TO CHILDREN LIVING WITH ASTHMA AND THEIR CAREGIVERS IN SCHOOL-BASED SETTINGS. TARGET COMMUNITIES INCLUDE THOSE FROM WHICH HIGH NUMBERS OF CHILDREN GO TO LOCAL EMERGENCY ROOMS FOR ASTHMA-RELATED ISSUES - ZIP CODES 60639, 60647 AND 60651.</li> <li>* BETWEEN 2012-2019, 349 STUDENTS AND 318 SCHOOL STAFF RECEIVED THIS EDUCATION.</li> <li>* PROVIDE OVER 750 MEDICALLY-COMPLEX PATIENTS CARE COORDINATION SERVICES THROUGH LURIE CHILDREN'S HEALTH PARTNERS CARE COORDINATION ENTITY, WHICH LAUNCHED IN 2014. THIS EFFORT INVOLVES PARTNERING WITH MEDICAL HOME PROVIDERS IN THE COMMUNITY, PROVIDING INTENSIVE CARE COORDINATION, IT INTEGRATION, AND SUPPORT.</li> </ul>

**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
CHRONIC HEALTH CONDITIONS	<p>FOR HOME-BASED SERVICES * LURIE CHILDRENS CHRONIC ILLNESS TRANSITION TEAM CONTINUES TO P ROVIDE SUPPORT AS YOUNG PEOPLE WITH COMPLEX CONDITIONS TRANSITION FROM PEDIATRIC TO ADULT CARE THIS INCLUDES A TRANSITION CLINIC TO COORDINATE CARE, A LIFE SKILLS PROGRAM FOR ALL FAMILIES (SUPPORTING ADOLESCENTS WITH INDEPENDENT LIFE SKILLS [SAILS]), AND AN INTERNSHIP PROGRAM TO HELP YOUTH GET THE EXPERIENCE THEY NEED TO TRANSITION TO THE ADULT WORKFORCE I N ADDITION, THE TRANSITION TEAM CONTINUES TO CREATE TOOLS, RESOURCES, CONTACTS, AND CONSUL TATIONS FOR OUR COLLEAGUES TO HELP THEM CREATE SMOOTH TRANSITIONS FOR THEIR PATIENTS * LU RIE CHILDRENS PARENT WISDOM IN SHARED EXPERIENCE (PARENTWISE) AND PEER WISDOM IN SHARED EX PERIENCE (PEERWISE) PROGRAMS PAIR PARENTS OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS WITH O THER PARENTS AND YOUTH WHOSE DIAGNOSES OR NEEDS ARE SIMILAR THESE PROGRAMS, IN WHICH MORE THAN 100 VOLUNTEERS PROVID OVER 1800 HOURS OF SERVICE ANNUALLY TO HELP OPTIMIZE THE HEALT HCARE EXPERIENCE FOR CHILDREN WITH MEDICAL COMPLEXITY * SINCE 1985 THE PEDIATRIC PRACTICE RESEARCH GROUP ("PPRG"), A REGIONAL CHICAGO-AREA PRACTICE-BASED RESEARCH NETWORK AT LURIE CHILDREN'S HAS COLLABORATED WITH PRIMARY CARE PRACTICES IN A VARIETY OF RESEARCH PROJECTS SOME OF THE PROJECTS HAVE INCLUDED QUALITY IMPROVEMENT FOCUSED ON IMPROVING CARE RELATED TO NUTRITIONAL STATUS ASSESSMENT, DIET AND PHYSICAL ACTIVITY ASSESSMENT AND COUNSELING I N ADDITION, PPRG HAS CONDUCTED A NUMBER OF QUALITY IMPROVEMENT PROJECTS IN THE AREA OF OBE SITY IDENTIFICATION AND MANAGEMENT EXAMPLES INCLUDE FACILITATING AND EVALUATING THE IMPLE MENTATION OF OBESITY CARE CLINICS IN 5 PRIMARY CARE PRACTICES AND TESTING TWO STRATEGIES T O IMPLEMENT THE NATIONAL HEART, LUNG, AND BLOOD INSTITUTE ("NHLBI") CARDIOVASCULAR RISK PR EVENTION GUIDELINES AT 16 PRACTICES * THE CONSORTIUM TO LOWER OBESITY IN CHICAGO CHILDREN ("CLOCC"), A NATIONALLY RECOGNIZED CHILDHOOD OBESITY PREVENTION COALITION, WAS FOUNDED BY LURIE CHILDREN'S IN 2002 ITS MISSION IS TO CONFRONT THE CHILDHOOD OBESITY EPIDEMIC BY PR OMOTING HEALTHY AND ACTIVE LIFESTYLES FOR CHILDREN THROUGHOUT THE CHICAGO METROPOLITAN AREA A CLOCC CREATES AND SUSTAINS THE TYPES OF MULTI-SECTOR COLLABORATION RECOMMENDED BY OUR N ATION'S HEALTH LEADERS * KEY ELEMENTS OF CLOCC'S WORK INCLUDE THE WIDELY-USED 5-4-3-2-1 GO HEALTHY LIFESTYLE MESSAGE, PARTNERING WITH SCHOOLS TO HELP THEM ACHIEVE THE HEALTHY CPS DESIGNATION, ENVIRONMENTAL CHANGE TO IMPROVE FOOD ACCESS AND NEIGHBORHOOD WALKABILITY AND POLICY EFFORTS AT CITY, STATE AND FEDERAL LEVELS SINCE 2016, CLOCC HAS TRAINED OVER 700 PARTNERS IN THEIR HEALTHY LIFESTYLE CURRICULA FOCUSED ON NUTRITION AND PHYSICAL ACTIVITY FOR THE 2020-2022 COMMUNITY HEALTH IMPLEMENTATION STRATEGY, OUR KEY STRATEGIES TO ADDRESS RISK FACTORS, PREVENTION AND MANAGEMENT OF CHRONIC HEALTH CONDITIONS, INCLUDE * EXPAND SU PPORTIVE SERVICES (E G CARE COORDINATION, LINKAGES TO PRIMARY CARE PHYSICIANS, TRANSITION TO ADULT SERVICES, TELEMEDICI</p>

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

Form and Line Reference	Explanation
CHRONIC HEALTH CONDITIONS	NE) FOR CHILDREN AND ADOLESCENTS WITH CHRONIC HEALTH CONDITIONS AND MEDICAL COMPLEXITIES * ENHANCE PARTNERSHIP WITH SCHOOLS TO SUPPORT YOUTH WITH CHRONIC HEALTH CONDITIONS *IDENTIF Y, PREVENT AND MANAGE RISK FACTORS THAT IMPACT CHRONIC HEALTH CONDITIONS WITH THE GREATEST RACIAL DISPARITIES (E G , ASTHMA, OBESITY, FOOD ALLERGIES) MENTAL AND BEHAVIORAL HEALTH I N 2016, ONE IN SIX U S CHILDREN 28 YEARS OLD (17 4 PERCENT) HAD A DIAGNOSED MENTAL, BEHAV IORAL, OR DEVELOPMENTAL DISORDER ACCORDING TO THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NA MI), AT LEAST ONE IN FIVE ADOLESCENTS HAVE OR WILL HAVE A SERIOUS MENTAL OR BEHAVIORAL HEA LTH CONDITION CHICAGO PREVALENCE DATA FOR YOUTH MENTAL HEALTH DISORDERS IS LIMITED IT IS ESTIMATED THAT OVER 30 PERCENT OF CHICAGO HIGH SCHOOL STUDENTS EXPERIENCE DEPRESSION AND OVER 5 PERCENT REPORTED ATTEMPTING SUICIDE IN THE PAST 12 MONTHS THE CAUSES OF MENTAL HEA LTH DISORDERS ARE COMPLEX AND INTERRELATED AND THERE ARE GAPS IN THE SYSTEM TO ADDRESS AND TREAT TO ADDRESS MENTAL AND BEHAVIORAL HEALTH, LURIE CHILDRENS UNDERTOOK SEVERAL INITIAT IVES BETWEEN 2017-2019, INCLUDING * LURIE CHILDRENS CENTER FOR CHILDHOOD RESILIENCE PROMO TES ACCESS TO HIGH QUALITY MENTAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS STATEWIDE T HROUGH CLINICAL SERVICE, RESEARCH, TRAINING, ADVOCACY AND POLICY REFORM UTILIZING A PUBLI C HEALTH APPROACH TO EXPANDING ACCESS TO MENTAL HEALTH SERVICES, ALLOWS THE CENTER TO ADDR ESS MENTAL HEALTH REFORM HOLISTICALLY, INCLUDING SCHOOL MENTAL HEALTH WORKING WITH SCHOOL STAFF, CLINICIANS, ADMINISTRATORS AND COMMUNITY ORGANIZATIONS TO BUILD BETTER ACCESS TO M ENTAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS, TRAUMA TRAINING TEACHING PROFESSIONALS WHO WORK WITH CHILDREN, TRAUMA-INFORMED BEST PRACTICES, RESEARCH IDENTIFYING, EVALUATING AND DISSEMINATING INTERVENTION BEST PRACTICES, PRE-PROFESSIONAL MENTAL HEALTH TRAINING TRA INING NEW GENERATIONS OF CLINICAL PROFESSIONALS IN THE PUBLIC HEALTH APPROACH TO MENTAL HE ALTH, ADVOCACY AND POLICY LEADING ADVOCACY AND POLICY WORK TO ENSURE STATEWIDE SYSTEMS AND RESOURCES SUPPORT BEST PRACTICES IN BEHAVIORAL HEALTH * THROUGH ITS CENTER FOR CHILDHOOD RESILIENCE, LURIE CHILDREN'S ALSO PLAYS A LEADERSHIP ROLE IN THE ILLINOIS CHILDHOOD TRAUM A COALITION AND THE ILLINOIS CHILDRENS MENTAL HEALTH PARTNERSHIP, BOTH OF WHICH ARE HOUSED WITHIN LURIE CHILDRENS * IN 2018, LURIE CHILDRENS LAUNCHED TWO PROGRAMS TO ADDRESS MENTA L AND BEHAVIOR HEALTH NEEDS THE MOOD, ANXIETY, ADHA COLLABORATIVE CARE (MAACC) PROGRAM AN D TARGETED ASSESSMENT AND GROUP EMPIRICALLY-SUPPORTED TREATMENT (TARGET) THE MAACC PROGRA M IS A COLLABORATIVE CARE SYSTEM WITH COMMUNITY PEDIATRICIANS TO INCREASE THEIR ABILITY TO IDENTIFY AND TREAT MENTAL HEALTH CONCERNS IN THE PRIMARY CARE SETTING MAACC TRAINS COMMU NITY PEDIATRICIANS AND COLLABORATES WITH A LURIE CHILDRENS CHILD PSYCHIATRISTS TO PROVIDE TREATMENT TO THEIR PATIENTS WHEN MEDICATION MANAGEMENT IS NEEDED TARGET IS A NEW SERVICE MODEL FOR AT-RISK YOUTH THAT U

**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
UNINTENTIONAL INJURY AND VIOLENCE	<p>UNINTENTIONAL INJURIES ARE THE LEADING CAUSE OF DEATH AMONG CHILDREN AND ADOLESCENTS IN IL LINOIS AND THE U S UNINTENTIONAL INJURIES INCLUDE SUFFOCATION, DROWNING, POISONING, FIRES , FALLS, MOTOR VEHICLE CRASHES, AND OCCUPATIONAL INJURIES THE TWO PEDIATRIC AGE GROUPS WI TH THE HIGHEST UNINTENTIONAL INJURY DEATH RATES ARE INFANTS (&lt; 1 YEAR OLD) AND ADOLESCENTS 15-19 YEARS OLD UNINTENTIONAL INJURIES ARE ALSO A MAJOR CAUSE OF EMERGENCY DEPARTMENT VI SITS, HOSPITALIZATION, AND PERMANENT DISABILITY AMONG CHILDREN AND ADOLESCENTS THE CDC ES TIMATES THAT FOR EVERY CHILD WHO DIES FROM AN UNINTENTIONAL INJURY, THERE ARE AN ADDITIONA L 900 CHILDREN TREATED IN THE EMERGENCY DEPARTMENT IN ADDITION, UNINTENTIONAL INJURIES AR E A MAJOR CONTRIBUTOR TO INFANT MORTALITY EACH YEAR IN CHICAGO AND IN ILLINOIS CHILD MALTREATMENT IS A FORM OF VIOLENCE OR HARM, INTENTIONAL OR UNINTENTIONAL, COMMITTED BY A PAREN T OR CAREGIVER AGAINST AN INFANT, CHILD OR ADOLESCENT THE CDC CATEGORIZES FOUR TYPES OF M ALTREATMENT THAT INCLUDE (1) PHYSICAL ABUSE, (2) EMOTIONAL OR PSYCHOLOGICAL ABUSE, (3) SEX UAL ABUSE AND (4) NEGLECT GENERALLY, CHILDREN UNDER THE AGE OF 4 YEARS OLD, CHILDREN WITH SPECIAL NEEDS AND CHILDREN IN LOW-RESOURCE COMMUNITIES ARE ESPECIALLY VULNERABLE LACK OF PARENTING AND CHILD DEVELOPMENT KNOWLEDGE, PARENTAL STRESS, AND SOCIAL ISOLATION ARE RISK FACTORS FOR CHILD MALTREATMENT THE IMPACT OF CHILD ABUSE AND NEGLECT CAN BE FELT INTO AD ULTHOOD AFFECTING HEALTH AND WELL-BEING ACROSS THE LIFESPAN NURTURING PARENTING SKILLS, A CCESS TO SOCIAL SERVICES AND SUPPORTIVE COMMUNITIES REDUCE CHILDHOOD RISK OF ABUSE OTHER SOCIAL DETERMINANTS OF HEALTH (E G , STABLE HOUSING, ACCESS TO HEALTHCARE, FINANCIAL STABI LITY) ARE ALSO PROTECTIVE FACTORS ALTHOUGH VIOLENCE OCCURS IN ALL COMMUNITIES, IT IS CONC ENTRATED IN LOW-INCOME COMMUNITIES OF COLOR, PARTICULARLY PREDOMINANTLY BLACK/AFRICAN AMER ICAN NEIGHBORHOODS BLACK/ AFRICAN AMERICAN RESIDENTS IN CHICAGO HAVE THE HIGHEST BURDEN O F HOMICIDE AND FIREARM-RELATED MORTALITY THE ROOT CAUSES OF COMMUNITY VIOLENCE ARE MULTIF ACETED AND INCLUDE ISSUES SUCH AS THE CONCENTRATION OF POVERTY, EDUCATION INEQUITIES, POOR ACCESS TO HEALTH SERVICES, MASS INCARCERATION, DIFFERENTIAL POLICING STRATEGIES, AND GENE RATIONAL TRAUMA RESEARCH HAS ESTABLISHED THAT EXPOSURE TO VIOLENCE HAS SIGNIFICANT IMPACT S ON PHYSICAL AND MENTAL WELL-BEING IN ADDITION, EXPOSURE TO VIOLENCE IN CHILDHOOD HAS BE EN LINKED TO TRAUMA, TOXIC STRESS, AND AN INCREASED RISK OF POOR HEALTH OUTCOMES ACROSS TH E LIFESPAN VIOLENCE ALSO HAS A NEGATIVE IMPACT ON THE SOCIOECONOMIC CONDITIONS WITHIN COM MUNITIES THAT CONTRIBUTE TO THE WIDENING OF DISPARITIES RESEARCH HAS LONG ESTABLISHED THA T EXPOSURE TO INTERPERSONAL AND/OR COMMUNITY VIOLENCE IS STRONGLY LINKED TO THE DEVELOPMEN T OF MENTAL ILLNESS, POST-TRAUMATIC STRESS DISORDER (PTSD), AND SUBSTANCE USE DISORDERS T O ADDRESS UNINTENTIONAL INJURIES AND VIOLENCE, LURIE CHILDRENS UNDERTOOK SEVERAL INITIATIV ES BETWEEN 2017-2019, INCLUDIN</p>

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

Form and Line Reference	Explanation
UNINTENTIONAL INJURY AND VIOLENCE	<p>G * LURIE CHILDRENS INJURY PREVENTION &amp; RESEARCH CENTER (IPRC) DISTRIBUTED 60 BABY BOXES, OVER 3300 HOME SAFETY BAGS, AND OVER 2000 TARGETED HOME SAFETY PRODUCTS TO SUPPORT PARENT S IN PROVIDING SAFE ENVIRONMENTS IPRC ALSO CONDUCTED 155 PLAYGROUND INSPECTIONS UTILIZED BY OVER 25,644 YOUTH THROUGH THE CHICAGO ACTIVATE NEIGHBORHOOD ENVIRONMENT FOR HEALTH AND WELLNESS (ANEHW) INITIATIVE * EACH YEAR, LURIE CHILDREN'S CHILD PROTECTIVE SERVICE TEAM SP ONSORS A CHILD MALTREATMENT SYMPOSIUM FOR FIRST RESPONDERS, SOCIAL WORKERS, TEACHERS AND P OLICE OFFICERS IN CHICAGO THE GOALS OF THESE SYMPOSIA ARE TO RAISE AWARENESS OF CHILD MAL TREATMENT, TO EMPOWER PROFESSIONS IN CONTACT WITH CHILDREN WITH THE TOOLS TO IDENTIFY AND REPORT ABUSE, AND TO ADDRESS COMMON CHALLENGES IN PROVIDING SERVICES TO FAMILIES THAT EXPE RIENCE ABUSE * LURIE CHILDRENS HAS CONTINUED THE SEXUAL ASSAULT NURSE EXAMINER PROGRAM (S ANE) IN ITS EMERGENCY ROOM TO ENSURE TIMELY, EXPERT CARE CAN BE PROVIDED TO YOUNG VICTIMS OF SEXUAL ASSAULT A TRAINED NURSE PRACTITIONER IS AVAILABLE 24/7, AND TOGETHER, LURIE CHI LDRENS SANE PROGRAM APNS COMPLETE MORE THAN 200 ANNUAL ASSESSMENTS THEY ALSO PROVIDE CONT INUING EDUCATION TO PHYSICIANS, ADVANCED PRACTICE PROVIDERS AND NURSES INTERNALLY AND EXTE RNALLY * LURIE CHILDRENS CHILD ABUSE PEDIATRICS CONTINUES TO LEAD THE DEVELOPMENT OF THE HUMAGRAM TECHNOLOGY, A SOFTWARE PROGRAM TO HELP CLINICIANS, CAREGIVERS AND CHILD ADVOCATES DETERMINE IF AN INJURY IS ACCIDENTAL OR DUE TO CHILD ABUSE OR NEGLECT INTEGRATED INTO TH IS TECHNOLOGY ARE SIX EVIDENCE-BASED CLINICAL DECISION RULES ADDRESSING SPECIFIC AREAS NEE DED TO IMPROVE RECOGNITION OF PHYSICAL ABUSE, INCLUDING BRUISING, FRACTURES, ABUSIVE HEAD TRAUMA, OCCULT HEAD INJURY (BRAIN INJURY), SCALD BURNS AND SEXUAL ABUSE * LURIE CHILDRENS CHILD MALTREATMENT EXPERTS HAVE COLLABORATED WITH CIVITAS CHILD LAW CENTER TO DEVELOP AND TEACH AN ADVOCACY COURSE AND CURRICULUM FOR LOYOLA UNIVERSITY LAW STUDENTS AND SITTING JU DGES FOCUSED ON CHILD MALTREATMENT *LURIE CHILDREN'S LAUNCHED STRENGTHENING CHICAGO YOUTH ("SCY") IN 2012 TO BUILD CAPACITY AMONG NUMEROUS PUBLIC AND PRIVATE STAKEHOLDERS TO CONNE CT, COLLABORATE AND MOBILIZE AROUND A PUBLIC HEALTH APPROACH TO VIOLENCE PREVENTION IT NO W HAS MORE THAN 5,000 MEMBERS MATERIALS, TRAINING AND TECHNICAL ASSISTANCE IS OFFERED TO FOSTER INNOVATIVE PARTNERSHIPS AMONG MULTIPLE SECTORS, ENCOURAGE INVOLVEMENT IN POLICY AND ADVOCACY AND SUPPORT ADOPTION OF EFFECTIVE, SUSTAINABLE VIOLENCE PREVENTION STRATEGIES I N 2016-2019, SCY HOSTED OVER 35 EDUCATIONAL OPPORTUNITIES ATTENDED BY MORE THAN 2500 VIOLE NCE PREVENTION PARTNERS TO SHARE KNOWLEDGE AND BUILD CAPACITY TO ADDRESS VIOLENCE * LURIE CHILDRENS AND SCY ALSO PARTICIPATE IN THE ILLINOIS GUN VIOLENCE PREVENTION COALITION AND ILLINOIS COUNCIL AGAINST HANDGUN VIOLENCE * IN 2017, SCY LAUNCED THE JUVENILE JUSTICE COL LABORATIVE (JJC), CONVENING YOUTH SERVICE PROVIDERS AND GOVERNMENT STAKEHOLDERS IN COOK CO UNTY TO DEVELOP A CARE COORDIN</p>



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

Form and Line Reference	Explanation
UNINTENTIONAL INJURY AND VIOLENCE	<p>ATION MODEL FOR JUSTICE-INVOLVED YOUTH, THUS MINIMIZING THEIR FURTHER INVOLVEMENT IN THE J USTICE SYSTEM AND REDUCING RACIAL DISPARITIES OVER 200 YOUTH HAVE BEEN CONNECTED TO SERVI CES IN THE JJCS PILOT YEAR, NO YOUTH CONNECTED TO SERVICES WAS RE-ARRESTED DURING THEIR P ARTICIPATION IN THE PROGRAM FURTHER, JJC YOUTH HAVE A LOWER RECIDIVISM RATE THAN OVERALL DIVERTED YOUTH 18% OF YOUTH WHO COMPLETED THE JJC WERE RE-REFERRED TO COURT WITHIN ONE YE AR, COMPARED TO 32% OF ALL DIVERTED YOUTH IN CHICAGO * IN ADDITION, LURIE CHILDRENS AND S CY ANALYZE AND RELEASE BRIEFS FROM THE ILLINOIS VIOLENT DEATH REPORTING SYSTEM AND THE STA TEWIDE UNINTENTIONAL DRUG OVERDOSE REPORTING SYSTEM, WHICH HELPS INFORM POLICY AND COMMUNI TY EFFORTS TO CURB VIOLENCE AND DRUG OVERDOSE IN 2016-2018, IVDRS PUBLISHED SEVEN DATA BR IEFS (HOMICIDES IN CHICAGO, SUICIDES IN CHICAGO, INTIMATE PARTNER HOMICIDES IN ILLINOIS, R OLE OF ALCOHOL IN HOMICIDES, HOMICIDES IN CHICAGO COMMUNITY AREAS, TEEN SUICIDE AND ELDER SUICIDE) AND 16 COUNTY REPORTS FOR ALL PARTICIPATING COUNTIES FOR THE 2020-2022 COMMUNITY HEALTH IMPLEMENTATION STRATEGY, OUR KEY STRATEGIES TO PREVENT UNINTENTIONAL AND VIOLENCE- RELATED INJURIES AND MORTALITY, INCLUDE * LEAD AND FACILITATE EFFORTS TO ACCESS AND LINK INJURY AND VIOLENCE DATA ACROSS SYSTEMS AND COLLABORATE WITH COMMUNITY PARTNERS TO USE DAT A AND DISSEMINATE FINDINGS * EXPAND AND REFINE INJURY PREVENTION ACTIVITIES TO ADDRESS INJ URY ISSUES WITH THE GREATEST RACIAL DISPARITIES (E G , GUN VIOLENCE, SLEEP-RELATED DEATH, CHILD ABUSE, DROWNINGS, TRAUMATIC BRAIN INJURY) AND OTHER EMERGING HAZARDS PART V, LINE 13 B N/A PART V, LINE 13H N/A PART V, LINE 15E N/A PART V, LINE 16J N/A PART V, LINE 18E N/A PART V, LINE 19E N/A PART V, LINE 20A N/A PART V, LINE 20B N/A PART V, LINE 20C N/A PART V , LINE 20D N/A PART V, LINE 20E N/A PART V, LINE 21C N/A PART V, LINE 21D N/A PART V, LINE 23 N/A PART V, LINE 24 N/A</p>

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 Lurie Children's Pediatrics - Uptown 4867 N Broadway Avenue Chicago, IL 60640	Physician Services & Outpatient Medical Services
1 Lurie Children's OTP Ctr in Westchester 2301 Enterprise Dr Westchester, IL 60154	Physician Services, Outpatient Medical & Ambulatory Surgical Services
2 Lurie Children's OTP CTR in Arlington Ht 880 W Central Rd Suite 6400 Arlington Heights, IL 60005	Physician Services & Outpatient Medical Services
3 Lurie Children's OTP Ctr in New Lenox 1870 N Silver Cross Blvd Ste 100 New Lenox, IL 60451	Physician Services & Outpatient Medical Services
4 Lurie Children's OTP Ctr in Lake Forest 900 N Westmoreland Suite 209 Lake Forest, IL 60045	Physician Services & Outpatient Medical Services
5 Lurie Children's OTP Ctr in Lincoln Park 2515 N Clark Street/467 W Deming Chicago, IL 60614	Physician Services & Outpatient Medical Services
6 Lurie Children's OTP Ctr in Westbrook 11301 W Cermak Rd Westchester, IL 60154	Physician Services & Outpatient Medical Services
7 Lurie Children's OTP Ctr in Winfield 25 N WINFIELD ROAD Winfield, IL 60190	Physician Services
8 Lurie Children's at Northwestern Med 300 Randall Rd Bldg 302 Suite 102 Geneva, IL 60134	Physician Services
9 CDH Proton Center 4455 Weaver Parkway Warrenville, IL 60555	Physician Services
10 Outpatient Services in Grayslake 1475 E Belvidere Rd RTE 120 STE Grayslake, IL 600302012	Physician Services & Outpatient Medical Services
11 Outpatient Services in Lincoln Square 5215 N California Ave Chicago, IL 60625	Physician Services
12 Outpatient Center in Northbrook 1131 Techny Road Northbrook, IL 60062	Physician Services & Outpatient Medical Services
13 Outpatient Services at Centegra Hospital 10350 Haligus Rd Centgra Hlt Sys Me Huntley, IL 60142	Physician Services
14 Lurie Children's Primary Cr-Town Country 1460 N Halsted St Suite 402 Chicago, IL 60642	Physician Services

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

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

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

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

Name and address	Type of Facility (describe)
<b>16</b> Lurie Children's Primary Cr-Town Country 6374 N Lincoln Avenue Suite 204 Chicago, IL 60659	Physician Services
<b>1</b> Lurie Children's Primary Cr-Town Country 2601 Compass Road Suite 120 Glenview, IL 60026	Physician Services
<b>2</b> Lurie Children's OTP Ctr in NClybourn 1440 N Dayton Chicago, IL 60642	Physician Services
<b>3</b> Northbrook Ambulatory Surgery Center 1121 TECHNY ROAD NORTHBROOK, IL 60062	PHYSICIAN SERVICES, OUTPATIENT MEDICAL & AMBULATORY SURGICAL SERVICES

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

Name of the organization  
Ann & Robert H Lurie Children's Hospital of  
Chicago

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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Employer identification number  
36-2170833

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 . . . . . 19

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

**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)					
(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
Form 990, SCHEDULE I	WE REVIEW ALL GRANT FUNDS ON A MONTHLY BASIS. FINANCIAL REPORTS ARE GENERATED MONTHLY AND DISTRIBUTED ELECTRONICALLY TO ALL FUND DIRECTORS AND THE OFFICE OF SPONSORED PROJECTS (OSP) FOR REVIEW. EXPENDITURES ARE REVIEWED FOR APPROPRIATENESS AND AGAINST BUDGETARY GUIDELINES BY THE FINANCE OFFICE (FUND ACCOUNTING). OSP AND FUND ACCOUNTING WORK WITH THE INVESTIGATORS TO MONITOR THEIR ACTIVITY AND MAKE SURE THEY ARE IN COMPLIANCE WITH THE TERMS OF THE AWARD.

Additional Data

Software ID:  
Software Version:  
EIN: 36-2170833  
Name: Ann & Robert H Lurie Children's Hospital of Chicago

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
STANLEY MANNE CHILDREN'S RESEARCH INSTITUTE 225 E CHICAGO AVE CHICAGO, IL 606112991	36-3357005	501(c)(3)	44,621,754				MISSION SUPPORT
CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CTR 225 E CHICAGO AVE CHICAGO, IL 606112991	36-3357004	501(c)(3)	950,128				MISSION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
PEDIATRIC FACULTY FOUNDATION INC 225 E CHICAGO AVE CHICAGO, IL 606112991	36-3279680	501(c)(3)	36,233,863				MISSION SUPPORT
ALMOST HOME KIDS 7 S 721 ROUTE 53 NAPERVILLE, IL 60540	36-3822010	501(c)(3)	3,295,869				MISSION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HEALTH PARTNERS CARE COORDINATION LLC 225 E CHICAGO AVE CHICAGO, IL 606112991	35-2503476	501(C)(3)	961,983				MISSION SUPPORT
Lurie Children's Primary Care LLC 225 E Chicago Ave CHICAGO, IL 606112991	32-0476042	501(C)(3)	679,439				MISSION SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LURIE CHILDRENS MEDICAL GROUP LLC 225 E CHICAGO AVE CHICAGO, IL 606112991	36-4187449	501(c)(3)	4,641,628				MISSION SUPPORT
STANLEY MANNE CHILDREN'S RESEARCH INSTITUTE 225 E CHICAGO AVE CHICAGO, IL 606112991	36-3357005	501(c)(3)	26,904,425				RELEASED FROM RESTRICTION

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
PEDIATRIC FACULTY FOUNDATION INC 225 E CHICAGO AVE CHICAGO, IL 606112991	36-3279680	501(c)(3)	8,990,870				RELEASED FROM RESTRICTION
LURIE CHILDRENS MEDICAL GROUP LLC 225 E CHICAGO AVE CHICAGO, IL 606112991	36-4187449	501(c)(3)	843,723				RELEASED FROM RESTRICTION

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
ALMOST HOME KIDS 7 S 721 ROUTE 53 NAPERVILLE, IL 60540	36-3822010	501(c)(3)	90,625				Released from Restriction
AMERICAN CANCER SOCIETY 250 Williams Street NW Atlanta, GA 30303	13-1788491	501(C)(3)	25,000				MISSION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	125,000				MISSION SUPPORT
CHICAGO YOUTH PROGRAMS INC 5350 S Prairie Ave Chicago, IL 60615	36-3635676	501(C)(3)	7,500				MISSION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LEADERSHIP GREATER CHICAGO 111 East Wacker Drive Suite 1220 Chicago, IL 60601	36-3293207	501(C)(3)	25,000				MISSION SUPPORT
RONALD MCDONALD HOUSE ONE KROC DR OAK BROOK, IL 60523	36-2934689	501(C)(3)	20,000				MISSION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
The Children's Heart Foundation PO Box 244 Lincolnshire, IL 60069	36-4077528	501(C)(3)	25,000				MISSION SUPPORT
CHICAGO CARES 2 N RIVERSIDE PZA STE 1800 CHICAGO, IL 60606	36-3777709	501(C)(3)	10,000				MISSION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LURIE CHILDREN'S PEDIATRIC ANESTHESIA ASSN 225 E CHICAGO AVE BOX 282 CHICAGO, IL 606112991	37-1838535	501(c)(3)	3,924,350				MISSION SUPPORT
LURIE CHILDREN'S SURGICAL FOUNDATION 2300 CHILDRENS PLAZA STE 114 CHICAGO, IL 60614	83-1650513	501(C)(3)	26,696,486				MISSION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HEALTH PARTNERS CARE COORDINATION LLC 225 E CHICAGO AVE CHICAGO, IL 606112991	35-2503476	501(c)(3)	217,050				Released from Restriction
LURIE CHILDREN'S PEDIATRIC ANESTHESIA ASSN 225 E CHICAGO AVE BOX 282 CHICAGO, IL 606112991	37-1838535	501(c)(3)	82,169				Released from Restriction



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
LURIE CHILDREN'S SURGICAL FOUNDATION 2300 CHILDRENS PLAZA STE 114 CHICAGO, IL 60614	83-1650513	501(c)(3)	501,984				RELEASED FROM RESTRICTION
THE DEMOCRACY COLLABORATIVE FOUNDATION 1422 EUCLID AVE SUITE 1652 CLEVELAND, OH 44115	20-0387511	501(c)(3)	10,000				MISSION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
METROPOLITAN CHICAGO BREAST CANCER TASK FORCE 300 S ASHLAND AVE STE 202 CHICAGO, IL 60607	26-2264895	501(c)(3)	5,750				MISSION SUPPORT
THE MAGNIFICIENT MILE ASSOCIATION 625 N Michigan Ave Chicago, IL 60611	36-2119989	501(c)(3)	5,500				MISSION SUPPORT

<b>Schedule J</b> (Form 990)	<b>Compensation Information</b>  For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <b>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</b> <b>▶ Attach to Form 990.</b> <b>▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.</b>	OMB No 1545-0047  <div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div>
	Open to Public Inspection	
	Department of the Treasury Internal Revenue Service	<div style="border: 1px solid black; padding: 5px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 65%;">                         Name of the organization                          Ann &amp; Robert H Lurie Children's Hospital of Chicago                     </div> <div style="width: 30%;">                         Employer identification number                           36-2170833                     </div> </div> </div>

<b>Part I    Questions Regarding Compensation</b>		
	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                         </div> <div style="width: 50%;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)                         </div> </div>		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b> 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		
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                         </div> <div style="width: 50%;"> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                         </div> </div>		
<b>4</b> 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		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	Yes
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III	<b>5b</b>	Yes
<b>6</b> 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		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III	<b>6b</b>	No
<b>7</b> 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	<b>7</b>	Yes
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

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

See Additional Data Table

**Schedule J (Form 990) 2018**

**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
FORM 990, SCHEDULE J, PART I, LINE 3	<p>PURSUANT TO THE BYLAWS OF CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER ("MEDICAL CENTER") AND THE ORGANIZATION, THE GOVERNANCE COMMITTEE OF THE ANN &amp; ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO ("LURIE CHILDREN'S") AND MEDICAL CENTER, SERVES AS THE COMPENSATION COMMITTEE OF LURIE CHILDREN'S AND THE ORGANIZATION. THE GOVERNANCE COMMITTEE IS CHARGED TO REVIEW AND APPROVE SENIOR EXECUTIVE COMPENSATION FOR THE MEDICAL CENTER AND ITS AFFILIATES AND THE COMPENSATION FOR ANY PHYSICIAN WHO SERVES IN A SENIOR EXECUTIVE POSITION. THE GOVERNANCE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT. THE GOVERNANCE COMMITTEE HAS ALSO APPROVED THE COMPENSATION PLAN AND COMPENSATION PHILOSOPHY FOR THE ORGANIZATION. THESE COMPENSATION PLANS AND PHILOSOPHIES ARE SUBJECT TO PERIODIC REVIEW BY THE GOVERNANCE COMMITTEE FOR CONTINUED APPROPRIATENESS IN THE CURRENT MARKET. WITH THE ASSISTANCE OF INDEPENDENT COMPENSATION CONSULTANTS AND INFORMATION FROM A VARIETY OF SOURCES (SPECIFIED ON SCHEDULE J), THE GOVERNANCE COMMITTEE CONFIRMED THE TOTAL AMOUNTS TO BE PAID WERE REASONABLE AND COMPARABLE TO AMOUNTS PAID BY SIMILARLY SITUATED ORGANIZATIONS OUTSIDE LEGAL COUNSEL PERIODICALLY ADVISES THE GOVERNANCE COMMITTEE WITH RESPECT TO FEDERAL TAX REQUIREMENTS IN SETTING COMPENSATION AND THE ESTABLISHMENT OF THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER THE FEDERAL TAX LAW INTERMEDIATE SANCTIONS RULES. THE PROCESS FOLLOWED BY THE GOVERNANCE COMMITTEE, INCLUDING A DESCRIPTION OF THE DATA RELIED UPON AND THE GOVERNANCE COMMITTEE'S DECISIONS, WAS THOROUGHLY AND CONTEMPORANEOUSLY DOCUMENTED. THE GOVERNANCE COMMITTEE HAS EXPRESSLY REVIEWED THE REASONABLENESS OF ALL SUCH PAYMENTS, AND HAS CONCLUDED, AS THE RESULT OF A PROCESS THAT IS DESIGNED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS, THAT ALL SUCH AMOUNTS ARE REASONABLE AND DO NOT EXCEED FAIR MARKET VALUE FOR THE SERVICES PROVIDED. THE GOVERNANCE COMMITTEE WAS COMPRISED OF MEMBERS OF THE MEDICAL CENTER AND LURIE CHILDREN'S BOARDS OF DIRECTORS WHO WERE DETERMINED TO BE DISINTERESTED (WHICH MEANS NO COMMITTEE MEMBER HAS A CONFLICT OF INTEREST) FOR THESE PURPOSES. THE GOVERNANCE COMMITTEE CONDUCTS AN ONGOING, REGULAR REVIEW OF THE DISINTERESTED STATUS OF ITS MEMBERS, AND WILL TAKE APPROPRIATE ACTION WITH RESPECT TO ANYONE HAVING AN INTEREST WITH RESPECT TO ONE OR MORE EXECUTIVES SO AS TO PRESERVE THE DISINTERESTED STATUS OF THE COMMITTEE AND, AS A RESULT, THE APPLICATION OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS.</p> <p>FORM 990, SCHEDULE J, PART I, QUESTION 4B THE SUPPLEMENTAL EXECUTIVE PLAN ("SERP") WHICH WAS EFFECTIVE ON JANUARY 1, 2001 IS A DEFERRED COMPENSATION PLAN THAT ASSISTS IN PROVIDING COMPETITIVE TOTAL RETIREMENT BENEFITS TO A VERY LIMITED GROUP OF EXECUTIVE-LEVEL EMPLOYEES OF ANN &amp; ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO ("LURIE CHILDREN'S") (INCLUDING ONE OR MORE PERSONS LISTED IN THIS FORM 990). THESE BENEFITS ARE PROVIDED IN EXCHANGE FOR ALL OF THE EMPLOYEE'S YEARS OF SERVICE TO THE ORGANIZATION, AND THE COST OF THE BENEFITS WILL VARY FROM YEAR TO YEAR BASED ON INTEREST RATES, AGE, AND MANY OTHER FACTORS. THE AMOUNTS ARE AT RISK AND WILL NOT BE PAID UNLESS AND UNTIL THE EMPLOYEE HAS PROVIDED SUBSTANTIAL FUTURE SERVICES TO THE ORGANIZATION. BENEFITS UNDER THE SERP VEST AT AGE 62, AND ARE FORFEITED IF THE EMPLOYEE LEAVES THE ORGANIZATION VOLUNTARILY BEFORE AGE 62 (EXCEPT UPON THE SOLE DISCRETION OF THE LURIE CHILDREN'S BOARD, AND ONLY IF THE PARTICIPANT HAS REACHED AT LEAST AGE 55 WITH AT LEAST 10 YEARS OF SERVICE). PARTICIPANTS WHO VOLUNTARILY LEAVE THE ORGANIZATION BEFORE AGE 55 FORFEIT THEIR ENTIRE SERP BENEFIT UPON TERMINATION.</p> <p>THE FOLLOWING INDIVIDUAL PARTICIPATED IN THE SERP AND RECEIVED A VESTED PAYMENT DURING 2018 WHICH IS REPORTED IN COLUMN B(III): PATRICK M. MAGOON \$141,666. THE PAYMENT WAS ACCRUED AND RECEIVED IN 2018. AN ADDITIONAL SERP WAS CREATED IN 2017, IN THE FORM OF A NONQUALIFIED DEFERRED COMPENSATION PLAN FOR CERTAIN EMPLOYEES IN LEADERSHIP POSITIONS, AND WHO ARE NOT PARTICIPANTS IN THE 2001 SERP. THE BENEFITS UNDER THE 2017 SERP ARE IN THE FORM OF A FIXED ANNUAL CONTRIBUTION RATE AND AN EARNINGS CREDIT. EACH YEAR'S CONTRIBUTION AND EARNINGS ARE AT RISK FOR A SUBSTANTIAL PERIOD, AND WILL BECOME FULLY VESTED AND TAXABLE ONLY AFTER FOUR YEARS OF FUTURE EMPLOYMENT SERVICE, OR UPON REACHING AGE 62 WITH AT LEAST THREE YEARS OF SERVICE. SEVERAL LISTED PERSONS IN THIS FORM 990 PARTICIPATE IN THE 2017 SERP, AND THE UNVESTED CONTRIBUTIONS MADE FOR THEM ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C).</p> <p>SCHEDULE J, PART I, QUESTION 5B ANN &amp; ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO ("LURIE CHILDREN'S"), A RELATED ORGANIZATION TO THE ORGANIZATION, ALSO PROVIDES ANNUAL INCENTIVE COMPENSATION TO SENIOR MANAGEMENT UNDER A SENIOR MANAGEMENT INCENTIVE COMPENSATION PLAN. THESE AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B (II). THE PLAN IS DESIGNED TO OFFER OPPORTUNITIES FOR ADDITIONAL COMPENSATION TIED TO PERFORMANCE AGAINST PRE-DETERMINED FINANCIAL, PATIENT SATISFACTION, PATIENT SAFETY AND INDIVIDUAL GOALS APPROVED IN ADVANCE BY THE GOVERNANCE COMMITTEE. THE GOVERNANCE COMMITTEE HAS EXPRESSLY REVIEWED THE REASONABLENESS OF ALL SUCH PAYMENTS AND HAS CONCLUDED, AS THE RESULT OF A PROCESS THAT IS DESIGNED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER FEDERAL TAX LAW, THAT ALL SUCH AMOUNTS ARE REASONABLE AND DO NOT EXCEED FAIR MARKET VALUE FOR THE SERVICES PROVIDED.</p> <p>FORM 990, SCHEDULE J, PART I, QUESTION 7 THE ORGANIZATION PROVIDES ANNUAL INCENTIVE COMPENSATION TO SENIOR MANAGEMENT UNDER A SENIOR MANAGEMENT INCENTIVE COMPENSATION PLAN. THESE AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B (II). THE PLAN IS DESIGNED TO OFFER OPPORTUNITIES FOR ADDITIONAL COMPENSATION TIED TO PERFORMANCE AGAINST PRE-DETERMINED FINANCIAL, PATIENT SATISFACTION, PATIENT SAFETY AND INDIVIDUAL GOALS APPROVED IN ADVANCE BY THE GOVERNANCE COMMITTEE OF THE ANN &amp; ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO (LURIE CHILDREN'S) AND THE CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER (MEDICAL CENTER), WHICH SERVES AS THE COMPENSATION COMMITTEE OF LURIE CHILDREN'S AND MEDICAL CENTER.</p> <p>FORM 990, SCHEDULE J, PART II THE FOLLOWING INDIVIDUALS ARE NOT COMPENSATED BY THE REPORTING ORGANIZATION FOR HIS OR HER SERVICE AS A DIRECTOR OR OFFICER. RATHER, THE COMPENSATION REPORTED ON FORM 990, PART VII AND ON SCHEDULE J, PART II REFLECTS COMPENSATION PAID BY PEDIATRIC FACULTY FOUNDATION FOR THE INDIVIDUAL'S SUBSTANTIAL AND FULL-TIME SERVICES AS AN EMPLOYEE. FOR MORE DETAILS, PLEASE REFER TO THE 2018 FORM 990 OF PEDIATRIC FACULTY FOUNDATION, FEIN 36-3279680.</p> <p>MICHAEL D. KELLEHER, MD THOMAS P. SHANLEY, MD WILLIAM H. SCHNAPER, MD THE FOLLOWING INDIVIDUALS ARE NOT COMPENSATED BY THE REPORTING ORGANIZATION FOR HIS OR HER SERVICE AS A DIRECTOR OR OFFICER. RATHER, THE COMPENSATION REPORTED ON FORM 990, PART VII AND ON SCHEDULE J, PART II REFLECTS COMPENSATION PAID BY CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER FOR THE INDIVIDUAL'S SUBSTANTIAL AND FULL-TIME SERVICES AS AN EMPLOYEE. FOR MORE DETAILS, PLEASE REFER TO THE 2018 FORM 990 OF CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER, FEIN 36-3357004.</p> <p>ELIZABETH J. PERLMAN, MD LISTED INDIVIDUAL JOHN T. WALKUP, MD IS NOT COMPENSATED BY THE REPORTING ORGANIZATION FOR HIS SERVICE AS A DIRECTOR. RATHER, THE COMPENSATION REPORTED ON FORM 990, PART VII AND ON SCHEDULE J, PART II REFLECTS COMPENSATION BY THE REPORTING ORGANIZATION FOR THE INDIVIDUALS SUBSTANTIAL AND FULL-TIME SERVICES AS AN EMPLOYEE.</p>



# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 36-2170833  
**Name:** Ann & Robert H Lurie Children's Hospital of Chicago

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Elizabeth J Perlman MD Ex-Offc Director (beg 12/6/18)	(i)	0	0	0	0	0	0	0
	(ii)	534,086	109,783	3,936	304,009	14,455	966,269	0
Grant Stirling EVP & CHF DEVL OFFCR, FDN	(i)	495,475	254,363	6,067	100,640	32,934	889,479	0
	(ii)	0	0	0	0	0	0	0
H William Schnaper MD EX-OFFC DIR/PFF MD, UNTIL 1/19	(i)	0	0	0	0	0	0	0
	(ii)	290,195	250	1,524	27,500	28,029	347,498	0
John T Walkup MD Ex-Off/Dir/Physician Trm 12/18	(i)	537,142	54,251	7,483	101,661	9,527	710,064	0
	(ii)	0	0	0	0	0	0	0
Michael D Kelleher MD EX-OFFICIO DIRECTOR/CMO/HOSP	(i)	0	0	0	0	0	0	0
	(ii)	756,554	0	792	103,022	34,878	895,246	0
Monica Heenan CHIEF AMBULATORY EXECUTIVE	(i)	435,795	160,763	2,788	86,875	21,954	708,175	0
	(ii)	0	0	0	0	0	0	0
Nancy M Borders Gen Counsel & Corp Secretary	(i)	372,191	185,236	2,542	99,196	31,514	690,679	0
	(ii)	0	0	0	0	0	0	0
Patrick M Magoon EX-OFFIC DIR/CEO-MED CTR, HOSP	(i)	937,068	566,118	150,048	52,559	40,789	1,746,582	0
	(ii)	0	0	0	0	0	0	0
Ron Blaustein Chief Financial Officer	(i)	452,355	231,058	744	94,470	29,466	808,093	0
	(ii)	0	0	0	0	0	0	0
Scott T Wilkerson EXECUTIVE DIRECTOR LCHPCIN	(i)	508,620	142,640	5,976	13,750	12,082	683,068	0
	(ii)	0	0	0	0	0	0	0
Susan H Gordon CHIEF COMMUNIC & EXT AFFAIRS	(i)	337,123	135,425	1,491	200,495	6,593	681,127	0
	(ii)	0	0	0	0	0	0	0
Thomas P Shanley MD EX-OFFICIO DIR/PRES&CHAIR PFF	(i)	0	0	0	0	0	0	0
	(ii)	887,353	119,445	516	118,545	28,171	1,154,030	0
Kary G McIlwain SVP & Chf Mktg & Comm Officer	(i)	304,347	76,523	1,326	13,750	33,784	429,730	0
	(ii)	0	0	0	0	0	0	0
Joni M Duncan CHIEF HR OFFICER	(i)	335,552	137,089	1,512	68,254	28,355	570,762	0
	(ii)	0	0	0	0	0	0	0
Lisa M Dykstra CHIEF INFORMATION OFFICER	(i)	405,766	148,179	585	68,759	11,488	634,777	0
	(ii)	0	0	0	0	0	0	0
Michelle M Stephenson CHIEF PT CARE OFCR/NURSE EXEC	(i)	506,135	255,726	3,650	526,392	35,522	1,327,425	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K  
(Form 990)

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Ann & Robert H Lurie Children's Hospital of Chicago

Employer identification number  
36-2170833

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Illinois Finance Authority	86-1091967	45204ETW8	05-31-2017	148,895,591	SEE SCHEDULE K PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	0							
2	Amount of bonds legally defeased . . . . .	0							
3	Total proceeds of issue . . . . .	148,895,591							
4	Gross proceeds in reserve funds . . . . .	0							
5	Capitalized interest from proceeds . . . . .	0							
6	Proceeds in refunding escrows . . . . .	0							
7	Issuance costs from proceeds . . . . .	1,614,309							
8	Credit enhancement from proceeds . . . . .	0							
9	Working capital expenditures from proceeds . . . . .	0							
10	Capital expenditures from proceeds . . . . .	0							
11	Other spent proceeds . . . . .	147,281,282							
12	Other unspent proceeds . . . . .	0							
13	Year of substantial completion . . . . .	2018							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X						
15	Were the bonds issued as part of an advance refunding issue? . . . . .	X							
16	Has the final allocation of proceeds been made? . . . . .	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

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



**Part III Private Business Use** (Continued)

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

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .	0							
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X							

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
	FORM 990, SCHEDULE K, PART I LINE B ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2017 THE PROCEEDS OF THE SERIES 2017 BONDS WERE USED TO DEFEASE A PORTION OF THE \$168,000,000 ORIGINAL PRINCIPAL AMOUNT ILLINOIS FINANCE AUTHORITY REVENUE BONDS, SERIES 2008B (THE CHILDREN'S MEMORIAL HOSPITAL) IN AN AGGREGATE PRINCIPAL AMOUNT OF \$148,900,000 AND PAY CERTAIN EXPENSES INCURRED IN CONNECTION WITH THE ISSUANCE OF THE SERIES 2017 BONDS AND THE DEFEASANCE OF THE REFUNDED BONDS

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
► Attach to Form 990 or Form 990-EZ.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
Ann & Robert H Lurie Children's Hospital of Chicago

Employer identification number  
36-2170833

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ► \$

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Alexis Baby	FAMILY MEMBER OF DIRECTOR	63,962	Employment		No
(2) Rachel Foote	FAMILY MEMBER OF DIRECTOR	70,927	Employment		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public  
Inspection**

Department of the Treasury

Name of the organization

Ann & Robert H Lurie Children's Hospital of  
Chicago

Employer identification number

36-2170833

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART V, QUESTION 1A	FORM 1099/1096 FILING VENDORS FOR THE FILING ORGANIZATION ARE PAID BY LURIE CHILDREN'S (EIN 36-2170833) AS SUCH, ALL REQUIRED FORM 1099 AND FORM 1096 REPORTING IS FILED UNDER THE LURIE CHILDREN'S EIN

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART V, LINE 2A	ALLOCATION OF SALARY EXPENSES LURIE CHILDREN'S PAYS AND ISSUES FORMS W-2 TO EMPLOYEES WHO WORK FOR ALMOST HOME KIDS, ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO FOUNDATION , CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER, AND STANLEY MANNE CHILDREN'S RESEARCH INS TITUTE THE ALLOCATION OF THE SALARY COSTS ARE DISCLOSED ON FORM 990, PART IX, STATEMENT O F FUNCTIONAL EXPENSES

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 2	<p>Description of Relationships *Allan Bulley III has a business relationship with Andrew J McKenna *Allan Bulley III has a business relationship with Donald J Edwards *Allan Bulley III has a business relationship with Gregory C Case *Allan Bulley III has a business relationship with Melvin Gray *Allan Bulley III has a business relationship with Thomas S Souleles *Michael W Ferro Jr has business relationships with Andrew J McKenna *Michael W Ferro Jr has business relationships with J Christopher Reyes *Michael W Ferro Jr has business relationships with Lester Crown *Michael W Ferro Jr has business relationships with William J Devers *Michael W Ferro Jr has a business relationship with Linda S Wolf *Arlington J Guenther has a business relationship with Edward J Wehmer *Bruce R Hague has a business relationship with J Christopher Reyes *Bruce R Hague has a business relationship with James F DeRose *Andrew J McKenna has family and business relationships with William J McKenna *Linda S Wolf has a business relationship with Julie M Howard *Edward J Wehmer has a business relationship with Pedro DeJesus *Michael C Evangelides has a business relationship with Carl S Allegretti *Michael P Goldman has a business relationship with Charles W Douglas *Andrew Reyes has business and family relationships with J Christopher Reyes *Craig C Martin has a business relationship with Lester Crown *James P Hickey has a business relationship with Edward J Wehmer</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 7B	DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS THE MEDICAL CENTER, THROUGH ITS BOARD OF DIRECTORS OR DESIGNATED COMMITTEE, AS THE SOLE CORPORATE MEMBER OF THE ORGANIZATION, HAS CERTAIN RESERVE POWERS WITH RESPECT TO APPOINTMENT AND REMOVAL OF DIRECTORS, APPOINTMENT OF CERTAIN OFFICERS, APPROVAL OF AMENDMENTS TO GOVERNING DOCUMENTS , APPROVAL OF FINANCIAL MATTERS, AND APPROVAL OF SIGNIFICANT TRANSACTIONS INCLUDING, BUT NOT LIMITED TO, MERGER, DISSOLUTION, DISPOSITION OF ASSETS OTHER THAN IN THE ORDINARY COURSE OF BUSINESS, AND CREATION OF SUBSIDIARIES



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, QUESTION 11B	<p>DESCRIPTION OF THE PROCESS USED BY MANAGEMENT OR THE GOVERNING BODY TO REVIEW THE FORM 990</p> <p>A FULL COPY OF THE ORGANIZATION'S FORM 990 WAS PROVIDED TO EACH MEMBER OF THE MEDICAL CENTER'S AND LURIE CHILDREN'S AUDIT COMMITTEE (OF THE BOARD) AS WELL AS THE FILING ORGANIZATIONS BOARD. THE AUDIT COMMITTEE IS THE COMMITTEE OF THE MEDICAL CENTER CHARGED WITH THE OVERSIGHT OF AUDIT AND TAX MATTERS FOR THE PARENT AND AFFILIATES. DURING A SPECIAL AUDIT COMMITTEE MEETING, AND BEFORE THE FORM 990 WAS FILED, THE AUDIT COMMITTEE WAS PROVIDED A REVIEW OF THE FORM 990 BY THE CHIEF FINANCIAL OFFICER ("CFO"). THE CFO AND OUTSIDE TAX ADVISOR ALSO RESPONDED TO THE AUDIT COMMITTEE MEMBERS' QUESTIONS AND AFFORDED THE OPPORTUNITY FOR DETAILED DISCUSSION OF THE FORM 990, PRIOR TO THE AUDIT COMMITTEE TAKING ACTION TO APPROVE THE FILING OF THE FORM 990. AS PART OF ITS ANNUAL RETURN PREPARATION PROCESS, THE ORGANIZATION, ON AN ONGOING BASIS, CONSULTED ITS TAX CONSULTING FIRM AND OUTSIDE TAX LEGAL COUNSEL, BOTH OF WHICH POSSESS EXPERTISE IN HEALTH CARE AND TAX-EXEMPT RETURN PREPARATION, TO ADVISE AND ASSIST IN THE PREPARATION OF THE FORM 990. THESE ADVISORS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER MEMBERS OF THE ORGANIZATION'S TEAM ASSEMBLED TO PARTICIPATE IN THE PREPARATION OF THE FORM 990. PRIOR TO PRESENTING THE FORM 990 TO THE BOARD'S AUDIT COMMITTEE, THE ORGANIZATION'S TEAM, INCLUDING ITS ADVISORS, COLLABORATED FREQUENTLY TO DISCUSS AND REVIEW DRAFTS OF THE FORM. SUBSEQUENT TO THE AUDIT COMMITTEE REVIEW AND APPROVAL, FORM 990 WAS PROVIDED TO THE FILING ORGANIZATIONS BOARD OF DIRECTORS.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, QUESTION 12C	<p>DESCRIPTION OF THE PROCESS USED TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST ON AN ANNUAL BASIS THE MEDICAL CENTER AND ITS AFFILIATES PROVIDE A COMPREHENSIVE QUESTIONNAIRE TO ITS BOARD MEMBERS, SENIOR MANAGEMENT AND PURCHASING PERSONNEL POSING QUESTIONS ABOUT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST THE MEDICAL CENTER INITIATES FOLLOW UP CONTACT TO THOSE WHO DO NOT RESPOND AND TO CLARIFY RESPONSES, WHERE NECESSARY THE MEDICAL CENTER REVIEWS EACH DISCLOSURE AND PROVIDES A SUMMARY OF RELEVANT DISCLOSURES FOR THE REVIEW AND APPROVAL OF ITS GOVERNANCE COMMITTEE PURSUANT TO THE CONFLICTS OF INTEREST POLICY OF THE MEDICAL CENTER AND AFFILIATES ("CORPORATION"), DIRECTORS, OFFICERS, PHYSICIAN LEADERS, AND OTHERS WHO ARE SUBJECT TO THE POLICY ARE REQUIRED TO PROMPTLY AND FULLY DISCLOSE IN WRITING ANY ACTUAL, APPARENT OR POTENTIAL CONFLICT OF INTEREST TO THE PRESIDENT OF THE CORPORATION AND GENERAL COUNSEL THIS DISCLOSURE SHALL BE PROVIDED TO THE GOVERNANCE COMMITTEE OF THE CORPORATION WHICH SHALL CONSIDER ALL CONFLICTS OF INTEREST ISSUES AND, IF APPROPRIATE, SHALL PROVIDE SUCH WRITTEN DISCLOSURE TO THE DIRECTORS, BOARD COMMITTEES CONSIDERING THE PROPOSED TRANSACTION OR OTHER APPROPRIATE PARTIES IN ADDITION, ON AN ANNUAL BASIS, THE CORPORATION SURVEYS EACH INDIVIDUAL SUBJECT TO THE POLICY AS TO THE EXISTENCE OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST THE CORPORATION WILL NOT ENTER INTO AN AGREEMENT, TRANSACTION OR OTHER ARRANGEMENT INVOLVING A CONFLICT OF INTEREST UNLESS THE DISINTERESTED MEMBERS OF THE GOVERNANCE COMMITTEE OF THE CORPORATION'S BOARD OF DIRECTORS DETERMINE BY A MAJORITY VOTE THAT APPROPRIATE SAFEGUARDS TO PROTECT THE CHARITABLE MISSION OF THE CORPORATION HAVE BEEN IMPLEMENTED THE SUBJECT INTERESTED PERSON MAY NOT BE PRESENT WHEN THE VOTE IS TAKEN IF IT IS DETERMINED THAT A CONFLICT OF INTEREST EXISTS, A DISINTERESTED PERSON OR COMMITTEE OF DISINTERESTED MEMBERS MAY BE ASSIGNED TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE CORPORATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT, WITH REASONABLE EFFORTS, FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION IS IN THE CORPORATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION, AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, QUESTIONS 15A & 15B	<p>DESCRIPTION OF THE PROCESS BY WHICH THE COMPENSATION OF CERTAIN EXECUTIVES WAS DETERMINED THE AUTHORITY TO REVIEW AND APPROVE EXECUTIVE COMPENSATION HAS BEEN DELEGATED TO THE GOVERNANCE COMMITTEE OF CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER AND ANN &amp; ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO BOARDS OF DIRECTORS ("GOVERNANCE COMMITTEE") THE GOVERNANCE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER THE COMPENSATION PHILOSOPHY IS SUBJECT TO PERIODIC REVIEW FOR CONTINUED APPROPRIATENESS BY THE GOVERNANCE COMMITTEE WITH THE ASSISTANCE OF A COMPENSATION CONSULTANT AND INFORMATION FROM A VARIETY OF EXTERNAL SOURCES (SPECIFIED ON SCHEDULE J), THE GOVERNANCE COMMITTEE CONFIRMED THE TOTAL AMOUNTS TO BE PAID WERE REASONABLE AND COMPARABLE TO AMOUNTS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY SIMILAR POSITIONS OUTSIDE LEGAL COUNSEL ADVISES THE GOVERNANCE COMMITTEE WITH RESPECT TO FEDERAL TAX REQUIREMENTS IN SETTING COMPENSATION AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS THE PROCESS FOLLOWED BY THE GOVERNANCE COMMITTEE, INCLUDING A DESCRIPTION OF THE DATA RELIED UPON AND THE GOVERNANCE COMMITTEE'S DECISIONS, WAS THOROUGHLY AND CONTEMPORANEOUSLY DOCUMENTED THE GOVERNANCE COMMITTEE HAS EXPRESSLY REVIEWED THE REASONABLENESS OF ALL SUCH PAYMENTS, AND HAS CONCLUDED, AS THE RESULT OF A PROCESS THAT IS DESIGNED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER FEDERAL TAX LAW, THAT ALL SUCH AMOUNTS ARE REASONABLE AND DO NOT EXCEED FAIR MARKET VALUE FOR THE SERVICES PROVIDED THE GOVERNANCE COMMITTEE WAS COMPRISED OF MEMBERS OF CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER AND ANN &amp; ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO BOARDS OF DIRECTORS WHO WERE DETERMINED DISINTERESTED FOR THESE PURPOSES THE GOVERNANCE COMMITTEE CONDUCTS AN ONGOING AND PERIODIC REVIEW OF THE DISINTERESTED STATUS OF ITS MEMBERS, AND WILL TAKE APPROPRIATE ACTION WITH RESPECT TO ANYONE HAVING AN INTEREST WITH RESPECT TO ONE OR MORE EXECUTIVES SO AS TO PRESERVE THE APPLICATION OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, QUESTION 19	AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC THE ORGANIZATION 'S FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE ONLINE AT WWW DACBOND COM THE ORGANIZATION 'S ARTICLES OF INCORPORATION AND ANNUAL REPORTS ARE AVAILABLE THROUGH THE ILLINOIS SECRETA RY OF STATE THE ORGANIZATION ALSO MAKES ITS GENERAL GOVERNING DOCUMENTS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	<p>OTHER CHANGES IN NET ASSETS OR FUND BALANCES GRANTS RELEASED FROM RESTRICTIONS \$ 2,857,132</p> <p>PENSION ADJUSTMENT \$ 2,054,107 FOUNDERS' BOARD ACTIVITIES \$ 179,104 CHANGE IN FAIR VALUE</p> <p>OF PERPETUAL TRUSTS \$ (315,018) PLEDGE RECEIVABLE WRITE-OFFS \$ (105,873) OTHER (RESTRICTED</p> <p>) \$(4,920,585) ----- TOTAL \$ (251,133) -----</p>

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
Ann & Robert H Lurie Children's Hospital of Chicago

Employer identification number  
36-2170833

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> LURIE CHILDRENS CIN LLC 225 E CHICAGO AVE CHICAGO IL CHICAGO, IL 606112991 90-1025439	CONTRACTING SVCS	IL	NA									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> CMMC Insurance Co LTD 225 E CHICAGO AVE CHICAGO, IL 60611 98-1049532	SELF INSURANCE	CJ		CORPORATION					

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s) . . . . .

f Dividends from related organization(s) . . . . .

g Sale of assets to related organization(s) . . . . .

h Purchase of assets from related organization(s) . . . . .

i Exchange of assets with related organization(s) . . . . .

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

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

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

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

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

o Sharing of paid employees with related organization(s) . . . . .

p Reimbursement paid to related organization(s) for expenses . . . . .

q Reimbursement paid by related organization(s) for expenses . . . . .

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

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

Schedule R (Form 990) 2018



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

[illegible]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 36-2170833

Name: Ann & Robert H Lurie Children's Hospital of Chicago

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
7 S 721 ROUTE 53 NAPERVILLE, IL 60540 36-3822010	TRANSITION CR	IL	501(C)(3)	10	Medical Ctr		No
225 E CHICAGO AVE Chicago, IL 60611 36-3357005	RESEARCH	IL	501(C)(3)	4	Medical Ctr		No
225 E CHICAGO AVE Chicago, IL 60611 36-3357006	FUNDRAISING	IL	501(C)(3)	7	Medical Ctr		No
225 E CHICAGO AVE Chicago, IL 60611 36-3357004	HEALTH CARE	IL	501(C)(3)	10	NA		No
225 E CHICAGO AVE Chicago, IL 60611 36-3279680	HLTH CRE/RSCH	IL	501(C)(3)	10	Medical Ctr		No
225 E CHICAGO AVE Chicago, IL 60611 36-6638400	INSURANCE	IL	501(C)(3)	12 III-FI	MEDICAL CTR		No
645 NORTH MICHIGAN AVE 1058 CHICAGO, IL 60611 36-2656113	SUPPORTNG ORG	IL	501(C)(3)	12 III-FI	NA		No
737 NORTH MICHIGAN AVE 2040 CHICAGO, IL 60611 36-3393780	SUPPORTNG ORG	IL	501(C)(3)	12 TYPE I	NA		No
225 E CHICAGO AVE Chicago, IL 60611 37-1838535	HEALTH CARE	IL	501(C)(3)	3	NA		No
2300 CHILDRENS PLAZA STE 114 Chicago, IL 60614 83-1650513	HLTH CRE/RSCH	IL	501(C)(3)	10	NA		No