

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0087

For calendar year 2017 or other tax year beginning 09/01, 2017, and ending 08/31, 2018

2017

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

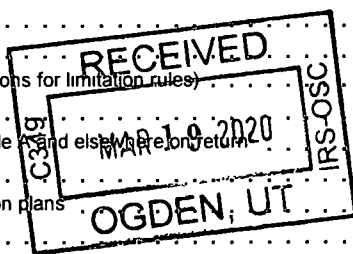
Open to Public Inspection for 501(c)(3) Organizations Only

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

Form section H-I: Describe the organization's primary unrelated business activity; During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

Table for Part I: Unrelated Trade or Business Income. Columns: (A) Income, (B) Expenses, (C) Net. Rows 1a-13 including Gross receipts or sales, Less returns and allowances, Cost of goods sold, Capital gain net income, etc.

Table for Part II: Deductions Not Taken Elsewhere. Columns: Line number, Description, Amount. Rows 14-34 including Compensation of officers, directors, and trustees; Salaries and wages; Charitable contributions; Depreciation; etc.



Received in MAR 24 2020 20 Batching Ogden

# Amended Return – Section 512(a)(7) Repeal

## Part III Tax Computation

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order) (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) . . . . . \$ _____ (2) Additional 3% tax (not more than \$100,000) . . . . . \$ _____		
c Income tax on the amount on line 34. . . . . ▶	<b>35c</b>	
<b>36 Trusts Taxable at Trust Rates</b> See instructions for tax computation. Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041). . . . . ▶	<b>36</b>	
<b>37 Proxy tax.</b> See instructions . . . . . ▶	<b>37</b>	
<b>38 Alternative minimum tax</b> . . . . . ▶	<b>38</b>	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions . . . . . ▶	<b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies. . . . . ▶	<b>40</b>	

## Part IV Tax and Payments

<b>41 a</b> Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). . . . .	<b>41a</b>		
<b>b</b> Other credits (see instructions). . . . .	<b>41b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions). . . . .	<b>41c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827). . . . .	<b>41d</b>		
<b>e</b> Total credits. Add lines 41a through 41d . . . . .	<b>41e</b>		
<b>42</b> Subtract line 41e from line 40. . . . .	<b>42</b>		
<b>43</b> Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule). . . . .	<b>43</b>		
<b>44</b> Total tax. Add lines 42 and 43. . . . .	<b>44</b>		0.
<b>45 a</b> Payments. A 2016 overpayment credited to 2017 . . . . .	<b>45a</b>		
<b>b</b> 2017 estimated tax payments . . . . .	<b>45b</b>		
<b>c</b> Tax deposited with Form 8868. . . . .	<b>45c</b>	8,160.	
<b>d</b> Foreign organizations. Tax paid or withheld at source (see instructions) . . . . .	<b>45d</b>		
<b>e</b> Backup withholding (see instructions) . . . . .	<b>45e</b>		
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941) . . . . .	<b>45f</b>		
<b>g</b> Other credits and payments <input type="checkbox"/> Form 2439 _____ <input checked="" type="checkbox"/> Other 32,189. Total ▶	<b>45g</b>	ATCH 2 32,189.	
<b>46</b> Total payments. Add lines 45a through 45g . . . . .	<b>46</b>		40,349.
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached. . . . . ▶ <input type="checkbox"/>	<b>47</b>		
<b>48</b> Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed . . . . . ▶	<b>48</b>		
<b>49</b> Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid . . . . . ▶	<b>49</b>		40,349.
<b>50</b> Enter the amount of line 49 you want credited to 2018 estimated tax ▶ Refunded ▶	<b>50</b>		40,349.

## Part V Statements Regarding Certain Activities and Other Information (see instructions)

<b>51</b> At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ <u>CAYMAN ISLANDS</u>	Yes	No	
	X		
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . . . If YES, see instructions for other forms the organization may have to file			X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____			

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

<b>Sign Here</b>	Signature of officer: <u>RON BLAUSTEIN</u>	Date: <u>3/2/20</u>	Title: <u>CFO</u>	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JESS WAGENER		02/27/2020		P01622613
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Firm's EIN ▶ 34-6565596	Firm's address ▶ 155 N. WACKER DRIVE, CHICAGO, IL 60606	Phone no 312-879-2000	

# Amended Return – Section 512(a)(7) Repeal

CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER

36-3357004

Form 990-T (2017)

Page **3**

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">1</td><td style="width: 85%;">Inventory at beginning of year</td><td style="width: 5%; text-align: center;">1</td><td style="width: 5%;"></td></tr> <tr><td style="text-align: center;">2</td><td>Purchases</td><td style="text-align: center;">2</td><td></td></tr> <tr><td style="text-align: center;">3</td><td>Cost of labor</td><td style="text-align: center;">3</td><td></td></tr> <tr><td style="text-align: center;">4a</td><td>Additional section 263A costs (attach schedule)</td><td style="text-align: center;">4a</td><td></td></tr> <tr><td style="text-align: center;">4b</td><td>Other costs (attach schedule)</td><td style="text-align: center;">4b</td><td></td></tr> <tr><td style="text-align: center;">5</td><td>Total Add lines 1 through 4b</td><td style="text-align: center;">5</td><td></td></tr> </table>	1	Inventory at beginning of year	1		2	Purchases	2		3	Cost of labor	3		4a	Additional section 263A costs (attach schedule)	4a		4b	Other costs (attach schedule)	4b		5	Total Add lines 1 through 4b	5		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;">6</td><td style="width: 85%;">Inventory at end of year</td><td style="width: 5%; text-align: center;">6</td><td style="width: 5%;"></td></tr> <tr><td style="text-align: center;">7</td><td>Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.</td><td style="text-align: center;">7</td><td></td></tr> <tr><td style="text-align: center;">8</td><td>Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?</td><td style="text-align: center;">8</td><td style="text-align: center;">Yes No</td></tr> </table>	6	Inventory at end of year	6		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.	7		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	8	Yes No
1	Inventory at beginning of year	1																																			
2	Purchases	2																																			
3	Cost of labor	3																																			
4a	Additional section 263A costs (attach schedule)	4a																																			
4b	Other costs (attach schedule)	4b																																			
5	Total Add lines 1 through 4b	5																																			
6	Inventory at end of year	6																																			
7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.	7																																			
8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	8	Yes No																																		

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1** Description of property

(1)	
(2)	
(3)	
(4)	

**2.** Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
<b>Totals</b> ▶				
<b>Total dividends-received deductions</b> included in column 8 ▶				

Form **990-T** (2017)

# Amended Return – Section 512(a)(7) Repeal

Form 990-T (2017)

CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER

36-3357004

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## Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

### Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Totals . . . . . ▶

## Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)	

Totals . . . . . ▶

## Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

Totals . . . . . ▶

## Schedule J - Advertising Income (see instructions)

### Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5)) . . . ▶

Form 990-T (2017)

# Amended Return – Section 512(a)(7) Repeal

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> . . . . . ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2) ATTACHMENT 3		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b> . . . . . ▶			

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

1,850.

PART II - LINE 28 - OTHER DEDUCTIONS

1,850.

FORM 990T - LINE 45G - OTHER CREDITS AND PAYMENTS

TAX PAID WITH ORIGINAL RETURN

32,189.

TOTAL LINE 45G - OTHER CREDITS AND PAYMENTS

32,189.

## Amended Return – Section 512(a)(7) Repeal

Children's Hospital Of Chicago Medical Center  
 EIN 36-3357004  
 Tax Year 08/31/18  
 Reason for Amending Form 990-T

Children's Hospital Of Chicago Medical Center is amending Form 990-T, Exempt Organization Business Income Tax Return, for tax year ended August 31, 2018 because of the repeal of Section 512(a)(7) Summary of the changes is provided below

### FORM 990-T, Amendments list

	As Originally Filed	As amended	Difference
Form 990-T -Part I - line 12	178,160	-	(178,160)
Form 990-T -Part I - line 13	178,160	-	(178,160)
Form 990-T -Part II - line 19	16,712	-	(16,712)
Form 990-T -Part II - line 28	1,250	1,850	600
Form 990-T -Part II - line 29	17,962	1,850	(16,112)
Form 990-T -Part II - line 30	160,198	(1,850)	(162,048)
Form 990-T -Part II - line 32	160,198	(1,850)	(162,048)
Form 990-T -Part II - line 34	159,198	(1,850)	(161,048)
Form 990-T -Part III - line 35c	40,349	-	(40,349)
Form 990-T -Part III - line 40	40,349	-	(40,349)
Form 990-T -Part IV- line 45g	-	32,189	32,189
Form 990-T -Part IV- line 46	8,160	40,349	32,189
Form 990-T -Part IV- line 48	32,189	-	(32,189)
Form 990-T -Part IV- line 49	-	40,349	40,349
Form 990-T -Part IV- line 50	-	40,349	40,349