For	m_ 99°0-T	Ех	empt Organization	Bus	siness Income ⁻ der section 6033(d	Tax Retur	n	OMB No 1545-0687
		For cale	ndar year 2018 or other tax year begin				019	୭ଲ1ଛ
Dep	artment of the Treasury		► Go to www irs gov/Form990					<u> </u>
	nal Revenue Service	▶Do	not enter SSN numbers on this form				:)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
Ā	Check box if address changed		Name of organization (Check b	ox if na	me changed and see instruction:	;)		oyer identification number oyees' trust, see instructions)
	xempt under section]	CHILDREN'S HOSPITAL	OF	CHICAGO MEDICAL	CENTER		
X	501(C <u>)(0 3</u>)	Print	Number, street, and room or suite no	faPO	box, see instructions		36-3	357004
L.	408(e) 220(e)	or Type						ated business activity code
<u> </u>	408A530(a)	'	225 E CHICAGO AVE.,			<u>.</u>	(000	istractions y
	529(a)		City or town, state or province, countr	-	ZIP or foreign postal code			
	ook value of all assets t end of year	<u> </u>	CHICAGO, IL 60611-2				N/A_	
	•		up exemption number (See instruct			 	T	
			ck organization type X 501				∫ 401(a)	
	Enter the number of trade or business her		nization's unrelated trades or busine	sses			-	(or first) unrelated
						-		e than one, describe the
			end of the previous sentence, co	iipiete	rans randin, complete a Se	DIEGULE IN TOT EAC	an additio	IIai
	trade or business, the		corporation a subsidiary in an affil	ated a	roup or a parent-subsidiant	ontrolled group?		Yes X No
	-		identifying number of the parent co	_		omionea group*		· · • ies [] 140
	The books are in care			porati	Telephon	e number ▶ 31	2-227-	-7133
ğ Pa	Intelligent	Trade o	or Business Income		(A) Income	(B) Expen		(C) Net
	Gross receipts or				<u> </u>	```		1
_	D Less returns and allowa		c Balance ▶	1c				į.
_ 2			ule A, line 7)	2				
3 3			2 from line 1c	3				
. 4a	Capital gain net i	ncome (a	ittach Schedule D)	4a				
t			Part II, line 17) (attach Form 4797)	4b				
	Capital loss dedu	ction for t	rusts	4c				
5	Income (loss) from a p	artnership oi	r an S corporation (attach statement)	5				
6	Rent income (Sch	edule C)		6				
7	Unrelated debt-fir	nanced in	come (Schedule E)	_7				
8	Interest annuities, roy	alties and re	ents from a controlled organization (Schedule F	8				ļ
9			1(c)(7), (9) or (17) organization (Schedule G)	-				
10			ncome (Schedule I)	10				
11			dule J)	11	 			
12			ctions, attach schedule)	12	0.			
13			ough 12			odustions \ (Event	for contributions
			be directly connected with t				zkcepti	ioi continuutions,
14			directors, and trustees (Schedule K)				. 14	T
15	•	•	· · · · · · · · · · · · · · · · · · ·				· · —	
16								
17								
18			(see instructions)					
19								
20			See instructions for limitation rules)					
21		•	4562)		1 1			
22			on Schedule A and elsewheretoner				22b	
23					V 10		23	
24	Contributions to	deferred o	compensation plans 📜				24	
25	Employee benefit	programs	s	.3.1	2020.			
26	Excess exempt ex	coenses (S	Schedule I)		102.1			
27	Excess readership	costs (S	chedule J) OGE	EN			27	
28		-						
29			es 14 through 28					
30			ole income before net operating				- 1	
31		•	ig loss arising in tax years beginni	-	·		i i	
32			e income Subtract line 31 from line Notice, see instructions	30 .	<u> </u>	<u> </u>	32	
	740 1 000 48458V JSA 1 48458V 114		101106, 366 111311110110113					Form 990-T (2018) PAGE 75

66

Form 990-T (2018)

self-employed

Firm's EIN ▶ 34-6565596

Phone no 312-879-2000

Preparer

Use Only

Firm's name ERNST & YOUNG U.S., LLP

Firm's address ▶ 155 N. WACKER DRIVE, CHICAS

		property	(attach schedule)	(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)
Cotolo				l

Form 990-T (2018)

Total dividends-received deductions included in column 8.

Page 4

Schedule F-Interest, Anni	illes, Royalties			ntrolled Or			ations (se	e instruction) (3)		
Name of controlled organization	2. Employer identification numb	ו וסו	3 Net unrelated incom- (loss) (see instructions		4 Total of specifie payments made		fied included	5 Part of column 4 that included in the controllinorganization's gross inco		ing connected with income	
(1)											
(2)					ļ						
(3)					 -				_		
(4)					<u> </u>		!			<u></u>	
Nonexempt Controlled Organia	zations					40	Dark of column	0.45-4	- 44	. Dad at a darab	
7 Taxable Income	8 Net unrelated ii (loss) (see instruc	I		Total of specifications and a comments made		ınc	Part of column luded in the co anization's gros	ontrolling		Deductions directly nected with income in column 10	
(1)									<u> </u>		
(2)									_		
(3)											
(4)							dd columns 5 a	and 10	Δ.	id columns 6 and 11	
Totals		 ction 501(c	:)(7),	 (9), or (17	▶ ′) Orga	Pa	ter here and on int I, line 8, colu on (see ins	ımn (A)		ter here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount of	income		3 Deduction directly co (attach sci	nnected			et-asides i schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(3)											
(4)	Enter here and	00 0200 1	┼							Enter here and on page 1	
Totals ▶	Part I, line 9, c									Part I, line 9, column (B)	
Schedule I - Exploited Exe	mpt Activity In	come, Oth	er Th	an Advert	ising In	come	(see instru	uctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelated business inc	with n of d	4 Net incor from unrela or business 2 minus co If a gain, c cols 5 thr	ted tradé (column lumn 3) ompute	from Is n	ross income activity that ot unrelated ness income	6 Expe attributa colum	able to	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 at page 1, Pa line 10, col	rt I,			-				Enter here and on page 1, Part II, line 26	
Totals ▶ Schedule J- Advertising Ir	come (see instr	uctions)								<u> </u>	
Part I Income From Per			nsol	idated Ba	sis						
1 Name of periodical	2 Gross advertising income	3 Direct advertising of	t	4 Adver gain or (lo 2 minus c a gain, co	tising ss) (col ol 3) If	5	Circulation income	6 Read		7 Excess readership costs (column 6 minus column 5, but not more than	
(4)				cols 5 thr	•		<u> </u>	_		column 4)	
(1)		- -	·	-		-		 	-	-	
(3)				1		 		 		-	
(4)				-				+		\dashv	
\''	 -			 		 		+		 	
Totals (carry to Part II, line (5))								<u> </u>		Form 990-T (2018	

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)						
Totals from Part I ▶			,			
	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
Totals, Part II (lines 1-5) ▶					١٠.	<u> </u>

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)		%	
(3)		%	
4)		%	
Total Enter here and on page 1. Part II. line 14			

Form 990-T (2018)