

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2018
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **09-01-2018**, and ending **08-31-2019**

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

C Name of organization
Children's Hospital of Chicago Medical Center

% **RON BLAUSTEIN**
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
225 E CHICAGO AVE BOX 282

City or town, state or province, country, and ZIP or foreign postal code
Chicago, IL 606112991

D Employer identification number
36-3357004

E Telephone number
(312) 227-7133

G Gross receipts \$ 51,717,487

F Name and address of principal officer:
Thomas Shanley MD
225 E CHICAGO AVE BOX 282
Chicago, IL 606112991

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www.luriechildrens.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1984

M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
ESTABLISH, DEVELOP, PROMOTE & CONDUCT EDUCAT'L PRGMS, SCI RESEARCH, HEALTHCARE FACILITIES & CHARITABLE & EDUCAT'L ACTIVITIES DEVOTED TO HEALTH & WELFARE OF INFANTS & CHILDREN.

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

3 Number of voting members of the governing body (Part VI, line 1a)	117
4 Number of independent voting members of the governing body (Part VI, line 1b)	111
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	238
6 Total number of volunteers (estimate if necessary)	111
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,619,173	8,293,950
9 Program service revenue (Part VIII, line 2g)	40,740,484	43,423,537
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,359,657	51,717,487
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	34,804,460	36,505,515
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,042,923	14,754,498
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	47,847,383	51,260,013
19 Revenue less expenses. Subtract line 18 from line 12	1,512,274	457,474

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	14,479,048	14,026,467
21 Total liabilities (Part X, line 26)	5,553,254	4,611,717
22 Net assets or fund balances. Subtract line 21 from line 20	8,925,794	9,414,750

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2020-07-13

RON BLAUSTEIN CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01622613
Firm's name ▶ ERNST & YOUNG US LLP			Firm's EIN ▶	
Firm's address ▶ 155 N Wacker Drive Chicago, IL 60606			Phone no. (312) 879-2000	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 AND ALLIED HEALTH PROFESSIONALS - 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.

4a (Code:) (Expenses \$ 48,422,552 including grants of \$ 0) (Revenue \$ 43,423,537)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 48,422,552

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	238			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	2b		Yes		
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	3a			No	
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>	3b				
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	4a		Yes		
<p>b If "Yes," enter the name of the foreign country: ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	5a			No	
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	5b			No	
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	5c				
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>	6a			No	
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	6b				
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>	7a			No	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	7b				
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	7c			No	
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	7e			No	
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	7f			No	
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	7g				
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	7h				
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	8				
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>	9a				
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	9b				
10 Section 501(c)(7) organizations. Enter:					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter:					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p>	13a				
<p>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</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	14a			No	
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>	14b				
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>	15			No	
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>	16			No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (117); 1b Enter the number of voting members included in line 1a, above, who are independent (111); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b 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? (Yes).

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: IL
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [x] 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

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

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

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

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

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

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.

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

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

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

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	4,974,277	5,552,865	1,375,601

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 ▶ 84

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SPI HEALTHCARE, 8151 183rd Street TINLEY PARK, IL 60487	BILLING SERVICES	1,832,981
Northwestern Medical Group, 375 N ST CLAIR CHICAGO, IL 60611	PHYSICIAN SERVICES	641,549
GUERRERO CLEANING SERVICES, 2629 N Monitor Ave CHICAGO, IL 60639	CLEANING SERVICES	140,050

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 3

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f for various contributions and 1g for noncash contributions, totaling 8,293,950.

Table for Program Service Revenue with columns for Business Code, Total revenue, and Related or exempt function revenue. Rows include 2a-2f for various program services, totaling 43,423,537.

Table for Other Revenue with columns for Business Code, Total revenue, and Related or exempt function revenue. Rows include 3-12 for investment income, rental income, fundraising events, gaming activities, and inventory sales, totaling 51,717,487.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	106,867	102,089	4,778	
7 Other salaries and wages	30,411,377	29,051,740	1,359,637	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	4,013,716	3,870,375	143,341	
10 Payroll taxes	1,973,555	1,926,126	47,429	
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	14,004		14,004	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	578,102	521,472	56,630	
12 Advertising and promotion	0			
13 Office expenses	326,994	326,274	720	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	1,206,028	1,201,190	4,838	
17 Travel	77,211	67,613	9,598	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	548,563		548,563	
23 Insurance	874,073	749,963	124,110	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BILLING & COLLECTION	947,986	947,986		
b PLAN TAX	1,015,366	1,015,366		
c BAD DEBTS	527,404	527,404		
d PHYSICIAN SERVICES	1,597,616	1,597,616		
e All other expenses	7,041,151	6,517,338	523,813	
25 Total functional expenses. Add lines 1 through 24e	51,260,013	48,422,552	2,837,461	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	5,608,955	1	4,669,321
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	3,583,802	4	4,922,602
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,678,185		
	b Less: accumulated depreciation	1,984,572		
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	120,000	13	152,121
	14 Intangible assets	1,417,706	14	1,417,706
	15 Other assets. See Part IV, line 11	1,648,176	15	1,171,104
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,479,048	16	14,026,467	
Liabilities	17 Accounts payable and accrued expenses	5,553,254	17	4,611,717
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	5,553,254	26	4,611,717
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	8,925,794	27	9,414,750
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	8,925,794	33	9,414,750
	34 Total liabilities and net assets/fund balances	14,479,048	34	14,026,467

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	51,717,487
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,260,013
3	Revenue less expenses. Subtract line 2 from line 1	3	457,474
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,925,794
5	Net unrealized gains (losses) on investments	5	31,482
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,414,750

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Software ID:**Software Version:****EIN:** 36-3357004**Name:** Children's Hospital of Chicago Medical Center

Form 990 (2018)

Form 990, Part III, Line 4a:

THE CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER ("MEDICAL CENTER"), AN ILLINOIS NOT-FOR-PROFIT CORPORATION, ENGAGES IN BUDGET APPROVAL, ASSET MANAGEMENT, RESOURCE ALLOCATION, INVESTMENT OVERSIGHT AND STRATEGIC PLANNING FOR AFFILIATES. AFFILIATES INCLUDE ORGANIZATIONS FOR WHICH THE MEDICAL CENTER IS A CONTROLLING MEMBER. CURRENTLY, THE MEDICAL CENTER HAS THE FOLLOWING AFFILIATES: ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO, ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO FOUNDATION, ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO RESEARCH CENTER, LURIE CHILDREN'S MEDICAL GROUP, LLC, LURIE CHILDRENS PRIMARY CARE, LLC, PEDIATRIC FACULTY FOUNDATION, INC, LURIE CHILDREN'S HEALTH PARTNERS CARE COORDINATION, LLC, ALMOST HOME KIDS, LURIE CHILDREN'S HEALTH PARTNERS CLINICALLY INTEGRATED NETWORK LLC, CHILDREN'S HOSPITAL OF CHICAGO FPP, LURIE CHILDREN'S PEDIATRIC ANESTHESIA ASSOCIATION AND LURIE CHILDREN'S SURGICAL FOUNDATION. LURIE CHILDREN'S MEDICAL GROUP, LLC ("MEDICAL GROUP") IS AN ILLINOIS LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER IS THE MEDICAL CENTER. BY VIRTUE OF THE MEDICAL CENTER'S TAX-EXEMPT STATUS, THE MEDICAL GROUP IS CONSIDERED TO BE AN ORGANIZATION DESCRIBED UNDER SECTION 501(C)(3) OF THE CODE. THE MEDICAL GROUP EMPLOYS PATHOLOGISTS, RADIOLOGISTS, PSYCHIATRISTS AND DENTISTS WHO PRACTICE AT ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO ("LURIE CHILDREN'S"). THE MEDICAL GROUP'S PATHOLOGISTS COMPRISE THE LURIE CHILDREN'S DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE WHICH PROVIDES COMPREHENSIVE SERVICES IN BOTH ANATOMIC AND CLINICAL PATHOLOGY, UTILIZING EXTENSIVE EXPERTISE AND STATE-OF-THE-ART TECHNOLOGY. CONSULTATIVE SERVICES ARE PROVIDED ACROSS THE COUNTRY IN COLLABORATION AND COORDINATION WITH LURIE CHILDREN'S MEDICAL, SURGICAL AND ANCILLARY DEPARTMENTS. THE CHILDREN ENCOMPASS A CROSS-SECTION OF DIAGNOSES AND THE DEPARTMENT ASSISTS IN THE DIAGNOSIS AND MANAGEMENT OF ACUTE AND CHRONIC DISEASES. THE MEDICAL GROUP PSYCHIATRISTS PRACTICE WITHIN LURIE CHILDREN'S DEPARTMENT OF CHILD AND ADOLESCENT PSYCHIATRY WHICH OFFERS CHILDREN AND THEIR FAMILIES SPECIALIZED SERVICES IN PEDIATRIC MENTAL HEALTH. CLINICIANS IN THE DEPARTMENT PROVIDE STATE OF THE ART PSYCHIATRIC AND PSYCHOLOGICAL SERVICES, EDUCATION, AND ADVOCACY. THE MEDICAL GROUP PSYCHIATRISTS PROVIDE NATIONAL LEADERSHIP IN THE EDUCATION OF MENTAL HEALTH CARE PROFESSIONALS AND ADVANCEMENT OF KNOWLEDGE THROUGH RESEARCH. THE MEDICAL GROUP PSYCHIATRISTS TREAT CHILDREN OF ALL AGES AND FROM EVERY SOCIOECONOMIC BACKGROUND FOR A WIDE VARIETY OF PROBLEMS INCLUDING ADJUSTMENT DISORDERS, EMOTIONAL PROBLEMS RELATED TO PEDIATRIC DISORDERS, PSYCHOSES, MOOD DISORDERS, ANXIETY, DEVELOPMENTAL DELAYS, BEHAVIOR DISORDERS, ADHD, AUTISM SPECTRUM DISORDERS, AND LEARNING DISABILITIES. THE MEDICAL GROUP DENTISTS PROVIDE COMPREHENSIVE AND PREVENTIVE ORAL HEALTH CARE FOR INFANTS, CHILDREN, ADOLESCENTS, AND PATIENTS OF LURIE CHILDREN'S WITH SPECIAL HEALTH CARE NEEDS. LURIE CHILDREN'S DENTISTRY SERVICE PROVIDES A CHILD-CENTERED ENVIRONMENT AND A COMPREHENSIVE PROGRAM EMPHASIZING TOTAL HEALTH AND PREVENTION. THE MEDICAL GROUP DENTISTS PROVIDE CARE RELATED TO INFANT ORAL HEALTHCARE WITH PARENT EDUCATION; NURSING AND BABY BOTTLE CARIES; DENTAL CARIES; ORAL TRAUMA, ANXIOUS CHILD; COMPREHENSIVE ORAL HEALTHCARE FOR PATIENTS OF THE LURIE CHILDREN'S MEDICAL SPECIALTIES (INCLUDING HEMATOLOGY, ONCOLOGY, INFECTIOUS DISEASE, ALLERGY, CARDIOLOGY, NEUROLOGY AND SERVICES TO ADDRESS CLEFT LIP AND PALATE); AND SERVICES REQUIRING SEDATION AND GENERAL ANESTHESIA. RADIOLOGISTS EMPLOYED BY THE MEDICAL GROUP STAFF THE LURIE CHILDREN'S DEPARTMENT OF MEDICAL IMAGING WHICH SERVES PEDIATRIC PATIENTS IN A MANNER AIMED TO HELP MINIMIZE RADIATION DOSE USED DURING EACH PROCEDURE. THE DEPARTMENT PERFORMS MORE THAN 115,000 PROCEDURES EACH YEAR, HELPING LURIE CHILDREN'S SPECIALISTS CARE FOR THEIR PATIENTS WITH THE BEST IMAGING PROCEDURES POSSIBLE. ALL OF THE RADIOLOGISTS ARE BOARD CERTIFIED WITH SUBSPECIALTY TRAINING IN PEDIATRIC RADIOLOGY, INTERVENTIONAL RADIOLOGY AND/OR NEURORADIOLOGY. CHILDREN COME FROM AROUND THE WORLD FOR OUR NATIONALLY RECOGNIZED CARDIAC IMAGING PROGRAM. THE MEDICAL GROUP'S PHYSICIANS ARE MEMBERS OF THE FACULTY PRACTICE PLAN AT LURIE CHILDREN'S, WHICH REPRESENTS THE LARGEST PROVIDER OF PEDIATRIC MEDICAID SERVICES IN ILLINOIS. THE MEDICAL CENTER THROUGH ITS MANAGEMENT AND THE MEDICAL GROUP'S SERVICES ASSISTS LURIE CHILDREN'S, WHICH, OWNS AND OPERATES THE ONLY FULL-SERVICE, INDEPENDENT, FREESTANDING PEDIATRIC HOSPITAL IN ILLINOIS, WITH 364 LICENSED BEDS AS WELL AS A FULL RANGE OF INPATIENT AND OUTPATIENT CARE AND RELATED ANCILLARY SERVICES. THIS NOT-FOR-PROFIT, TERTIARY CARE HOSPITAL, FOUNDED IN 1882, PROVIDES PATIENT CARE 24 HOURS-PER-DAY, 7 DAYS-PER-WEEK AND PROVIDES MORE PEDIATRIC HEALTHCARE 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 50 STATES, AND 57 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 WHICH SHOW THAT OVER HALF OF ALL TRANSPORTS INTO ITS NICU WERE FROM OTHER LEVEL III NURSERIES IN METROPOLITAN CHICAGO. IN 2018, LURIE CHILDREN'S HAS BEEN RANKED AS THE 10TH BEST CHILDREN'S HOSPITAL IN THE COUNTRY BY U.S. NEWS & WORLD REPORT. IN ADDITION, LURIE CHILDREN'S IS THE ONLY PEDIATRIC HOSPITAL IN ILLINOIS TO BE RANKED BY U.S. NEWS & WORLD REPORT IN ALL 10 PEDIATRIC SPECIALTIES. LURIE CHILDREN'S IS THE HOME TO THE WORLD'S FIRST PEDIATRIC CENTER FOR AUTONOMIC MEDICINE AND WAS THE FIRST PEDIATRIC HOSPITAL IN ILLINOIS TO PERFORM THE BERLIN HEART PROCEDURE, A BREAKTHROUGH TECHNOLOGY THAT HELPS CHILDREN AWAITING HEART TRANSPLANTS.

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

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			
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

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			
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

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			
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)	40.0 3.0	X						647,805	0	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

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			
Gregory D Smith Director	1.0	X						0	0	0
H Thomas Watkins III Director	1.0	X						0	0	0
H William Schnaper MD EX-OFFC DIR/PFF MD until 1/19	2.0 40.0	X						0	291,969	55,529
Honey Jacobs Skinner Director	1.0	X						0	0	0
J Christopher Reyes Director & Vice Chair	1.0	X						0	0	0
Jack R Callison Jr Director	1.0	X						0	0	0
James F Derose Director	1.0	X						0	0	0
James H Wooten Jr Director	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	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			
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/PHSYICIAN TRM 12/18	1.0 42.0	X						0	598,876	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

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			
Joshua J Prangley Director	1.0 2.0	X						0	0	0
Julie M Howard Director	1.0 2.0	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-Offc Director (BEG 2/1/19)	1.0 3.0	X						0	0	0
Kristin Finney-Cooke Director (beg 5/16/19)	1.0 1.0	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			
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

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			
Mark A Hoppe Director	1.0	X						0	0	0
Marleta Reynolds MD Ex-Officio Director	1.0	X						0	0	0
Martin Kaplan Director (beg 8/15/19)	1.0	X						0	0	0
Matthew Davis MD Ex-Offc Director (beg 1/18/19)	1.0	X						0	0	0
Matthew W Brewer Director	1.0	X						0	0	0
Melvin Gray Director	1.0	X						0	0	0
Meredith Bluhm-Wolf Director	1.0	X						0	0	0
Michael C Evangelides Director	1.0	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	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			
Michael P Goldman Director	1.0	X						0	0	0
Michael Pucker Director	1.0	X						0	0	0
Michael T Bromfield Director	1.0	X						0	0	0
Michael W Ferro Jr Director (until 12/6/18)	1.0	X						0	0	0
Mitchell J Manassa Director (until 12/6/18)	1.0	X						0	0	0
Mohan P Rao Phd Director	1.0	X						0	0	0
Monsignor Kenneth J Velo Director	1.0	X						0	0	0
Ms Jia Zhao Director	1.0	X						0	0	0
Nancy A Pacher Director	1.0	X						0	0	0
Patrick M Magoon EX-OFFIC DIR/CEO-MED CTR, HOSP	1.0 46.0	X		X				0	1,653,234	93,348

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			
Pedro Dejesus Director	1.0	X						0	0	0
Peter B Bensinger Jr Director	1.0	X						0	0	0
Peter C Roberts Director (until 12/10/18)	2.0 1.0	X						0	0	0
Ravindra Simhambhatla Director (beg 3/7/19)	1.0	X						0	0	0
Robert J Winter Jr Director (until 2/21/19)	1.0	X						0	0	0
Robert L Verigan Director	2.0 1.0	X						0	0	0
Robert S Murley Director & Vice Chair	1.0	X						0	0	0
Robin G Zafirovski Director	2.0 1.0	X						0	0	0
Roxanne Martino Director & Chair	2.0 1.0	X						0	0	0
Sarah Baine Director	2.0 1.0	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			
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	X						0	0	0
Zaldwaynaka Scott Director	1.0	X						0	0	0
Nancy M Borders Gen Counsel & Corp Secretary	1.0 46.0			X				0	559,969	130,710
Ron Blaustein Chief Financial Officer	1.0 46.0			X				0	684,157	123,936
Cynthia K Rigsby MD VICE CHRMN MED IMAGING	40.0 0.0					X		543,680	0	64,734
James S Donaldson MD CHIEF RADIOLOGIST	40.0 2.0					X		1,213,741	0	43,912
Martha C Saker MD STAFF RADIOLOGIST	40.0 0.0					X		1,696,119	0	53,771
Jonathan D Samet MD Physician	40.0 0.0					X		423,471	0	45,974
Jackson T Norman MD Physician	40.0 0.0					X		449,461	0	49,419

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Children's Hospital of Chicago Medical Center

Employer identification number
36-3357004

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 **section 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	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)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	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

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

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 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,759,810	9,638,855	3,555,582	8,619,173	8,293,950	33,867,370
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	21,927,745	32,690,710	39,641,023	40,740,484	43,423,537	178,423,499
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	25,687,555	42,329,565	43,196,605	49,359,657	51,717,487	212,290,869
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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.						0
c Add lines 7a and 7b.						0
8 Public support. (Subtract line 7c from line 6.)						212,290,869

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6.	25,687,555	42,329,565	43,196,605	49,359,657	51,717,487	212,290,869
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.						0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	25,687,555	42,329,565	43,196,605	49,359,657	51,717,487	212,290,869
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. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	100.000 %
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	100.000 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	0 %
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 ▶ <input checked="" type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 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: 36-3357004

Name: Children's Hospital of Chicago Medical Center

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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

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

Name of the organization
Children's Hospital of Chicago Medical Center

Employer identification number
36-3357004

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | | |
|--|---------------|----|
| | Yes | No |
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		71,707	8,163	63,544
c Leasehold improvements				
d Equipment		3,606,478	1,976,409	1,630,069
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,693,613

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

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

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

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

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

(a) Description	(b) Book value
(1) NONPATIENT RECEIVABLE	633,475
(2) PREPAID OTHER	132,078
(3) DUE FROM CMMC INSURANCE	76,025
(4) SUPPLIES INVENTORY	329,526
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,171,104

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation	
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Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
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**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 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Children's Hospital of Chicago Medical Center

Employer identification number
36-3357004

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

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 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
Central America and the Caribbean			Program Services	INSURANCE	4,970,707
3a Sub-total					4,970,707
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					4,970,707

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) 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 ▶ _____

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE F, PART I, LINE 3	TOTAL EXPENDITURES THE EXPENDITURES REPORTED IN PART I, LINE 3 ARE BASED ON SELF INSURANCE PREMIUMS PAID/ACCRUED.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Children's Hospital of Chicago Medical Center

Employer identification number
36-3357004

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <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) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<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)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<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)				
<p>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</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <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 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<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			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<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				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b	Yes			
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
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 & 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. 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 & 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 CHILDRENS 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. 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 JAMES S. DONALDSON, MD \$472,922 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). SCHEDULE J, PART I, QUESTION 5B ANN & 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. 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 ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO ("LURIE CHILDREN'S") FOR THE INDIVIDUAL'S SUBSTANTIAL AND FULL-TIME SERVICES AS AN EMPLOYEE. FOR MORE DETAILS, PLEASE REFER TO THE 2018 FORM 990 OF LURIE CHILDREN'S, FEIN 36-2170833. NANCY M. BORDERS PATRICK M. MAGOON RON BLAUSTEIN. LISTED INDIVIDUAL ELIZABETH J. PERLMAN, MD IS NOT COMPENSATED BY THE REPORTING ORGANIZATION FOR HER 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 INDIVIDUAL'S SUBSTANTIAL AND FULL-TIME SERVICES AS AN EMPLOYEE.</p>

2019 Schedule J (Form 990) 2018

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

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 for the latest information.

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Children's Hospital of Chicago Medical Center

Employer identification number 36-3357004

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.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Multiple empty rows.

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

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Total row at the bottom.

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (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. Multiple empty rows.

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) John Ford DDS	FAMILY MEMBER OF DIRECTOR	106,867	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation

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 for the latest information.

OMB No. 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

Children's Hospital of Chicago Medical Center

Employer identification number

36-3357004

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 FORMS 1096 REPORTING IS FILED UNDER THE LURIE CHILDREN'S EIN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, QUESTION 2A	ALLOCATION OF SALARY EXPENSES LURIE CHILDREN'S PAYS AND ISSUES FORMS W-2 TO EMPLOYEES WHO WORK FOR CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER. THE ALLOCATION OF THE SALARY COSTS ARE DISCLOSED ON FORM 990, PART IX, STATEMENT OF 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, LINE 4	<p>SIGNIFICANT CHANGES TO THE GOVERNING DOCUMENTS THE BYLAWS OF CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER WERE AMENDED TO ADD A REPRESENTATIVE FROM LURIE CHILDREN'S SURGICAL FOUNDATION, INC. TO THE EXECUTIVE COMMITTEE. FORM 990, PART VI, QUESTION 11B DESCRIPTION OF THE PROCESS USED BY MANAGEMENT OR THE GOVERNING BODY TO REVIEW THE FORM 990 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, MET FREQUENTLY TO DISCUSS AND REVIEW DRAFTS OF THE FORM. 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
<p>FORM 990, PART VI, QUESTION 12C</p>	<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 AND 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 & 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 & 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 INT 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 SECRETARY 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 IX LINE 24 - OTHER EXPENSES	DESCRIPTION:INTERCOMPANY BILLING TOTAL EXPENSES:1470514 PROGRAM SERVICES:1470514

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:VACCINES TOTAL EXPENSES:4560443 PROGRAM SERVICES:4560443

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:ALL OTHER EXPENSES TOTAL EXPENSES:1010194 PROGRAM SERVICES:486381 MANAGEMENT AND GENERAL:523813

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Children's Hospital of Chicago Medical Center

Employer identification number

36-3357004

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
(1) LURIE CHILDREN'S MEDICAL GROUP LLC 225 E CHICAGO AVE CHICAGO, IL 60611 36-4187449	HEALTH CARE	IL	24,295,931	9,292,703	MEDICAL CTR
(2) Lurie Children's Health Prtnrs Care Crdn 225 E CHICAGO AVENUE BOX 301 CHICAGO, IL 60611 35-2503476	COORDINATD CR	IL	747,135	87,627	Medical Ctr
(3) LURIE CHILDREN'S PRIMARY CARE LLC 225 E CHICAGO AVE CHICAGO, IL 60611 32-0476042	HEALTH CARE	IL	18,404,366	4,417,991	MEDICAL CTR

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	
(1) LC CIN LLC 225 E Chicago Ave Chicago, IL 606112991 90-1025439	CONTRACT	IL	MEDICAL CTR	RELATED	-3,423,129	357,356		No	0	Yes		99.989 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CMMC INSURANCE CO LTD 225 E CHICAGO AVE CHICAGO, IL 60611 98-1049532	SELF INSURANCE	CJ	MEDICAL CTR	CORPORATION	83,739	28,231,516	100.000 %	Yes	

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.

	Yes	No
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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LURIE CHILDREN'S	c	8,293,950	COST
(2) CMMC INSURANCE CO LTD	s	4,970,707	COST

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-3357004
Name: Children's Hospital of Chicago Medical Center

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	Yes	
225 E CHICAGO AVE Chicago, IL 60611 36-3357005	RESEARCH	IL	501(C)(3)	4	Medical Ctr	Yes	
225 E CHICAGO AVE Chicago, IL 60611 36-3357006	FUNDRAISING	IL	501(C)(3)	7	Medical Ctr	Yes	
225 E CHICAGO AVE Chicago, IL 60611 36-3279680	HLTH CRE/RSCH	IL	501(C)(3)	10	Medical Ctr	Yes	
225 E CHICAGO AVE Chicago, IL 60611 36-6638400	INSURANCE	IL	501(C)(3)	12 III-FI	MEDICAL CTR	Yes	
225 E CHICAGO AVE CHICAGO, IL 60611 36-2170833	HOSPITAL	IL	501(C)(3)	3	MEDICAL CTR	Yes	
737 NORTH MICHIGAN AVE 2040 CHICAGO, IL 60611 36-3393780	SUPPORTNG ORG	IL	501(C)(3)	12 TYPE I	MEDICAL CTR	Yes	
225 E CHICAGO AVE Chicago, IL 60611 37-1838535	HEALTH CARE	IL	501(C)(3)	3	MEDICAL CTR	Yes	
2300 CHILDRENS PLAZA STE 114 Chicago, IL 60614 83-1650513	HLTH CRE/RSCH	IL	501(C)(3)	10	MEDICAL CTR	Yes	