

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 07-01-2018, and ending 06-30-2019

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

C Name of organization
University of Chicago Medical Center

% Justin Kats
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5841 South Maryland Avenue MC 1086

City or town, state or province, country, and ZIP or foreign postal code
Chicago, IL 60637

D Employer identification number
36-3488183

E Telephone number
(773) 702-1998

G Gross receipts \$ 2,078,745,875

F Name and address of principal officer:
RICH SILVERIA
5841 S Maryland Ave MC 1086
Chicago, IL 60637

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: ▶ <http://www.uchospitals.edu/>

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1986

M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	49
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	43
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	9,841
6 Total number of volunteers (estimate if necessary)	6	811
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,152,350
b Net unrelated business taxable income from Form 990-T, line 34	7b	206,114

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,932,938	3,449,029
9 Program service revenue (Part VIII, line 2g)	1,851,063,119	2,021,768,166
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50,731,686	52,831,223
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	477,224	484,948
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,906,204,967	2,078,533,366

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	516,950
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)	770,976,682	825,286,704
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,808,887		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,003,685,333	1,106,790,468
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,774,662,015	1,932,594,122
19 Revenue less expenses. Subtract line 18 from line 12	131,542,952	145,939,244

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,393,264,859	3,515,079,330
21 Total liabilities (Part X, line 26)	1,550,081,169	1,627,363,828
22 Net assets or fund balances. Subtract line 21 from line 20	1,843,183,690	1,887,715,502

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: 2020-06-05
RICHARD SILVERIA EVP AND CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-06-10
Check if self-employed PTIN: P00294881
Firm's name ▶ KPMG LLP Firm's EIN ▶
Firm's address ▶ 191 West Nationwide Blvd Ste 500 Columbus, OH 432152568 Phone no. (614) 249-2300

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 \$ 1,794,361,630 including grants of \$ 516,950) (Revenue \$ 2,022,352,766)
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 \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,794,361,630

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and other IRS filings.

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 []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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 (49); 1b Enter the number of voting members included in line 1a, above, who are independent (43); 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? (No); 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? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 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

Table with 2 columns: Question, Answer. Rows include: 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: Justin Kats 5841 South Maryland Avenue MC 1086 Chicago, IL 60637 (773) 702-1998

Part VIII Statement of Revenue

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

Table with 5 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 Federated campaigns, Membership dues, Fundraising events, Related organizations, Government grants, All other contributions, Noncash contributions, and Total.

Table with 5 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 Net patient revenue, PHARMACY, Capitation revenue, OTHER OPERATING, Medical Center parking, All other program service revenue, and Total.

Table with 5 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 Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Gross rents, Net rental income or (loss), Gross amount from sales of assets other than inventory, Net gain or (loss), Gross income from fundraising events, Net income or (loss) from fundraising events, Gross income from gaming activities, Net income or (loss) from gaming activities, Gross sales of inventory, Net income or (loss) from sales of inventory, Miscellaneous Revenue, Other Operating, All other revenue, and Total revenue.

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	516,950	516,950		
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	15,637,159	6,043,674	9,593,485	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	648,890,012	590,135,645	56,987,742	1,766,625
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	34,367,110	30,747,934	3,599,863	19,313
9 Other employee benefits	78,631,523	77,903,495	728,028	
10 Payroll taxes	47,760,900	42,737,900	4,995,951	27,049
11 Fees for services (non-employees):				
a Management	4,178,223	4,178,223		
b Legal	3,073,402	660,664	2,412,738	
c Accounting	491,732		491,732	
d Lobbying	75,627		75,627	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	3,618,796		3,618,796	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	308,835,421	283,430,049	25,405,372	
12 Advertising and promotion	6,783,574		6,783,574	
13 Office expenses	22,131,501	19,121,840	2,975,962	33,699
14 Information technology	19,146,716	18,394,185	752,531	
15 Royalties	0			
16 Occupancy	21,233,211	19,999,313	1,201,743	32,155
17 Travel	2,165,190	1,306,934	857,127	1,129
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	40,655,933	37,182,876	3,473,057	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	111,130,298	111,130,298		
23 Insurance	12,557,190	12,557,190		
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 DRUGS AND MEDICAL SUPPLIES	365,594,697	365,544,975	49,722	
b IMPLANTS	52,808,890	52,808,890		
c IL MEDICAID PROVIDER TAX	49,517,525	49,517,525		
d EQUIPMENT RENT & MAINTENANCE	35,977,363	34,783,578	1,193,785	
e All other expenses	46,815,179	35,659,492	10,226,770	928,917
25 Total functional expenses. Add lines 1 through 24e	1,932,594,122	1,794,361,630	135,423,605	2,808,887
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	245,419	1	482,265
	2 Savings and temporary cash investments	181,243,101	2	150,734,503
	3 Pledges and grants receivable, net	2,486,922	3	2,871,347
	4 Accounts receivable, net	306,872,029	4	359,176,701
	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	41,594,825	8	46,595,299
	9 Prepaid expenses and deferred charges	30,441,171	9	32,235,433
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,402,332,120		
	b Less: accumulated depreciation	1,037,850,070		
		1,404,888,548	10c	1,364,482,050
	11 Investments—publicly traded securities	555,563,133	11	627,165,959
	12 Investments—other securities. See Part IV, line 11	450,990,390	12	475,938,091
	13 Investments—program-related. See Part IV, line 11	329,351,135	13	333,917,992
	14 Intangible assets	1,637,421	14	1,643,292
15 Other assets. See Part IV, line 11	87,950,765	15	119,836,398	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,393,264,859	16	3,515,079,330	
Liabilities	17 Accounts payable and accrued expenses	167,385,742	17	183,087,655
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	881,586,818	20	862,203,864
	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	501,108,609	25	582,072,309
	26 Total liabilities. Add lines 17 through 25	1,550,081,169	26	1,627,363,828
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,732,388,267	27	1,774,868,200
	28 Temporarily restricted net assets	93,536,903	28	95,575,757
	29 Permanently restricted net assets	17,258,520	29	17,271,545
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 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	1,843,183,690	33	1,887,715,502	
34 Total liabilities and net assets/fund balances	3,393,264,859	34	3,515,079,330	

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	2,078,533,366
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,932,594,122
3	Revenue less expenses. Subtract line 2 from line 1	3	145,939,244
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,843,183,690
5	Net unrealized gains (losses) on investments	5	13,172,483
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	-114,579,915
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,887,715,502

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		

Additional Data

Software ID:

Software Version:

EIN: 36-3488183

Name: University of Chicago Medical Center

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O FOR MORE INFORMATION ON PROGRAM SERVICE ACCOMPLISHMENTS FOR THE YEAR.

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			
SHARON O'KEEFE PRESIDENT	40.0 3.0	X		X				2,237,502	0	268,248
ANDREW M ALPER TRUSTEE	1.0 0.0	X						0	0	0
BARRY L MACLEAN LIFE TRUSTEE	1.0 0.0	X						0	0	0
BRIEN M O'BRIEN TRUSTEE (CHAIR)	1.0 0.0	X						0	0	0
CHERYL MAYBERRY-MCKISSACK TRUSTEE	1.0 0.0	X						0	0	0
CRAIG J DUCHOSSOIS TRUSTEE (VICE CHAIR)	1.0 0.0	X						0	0	0
DANIEL DIERMEIER TRUSTEE EX OFFICIO	1.0 40.0	X						0	997,412	119,175
DAVID H ORTH MD TRUSTEE	1.0 2.0	X						0	17,550	0
DIANE P ATWOOD TRUSTEE	1.0 0.0	X						0	0	0
EDWARD NAURECKAS MD TRUSTEE EX OFFICIO	1.0 40.0	X						0	270,183	77,527

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			
ELLEN BLOCK TRUSTEE	1.0 0.0	X						0	0	0
EMILY NICKLIN TRUSTEE	1.0 0.0	X						0	0	0
FRANK M CLARK III TRUSTEE	1.0 0.0	X						0	0	0
GORDON SEGAL LIFE TRUSTEE	1.0 0.0	X						0	0	0
HOWARD G KRANE LIFE TRUSTEE	1.0 0.0	X						0	0	0
JAMES C STEPHEN TRUSTEE	1.0 0.0	X						0	0	0
JAMES D ABRAMS TRUSTEE (TERMED DEC. 2018)	1.0 0.0	X						0	0	0
JAMES REYNOLDS JR TRUSTEE	1.0 0.0	X						0	0	0
JAMES S FRANK TRUSTEE (VICE CHAIR)	1.0 0.0	X						0	0	0
JEFFREY T SHEFFIELD TRUSTEE (Termed May 2019)	1.0 0.0	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			
JOHN A SVOBODA TRUSTEE	1.0 0.0	X						0	0	0
JOHN D COONEY TRUSTEE	1.0 0.0	X						0	0	0
JOHN D MABIE LIFE TRUSTEE	1.0 0.0	X						0	0	0
JONATHAN KOVLER TRUSTEE	1.0 0.0	X						0	0	0
JOSEPH NEUBAUER TRUSTEE EX OFFICIO	1.0 0.0	X						0	0	0
JOSEPH P NOLAN TRUSTEE	1.0 0.0	X						0	0	0
JULES F KNAPP LIFE TRUSTEE	1.0 0.0	X						0	0	0
KENNETH S POLONSKY MD TRUSTEE EX OFFICIO	20.0 40.0	X						0	2,631,089	382,615
KEVIN J BROWN TRUSTEE	1.0 0.0	X						0	0	0
MICHAEL TANG TRUSTEE	1.0 0.0	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			
NICHOLAS K PONTIKES TRUSTEE	1.0 0.0	X						0	0	0
PATRICK J KELLY TRUSTEE	1.0 0.0	X						0	0	0
PAUL F ANDERSON LIFE TRUSTEE	1.0 0.0	X						0	0	0
PAUL G YOVOVICH TRUSTEE	1.0 0.0	X						0	0	0
PAUL J CARBONE TRUSTEE	1.0 0.0	X						0	0	0
PAULA WOLFF TRUSTEE	1.0 0.0	X						0	0	0
RACHEL D KOHLER TRUSTEE	1.0 0.0	X						0	0	0
RICHARD M KING TRUSTEE	1.0 2.0	X						0	0	0
ROBERT FEITLER LIFE TRUSTEE	1.0 0.0	X						0	0	0
ROBERT G CLARK TRUSTEE	1.0 0.0	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			
ROBERT G SCHLOERB LIFE TRUSTEE	1.0 0.0	X						0	0	0
ROBERT G WEISS LIFE TRUSTEE	1.0 0.0	X						0	0	0
ROBERT J ZIMMER TRUSTEE EX OFFICIO	40.0 16.0	X						0	5,777,302	1,088,533
ROBIN M STEANS TRUSTEE	1.0 0.0	X						0	0	0
RODNEY L GOLDSTEIN TRUSTEE	1.0 0.0	X						0	0	0
SCOTT SILVERMAN TRUSTEE	1.0 0.0	X						0	0	0
SCOTT STRAUSSER TRUSTEE (TERMED AUGUST 2018)	1.0 40.0	X						0	970,705	31,694
SCOTT WALD TRUSTEE	1.0 0.0	X						0	0	0
STANDFORD J GOLDBLATT TRUSTEE	1.0 0.0	X						0	0	0
STEPHANIE HARRIS TRUSTEE	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			
TERRY L VAN DER AA TRUSTEE	1.0 0.0	X						0	0	0
THOMAS DUCKWORTH TRUSTEE	1.0 0.0	X						0	0	0
WILLIAM MORRISON TRUSTEE (TERMED DEC 2018)	1.0 0.0	X						0	0	0
ANN MCCOLGAN VP CHIEF TREASURY OFFICER	40.0 3.0			X				370,024	0	79,538
AUDRE G BAGNALL EXEC VP, BUS DEVELOP, CSO	40.0 1.0			X				795,958	0	145,004
JASON KEELER EVP & CHIEF OPERATING OFFICER	40.0 1.0			X				987,632	0	123,841
JENNIFER HILL BOARD SEC/DEAN CHIEF OF STAFF	40.0 1.0			X				182,829	0	51,123
JOHN SATALIC SVP & GENERAL COUNSEL	40.0 0.0			X				753,364	0	141,943
KRISTA CURELL VP Chief Compliance Officer	40.0 0.0			X				548,020	0	95,639
RICHARD W SILVERIA CHIEF FINANCIAL OFFICER	40.0 1.0			X				1,025,994	0	165,300

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			
ALLYSON HANSEN SENIOR VP PRESIDENT AMBULATORY	40.0 0.0				X			542,828	0	69,713
BENJAMIN GIBSON VP GOVERNMENT AFFAIRS	40.0 0.0				X			528,258	0	86,654
BRENDA BATTLE VP URBAN HLTH, ASST DEAN DVSTY	40.0 1.0				X			484,962	0	68,486
DEBRA ALBERT SENIOR VP PT CARE & CNO	40.0 1.0				X			1,204,597	0	128,427
GARY GASBARRA VP FINANCE	40.0 2.0				X			669,385	0	86,892
HEATHER NELSON SVP & CHIEF INFORMATION OFFICE	40.0 0.0				X			517,894	0	75,139
MARCO CAPICCHIONI VP FACILITIES DESIGN & CONSTRU	40.0 0.0				X			505,751	0	102,763
MAYUMI FUKUI VP MANAGED CARE & PROGRAM DEVE	40.0 0.0				X			597,429	0	84,544
ROBERT J HANLEY SVP CHIEF HUMAN RESOURCES	40.0 0.0				X			688,472	0	111,952
WILLIAM HIDLAY SVP, CHIEF MARKETING OFFICER	40.0 0.0				X			470,266	0	90,980

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			
VIKRAM V ACHARYA VP CLINICAL SvC Thru 6/29/2018	40.0 0.0				X			569,159	0	52,028
AMY ROSS VP, STRATEGIC PLANNING	40.0 0.0				X			406,116	0	61,763
PATRICK IDEMOTO VP NETWORK DEVELOPMENT	40.0 0.0				X			432,901	0	56,741
ARSHAD YOUSUF PHYSICIAN	0.0 40.0					X		590,491	0	56,629
DANIEL CIABURRI PHYSICIAN	0.0 40.0					X		754,394	0	42,409
GRACE SUH PHYSICIAN	40.0 0.0					X		788,724	0	36,224
SHAYAN RAYANI PHYSICIAN	0.0 40.0					X		737,076	0	44,447
SUNIL NARULA PHYSICIAN	40.0 0.0					X		818,538	0	31,490
CHARLES BROWN VP REVENUE CYCLE Thru 12/2/17	40.0 0.0						X	477,996	0	31,359
JONATHAN STEGNER VP SUPPLY CHAIN Thru 4/20/18	40.0 0.0						X	358,825	0	18,744

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			
MUMTAZ DARBAR THRU 33118 VP CLIN PRACTICE & DEAN	40.0 0.0						X	235,349	468,999	108,478

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
University of Chicago Medical Center

Employer identification number
36-3488183

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.") . . .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
6	Total. Add lines 1 through 5 . . .						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . .						
c	Add lines 7a and 7b. . .						
8	Public support. (Subtract line 7c from line 6.) . . .						

Section B. Total Support

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

14 First 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

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 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** 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: 36-3488183

Name: University 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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization University of Chicago Medical Center	Employer identification number 36-3488183
--	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,092,903
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		75,627
j	Total. Add lines 1c through 1i			1,168,530
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Form Sch C Part II-B Line 1	THE UNIVERSITY OF CHICAGO MEDICAL CENTER (UCMC) EMPLOYS THE SERVICES OF CONTRACTUAL, REGISTERED LOBBYISTS AND SOME PORTION OF FULL-TIME UCMC PERSONNEL (THE VICE PRESIDENT, GOVERNMENTAL AFFAIRS) FOR THE PURPOSE OF EDUCATING LOCAL, STATE AND FEDERAL ELECTED OFFICIALS AND APPOINTED POLICY MAKERS ABOUT THE DELIVERY OF HEALTH CARE SERVICES IN AN ACADEMIC MEDICAL RESEARCH ENVIRONMENT. ADVOCACY EFFORTS CONDUCTED BY CONTRACTUAL LOBBYISTS AND UCMC STAFF ARE RELATED TO SECURING SUFFICIENT RESOURCES TO FURTHER THE MEDICAL CENTER'S TAX-EXEMPT PURPOSES, INCLUDING ITS PROGRAMMATIC, CLINICAL, RESEARCH, FUTURE CONSTRUCTION, AND RENOVATION OBJECTIVES, WHILE CONTINUING ITS VERY HIGH LEVELS OF CHARITY CARE AND COMMUNITY BENEFIT. SPECIFICALLY THE TOPICS THAT ARE THE SUBJECT OF LOBBYING ACTIVITIES DURING FY2019 WERE MEDICARE/MEDICAID, 340B, GRADUATE MEDICAL EDUCATION (BOTH DGME AND IME), NIH BUDGET, DRUG PRICING, NATIONAL SCIENCE FOUNDATION MATTERS, AND NURSE STAFFING LEGISLATION. LOBBYING ACTIVITIES ARE CONDUCTED IN ACCORDANCE WITH APPLICABLE LOCAL, STATE AND FEDERAL LAWS GOVERNING LOBBYING ACTIVITIES. CERTAIN LOBBYING ACTIVITIES AT THE FEDERAL AND STATE LEVELS WERE CONDUCTED THROUGH UCMC'S MEMBERSHIP AND PARTICIPATION IN CERTAIN TRADE ASSOCIATIONS, NAMELY THE AMERICAN ASSOCIATION OF MEDICAL COLLEGES (AAMC), THE ILLINOIS HEALTH AND HOSPITAL ASSOCIATION (IHA), CHILDREN'S HOSPITAL ASSOCIATION, THE AMERICAN HOSPITAL ASSOCIATION (AHA), AND AMERICA'S ESSENTIAL HOSPITALS. OTHER FEDERAL AND STATE LOBBYING EFFORTS WERE CONDUCTED BY UCMC PERSONNEL AND CONTRACTUAL LOBBYISTS.

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
University of Chicago Medical Center

Employer identification number
36-3488183

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	918,801,000	906,336,000	879,941,000	996,140,000	1,004,247,000
b Contributions	89,055,000	10,000	15,612,000	10,000	32,010,000
c Net investment earnings, gains, and losses	52,962,000	54,480,000	81,095,000	-20,784,000	29,574,000
d Grants or scholarships					
e Other expenditures for facilities and programs	46,248,000	42,025,000	70,312,000	95,425,000	68,913,000
f Administrative expenses					778,000
g End of year balance	1,014,570,000	918,801,000	906,336,000	879,941,000	996,140,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 91.030 %
 - b** Permanent endowment ▶ 1.700 %
 - c** Temporarily restricted endowment ▶ 7.270 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | No |
| (ii) related organizations | Yes | |
| 3a(ii) | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
| 3b | Yes | |
- 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		45,131,924		45,131,924
b Buildings		1,683,455,472	584,244,902	1,099,210,570
c Leasehold improvements				
d Equipment		647,404,231	427,400,225	220,004,006
e Other		26,340,493	26,204,943	135,550
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,364,482,050

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	175,631,510	F
(3) Other _____		
(A) ALTERNATIVE INVESTMENTS	497,664	F
(B) REAL ASSETS	100,180,616	F
(C) ABSOLUTE RETURN	199,628,301	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	475,938,091	

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) COMM HLTH & HOSP DIV (UCCHD)	322,862,000	F
(2) UCMC TITLE HOLDING CORP	1,007,585	F
(3) UCMC/SCH ONCOLOGY JV LLC	4,336,772	F
(4) UCMC-SOLIS MAMMOGRAPHY JV	5,711,635	F
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	333,917,992	

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
CAPITAL LEASE	49,128,328
DUE TO UNIVERSITY OF CHICAGO	30,769,491
MALPRACTICE LIABILITY	100,626,750
OTHER LIABILITIES	7,383,408
PENSION LIABILITY	13,334,215
SELF INSURANCE LIABILITY	6,396,000
SWAP INTEREST	127,068,138
THIRD PARTY PAYOR SETTLEMENT	240,397,829
OTHER LIABILITIES - DUE TO AFF	6,968,150
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	582,072,309

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	2,089,217,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	13,172,483
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,190,213
e	Add lines 2a through 2d	2e	14,362,696
3	Subtract line 2e from line 1	3	2,074,854,304
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	3,618,796
b	Other (Describe in Part XIII.)	4b	60,266
c	Add lines 4a and 4b	4c	3,679,062
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,078,533,366

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	2,043,113,000
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	115,948,637
e	Add lines 2a through 2d	2e	115,948,637
3	Subtract line 2e from line 1	3	1,927,164,363
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	3,618,796
b	Other (Describe in Part XIII.)	4b	1,810,963
c	Add lines 4a and 4b	4c	5,429,759
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,932,594,122

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 36-3488183

Name: University of Chicago Medical Center

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

1. (a) Description of Liability	(b) Book Value
CAPITAL LEASE	49,128,328
DUE TO UNIVERSITY OF CHICAGO	30,769,491
MALPRACTICE LIABILITY	100,626,750
OTHER LIABILITIES	7,383,408
PENSION LIABILITY	13,334,215
SELF INSURANCE LIABILITY	6,396,000
SWAP INTEREST	127,068,138
THIRD PARTY PAYOR SETTLEMENT	240,397,829
OTHER LIABILITIES - DUE TO AFF	6,968,150

Supplemental Information

Return Reference	Explanation
Form Sch D Part V	<p>The University of Chicago Medical Center includes the permanently restricted net assets of Ingalls Development Foundation, a related organization, in UCMC's endowment funds reported on Schedule D, Part V. Form Sch D Part X Line 2 THE SYSTEM APPLIES ASC TOPIC 740, INCOME TAXES, WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN A COMPANY'S CONSOLIDATED FINANCIAL STATEMENTS. ASC TOPIC 740 PRESCRIBES A MORE LIKELY THAN NOT RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN. UNDER ASC TOPIC 740, TAX POSITIONS ARE EVALUATED FOR RECOGNITION, DERECOGNITION, AND MEASUREMENT USING CONSISTENT CRITERIA AND PROVIDE MORE INFORMATION ABOUT THE UNCERTAINTY IN INCOME TAX ASSETS AND LIABILITIES. AS OF JUNE 30, 2019 AND 2018, THE SYSTEM DOES NOT HAVE AN ASSET OR LIABILITY RECORDED FOR UNRECOGNIZED TAX POSITIONS.</p>

Supplemental Information

Return Reference	Explanation
Form Sch D Part XI Line 2d	Hedge Ineffectiveness \$1,190,213 Form Sch D Part XI Line 4b Inclusion of UCM Care Network LLC \$4,000 Inclusion of UCM Care Network Affiliated Physicians \$235,000 Net Assets Released from restrictions \$34,000 Fundraising Expenses included in revenue (\$212,509) Rounding \$ (225) Total \$60,266

Supplemental Information

Return Reference	Explanation
Form Sch D Part XII Line 2d	Net Transfers to University of Chicago, Net \$71,750,000 Change in accrued pension benefits other than net periodic benefit costs \$14,787,128 Hedge Ineffectiveness \$29,233,000 Fundraising Expenses included in Revenue \$212,509 Net Assets Released from restrictions (\$34,000) Total \$115,948,637 Part XII Line 4b Inclusion of UCM Care Network LLC \$1,147,000 Inclusion of UCM Care Network Affiliated Physicians \$665,000 Rounding (\$1,037) Total: \$1,810,963

**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
University of Chicago Medical Center

Employer identification number
36-3488183

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total		4			16,560,686
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)		4			16,560,686

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 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
Schedule F, Part 1, Line 3 (f)	UCMC'S ACTIVITIES ABROAD COMPRISE OF (1) MARKETING HEALTH CARE SERVICES, WHICH ARE PROVIDED AT THE MEDICAL CENTER IN CHICAGO, IL; (2) HELPING TO FACILITATE THE TRAVEL TO CHICAGO OF THOSE WHO CHOOSE TO RECEIVE CARE AT UCMC; (3) INVESTMENT ACTIVITY, AND (4) THE PROVISION OF CONSULTING SERVICES TO FOREIGN PROVIDERS OF HEALTH CARE SERVICES. NO PATIENTS ARE TREATED BY UCMC OUTSIDE THE UNITED STATES.

Additional Data

Software ID:

Software Version:

EIN: 36-3488183

Name: University of Chicago Medical Center

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa		1	Program Services	Marketing/Travel	75,200
East Asia and the Pacific		1	Program Services	Marketing/Travel	95,992

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program Services	Marketing/Travel	1,481
South America		2	Program Services	Marketing/Travel	32,395

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments	Investments	16,355,618

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		Comer 5K race (event type)	Golf (event type)	1 (total number)	Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	257,102	176,202	141,820	575,124
	2 Less: Contributions	246,521	111,785	103,961	462,267
	3 Gross income (line 1 minus line 2)	10,581	64,417	37,859	112,857
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	340			340
	6 Rent/facility costs	41,435	26,784	4,000	72,219
	7 Food and beverages	1,998	25,264	19,350	46,612
	8 Entertainment				
	9 Other direct expenses	76,936	4,202	12,200	93,338
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				212,509
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-99,652	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 University of Chicago Medical Center

Hospitals

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

Employer identification number
 36-3488183

OMB No. 1545-0047
2018
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b If "Yes," was it a written policy?	1b Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 600 %	3b Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			26,371,360		26,371,360	1.370 %
b Medicaid (from Worksheet 3, column a)			477,213,792	437,757,017	39,456,775	2.040 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			503,585,152	437,757,017	65,828,135	3.410 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			4,720,469		4,720,469	0.240 %
f Health professions education (from Worksheet 5)			90,081,082	33,825,106	56,255,976	2.910 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			48,000,000		48,000,000	2.480 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			644,067		644,067	0.030 %
j Total. Other Benefits			143,445,618	33,825,106	109,620,512	5.660 %
k Total. Add lines 7d and 7j			647,030,770	471,582,123	175,448,647	9.070 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			25,711		25,711	
2 Economic development			2,035		2,035	
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members			6,250		6,250	
6 Coalition building			31,103		31,103	
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			65,099		65,099	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	33,993,529
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	315,436,906
6 Enter Medicare allowable costs of care relating to payments on line 5	6	389,597,686
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-74,160,780
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 NONE				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

1

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 THE UNIV OF CHICAGO MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

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

Community Health Needs Assessment

		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, Section C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>SEE PART V, SECTION C</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

THE UNIV OF CHICAGO MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

THE UNIV OF CHICAGO MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
a	<input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
e	<input checked="" type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

THE UNIV OF CHICAGO MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
1 Outpatient Physical Therapy Center 1301 E 47th Street Chicago, IL 60615	PHYSICAL THERAPY CENTER
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part I Line 3C	<p>AUTOMATIC UNINSURED SELF-PAY DISCOUNT OF 80% OF GROSS CHARGES, PROVIDED TO ALL UNINSURED PATIENTS WITHOUT REQUIRING EVIDENCE OF INABILITY TO PAY. THIS DISCOUNT IS DESIGNED TO ENSURE THAT PATIENTS ARE CHARGED AT A RATE GENERALLY COMPARABLE TO THAT APPLIED TO INSURED PATIENTS. 1. THERE IS NO APPLICATION PROCESS FOR THE PATIENT TO RECEIVE THE UNINSURED DISCOUNT. THE DISCOUNT APPLIED IS BASED ON THE ACCOUNT'S SELF-PAY/UNINSURED STATUS. 2. PATIENTS RECEIVING PRE-NEGOTIATED DISCOUNTS FOR HOSPITAL SERVICES WILL NOT BE ELIGIBLE FOR THIS UNINSURED DISCOUNT. 3. IF A PATIENT IS SUBSEQUENTLY APPROVED FOR FINANCIAL ASSISTANCE, THE AUTOMATIC DISCOUNT WILL BE REVERSED SO THAT THE FULL AMOUNT CAN BE RECOGNIZED AS A CHARITY ALLOWANCE. 4. IF A PATIENT SUBSEQUENTLY PROVIDES EVIDENCE OF INSURANCE COVERAGE, THE AUTOMATIC DISCOUNT WILL BE REVERSED AND THE INSURANCE COVERAGE PROVIDED WILL BE BILLED ACCORDINGLY. 5. PATIENTS WHO ARE OTHERWISE INSURED AND CHOOSE NOT TO USE THEIR INSURANCE COVERAGE ARE INELIGIBLE FOR THIS AUTOMATIC DISCOUNT. FORM SCH H PART I LINE 5A WHILE UCMC PROJECTS AN ANTICIPATED AMOUNT OF DISCOUNTED CARE EACH FISCAL YEAR WHEN CREATING ITS ANNUAL BUDGET, NO SPECIFIC LINE ITEM OR LIMIT IS INCLUDED IN THE BUDGET. THE ABSENCE OF A LINE ITEM IN NO WAY LIMITS THE AMOUNT OF DISCOUNTED CARE UCMC PROVIDES. FORM SCH H PART I LINE 7 THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN PART I, LINE 7 IS THE COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part II	SEE SCHEDULE H, PART VI, LINE 5 FOR DESCRIPTION ON COMMUNITY BUILDING ACTIVITIES. FORM SCH H, PART III, LINE 1 UCMC follows GAAP principles and under the new reporting standard ASC 606, bad debt is now implicit price concessions. The reporting of bad debt also conforms to the updated Healthcare Financial Management Association No. 15.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part III Line 2	THE COST OF BAD DEBT IN PART III, LINE 2 IS BASED ON WORKSHEET 2 IN THE INSTRUCTIONS TO SCHEDULE H. THE BASIS FOR THIS COSTING METHODOLOGY IS UCMC'S OPERATING EXPENSES (EXCLUDING BAD DEBT) ADJUSTED BY OTHER OPERATING REVENUE, THE MEDICAID PROVIDER TAX, COMMUNITY BENEFIT EXPENSE AND COMMUNITY BUILDING EXPENSE DIVIDED BY UCMC'S GROSS PATIENT CHARGES. FORM SCH H PART III LINE 3 UCMC RUNS PRESUMPTIVE ELIGIBILITY FOR FINANCIAL ASSISTANCE WHEN SUFFICIENT INFORMATION CANNOT BE OBTAINED. AS A RESULT, UCMC DOES NOT BELIEVE THERE IS ANY BAD DEBT FOR INDIVIDUALS THAT WOULD OTHERWISE QUALIFY FOR ASSISTANCE.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part III Line 4	FOOTNOTE TO FINANCIAL STATEMENTS: AS A RESULT OF ADOPTING ASU NO. 2014-09 AS DESCRIBED, THE SYSTEM CONTINUES TO MAINTAIN AN ALLOWANCE FOR BAD DEBTS RELATED TO PERFORMANCE OBLIGATIONS SATISFIED PRIOR TO JULY 1, 2018. THE SYSTEM PROVIDED FOR AN ALLOWANCE AGAINST PATIENT ACCOUNTS RECEIVABLE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE. THE SYSTEM ESTIMATED THIS ALLOWANCE BASED ON THE AGING OF ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION, TRENDS, SUCH AS CHANGES IN THE ECONOMY, WHICH IN TURN HAVE AN IMPACT ON UNEMPLOYMENT RATES AND A NUMBER OF UNINSURED AND UNDERINSURED PATIENTS, THE INCREASED BURDEN OF COPAYMENTS TO BE MADE BY PATIENTS WITH INSURANCE COVERAGE AND BUSINESS PRACTICES RELATED TO COLLECTION EFFORTS. THESE FACTORS CONTINUOUSLY CHANGE AND CAN HAVE AN IMPACT ON COLLECTION TRENDS THE ESTIMATED PROCESS USED BY THE SYSTEM. THE SYSTEM RECORDED A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICES ON THE BASIS OF PAST EXPERIENCE, WHICH HAS HISTORICALLY INDICATED THAT MANY PATIENTS ARE UNRESPONSIVE OR ARE OTHERWISE UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THERE WERE NO REVISIONS TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IN 2019.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part III Line 5	THE FOLLOWING AMOUNTS REPRESENT REVENUE AND EXPENSES FROM PROFESSIONAL FEES, LABS, AND OTHER MEDICARE CHARGES NOT INCLUDED IN UCMC'S MEDICARE COST REPORT FOR THE YEAR: REVENUE RECEIVED FROM MEDICARE \$174,427,196 ALLOWABLE COSTS RELATING TO ABOVE PAYMENTS (\$211,945,133) SHORTFALL (\$37,517,937)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part III Line 6	THE MEDICARE ALLOWABLE COSTS OF CARE ON PART III, LINE 6 ARE BASED ON THE INPATIENT, OUTPATIENT AND ORGAN ACQUISITION COSTS FROM THE FILED FY 19 MEDICARE COST REPORT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part III Line 8	<p>PAYMENT RATES FOR MEDICARE GENERALLY ARE SET BY LAW, RATHER THAN THROUGH A NEGOTIATION PROCESS AS WITH PRIVATE INSURERS. THESE PAYMENT RATES ARE CURRENTLY SET BELOW UCMC'S COSTS OF PROVIDING THE CARE, WHICH UCMC ACCEPTS AS A VOLUNTARY PARTICIPANT IN THE MEDICARE PROGRAM. UCMC TAKES SERIOUSLY ITS COMMITMENT TO PROVIDE CRITICAL PROGRAMS AND SERVICES THAT INCREASE ACCESS TO HEALTHCARE, IMPROVE THE HEALTH OF ITS COMMUNITY, HELP RELIEVE THE BURDENS OF GOVERNMENT WITH RESPECT TO THE PROVISION AND PAYMENT OF HEALTHCARE, AND ATTEND TO ADULT AND PEDIATRIC DISABLED PATIENTS AS WELL AS THE ELDERLY MEDICARE POPULATION, OFTEN THE MORE VULNERABLE MEMBERS OF OUR COMMUNITY. THIS SAME RATIONALE APPLIES TO MEDICAID RECIPIENTS, TOO POOR TO COVER THEIR OWN HEALTH CARE EXPENSES.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part III Line 9b	<p>UCMC PROVIDES DISCOUNTS FOR A PATIENT WHO QUALIFIES FOR TWELVE (12) MONTHS AFTER HE/SHE QUALIFIES. IN ADDITION, UCMC COORDINATES ITS DISCOUNTS WITH UCPG FOR THE PHYSICIAN BILLING, WHICH IS THROUGH THE UNIVERSITY OF CHICAGO. IN A 12 MONTH PERIOD FOR MEDICALLY NECESSARY HEALTH CARE SERVICES PROVIDED BY UCMC TO AN UNINSURED OR UNDERINSURED PATIENT, THE PATIENT IS NOT RESPONSIBLE TO PAY FOR MORE THAN THAT AMOUNT OF BILLED CHARGES IN EXCESS OF 20% OF THE PATIENT'S FAMILY INCOME. THIS "MEDICAL INDIGENCY DISCOUNT" IS SUBJECT TO THE PATIENT'S CONTINUED ELIGIBILITY DURING THE APPLICABLE TIME PERIOD. THE 12 MONTH PERIOD TO WHICH THE MAXIMUM AMOUNT APPLIES SHALL BEGIN ON THE FIRST DATE THE PATIENT RECEIVES MEDICALLY NECESSARY HEALTH CARE SERVICES THAT ARE DETERMINED TO BE ELIGIBLE FOR THE MEDICAL INDIGENCY DISCOUNT AT UCMC. IN ORDER FOR UCMC TO DETERMINE THE 12 MONTH MAXIMUM AMOUNT THAT CAN BE COLLECTED FROM A PATIENT DEEMED ELIGIBLE, THE PATIENT MUST INFORM UCMC IN SUBSEQUENT INPATIENT ADMISSIONS OR OUTPATIENT ENCOUNTERS THAT THE PATIENT HAS PREVIOUSLY BEEN DETERMINED TO BE ENTITLED TO THE MEDICAL INDIGENCY DISCOUNT. SOME PATIENTS ARE NOT RESPONSIVE IN PROVIDING INFORMATION TO APPLY FOR CHARITY CARE, AT WHICH POINT UCMC MAY LEARN OF THEIR QUALIFICATIONS AFTER THE BILL IS SENT TO COLLECTIONS. IF A PATIENT/GUARANTOR HAS BEEN APPROVED BY UCMC FOR CHARITY CARE AND THE ACCOUNT HAS ALREADY BEEN SENT TO AN OUTSIDE COLLECTION AGENCY, UCMC WILL NOTIFY THE AGENCY OF THE APPROVAL. IF THE APPROVAL WAS FOR 100% DISCOUNT, THE AGENCY WILL BE ADVISED TO CLOSE THE ACCOUNT AS CHARITY CARE AND UCMC STAFF WILL PROCESS AN AGENCY CODE CHANGE IN THE UCMC SYSTEM. IF THE CHARITY CARE ADJUSTMENT IS NOT 100%, THE AGENCY IS NOTIFIED OF THE APPROVED DISCOUNT AND ADVISED TO ADJUST THE BALANCE SHOWN AS DUE BY THE APPROVED DISCOUNT AMOUNT. UCMC STAFF WILL CONCURRENTLY AMEND THE BALANCES DUE IN THE BAD DEBT SYSTEM BY THE APPROVED DISCOUNT AMOUNT.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part VI Line 2	<p>UCMC ASSESSES THE HEALTH CARE NEEDS OF THE SOUTH SIDE SERVICE AREA THROUGH THE IMPLEMENTATION OF THE CHNA, COMMUNITY ADVISORY COUNCIL, THE EVALUATION REPORT AND COMMUNITY BENEFIT GRANT MAKING. BUILDING ON UCMC'S PAST TWO CHNAS, THE COMMUNITY BENEFIT AND EVALUATION TEAM WORKED WITH THE COMMUNITY BENEFIT MANAGEMENT AND STEERING COMMITTEES, AS WELL AS A WORK GROUP OF THE COMMUNITY ADVISORY COUNCIL TO PRIORITIZE HEALTH ISSUES FOR UCMC'S NEXT THREE YEARS OF COMMUNITY BENEFIT PROGRAMMING FROM 2020-2022. REPRESENTATIVES FROM THE UCMC URBAN HEALTH INITIATIVE, SELECT UCMC FACULTY, AND COMMUNITY STAKEHOLDERS WERE AMONG THE THREE MAJOR CONSTITUENCIES INVOLVED IN THE HEALTH PRIORITY SELECTION PROCESS. THESE CONSTITUENCIES WERE STRATEGICALLY SELECTED FOR THEIR RESPECTIVE UNDERSTANDING OF COMMUNITY PERSPECTIVES, COMMUNITY BASED HEALTH ENGAGEMENT, AND COMMUNITY HEALTH EDUCATION EFFORTS. As part of the 2018-2019 CHNA, UCMC provided results through community profiles of 27 community areas in the UCMC service area. These community profiles provided information on social determinants of health, such as access to care, health behaviors, unemployment rates and other needs impacting the health of those community members. USING THE CHNA AS A FOUNDATIONAL TOOL, THE COMMUNITY BENEFIT AND EVALUATION TEAM REVIEWED AND COMPARED THE 2018-2019 UCMC SERVICE AREA HEALTH OUTCOME DATA TO PREVIOUS HEALTH OUTCOME DATA. NEW DATA AND HEALTH ISSUES THAT WERE WORSE THAN PREVIOUS YEARS WERE SLATED FOR CONSIDERATION. FOR MORE INFORMATION ON UCMC'S SELECTED HEALTH PRIORITY AREAS PLEASE SEE PART V, SECTION B, LINE 11. OF THE MANY PROGRAMS SUPPORTED BY UCMC, SOME INCLUDE A COMPONENT OF ASSESSMENT. THE HOSPITAL ALSO ASSESSED PRIOR PROGRAMS AS COMPARED TO NEW PROGRAMS AND RE-DIRECTED SOME COMMUNITY BENEFIT FUNDING TO PROGRAMS THAT MAY HAVE A BROADER IMPACT BASED UPON PARTICIPANT AND COMMUNITY FEEDBACK.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part VI Line 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE: UCMC HAS INFORMATION ON FINANCIAL ASSISTANCE AND CHARITY CARE IN VARIOUS VENUES AND FORMS, UCMC HAS SIGNS AND BROCHURES VISIBLE IN PATIENT ACCESS AND SERVICE AREAS; FINANCIAL ASSISTANCE AND CHARITY CARE INFORMATION IS ON UCMC'S WEBSITE, GUARANTOR BILLS/STATEMENTS, AND IN ALL UCMC'S ADMISSION PACKETS MAILED TO EACH NEW PATIENT. UCMC DISCUSSES FINANCIAL ASSISTANCE AND CHARITY CARE AVAILABILITY WITH PATIENTS WHO CONTACT UCMC. UCMC FINANCIAL COUNSELORS ALSO EXPLAIN THESE OPTIONS, INCLUDING DURING THE "MEDICAL ASSISTANCE NO GRANT" (PUBLIC ASSISTANCE FOR MEDICAL COVERAGE) APPLICATION PROCESS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part VI Line 4	<p>THE UCMC SERVICE AREA CONSISTS OF A LARGE, MEDICALLY UNDERRESOURCED, LOW INCOME POPULATION ON CHICAGO'S SOUTH SIDE, A COMMUNITY THAT IS AMONG ONE OF THE MOST ECONOMICALLY CHALLENGED COMMUNITIES IN THE STATE OF ILLINOIS AND THAT HAS A CRITICAL NEED FOR QUALITY HEALTHCARE. BASED ON THE RESULTS OF THE 2018-2019 CHNA, THE POPULATION OF UCMC SERVICE AREA IS APPROXIMATELY 77 PERCENT AFRICAN AMERICAN, 8 PERCENT WHITE AND 12 PERCENT HISPANIC/LATINO. THE UCMC SERVICE AREA IS RELATIVELY LOW-INCOME COMPARED TO THE CITY OF CHICAGO AS A WHOLE WITH 30 PERCENT OF COMMUNITY RESIDENTS REPORTING FAMILY INCOMES BELOW 100 PERCENT OF THE POVERTY LEVEL COMPARED WITH 22 PERCENT FOR THE CITY AS A WHOLE. IN ADDITION, MORE THAN HALF (53.3%) OF THE UCMC SERVICE AREA LIVES BELOW 200 PERCENT OF THE POVERTY LEVEL. THE UCMC SERVICE AREA IS COMPRISED OF 35 NEIGHBORHOODS ACROSS 12 ZIP CODES AND HOME TO MORE THAN 625,700 PEOPLE, MANY OF WHOM ARE UNDERSERVED BY THE HEALTH CARE SYSTEM. IT IS ONE OF THE UNHEALTHIEST IN COOK COUNTY, WITH HIGH RATES OF DIABETES, ASTHMA, AND OTHER CHRONIC CONDITIONS. IN FACT, THE TARGET COMMUNITIES IN UCMC'S SERVICE AREA HAVE SOME OF THE HIGHEST CHRONIC DISEASE AND MORTALITY RATES IN CHICAGO. UCMC IS ONE OF THE FEW HOSPITALS-AND THE ONLY ACADEMIC MEDICAL CENTER-LOCATED IN THE SOUTH SIDE OF CHICAGO. AT THE SAME TIME, HOSPITALIZATION RATES IN UCMC'S SERVICE AREA ARE MUCH HIGHER THAN THE METROPOLITAN AVERAGE.</p>

Form and Line Reference	Explanation
Form Sch H Part VI Line 5	<p>COMMUNITY-BASED INITIATIVES ONE OF UCMC'S INNOVATIVE APPROACHES TO ADDRESSING THE HEALTH CARE SHORTAGE IN ITS COMMUNITY IS THROUGH ITS URBAN HEALTH INITIATIVE PROGRAM ("UHI"). UNDER THE UHI, UCMC PURSUES MEANINGFUL PARTNERSHIPS WITH OTHER PROVIDERS IN THE COMMUNITY TO IMPROVE THE LONG-TERM HEALTH OF PATIENTS AND TO CONDUCT IMPORTANT COMMUNITY-BASED CLINICAL RESEARCH, INCLUDING RESEARCH ON THE DISEASES THAT HAVE THE GREATEST IMPACT IN THE SOUTH SIDE COMMUNITY (E.G., DIABETES, RENAL FAILURE, ASTHMA, ETC.). SOME OF THE KEY UCMC PROGRAMS, INITIATIVES AND PARTNERSHIPS FOR FY19 AIMED AT MEETING THE HEALTH NEEDS OF THE COMMUNITY, INCLUDING THE AREAS IDENTIFIED IN UCMC'S CHNA AND STRATEGIC IMPLEMENTATION PLAN, ARE DESCRIBED BELOW. CARE DELIVERY INITIATIVES UCMC'S COMER CHILDREN'S HOSPITAL TAKES PRIMARY CARE TO CHILDREN IN ITS SURROUNDING NEIGHBORHOODS THROUGH THE PEDIATRIC MOBILE MEDICAL UNIT (THE MOBILE UNIT), WHICH FEATURES TWO FULLY EQUIPPED EXAM ROOMS AND A TEAM COMPRISED OF A PHYSICIAN, TWO NURSE PRACTITIONERS, A LICENSED CLINICAL SOCIAL WORKER, A REFERRAL MANAGER AND PROGRAM COORDINATOR. THE 38-FOOT-LONG MOBILE UNIT PROVIDES A FULL ARRAY OF PEDIATRIC PRIMARY CARE, MENTAL HEALTH CARE, ACUTE CARE, SOCIAL SERVICES AND HEALTH EDUCATION TO CHILDREN AGES 3 TO 19 WHO MAY NOT RECEIVE HEALTHCARE ON A REGULAR BASIS. THE MOBILE UNIT BRINGS MEDICAL RESOURCES TO THE CHILDREN'S SCHOOL ALLEVIATING OBSTACLES FOR THEIR PARENTS OR GUARDIANS, SUCH AS TRANSPORTATION TO A CLINIC. SINCE ITS INCEPTION IN 2003, THE UNIVERSITY OF CHICAGO MEDICINE COMER CHILDREN'S MOBILE MEDICAL UNIT HAS PROVIDED HEALTH CARE, HEALTH EDUCATION AND MENTAL HEALTH SERVICES FOR OVER 18,000 CHILDREN AND ADOLESCENT ENCOUNTERS. UCMC PARTNERS WITH MANY COMMUNITY ORGANIZATIONS AND CHICAGO PUBLIC SCHOOLS (CPS) TO DELIVER AN INTEGRATED MODEL OF COMPREHENSIVE CARE. DURING THE 2018-2019 SCHOOL YEAR, THE MOBILE MEDICAL UNIT VISITED MORE THAN 34 CPS SCHOOLS, 7 HEALTH FAIRS, 2 DAYCARE CENTERS, AND 2 COMMUNITY OUTREACH SITES, DELIVERING COMPREHENSIVE PRIMARY CARE AND MENTAL HEALTH SERVICES DURING 1,690 ENCOUNTERS FOR CHILDREN AND ADOLESCENTS LIVING IN MEDICALLY UNDERRESOURCED COMMUNITIES ON CHICAGO'S SOUTH SIDE, INCLUDING CALUMET HEIGHTS, HYDE PARK, KENWOOD, OAKLAND, SOUTH CHICAGO, SOUTH SHORE AND WOODLAWN. WHEN APPROPRIATE, CHILDREN ARE REFERRED FOR FOLLOW-UP CARE AND SPECIALTY SERVICES TO MANAGE CONDITIONS SUCH AS ASTHMA, DIABETES, OR MENTAL HEALTH PROBLEMS. DURING THE 2018-2019 SCHOOL YEAR, THE FOLLOWING SERVICES WERE PROVIDED BY THE MOBILE MEDICAL UNIT: - MEDICAL EXAMS, INCLUDING PHYSICALS FOR SCHOOL ENROLLMENT AND SPORTS PARTICIPATION - 780 IN-CLASSROOM HEALTH EDUCATION ENCOUNTERS FOR ELEMENTARY AND MIDDLE SCHOOL STUDENTS - VACCINATIONS - ADOLESCENT SEXUAL REPRODUCTIVE HEALTH SERVICES INCLUDING STI SCREENINGS - LEAD SCREENINGS AND TESTS FOR ANEMIA - CARE FOR STUDENTS WHO ARE OVERWEIGHT OR OBESE, AND TREATMENT FOR STUDENTS WITH ASTHMA - 517 MENTAL HEALTH ENCOUNTERS PERFORMED BY THE MOBILE UNIT SOCIAL WORKER AT TWO SCHOOL SITES - 217 MENTAL HEALTH ENCOUNTERS PERFORMED BY COLLABORATING MENTAL HEALTH PROVIDERS ON BOARD THE UNIT - WINTER COAT GIVEAWAY FOR 50 CHILDREN AT A PARTNER SCHOOL, THROUGH A GENEROUS GIFT FROM THE CHILDREN'S HEALTH FUND ONE OF THE KEY COMPONENTS OF THE UHI IS THE SOUTH SIDE HEALTHCARE COLLABORATIVE (SSHC). UCMC SUPPORTS A NETWORK OF OVER 30 COMMUNITY-BASED HEALTH CENTERS, FREE CLINICS AND LOCAL HOSPITALS, MANY OF WHICH OFFER PRIMARY CARE SERVICES. THE SSHC WAS ESTABLISHED IN 2005, WITH ASSISTANCE FROM A TWO YEAR HEALTHY COMMUNITIES ACCESS PROGRAM GRANT FROM THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES. AFTER THE GOVERNMENT GRANT ENDED, UCMC UNDERTOOK THE CONTINUED FUNDING OF THE SSHC OPERATIONS. THE SSHC HELPS EMERGENCY ROOM PATIENTS WHO REPORT THAT THEY DO NOT HAVE A PRIMARY CARE PHYSICIAN FIND APPROPRIATE CARE AT A MEDICAL HOME WHERE THE PATIENT CAN ESTABLISH AN ONGOING RELATIONSHIP WITH A COMMUNITY CLINIC OR PHYSICIAN. THIS NETWORK HELPS IMPROVE THE HEALTH AND WELL-BEING OF RESIDENTS ACROSS THE COMMUNITY. TO HELP PATIENTS CONNECT WITH COMMUNITY HEALTH RESOURCES, UCMC STAFFS ITS EMERGENCY DEPARTMENT WITH PATIENT ADVOCATES WHOSE GOAL IS TO MEET WITH PATIENTS WHO DO NOT HAVE A PRIMARY CARE PROVIDER. THROUGH THE MEDICAL HOME AND SPECIALTY CARE CONNECTIONS PROGRAM (PATIENT ADVOCATES PROGRAM), UCMC SOCIAL WORKERS CONDUCT COMPREHENSIVE SOCIAL SERVICE ASSESSMENTS AND REFERRALS IN THE EMERGENCY DEPARTMENT. SINCE 2005, UCMC HAS BEEN PROVIDING INFORMATION TO PATIENTS ABOUT AVAILABLE SSHC RESOURCES. IN FY 2019, PATIENT ADVOCATES HAD OVER 9,100 PATIENT ENCOUNTERS AND SCHEDULED MORE THAN 7,800 APPOINTMENTS FOR PATIENTS TO RECEIVE PRIMARY OR SPECIALTY CARE FROM COMMUNITY PROVIDERS. UCMC HAS SEVERAL LARGE INITIATIVES THAT PROVIDE DIRECT SERVICES WITHIN THE MEDICAL CENTER AND IN THE COMMUNITY. THE CHICAGO CENTER FOR HIV ELIMINATION (CCHIE) WORKS WITHIN THE HARDEST HIT NEIGHBORHOODS IN CHICAGO TO PROVIDE UNIQUE OPPORTUNITIES TO ADVANCE HIV TESTING A</p>

Form and Line Reference	Explanation
Form Sch H Part VI Line 5	<p>ND PREVENTION INTERVENTIONS LOCALLY. IT PRODUCES TANGIBLE RESULTS TO THOSE MOST AFFECTED A ND IMPROVING THE LIVES OF THOSE LIVING WITH HIV INFECTION. CCHE ENGAGES IN SEVERAL PROGRAM S IN THE COMMUNITY, SUCH AS THE EXPANDED HIV TESTING AND LINKAGE TO CARE INITIATIVE (XTLC) PARTNERSHIP, WHICH INCLUDES A NETWORK OF 13 SOUTH AND WEST SIDE HEALTH CARE VENUES WHERE ROUTINE HIV SCREENING AND ACTIVE LINKAGE TO CARE FOR HIV POSITIVE CLIENTS OCCURS. IN FISCA L YEAR 2019, 104,424 HIV TESTS WERE PERFORMED, WITH 483 PEOPLE FOUND TO BE LIVING WITH HIV /AIDS AND 160 PEOPLE SUCCESSFULLY LINKED TO HIV MEDICAL CARE. IN ADDITION, UCMC AND THE UN IVERSITY OF CHICAGO'S COMPREHENSIVE CANCER CENTER IS FOCUSED ON ADDRESSING THE GAP BETWEEN ADVANCES IN CANCER CARE AND PATIENT ACCESSIBILITY. TO ACHIEVE THE DESIRED CANCER PREVENTI ON AND CONTROL OUTCOMES, THE COMPREHENSIVE CANCER CENTER'S PRIORITY IS TO IDENTIFY THE PAR TS OF CHICAGO MOST AFFECTED BY CANCER AND PROVIDE RESOURCES THAT MAXIMIZE THE IMPACT OF IT S SERVICES. THIS INCLUDES IMPROVING THE QUALITY OF LIFE FOR CANCER PATIENTS AND SURVIVORS, REDUCING RISK FACTORS, INCREASING ACCESS TO CARE, REDUCING TOBACCO USE AND INCREASING PAR TICIPATION IN CANCER RESEARCH. TO THIS END, UCMC AND THE UNIVERSITY OF CHICAGO INITIATED T HE OFFICE OF COMMUNITY ENGAGEMENT AND CANCER DISPARITIES ("OCECD"), WITH A GOAL OF ENHANCI NG PUBLIC AWARENESS OF CANCER PREVENTION, EARLY CANCER DETECTION AND CONTROL, AND THE ROLE OF GENETICS IN CANCER. THE PROGRAM ALSO STRIVES TO PROVIDE SUSTAINED ENGAGEMENT WITH THE SOUTH SIDE COMMUNITY TO INCREASE LOCAL AWARENESS OF THE LATEST ADVANCES IN CANCER RESEARCH . UCMC PARTICIPATES IN THE ILLINOIS BREAST AND CERVICAL CANCER PROGRAM ("IBCCP"), A STATE FUNDED PROGRAM OFFERING MAMMOGRAMS, BREAST EXAMS, PELVIC EXAMS AND PAP TESTS TO ELIGIBLE W OMEN. THROUGH ITS PARTICIPATION IN THE IBCCP SINCE 2009, UCMC PROVIDES MAMMOGRAPHY AND BRE AST CANCER SCREENING SERVICES THROUGH A REFERRAL PROCESS IN PARTNERSHIP WITH THE ILLINOIS DEPARTMENT OF HEALTH AND CHICAGO FAMILY HEALTH CENTER, THE LEAD AGENCY FOR THE IBCCP. IN F Y 2019, UCMC SERVED 156 WOMEN, PROVIDING THEM WITH 105 MAMMOGRAM SCREENINGS, 63 MAMMOGRAM DIAGNOSTICS, AND 39 ULTRASOUND SERVICES. THE EXTENSION FOR COMMUNITY HEALTHCARE OUTCOMES ("ECHO-CHICAGO") MODEL IS AN INNOVATIVE EFFORT BY UHI TO EXPAND ACCESS TO SPECIALIZED CARE FOR VULNERABLE, UNDER-RESOURCED COMMUNITIES. ECHO-CHICAGO USES ADVANCED COMMUNICATIONS TEC HNOLOGY TO BRING TOGETHER UCMC'S EXPERTISE AND PRIMARY CARE PROVIDERS IN THE COMMUNITY, EN ABLING UNDER-RESOURCED PATIENTS TO RECEIVE STATE-OF-THE-ART, EVIDENCE-BASED CARE FOR COMPL EX CHRONIC CONDITIONS WITHIN THE FAMILIAR SURROUNDINGS OF THEIR MEDICAL HOME. SINCE 2010, ECHO-CHICAGO HAS TRAINED MORE THAN 1,300 HEALTH CARE PROVIDERS ON 18 CHRONIC PHYSICAL AND MENTAL HEALTH CONDITIONS. IN FY2019, ECHO-CHICAGO PROVIDED 305 HOUR-LONG VIDEO-CONFERENCE SESSIONS TO 382 HEALTH CARE PROVIDERS ACROSS 215 CLINIC SITES SPANNING 16 STATES AND 3 COU NTRIES. THE SOUTH SIDE PEDIATRIC ASTHMA CENTER (SSPAC) IS A MULTI-INSTITUTION PARTNERSHIP. THROUGH SSPAC, SIX HEALTH CARE INSTITUTIONS HELP CHILDREN AND FAMILIES ON THE SOUTH SIDE BY CONNECTING THEM TO ASTHMA CARE AND RESOURCES, PROMOTING STANDARDIZED EDUCATION AND DISP ATCHING COMMUNITY HEALTH WORKERS TO HELP HIGH-RISK PATIENTS. SOME 2019 HIGHLIGHTS OF THE S SPAC INCLUDE: - ASTHMA EDUCATION SUMMIT: MORE THAN 100 HEALTH CARE PROVIDERS, MANAGED CARE REPRESENTATIVES, COMMUNITY MEMBERS, SCHOOL PERSONNEL, FAITH LEADERS AND OTHER COMMUNITY O RGANIZATIONS ATTENDED THE FOURTH ANNUAL SUMMIT IN MAY 2019 TO DISCUSS BEST PRACTICES FOR D IAGNOSING, TREATING AND MANAGING ASTHMA. - ASTHMA TESTING AND EDUCATION EVENT: Through a c ollaboration with Not One More Life, Inc. SSPAC hosted an event providing free asthma test ing and culturally sensitive asthma education for 21 community members. - FREE ASTHMA RESO URCE LINE: COMMUNITY MEMBERS CAN CALL A TOLL FREE NUMBER TO ASK QUESTIONS, LEARN ABOUT LOC AL AND NATIONAL RESOURCES AND GET HELP C</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part VI Line 6	<p>THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS REPRESENT THE ACCOUNTS OF THE UNIVERSITY OF CHICAGO MEDICAL CENTER AND ITS AFFILIATES (THE SYSTEM). THE UNIVERSITY OF CHICAGO MEDICAL CENTER (UCMC) IS THE PARENT OF THE INTEGRATED NONPROFIT HEALTH CARE ORGANIZATION, PARTNERING WITH THE UNIVERSITY OF CHICAGO BIOLOGICAL SCIENCES DIVISION, THE UNIVERSITY OF CHICAGO PRITZKER SCHOOL OF MEDICINE, AND THE UNIVERSITY OF CHICAGO PHYSICIANS GROUP TO PROVIDE WORLD-CLASS MEDICAL CARE IN AN ACADEMIC SETTING. UCMC OPERATES THE CENTER FOR CARE AND DISCOVERY, THE BERNARD MITCHELL HOSPITAL, THE CHICAGO LYING-IN HOSPITAL, THE UNIVERSITY OF CHICAGO COMER CHILDREN'S HOSPITAL, THE DUCHOSSOIS CENTER FOR ADVANCED MEDICINE, THE UNIVERSITY OF CHICAGO MEDICINE CARE NETWORK, THE UCM COMMUNITY HEALTH AND HOSPITAL DIVISION, INC. (CHHD), AND VARIOUS OTHER OUTPATIENT CLINICS AND TREATMENT AREAS. IN MAY 2018, UCMC OPENED ITS LEVEL 1 TRAUMA CENTER TO SERVE THE SOUTH SIDE OF CHICAGO AND SURROUNDING COMMUNITY. ON OCTOBER 1, 2016, UCMC ACQUIRED INGALLS HEALTH SYSTEM (IHS) THROUGH AN AFFILIATION AND MEMBER SUBSTITUTION. AS A RESULT OF THIS TRANSACTION, IHS BECAME A WHOLLY OWNED SUBSIDIARY OF UCMC THROUGH NEWLY CREATED CHHD OF UCMC. ON JUNE 28, 2019, UCMC AMENDED ITS OBLIGATED GROUP TO INCLUDE THE FOLLOWING ENTITIES: UCMC (EXCLUDES THE UNIVERSITY OF CHICAGO MEDICINE CARE NETWORK, UCMC TITLE HOLDING CORPORATION AND UCMC TITLE HOLDING CORPORATION II NFP), INGALLS HEALTH SYSTEM, INGALLS MEMORIAL HOSPITAL, INGALLS DEVELOPMENT FOUNDATION, AND INGALLS HOME CARE AS PRESENTED IN THE SUPPLEMENTAL CONSOLIDATING SCHEDULES. ENTITIES OF UCMC THAT ARE INCLUDED IN THE NONOBLIGATED GROUP ARE THE UNIVERSITY OF CHICAGO MEDICINE CARE NETWORK, UINVERNSITY OF CHICAGO MEDICINE MEDICAL GROUP, UCMC TITLE HOLDING CORPORATION, AND UCMC TITLE HOLDING CORPORATION II NFP. ENTITIES OF CHHD THAT ARE INCLUDED IN THE NON-OBLIGATED GROUP ARE INGALLS PROVIDER GROUP, INGALLS CARE NETWORK, MEDCENTRIX, INGALLS HEALTH VENTURES, INGALLS CASUALTY INSURANCE, AND INGALLS SAME DAY SURGERY. THE RELATIONSHIP BETWEEN UCMC AND THE UNIVERSITY IS DEFINED IN THE MEDICAL CENTER BYLAWS, AN AFFILIATION AGREEMENT, AN OPERATING AGREEMENT, AND SEVERAL LEASES.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part VI Line 7	IL

Additional Data**Software ID:****Software Version:****EIN:** 36-3488183**Name:** University of Chicago Medical Center**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	THE UNIV OF CHICAGO MEDICAL CENTER 5841 SOUTH MARYLAND AVE CHICAGO, IL 60637 WWW.UCHOSPITALS.EDU ID# 0003897	X	X	X	X		X	X			

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

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

Form and Line Reference	Explanation
Form Sch H Part V Line 5	THE CHNA PROCESS INVOLVED ENGAGEMENT WITH MULTIPLE STAKEHOLDERS TO PRIORITIZE HEALTH AREAS TO ASSESS AS WELL AS COLLECT, CURATE AND INTERPRET THE DATA. UCMC collaborated with 37 nonprofit hospitals, health departments and regional and community based organizations in Cook County, Illinois, through a membership collaboration called the Alliance for Health Equity, which was led by the Illinois Public Health Institute. UCMC ALSO ENGAGED INTERNAL AND COMMUNITY STAKEHOLDERS THROUGHOUT THE CHNA PROCESS. INTERNAL STAKEHOLDERS INCLUDED THE COMMUNITY BENEFIT STEERING COMMITTEE, WHICH IS COMPRISED OF STAFF AND FACULTY MANY OF WHOM HAVE A SPECIAL EXPERTISE IN PUBLIC HEALTH. BETWEEN MARCH 2018 - MARCH 2019, COMMUNITY INPUT WAS GATHERED FROM UCMC'S COMMUNITY ADVISORY COUNCIL (CAC), A REPRESENTATIVE GROUP OF 20 VOLUNTEER MEMBERS WHO LIVE AND/OR WORK IN THE UCMC SERVICE AREA. THE CAC WORK GROUPS SERVED AS ADVISORS ON, BUT NOT LIMITED TO, FOCUS GROUP QUESTIONS, COMMUNITY ENGAGEMENT, RECRUITING PARTICIPANTS, AND PROGRAMMING CONNECTED TO THE STRATEGIC IMPLEMENTATION PLAN. PRIMARY DATA FOR THE CHNA WAS COLLECTED THROUGH THE FOLLOWING METHODS: 1) 658 COMMUNITY RESIDENT SURVEYS AVAILABLE IN ENGLISH, SPANISH, CHINESE AND POLISH, 2) 6 community resident focus groups held in youth centers, social service and grassroots organizations, 3) HEALTH CARE AND SOCIAL SERVICE PROVIDER FOCUS GROUPS, 4) TWO STAKEHOLDER ASSESSMENTS LED BY THE CHICAGO DEPARTMENT OF PUBLIC HEALTH FORCES OF CHANGE, AND, 5) ASSESSMENT AND HEALTH EQUITY CAPACITY ASSESSMENT. THROUGHOUT OUR CHNA PROCESS, UCMC WAS ABLE TO TAKE INTO ACCOUNT VARIOUS DIFFERING COMMUNITY VIEWPOINTS.

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

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

Form and Line Reference	Explanation
Form Sch H Part V Line 6b	<p>UCMC COLLABORATED WITH 37 NON PROFIT HOSPITALS, HEALTH DEPARTMENTS AND REGIONAL AND COMMUNITY BASED ORGANIZATIONS IN COOK COUNTY, ILLINOIS TO COMPLETE A COOK COUNTY WIDE CHNA, THROUGH A MEMBERSHIP COLLABORATIVE CALLED THE ALLIANCE FOR HEALTH EQUITY. USING THE DATA GATHERED FROM THIS EFFORT, UCMC CREATED A CHNA FOCUSED ON ITS SERVICE AREA AND ALSO COMPLEMENTED IT WITH ADDITIONAL DATA AND INFORMATION. THE FACILITIES OTHER THAN HOSPITALS THAT PARTICIPATED IN THE ALLIANCE FOR HEALTH EQUITY ARE CHICAGO DEPARTMENT OF PUBLIC HEALTH, COOK COUNTY DEPARTMENT OF PUBLIC HEALTH, EVANSTON HEALTH AND HUMAN SERVICES, AND THE VILLAGE OF SKOKIE HEALTH DEPARTMENT. THE ALLIANCE FOR HEALTH EQUITY WAS LED BY THE ILLINOIS PUBLIC HEALTH INSTITUTE AND INCLUDED THE FOLLOWING PARTICIPATING HOSPITALS: ADVOCATE AURORA CHILDREN'S HOSPITAL ADVOCATE AURORA CHRIST MEDICAL CENTER ADVOCATE AURORA ILLINOIS MASONIC MEDICAL CENTER ADVOCATE AURORA LUTHERAN GENERAL HOSPITAL ADVOCATE AURORA SOUTH SUBURBAN HOSPITAL ADOVCATE AURORA TRINITY HOSPITAL AMITA ADVENTIST MEDICAL CENTER LA GRANGE AMITA ALEXIAN BROTHERS MEDICAL CENTER, ELK GROVE VILLAGE AMITA HOLY FAMILY MEDICAL CENTER AMITA RESURRECTION MEDICAL CENTER AMITA ST. ALEXIUS MEDICAL CENTER AND ALEXIAN BROTHERS BEHAVIORAL HEALTH HOSPITAL AMITA SAINT FRANCIS HOSPITAL AMITA SAINT JOSEPH HOSPITAL AMITA SAINTS MARY AND ELIZABETH MEDICAL CENTER ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO JACKSON PARK HOSPITAL THE LORETTO HOSPITAL LOYOLA MEDICINE - GOTTLIEB MEMORIAL HOSPITAL LOYOLA MEDICINE - LOYOLA UNIVERSITY MEDICAL CENTER LOYOLA MEDICINE - MACNEAL HOSPITAL MERCY HOSPITAL & MEDICAL CENTER NORTHWESTERN MEMORIAL HOSPITAL NORWEGIAN AMERICAN HOSPITAL PALOS COMMUNITY HOSPITAL ROSELAND COMMUNITY HOSPITAL RUSH OAK PARK RUSH UNIVERSITY MEDICAL CENTER SINAI HEALTH SYSTEM - HOLY CROSS HOSPITAL SINAI HEALTH SYSTEM - SCHWAB REHABILITATION HOSPITAL SOUTH SHORE HOSPITAL SWEDISH COVENANT HOSPITAL UNIVERSITY OF CHICAGO MEDICINE UNIVERSITY OF CHICAGO MEDICINE - INGALLS MEMORIAL HOSPITAL COOK COUNTY HEALTH - STROGER HOSPITAL COOK COUNTY HEALTH - PROVIDENT HOSPITAL UNIVERSITY OF ILLINOIS HOSPITAL & HEALTH SCIENCES SYSTEM</p>

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

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

Form and Line Reference	Explanation
Form Sch H Part V Line 7A	<p>HTTPS://WWW.UCHICAGOMEDICINE.ORG/ABOUT-US/COMMUNITY/BENEFIT/HEALTH-NEEDS/C HNA FORM SCH H PART V LINE 7D UNIVERSITY OF CHICAGO MEDICAL CENTER DESCRIPTION: THE RESULTS OF THE REPORT HAVE BEEN DISCUSSED AT COMMUNITY MEETINGS, WITH REFERENCE TO THE FULL REPORT'S AVAILABILITY ON THE HOSPITAL'S WEBSITE. THE CHNA HAS ALSO BEEN MADE WIDELY AVAILABLE TO VARIOUS CHICAGOLAND COMMUNITY NEWS OUTLETS, INCLUDING THE CHICAGO SUN-TIMES, WVON- 1690 AM, WBEZ CHICAGO PUBLIC MEDIA, WGN RADIO 720, HYDE PARK HERALD, AND CHICAGO CRUSADER. THE CHNA WAS ALSO PROMINENTLY FEATURED ON UCMC'S 'AT THE FOREFRONT LIVE', A FACEBOOK LIVE BROADCAST ON COMMUNITY HEALTH PRIORITIES WHICH GARNERED OVER 10,000 VIEWS. FORM SCH H PART V LINE 10</p> <p>HTTPS://WWW.UCHICAGOMEDICINE.ORG/ABOUT-US/COMMUNITY/BENEFIT/HEALTH-NEEDS/C HNA</p>

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

Form and Line Reference	Explanation
Form Sch H Part V Line 11	<p>UCMC'S MOST RECENTLY CONDUCTED CHNA WAS IN 2018 AND THE IMPLEMENTATION STRATEGY FOR THIS CHNA FOR YEARS 2020 -2022 WAS ADOPTED BY UCMC'S BOARD OF DIRECTORS ON MAY 23, 2019. THE HEALTH PRIORITIES IDENTIFIED IN THIS MOST RECENT CHNA WERE AS FOLLOWS: 1.) PREVENT & MANAGE CHRONIC DISEASES: > ASTHMA > DIABETES 2.) BUILD TRAUMA RESILIENCY: > VIOLENCE RECOVERY > MENTAL HEALTH 3.) REDUCE INEQUITIES CAUSED BY SOCIAL DETERMINANTS OF HEALTH: > ACCESS TO CARE > FOOD INSECURITIES > EMPLOYMENT BEGINNING IN 2020, THE HOSPITAL WILL ADDRESS THE NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA THROUGH (A) EXECUTION OF THE IMPLEMENTATION STRATEGY, (B) PARTICIPATION IN THE EXECUTION OF A COMMUNITY-WIDE PLAN, (C) INCLUSION OF A COMMUNITY BENEFIT SECTION IN OPERATIONAL PLANS, AND (D) ADOPTION OF A BUDGET FOR THE FISCAL YEAR FOR PROVISION OF SERVICES THAT ADDRESS THE NEEDS IDENTIFIED IN THE CHNA. THE HOSPITAL ENGAGED IN THE COMMUNITY IN A VARIETY OF OTHER WAYS, INCLUDING, FOR EXAMPLE, CONDUCTING FOCUS GROUPS ADULTS AND YOUTH ON HEALTHY EATING, DIABETES AND ASTHMA. IN ADDITION, THE HOSPITAL WAS FULLY ENGAGED IN THE ALLIANCE FOR HEALTH EQUITY, A MEMBERSHIP COLLABORATION OF 35 HOSPITALS WORKING WITH HEALTH DEPARTMENTS AND REGIONAL AND COMMUNITY-BASED ORGANIZATIONS TO IMPROVE HEALTH EQUITY, WELLNESS, AND QUALITY OF LIFE ACROSS CHICAGO AND COOK COUNTY. MANY OF UCMC'S ACTIONS TO ADDRESS THESE NEEDS ARE INCLUDED IN PROGRAMS THAT ARE NOT LIMITED TO THESE NEEDS. FOR THE TAX YEAR ENDED JUNE 30, 2019, THAT INCLUDES THE TIME PERIOD REPORTED IN THIS FORM 990, UCMC ADDRESSED THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN ITS 2016 CHNA AND IN WHICH THE IMPLEMENTATION STRATEGY WAS ADOPTED FOR YEARS 2016 -2019: - BREAST/COLORECTAL CANCER - DIABETES -HIV AND SEXUALLY TRANSMITTED INFECTION -PEDIATRIC OBESITY -PEDIATRIC ASTHMA -TRAUMA CARE AND VIOLENCE PREVENTION PLEASE SEE A REPORT OF ALL OF UCMC'S COMMUNITY ACTIVITIES BELOW IN PART VI, LINE 5. RATIONALE FOR UNADDRESSED NEEDS UCMC BELIEVES THAT IN ORDER TO BEST IMPACT HEALTH OUTCOMES, IT IS IN ITS STRATEGIC INTEREST TO FOCUS AND CONSOLIDATE EFFORTS ON THE SELECTED HEALTH ISSUES FOR WHICH THERE ARE EXISTING INTERNAL AND/OR EXTERNAL RESOURCES, A REASONABLE FEASIBILITY TO AFFECT CHANGE, AND AN ALIGNMENT WITH INSTITUTIONAL STRENGTHS. While many health issues emerged from the CHNA process, multiple community stakeholders identified top priority health needs for UCMC to focus on. As such, UCMC determined that it could only effectively focus on those which were determined to fit within the current resources available. THE FOLLOWING PRIORITY HEALTH AREAS FROM THE 2016 STRATEGIC IMPLEMENTATION PLAN WERE REMOVED FROM 2020-2022 COMMUNITY BENEFIT PRIORITIES: - CANCER & SEXUALLY TRANSMITTED INFECTIONS/HIV WILL NOT BE DIRECTLY ADDRESSED, BUT THE PROGRAMS ESTABLISHED AND IDENTIFIED IN PREVIOUS REPORTS WILL CONTINUE AND A SIGNIFICANT AMOUNT OF RESOURCES WILL BE DEVOTED TO ADDRESSING THEM. THUS, WHILE THE SELECTED HEALTH PRIORITY ISSUE</p>

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

Form and Line Reference	Explanation
Form Sch H Part V Line 11	<p>S WILL SERVE AS THE DESIGNATED ISSUE AREAS FOR OFFICIAL REPORTING AND ARE THE PRINCIPLE HEALTH CONCERN THAT UCMC BENEFIT EFFORTS WILL TARGET, UCMC WILL CONTINUE TO LEVERAGE ITS INTERNAL RESOURCES TO ADDRESS THESE AS WELL AS OTHER ISSUES NOTED IN THE CHNA. FURTHERMORE, OTHER HEALTH ISSUES INITIALLY INCLUDED FOR UCMC PRIORITIZATION HAVE BEEN RECOGNIZED AS COMORBIDITIES TO PRIMARY, PRIORITY HEALTH ISSUES. CONSEQUENTLY, THESE HEALTH AREAS WILL BE ADDRESSED THROUGH PRIORITY HEALTH ISSUE PROGRAMS AND EFFORTS. FOR EXAMPLE: -PEDIATRIC OBESITY WILL BE CONSIDERED AS A SECONDARY HEALTH ISSUE AND RECOGNIZED AS A RISK FACTOR ASSOCIATED WITH DIABETES</p>

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

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

Form and Line Reference	Explanation
Form Sch H Part V Line 13b	THE MEDICAL INDIGENCY DISCOUNT APPLIES TO ALL PATIENTS REGARDLESS OF THE RELATIONSHIP BETWEEN THEIR INCOME AND THE POVERTY GUIDELINES. IN A 12 MONTH PERIOD FOR MEDICALLY NECESSARY HEALTH CARE SERVICES PROVIDED BY UCMC TO A PATIENT, THE PATIENT IS NOT RESPONSIBLE TO PAY FOR MORE THAN THAT AMOUNT OF BILLED CHARGES IN EXCESS OF 20% OF THE PATIENT'S FAMILY INCOME.

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

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

Form and Line Reference	Explanation
Form Sch H Part V Line 15e	UCMC RESPONDS TO THESE QUESTIONS BASED UPON ITS PUBLICATION OF THE FINANCIAL ASSISTANCE INFORMATION, NOT THE WRITTEN HOSPITAL ADMINISTRATIVE POLICY. FOR EXAMPLE, UCMC'S BILL CONTAINS A STATEMENT THAT DIRECTS THE PATIENT TO CALL A TELEPHONE NUMBER TO SEEK ASSISTANCE.

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

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

Form and Line Reference	Explanation
Form Sch H Part V Line 16a	HTTPS://WWW.UCHICAGOMEDICINE.ORG/PATIENTS-VISITORS/PATIENT-INFORMATION/BIL LING/FINANCIAL-ASSISTANCE

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

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

Form and Line Reference	Explanation
Form Sch H Part V Line 16b	HTTPS://WWW.UCHICAGOMEDICINE.ORG/PATIENTS-VISITORS/PATIENT-INFORMATION/BILLING/FINANCIAL-ASSISTANCE

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

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

Form and Line Reference	Explanation
Form Sch H Part V Line 16c	HTTPS://WWW.UCHICAGOMEDICINE.ORG/PATIENTS-VISITORS/PATIENT-INFORMATION/BILLING/FINANCIAL-ASSISTANCE

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

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

Form and Line Reference	Explanation
Form Sch H Part V Line 20A	Patients receive four statements, each statement cycle COMPRISING 30 days, prior to initiation of any collection activities. Each statement clearly states that financial assistance is offered to those who qualify. Furthermore, all statements include a section entitled "Financial Assistance" which provides information on how to obtain the Plain Language Summary. FORM SCH H PART V LINE 20E UCMC SENDS A BILL TO THE PATIENT GUARANTOR NORMALLY AT LEAST THREE TIMES, PERFORMS A CREDIT CHECK TO DETERMINE PRESUMPTIVE ELIGIBILITY UNDER ITS FINANCIAL ASSISTANCE POLICY, AND THEN MAY REFER THE ACCOUNT TO A COLLECTION AGENCY AFTER THE EXPIRATION OF 120 DAYS FOLLOWING INITIAL POST DISCHARGE BILLING AFTER COMPLETING A CHECK WITH AN OUTSIDE CONTRACTED VENDOR THAT EVALUATES WHETHER OR NOT THE PATIENT FALLS WITHIN THE UCMC FINANCIAL ASSISTANCE LIMITS. IN ADDITION, AFTER A REVIEW OF THE PATIENT'S INFORMATION, THE HOSPITAL MAY CONTACT THE PATIENT DIRECTLY TO DETERMINE IF THE PATIENT MIGHT QUALIFY FOR MEDICAID, AND OFFERS ACCESS TO A SERVICE TO ASSIST WITH THE APPLICATION PROCESS, OR MAY ON OCCASION GRANT FINANCIAL ASSISTANCE IN DISTRESSED CIRCUMSTANCES.

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

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

Form and Line Reference	Explanation
Form Sch H Part V Line 23	UCMC CHARGES CONSISTENTLY. IF A PATIENT QUALIFIES UNDER THE FINANCIAL ASSISTANCE POLICY, THE DISCOUNT APPLIES TO THE AMOUNT BILLED.

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

Schedule I (Form 990)

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization University of Chicago Medical Center

Employer identification number

36-3488183

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 17
3 Enter total number of other organizations listed in the line 1 table 1

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

Return Reference	Explanation
SCH I, PART I, LINE 2	Each grantee is required to provide a mid-grant report, including a budget report, and then a final report at the end of the grant term, which also includes a budget report. These reports are reviewed by our community benefits management team and if issues arise with a report, the community benefits team decides on next steps.
SCH I, PART II, COLUMN A	9. METROPOLITAN CHICAGO BREAST CANCER TASK FORCE 300 S ASHLAND AVE, #202, CHICAGO, IL 60607 13. ALLIANCE FOR GLOBAL JUSTICE - SOUTHSIDE TOGETHER ORGANIZING FOR POWER 602 E 61ST STREET, CHICAGO, IL 60637 17. UNIVERSITY OF CHICAGO COMMUNITY PROGRAMS ACCELERATOR 5225 SOUTH COTTAGE GROVE AVE, 1ST FLOOR, CHICAGO, IL 60637 18. WEST SUBURBAN COMMUNITY DEVELOPMENT CORPORATION PO BOX 671, MAYWOOD, IL 60153
SCH I, PART II, COLUMN H	2. CHICAGO ECO HOUSE: BEEKEEPING PROJECT - VIOLENCE PREVENTION, INTERVENTION AND RECOVERY 3. CHICAGO PRISON OUTREACH: CARPENTRY TRAINING PROGRAM 4. CHICAGO URBAN LEAGUE: FELLOWSHIP DINNER SPONSORSHIP 5. COMMUNITYHEALTH: COMMUNITY BENEFIT SCHOLARSHIP 6. EDWARD G. IRVIN FOUNDATION: COMMUNITY PEACE PARTNERSHIP GUIDE RIGHT PROGRAM - VIOLENCE PREVENTION, INTERVENTION, AND RECOVERY 7. GUITARS OVER GUNS: HAVEN SUMMER SESSION - VIOLENCE PREVENTION, INTERVENTION, AND RECOVERY 8. LOST BOYZ INC.: SUCCESSFUL YOUTH LEADERS PROGRAM 9. METROPOLITAN CHICAGO BREAST CANCER TASK FORM: CELEBRATING LIFE GALA SPONSORSHIP 10. MGPG EVENTS, INC: BLACK WOMEN'S EXPO 2019 11. RAINBOW PUSH COALITION: PUSH ANNUAL CONVENTION SPONSORSHIP 12. REAL MEN CHARITIES: REAL MEN COOK SPONSORSHIP 13. ALLIANCE FOR GLOBAL JUSTICE: SOUTHSIDE TOGETHER ORGANIZING FOR POWER FUNDS PAID TO FISCAL AGENT AGJ. GRANT FOR WOODLAWN RESTORATIVE JUSTICE HUB 14: ST. TITUS ONE MISSIONARY BAPTIST CHURCH: OPERATION STOP THE VIOLENCE - PREVENTION, INTERVENTION, AND RECOVERY 15. THE CHICAGO DEFENDER CHARITIES INC.: BUD BILLIKEN PARADE SPONSORSHIP 17. UNIVERSITY OF CHICAGO COMMUNITY PROGRAMS ACCELERATOR: SUPPORT FOR GRANTEEES IN THE AREA OF VIOLENCE PREVENTION 18. WEST SUBURBAN COMMUNITY DEVELOPMENT CORPORATION: WOODLAWN RE-ENTRY PROJECT - VIOLENCE PREVENTION, INTERVENTION AND RECOVERY

Additional Data

Software ID:
Software Version:
EIN: 36-3488183
Name: University of Chicago Medical Center

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bright Star Community Outreach 333 E 35th Street Chicago, IL 60616	26-2007088	501(c)(3)	15,000				Gala Sponsorship
Chicago Eco House 6439 S Peoria St Chicago, IL 60621	46-5737246	501(c)(3)	8,250				SEE STATEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Chicagoland Prison Outreach PO Box 63 South Holland, IL 60473	36-3963175	501(C)(3)	41,700				SEE STATEMENT
Chicago Urban League 4510 Michigan Ave Chicago, IL 60653	36-2225483	501(c)(3)	7,500				SEE STATEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CommunityHealth 2611 W Chicago Ave Chicago, IL 60622	36-3831793	501(C)(3)	20,000				SEE STATEMENT
Edward G Irvin Foundation 500 - 504 E 67th St Chicago, IL 60637	36-4473846	501(c)(3)	7,000				SEE STATEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Guitars Over Guns 1621 S Carpenter St Unit 201 Chicago, IL 60608	26-2644682	501(c)(3)	8,000				SEE STATEMENT
Lost Boyz Inc 1818 E 71st St Chicago, IL 60649	26-3317656	501(c)(3)	50,000				SEE STATEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE STATEMENT 300 S Ashland Ave 202 Chicago, IL 60607	26-2264895	501(c)(3)	7,750				SEE STATEMENT
MGPG Events Inc 4445 South King Dr Chicago, IL 60653	26-3452263		15,000				SEE STATEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rainbow PUSH Coalition 930 East 50th Street Chicago, IL 60615	34-1447977	501(c)(3)	10,000				SEE STATEMENT
Real Men Charities 2423 E 75th St Chicago, IL 60649	30-0053728	501(c)(3)	15,000				SEE STATEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE STATEMENT 602 E 61st St Chicago, IL 60637	52-2094677	501(c)(3)	50,000				SEE STATEMENT
St Titus One Missionary Baptist Church 12257 S Emerald Ave Chicago, IL 60628	36-3874536	501(c)(3)	8,500				SEE STATEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Chicago Defender Charities Inc 700 E Oakwood Blvd Chicago, IL 60653	36-2553933	501(c)(3)	45,000				SEE STATEMENT
United Way of Metropolitan Chicago 333 S Wabash Ave 30th Floor Chicago, IL 60604	30-0200478	501(c)(3)	110,000				TURN Center Helpline

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE STATEMENT 5225 South Cottage Grove Ave Chicago, IL 60637	36-2177139	501(c)(3)	50,000				SEE STATEMENT
SEE STATEMENT PO Box 671 Maywood, IL 60153	36-4034756	501(c)(3)	8,250				SEE STATEMENT

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Chicago Medical Center

Employer identification number
36-3488183

Part I Questions Regarding Compensation

	Yes	No
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.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input checked="" 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)		
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	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<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		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part 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 SCH J PART I LINE 1A	DISCRETIONARY SPENDING ACCOUNTS ARE AVAILABLE TO ALL OF THE ORGANIZATION'S OFFICERS AND VICE PRESIDENTS. OFFICERS AND VICE PRESIDENTS WHO MADE USE OF THE DISCRETIONARY SPENDING ACCOUNT RECEIVED BETWEEN \$0 AND \$10,000 DURING THE YEAR. THESE BENEFITS ARE ALL CONSIDERED TAXABLE COMPENSATION included on Schedule J, Part II, Column B(iii).

Return Reference	Explanation
FORM SCH J PART I LINE 4A	IN CALENDAR YEAR 2018, CHARLES BROWN, SCOTT STRAUSSER, AND VIKRAM ACHARYA RECEIVED SEVERANCE PAYMENTS FOLLOWING THEIR TERMINATION OF EMPLOYMENT (\$371,300 TO CHARLES BROWN, \$516,088 TO SCOTT STRAUSSER, \$128,115 TO VIKRAM ACHARYA). IN CALENDAR YEAR 2018, IN CONNECTION WITH HIS RETIREMENT FROM UNIVERSITY OF CHICAGO MEDICAL CENTER, JONATHAN STEGNER RECEIVED COMPENSATION IN THE AMOUNT OF \$134,936 , WHICH IS INCLUDED IN PART II, COLUMN B (III). SOME OF THESE AMOUNTS WERE PREVIOUSLY REPORTED ON A PRIOR FORM 990 AS DEFERRED COMPENSATION AS SET FORTH IN COLUMN (F) OF PART II.

Return Reference	Explanation
FORM SCH J PART I LINE 4B	<p>CERTAIN INDIVIDUALS LISTED IN SCHEDULE J, PART II PARTICIPATE IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN TO WHICH THE HOSPITAL MAKES ANNUAL CONTRIBUTIONS. THESE CONTRIBUTIONS ARE AT RISK AND DO NOT BECOME VESTED AND PAYABLE UNLESS AND UNTIL THE INDIVIDUAL SATISFIES A SUBSTANTIAL FUTURE SERVICE REQUIREMENT. THE FOLLOWING INDIVIDUALS HAD CONTRIBUTIONS MADE TO THE PLAN IN JANUARY 2019 FOR CALENDAR YEAR 2018: SHARON O'KEEFE - \$211,457 KENNETH POLONSKY - \$336,750 ANN MCCOLGAN - \$23,757 AUDRE G. BAGNALL - \$85,598 JASON KEELER - \$93,382 JOHN SATALIC - \$78,427 KRISTA CURELL - \$50,160 RICHARD SILVERIA - \$125,539 ALLYSON HANSEN - \$36,498 BENJAMIN GIBSON - \$29,157 BRENDA BATTLE - \$35,540 DEBRA ALBERT - \$71,876 GARY GASBARRA - \$44,666 HEATHER NELSON - \$31,563 MARCO CAPICCHIONI - \$45,277 MAYUMI FUKUI - \$53,964 ROBERT HANLEY - \$57,645 WILLIAM HIDLAY - \$35,889 MUMTAZ DARBAR - \$61,395 AMY ROSS - \$ 29,567 PATRICK IDEMOTO - \$35,305 THE FOLLOWING INDIVIDUALS HAD VESTED CONTRIBUTIONS TO THE PLAN MADE IN JANUARY 2018 FOR CALENDAR YEAR 2017 (INCLUDED IN 2018 W-2S): SHARON O'KEEFE - \$198,377 KENNETH POLONSKY - \$321,400 ANN MCCOLGAN - \$22,301 JOHN SATALIC - \$61,178 KRISTA CURELL - \$47,901 BENJAMIN GIBSON - \$28,081 BRENDA BATTLE - \$34,534 DEBRA ALBERT - \$396,272 GARY GASBARRA - \$43,434 MAYUMI FUKUI - \$52,122 CHARLES BROWN - \$38,658 JONATHAN STEGNER - \$79,373 VIKRAM ACHARYA - \$109,265</p>

Return Reference	Explanation
FORM SCH J PART II	TAXABLE INCOME REPORTED IN COLUMN (B) MAY INCLUDE PAYMENTS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP). IN MOST CASES, THESE PAYMENTS WERE EARNED OVER MANY YEARS OF EMPLOYMENT AND THE AMOUNTS HAD PREVIOUSLY BEEN SUBJECT TO VESTING RULES. SERP PAYMENT AMOUNTS EARNED IN PRIOR YEARS WERE PREVIOUSLY REPORTED ON THE FORM 990 AS DEFERRED COMPENSATION AND ARE REPORTED IN THIS 2018 FORM 990 ON SCHEDULE J, PART II, COLUMN (F). AN INDEPENDENT COMPENSATION COMMITTEE OF THE BOARD ANNUALLY REVIEWS THESE BENEFITS IN COMPARISON TO MARKET DATA AND HAS CONCLUDED THAT THESE BENEFITS AND ALL OTHER FORMS OF COMPENSATION PROVIDED TO THESE INDIVIDUALS ARE REASONABLE. FOR THE INDIVIDUALS LISTED ON SCHEDULE J, PART II THAT ARE IDENTIFIED AS FORMER OFFICERS OR KEY EMPLOYEES, THE COMPENSATION LISTED IS EITHER THE FAIR MARKET VALUE COMPENSATION PAID TO THEM FOR SERVICES THEY PERFORMED AS ACTIVE EMPLOYEES OF UCMC OR A RELATED ORGANIZATION (AND WAS NOT PAID TO THEM DUE TO THEIR FORMERLY HAVING BEEN LISTED AS OFFICERS OR KEY EMPLOYEES), OR AS COMPENSATION FOR A COMBINATION OF SERVICES AND SEVERANCE: CHARLES BROWN, MUMTAZ DARBAR, SCOTT STRAUSSER, AND VIKRAM ACHARYA.



Additional Data

Software ID:
Software Version:
EIN: 36-3488183
Name: University of Chicago Medical Center

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SHARON O'KEEFE PRESIDENT	(i)	1,217,797	749,499	270,206	232,082	36,166	2,505,750	198,377
	(ii)	0	0	0	0	0	0	0
DANIEL DIERMEIER TRUSTEE EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	840,836	91,000	65,576	72,000	47,175	1,116,587	0
EDWARD NAURECKAS MD TRUSTEE EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	258,793	11,390	0	22,000	55,527	347,710	0
KENNETH S POLONSKY MD TRUSTEE EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	1,784,506	500,000	346,583	358,750	23,865	3,013,704	321,400
ROBERT J ZIMMER TRUSTEE EX OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	1,325,536	4,120,316	331,450	889,200	199,333	6,865,835	3,036,956
SCOTT STRAUSSER TRUSTEE (TERMED AUGUST 2018)	(i)	0	0	0	0	0	0	0
	(ii)	194,983	18,591	757,131	8,010	23,684	1,002,399	0
ANN MCCOLGAN VP CHIEF TREASURY OFFICER	(i)	255,061	76,142	38,821	43,555	35,983	449,562	22,301
	(ii)	0	0	0	0	0	0	0
AUDRE G BAGNALL EXEC VP, BUS DEVELOP, CSO	(i)	533,849	244,044	18,065	106,223	38,781	940,962	0
	(ii)	0	0	0	0	0	0	0
JASON KEELER EVP & CHIEF OPERATING OFFICER	(i)	594,325	365,322	27,985	113,258	10,583	1,111,473	0
	(ii)	0	0	0	0	0	0	0
JENNIFER HILL BOARD SEC/DEAN CHIEF OF STAFF	(i)	182,829	0	0	14,424	36,699	233,952	0
	(ii)	0	0	0	0	0	0	0
JOHN SATALIC SVP & GENERAL COUNSEL	(i)	468,324	178,301	106,739	98,907	43,036	895,307	61,178
	(ii)	0	0	0	0	0	0	0
KRISTA CURELL VP Chief Compliance Officer	(i)	336,683	133,712	77,625	70,785	24,854	643,659	47,901
	(ii)	0	0	0	0	0	0	0
RICHARD W SILVERIA CHIEF FINANCIAL OFFICER	(i)	719,319	276,440	30,235	146,164	19,136	1,191,294	0
	(ii)	0	0	0	0	0	0	0
ALLYSON HANSEN SENIOR VP PRESIDENT AMBULATORY	(i)	401,667	98,545	42,616	57,123	12,590	612,541	0
	(ii)	0	0	0	0	0	0	0
BENJAMIN GIBSON VP GOVERNMENT AFFAIRS	(i)	324,757	117,432	86,069	48,910	37,744	614,912	28,081
	(ii)	0	0	0	0	0	0	0
BRENDA BATTLE VP URBAN HLTH, ASST DEAN DVSTY	(i)	336,181	97,690	51,091	56,165	12,321	553,448	34,534
	(ii)	0	0	0	0	0	0	0
DEBRA ALBERT SENIOR VP PT CARE & CNO	(i)	480,567	290,455	433,575	92,501	35,926	1,333,024	396,272
	(ii)	0	0	0	0	0	0	0
GARY GASBARRA VP FINANCE	(i)	386,875	196,004	86,506	65,291	21,601	756,277	43,434
	(ii)	0	0	0	0	0	0	0
HEATHER NELSON SVP & CHIEF INFORMATION OFFICE	(i)	372,621	125,180	20,093	52,188	22,951	593,033	0
	(ii)	0	0	0	0	0	0	0
MARCO CAPICCHIONI VP FACILITIES DESIGN & CONSTRU	(i)	390,046	97,579	18,126	65,902	36,861	608,514	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) 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				
MAYUMI FUKUI VP MANAGED CARE & PROGRAM DEVE	(i)	364,218	144,266	88,945	74,589	9,955	681,973	52,122
	(ii)	0	0	0	0	0	0	0
ROBERT J HANLEY SVP CHIEF HUMAN RESOURCES	(i)	467,431	174,562	46,479	78,270	33,682	800,424	0
	(ii)	0	0	0	0	0	0	0
WILLIAM HIDLAY SVP, CHIEF MARKETING OFFICER	(i)	335,541	118,429	16,296	56,514	34,466	561,246	0
	(ii)	0	0	0	0	0	0	0
ARSHAD YOUSUF PHYSICIAN	(i)	590,491	0	0	20,625	36,004	647,120	0
	(ii)	0	0	0	0	0	0	0
DANIEL CIABURRI PHYSICIAN	(i)	754,394	0	0	20,625	21,784	796,803	0
	(ii)	0	0	0	0	0	0	0
GRACE SUH PHYSICIAN	(i)	374,420	375,834	38,470	20,625	15,599	824,948	0
	(ii)	0	0	0	0	0	0	0
SHAYAN RAYANI PHYSICIAN	(i)	353,710	383,366	0	20,625	23,822	781,523	0
	(ii)	0	0	0	0	0	0	0
SUNIL NARULA PHYSICIAN	(i)	379,305	419,353	19,880	20,625	10,865	850,028	0
	(ii)	0	0	0	0	0	0	0
CHARLES BROWN VP REVENUE CYCLE Thru 12/2/17	(i)	0	39,148	438,848	0	31,359	509,355	38,658
	(ii)	0	0	0	0	0	0	0
JONATHAN STEGNER VP SUPPLY CHAIN Thru 4/20/18	(i)	99,050	0	259,775	10,345	8,399	377,569	79,373
	(ii)	0	0	0	0	0	0	0
MUMTAZ DARBAR THRU 33118 VP CLIN PRACTICE & DEAN	(i)	147,808	0	87,541	72,572	4,066	311,987	0
	(ii)	338,539	130,460	0	22,000	9,840	500,839	0
VIKRAM V ACHARYA VP CLINICAL Svc Thru 6/29/2018	(i)	197,707	84,628	286,824	16,952	35,076	621,187	109,265
	(ii)	0	0	0	0	0	0	0
AMY ROSS VP, STRATEGIC PLANNING	(i)	300,939	98,355	6,822	50,192	11,571	467,879	0
	(ii)	0	0	0	0	0	0	0
PATRICK IDEMOTO VP NETWORK DEVELOPMENT	(i)	338,163	83,205	11,533	55,931	810	489,642	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2018

Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Chicago Medical Center

Employer identification number

36-3488183

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY 2009D-1	86-1091967	45200FZR3	08-20-2009	35,000,000	CONSTRUCT., EQUIP. AND CAP. INT.		X		X		X
B	ILLINOIS FINANCE AUTHORITY 2009D-2	86-1091967	45200FZT9	08-20-2009	35,000,000	CONSTRUCT., EQUIP. AND CAP. INT.		X		X		X
C	ILLINOIS FINANCE AUTHORITY 2009E-1	86-1091967	45200FZV4	08-20-2009	60,000,000	CONSTRUCT., EQUIP. AND CAP. INT.		X		X		X
D	ILLINOIS FINANCE AUTHORITY 2009E-2	86-1091967	45200FZX0	08-20-2009	10,000,000	CONSTRUCT., EQUIP. AND CAP. INT.		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0	0	0	0	0	0	0	0
2	Amount of bonds legally defeased	0	0	0	0	0	0	0	0
3	Total proceeds of issue	35,000,000	35,000,000	60,000,000	10,000,000				
4	Gross proceeds in reserve funds	0	0	0	0				
5	Capitalized interest from proceeds	3,840,790	3,840,790	6,584,210	1,097,368				
6	Proceeds in refunding escrows	0	0	0	0				
7	Issuance costs from proceeds	291,947	291,947	500,480	83,413				
8	Credit enhancement from proceeds	35,495	35,495	60,848	10,141				
9	Working capital expenditures from proceeds	0	0	0	0				
10	Capital expenditures from proceeds	30,831,768	30,831,768	52,854,462	8,809,078				
11	Other spent proceeds	0	0	0	0				
12	Other unspent proceeds	0	0	0	0				
13	Year of substantial completion	2013		2013		2013		2013	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X		X	
b Name of provider	Wells Fargo Bank		Wells Fargo Bank		Wells Fargo Bank		Wells Fargo Bank	
c Term of hedge	3240 %		3240 %		3240 %		3240 %	
d Was the hedge superintegrated?		X		X		X		X
e Was the hedge terminated?		X		X		X		X

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Schedule K, Part I, Column (e) Group 2 A&B	These bonds were originally issued in 2009 but were re-issued in 2010. The original issue price for the 2009A bond was \$69,045,000 and was re-issued in 2010 for \$75,194,738. The original issue price for the 2009B bond was \$85,785,000 and was re-issued in 2010 for \$89,965,722. SCHEDULE K, PART IV, LINE 2C CUSIP# 45200FZR3, CONSTRUCTION, EQUIPMENT AND CAPITAL, ISSUANCE DATE OF 8/20/2009, 8/20/2014 CUSIP# 45200FZT9, CONSTRUCTION, EQUIPMENT AND CAPITAL, ISSUANCE DATE OF 8/20/2009, 8/20/2014 CUSIP# 45200FZV4, CONSTRUCTION, EQUIPMENT AND CAPITAL, ISSUANCE DATE OF 8/20/2009, 8/20/2014 CUSIP# 45200F6J3, CONSTRUCTION, EQUIPMENT AND CAPITAL, ISSUANCE DATE OF 11/9/2010, 11/9/2015 CUSIP# 45200F6G9, CONSTRUCTION, EQUIPMENT AND CAPITAL, ISSUANCE DATE OF 11/9/2010, 11/9/2015 CUSIP# 45203HAH5, CONSTRUCTION, EQUIPMENT AND CAPITAL, ISSUANCE DATE OF 5/20/2011, 5/20/2016 CUSIP# 45203HAZ5, CONSTRUCTION, EQUIPMENT AND CAPITAL, ISSUANCE DATE OF 5/20/2011, 5/20/2016 CUSIP# 45203HJJ2, REDEEM EARLIER BOND (2001 SERIES), ISSUANCE DATE OF 6/02/2012, 6/28/2017 CUSIP # No Cusip Series 2013A dated 1/24/13, 1/24/18 CUSIP# 45200MWS9, CONSTRUCTION-PEDIATRIC ER & CLINIC, ISSUANCE DATE OF 9/29/2005, 9/29/2010 CUSIP#45200MC28, CONSTRUCTION AND RENOVATION, ISSUANCE DATE OF 4/19/2007, 4/19/2012 CUSIP#45200MC36, CONSTRUCTION AND RENOVATION, ISSUANCE DATE OF 4/19/2007, 4/19/2012

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Chicago Medical Center

Employer identification number
36-3488183

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ILLINOIS FINANCE AUTHORITY 2009B	86-1091967	45200FX46	04-08-2010	89,965,722	Redeem Earlier Bonds (1994 & 1998)	X			X		X
B ILLINOIS FINANCE AUTHORITY 2009A	86-1091967	45200FX20	04-08-2010	75,194,738	Redeem Earlier Bonds (1994 & 1998)		X		X		X
C ILLINOIS FINANCE AUTHORITY 2010A	86-1091967	45200F6J3	11-09-2010	46,250,000	CONSTRUCT., EQUIP. AND CAP. INT.		X		X		X
D ILLINOIS FINANCE AUTHORITY 2010B	86-1091967	45200F6G9	11-09-2010	46,250,000	CONSTRUCT., EQUIP. AND CAP. INT.		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	15,065,000		32,460,000		0		0	
2	Amount of bonds legally defeased	23,730,000		0		0		0	
3	Total proceeds of issue	89,965,722		75,194,738		46,250,000		46,250,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		2,644,599		2,644,599	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	958,953		801,507		460,134		460,134	
8	Credit enhancement from proceeds	0		0		17,601		17,601	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		43,127,666		43,127,666	
11	Other spent proceeds	89,006,769		74,393,231		0		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2010		2010		2013		2013	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.730 %		0.730 %		0 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	0.730 %		0.730 %					
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X	X		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X		X	
b Name of provider	0		0		Wells Fargo		Wells Fargo	
c Term of hedge					3240 %		3240 %	
d Was the hedge superintegrated?						X		X
e Was the hedge terminated?						X		X

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Chicago Medical Center

Employer identification number
36-3488183

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY 2011A	86-1091967	45203HAH5	05-20-2011	46,250,000	CONSTRUCT., EQUIP. AND CAP. INT.		X		X		X
B	ILLINOIS FINANCE AUTHORITY 2011B	86-1091967	45203HAZ5	05-20-2011	46,250,000	CONSTRUCT., EQUIP. AND CAP. INT.		X		X		X
C	ILLINOIS FINANCE AUTHORITY 2012A	86-1091967	45203HJJ2	06-28-2012	80,945,011	Redeem Earlier Bonds (2001 Series)		X		X		X
D	ILLINOIS FINANCE AUTHORITY 2013A	86-1091967		01-24-2013	75,000,000	CONSTRUCT., EQUIP. AND CAP. INT.		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		14,660,000		5,199,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	46,250,000		46,250,000		80,945,011		75,000,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	3,304,173		3,304,173		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	542,275		542,275		1,270,423		342,423	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	42,403,552		42,403,552		0		74,657,577	
11	Other spent proceeds	0		0		79,674,588		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2013		2013		2012		2015	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X		X	
b Name of provider	JP Morgan Chase		JP Morgan Chase		0		0	
c Term of hedge	3240 %		3240 %					
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?		X		X				

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization University of Chicago Medical Center

Employer identification number

36-3488183

Part I Bond Issues

Table with 11 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Deceased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include ILLINOIS FINANCE AUTHORITY 2015, 2016A, 2016B, and CP 05.

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows include Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, and various expenditure categories.

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Rows include Was the organization a partner in a partnership... and Are there any lease arrangements...

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0.730 %		0 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5			0.730 %					
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Chicago Medical Center

Employer identification number
36-3488183

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY CP 07	52-1297563	45200MC28	04-19-2007	10,000,000	CONSTRUCTION AND RENOVATION		X		X	X	
B	ILLINOIS FINANCE AUTHORITY CP 07	52-1297563	45200MC36	04-19-2007	31,000,000	CONSTRUCTION AND RENOVATION		X		X	X	

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	2,687,317	8,330,683		
2 Amount of bonds legally defeased	0	0		
3 Total proceeds of issue	10,000,000	31,000,000		
4 Gross proceeds in reserve funds	0	0		
5 Capitalized interest from proceeds	0	0		
6 Proceeds in refunding escrows	0	0		
7 Issuance costs from proceeds	46,068	142,812		
8 Credit enhancement from proceeds	15,517	48,103		
9 Working capital expenditures from proceeds	0	0		
10 Capital expenditures from proceeds	9,938,415	30,809,085		
11 Other spent proceeds	0	0		
12 Other unspent proceeds	0	0		
13 Year of substantial completion	2008		2008	
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X
15 Were the bonds issued as part of an advance refunding issue?		X		X
16 Has the final allocation of proceeds been made?	X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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.

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Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization University of Chicago Medical Center

Employer identification number

36-3488183

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). Includes a 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) SEE SCHEDULE L PART V					

Part V Supplemental Information

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

Return Reference	Explanation
Form Sch L Part IV	TRUSTEE JAMES D. ABRAMS WAS AN OFFICER, DIRECTOR, AND OWNER OF MEDLINE INDUSTRIES, INC., WHICH WAS A VENDOR OF UCMC. IN FY19, UCMC PURCHASED \$2,000,000 IN GOODS FROM MEDLINE EITHER DIRECTLY OR THROUGH CARDINAL HEALTH UNDER AN ARM'S LENGTH WRITTEN AGREEMENT. THE TRANSACTION WAS FOR THE PURCHASE OF GOODS IN THE ORDINARY COURSE OF BUSINESS. MR. ABRAMS RECEIVED NO COMPENSATION FROM UCMC AND DOES NOT SHARE IN UCMC'S REVENUES.
Form Sch L Part IV	TRUSTEES DANIEL DIERMEIER, KENNETH S. POLONSKY AND ROBERT J. ZIMMER WERE EMPLOYED BY THE UNIVERSITY OF CHICAGO, A RELATED ENTITY. TRUSTEE ROBERT J. ZIMMER WAS THE PRESIDENT OF THE UNIVERSITY OF CHICAGO AND ITS BOARD AS WELL AS ON THE BOARD OF FERMI RESEARCH ALLIANCE, ARGONNE NATIONAL LABORATORY, AND MARINE BIOLOGICAL LABORATORY, ALL RELATED ORGANIZATIONS TO UCMC.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

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▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
University of Chicago Medical Center

Employer identification number
36-3488183

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AIR TRAVEL E-PASSES)	X	1	40,000 FMV	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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Open to Public Inspection

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.

Department of the Treasury

Name of the organization

University of Chicago Medical Center

Employer identification number

36-3488183

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part I LINE 1 and Part III Line 1	OUR MISSION IS TO PROVIDE SUPERIOR HEALTH CARE IN A COMPASSIONATE MANNER, EVER MINDFUL OF EACH PATIENT'S DIGNITY AND INDIVIDUALITY. TO ACCOMPLISH OUR MISSION, WE CALL UPON THE SKILLS AND EXPERTISE OF ALL WHO WORK TOGETHER TO ADVANCE MEDICAL INNOVATION, SERVE THE HEALTH NEEDS OF THE COMMUNITY, AND FURTHER THE KNOWLEDGE OF THOSE DEDICATED TO CARING. OUR AIM TO "SERVE THE HEALTH NEEDS OF THE COMMUNITY" ANCHORS OUR MISSION STATEMENT AND SHAPES THE ETHOS AND WORK OF THE UNIVERSITY OF CHICAGO MEDICINE. OUR COMMUNITY, ADVISES US ON STRATEGY, INFORMS OUR RESEARCH, AND PARTNERS WITH US FOR COLLECTIVE IMPACT TOWARD IMPROVING THE HEALTH AND WELLNESS OF OUR COMMUNITY. ON A FOUNDATION OF MUTUAL RESPECT, WE WILL WORK TOGETHER TO BUILD THE UNIVERSITY OF CHICAGO MEDICINE INTO ONE OF THE FINEST ORGANIZATIONS IN THE COUNTRY AS MEASURED BY THE QUALITY OF PATIENT CARE, THE SATISFACTION OF PATIENTS AND THEIR FAMILIES, AND THE LEVEL OF PRIDE AMONG EVERYONE WHO WORKS HERE.

990 Schedule O, Optional Information

Return Reference	Explanation
<p>Form 990 Part III Line 4a</p>	<p>THE UNIVERSITY OF CHICAGO MEDICAL CENTER ("UCMC") IS A NATIONALLY RECOGNIZED LEADER IN PATIENT CARE, RESEARCH AND MEDICAL EDUCATION. RENOWNED FOR TREATING SOME OF THE MOST COMPLEX MEDICAL CASES, UCMC BRINGS THE VERY LATEST MEDICAL TREATMENTS TO PATIENTS IN CHICAGO'S SOUTH SIDE COMMUNITY, AND THROUGHOUT THE WORLD. IN THIS WAY, UCMC FURTHERS ITS COMMITMENT TO PATIENT CARE, CLINICAL PRACTICE AND COMMUNITY HEALTH. UCMC PARTNERS WITH THE UNIVERSITY OF CHICAGO PHYSICIANS AND THE PRITZKER SCHOOL OF MEDICINE TO EDUCATE THE NEXT GENERATION OF PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS. THE MEDICAL CENTER IS A LEADING PROVIDER OF COMPLEX CARE IN THE STATE OF ILLINOIS AND UCMC IS THE LARGEST PROVIDER OF MEDICAID SERVICES (BY ADMISSIONS AND PATIENT DAYS) ON THE SOUTH SIDE OF CHICAGO AND ONE OF THE LARGEST IN THE STATE OF ILLINOIS. UCMC PROVIDES A SUBSTANTIAL AMOUNT OF CARE FOR WHICH IT DOES NOT RECEIVE PAYMENT. FOR FISCAL YEAR 2019, UCMC PROVIDED \$ 26,371,000 IN CHARITY CARE AND INCURRED LOSSES ON GOVERNMENT PROGRAMS OF \$151,135,000 AND INCURRED UNCOMPENSATED CHARGES-OR B AD DEBT-OF \$33,993,000. UCMC ALSO INCURRED \$56,256,000 IN UNREIMBURSED EDUCATION EXPENSES DURING FY 2019, PROVIDED RESEARCH SUPPORT OF \$48,000,000 AND \$5,430,000 FOR OTHER PROGRAMS . ADULT PATIENT CARE IN THE CENTER FOR CARE AND DISCOVERY ("CCD") AND BERNARD A. MITCHELL HOSPITAL IN FEBRUARY 2013, UCMC OPENED THE CENTER FOR CARE AND DISCOVERY, A NEW 10-STORY HOSPITAL THAT SERVES AS THE NEW CORE OF THE UCMC CAMPUS. THE NEW HOSPITAL IS 1.2 MILLION SQ UARE FEET AND CONTAINS 240 SINGLE-OCCUPANCY INPATIENT ROOMS, INCLUDING 52 INTENSIVE CARE BEDS, 21 OPERATING ROOMS WITH LEADING-EDGE TECHNOLOGY, AND 7 ADVANCED IMAGING SUITES FOR INTERVENTIONAL PROCEDURES. THE CCD PROVIDES A HOME FOR COMPLEX SPECIALTY CARE WITH A FOCUS ON CANCER, GASTROINTESTINAL DISEASE, NEUROSCIENCE, ADVANCED SURGERY, AND HIGH TECHNOLOGY MEDICAL IMAGING. THE FACILITY IS DESIGNED FOR FAMILY-CENTERED CARE AND IMPROVED COMMUNICATION AMONG ALL MEMBERS OF THE PATIENTS' CARE TEAMS. BERNARD A. MITCHELL HOSPITAL ("MITCHELL") , WHICH WAS BUILT IN 1983, CONTINUES TO OPERATE 228 INPATIENT BEDS AND INCLUDES THE EMERGENCY DEPARTMENT AND ARTHUR RUBLOFF INTENSIVE CARE TOWER. MITCHELL ALSO HOUSES THE UNIVERSITY OF CHICAGO MEDICAL CENTER BURN AND ELECTRICAL TRAUMA UNITS AND INTENSIVE CARE UNITS FOR TRANSPLANTATION, NEUROLOGY AND NEUROSURGERY, CARDIOTHORACIC CARE, GENERAL SURGERY, AND GENERAL MEDICINE PATIENTS. UCMC HOUSES ONE OF ONLY TWO BURN UNITS IN CHICAGO, AT WHICH UCMC PROVIDES CARE TO CRITICALLY-INJURED ADULT AND PEDIATRIC PATIENTS, MANY OF WHOM SPEND MONTHS IN THIS INTENSIVE CARE FACILITY. IN ADDITION, DURING FY 2018, UCMC BEGAN PROVIDING LEVEL 1 ADULT TRAUMA CARE TO THE SOUTH SIDE OF CHICAGO, EXTENDING TRAUMA CARE TO A COMMUNITY FROM WHICH APPROXIMATELY 50% OF TRAUMA CASES IN THE CITY ORIGINATE. IN ITS NEW STATE OF THE ART TRAUMA CENTER, UCMC PROVIDES TRAUMA SURGERY, ACUTE CARE SURGERY AND CRITICAL CARE SURGERY TO TREAT INJURIES INCLUDING</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4a	<p>BURNS; BLUNT TRAUMA, AND PENETRATING TRAUMA TYPICALLY SEEN WITH GUNSHOTS AND STAB WOUNDS. THE MEDICAL CENTER OFFERS WORLD-CLASS TRANSPLANTATION PROGRAMS IN SEVERAL AREAS, INCLUDING TRANSPLANTATION OF THE LIVER, KIDNEY, PANCREAS, LUNG, HEART, BONE MARROW AND OTHER TISSUES, MULTIPLE-ORGAN TRANSPLANTATION, AND RESEARCH IN TRANSPLANT IMMUNOLOGY. UCMC PERFORMED 181 ORGAN TRANSPLANTS IN FY 2019 AND 169 BONE MARROW OR STEM CELL TRANSPLANT PROCEDURES FOR THE TREATMENT OF VARIOUS CANCERS FOR BOTH ADULT AND PEDIATRIC PATIENTS. IN ADDITION, UCMC IS ONE OF A SELECT GROUP OF MEDICAL CENTERS IN THE UNITED STATES WHO LED CLINICAL TRIALS INTO CAR T-CELL THERAPIES FOR SPECIFIC TYPES OF BLOOD CANCERS AND UCMC WAS THE FIRST SITE IN THE COUNTRY TO BE FDA-APPROVED FOR CAR T-CELL THERAPIES FOR BOTH ADULT AND PEDIATRIC PATIENTS. IN FY 2019, UCMC PERFORMED 23 CAR T-CELL THERAPIES. UCMC ADMITTED OR OBSERVED ALMOST OVER 36,000 ADULT PATIENTS IN FISCAL YEAR 2019 WITH OVER 419,000 ADULT AND PEDIATRIC VISITS TO ITS OUTPATIENT AMBULATORY CARE FACILITIES. IN ADDITION, UCMC'S MITCHELL HOSPITAL CONTAINS STATE-OF-THE-ART OBSTETRICAL AND GYNECOLOGICAL FACILITIES AND HAS A LEADING PROGRAM IN REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY. THE FACILITIES INCLUDE EIGHT LABOR ROOMS, THREE DELIVERY ROOMS, AND TWO BIRTHING ROOMS, AS WELL AS A 17-BED GYNECOLOGY UNIT AND FOUR OBSTETRIC OPERATING ROOMS. IN FY 2019, UCMC DELIVERED ALMOST 2,800 BABIES. UCMC'S EMERGENCY DEPARTMENT IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK AND IN FY 2019, UCMC PROVIDED OVER 71,900 ADULT ED VISITS, MAKING IT ONE OF BUSIEST EMERGENCY ROOMS ON CHICAGO'S SOUTH SIDE. IN ADDITION, UCMC SERVES AS A RESOURCE HOSPITAL FOR ONE OF THE EMERGENCY MEDICAL SYSTEM ("EMS") REGIONS IN ILLINOIS. UCMC IS ONE OF FOUR RESOURCE HOSPITALS IN CHICAGO AND REPRESENTS CHICAGO SOUTH. AS A RESOURCE HOSPITAL, UCMC HAS AUTHORITY AND RESPONSIBILITY OVER THE ENTIRE EMS REGIONAL SYSTEM, INCLUDING THE CLINICAL ASPECTS, OPERATIONS AND EDUCATIONAL PROGRAMS. UCMC PROVIDES THE ENTIRE BUDGET FOR ITS PARTICIPATION AS A RESOURCE HOSPITAL AND SPENDS NEARLY \$250,000 PER YEAR ON THIS SERVICE. AS A RESOURCE HOSPITAL, UCMC ALSO IS RESPONSIBLE FOR REPLACING MEDICAL SUPPLIES AND PROVIDING FOR EQUIPMENT EXCHANGE IN PARTICIPATING EMS VEHICLES. UCMC SPENDS APPROXIMATELY \$30,000 PER YEAR ON REPLACEMENT AND RESTOCKING. CHICAGO COMER CHILDREN'S HOSPITAL AS A MAJOR TERTIARY REFERRAL CENTER, THE UNIVERSITY OF CHICAGO COMER CHILDREN'S HOSPITAL SEES CHILDREN WITH MEDICAL PROBLEMS THAT RANGE FROM SOME OF THE MOST COMMON TO SOME OF THE MOST COMPLEX IN ITS 155 BED, SEVEN-STORY FACILITY, WHICH OPENED IN FEBRUARY 2005. FAMILIES OF THESE PEDIATRIC PATIENTS CAN STAY AT THE 30,000 SQUARE-FOOT RONALD MCDONALD HOUSE ON CAMPUS, WHICH UCMC BUILT AND OPENED IN DECEMBER 2007. OVER 6,800 CHILDREN WERE ADMITTED OR OBSERVED AS PATIENTS TO COMER CHILDREN'S HOSPITAL IN FISCAL YEAR 2019 FROM THE CHICAGO AREA, THE MIDWEST, AND AROUND THE WORLD. IN FY 2019, UCMC'S OUTPATIENT CLINICS ACCOMMODATED O</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4a	<p>VER 40,000 SPECIALTY PEDIATRIC VISITS IN ITS AMBULATORY CARE FACILITY AND OVER 33,000 VISITS WERE MADE TO THE COMER PEDIATRIC EMERGENCY ROOM. ADDITIONALLY, IN AN EFFORT TO ENSURE PATIENTS AND THEIR FAMILIES WHO ARE RECEIVING CARE AT COMER CHILDREN'S HOSPITAL DO NOT SUFFER FROM HUNGER OR THE INABILITY TO PURCHASE FOOD, THE COMER FOOD PANTRY ALLEVIATES FOOD INSECURITY FOR PATIENT FAMILIES AT THE COMER CHILDREN'S HOSPITAL. COMER CHILDREN'S HOSPITAL IS STAFFED BY APPROXIMATELY 140 PHYSICIANS FROM THE DEPARTMENT OF PEDIATRICS AT THE UNIVERSITY, AS WELL AS SPECIALTY NURSES AND CARING SUPPORT STAFF. THE TEAMS OF HEALTHCARE PROFESSIONALS-INCLUDING MEDICAL STUDENTS, RESIDENTS AND FELLOWS-WORK TOGETHER TO PROVIDE GENERAL AND SPECIALTY MEDICAL CARE FOR NEWBORNS TO YOUNG ADULTS. AT COMER CHILDREN'S HOSPITAL AND THROUGH ITS OUTPATIENT CLINICS, CHILDREN AND TEENS RECEIVE ADVANCED THERAPIES IN ALL CLINICAL AREAS. COMER CHILDREN'S HOSPITAL IS A PEDIATRIC LEVEL-I TRAUMA CENTER THAT TREATS CHILDREN WITH SEVERE INJURIES FOR EMERGENCY TRAUMA CARE. UCMC ALSO CARES FOR CRITICALLY ILL AND INJURED CHILDREN IN ITS TECHNOLOGICALLY ADVANCED PEDIATRIC INTENSIVE CARE UNIT ("PICU"). THE 30-BED PICU IS FULLY EQUIPPED TO TREAT CHILDREN WITH MULTIPLE TRAUMAS, COMPLEX MEDICAL PROBLEMS, AND CONDITIONS REQUIRING MAJOR SURGERY, INCLUDING CARDIAC, TRANSPLANT, AND NEUROSURGERY. IN ADDITION, 47 DESIGNATED TERTIARY CARE (LEVEL III) BEDS IN THE NEONATAL INTENSIVE CARE UNIT AND 24 CONVALESCENT (LEVEL II) BEDS IN THE TRANSITIONAL CARE UNIT PROVIDE PREMATURE AND CRITICALLY ILL INFANTS WITH THE MOST ADVANCED MEDICAL CARE AND LIFE SUPPORT SYSTEMS. AT THE COMER CHILDREN'S HOSPITAL, INFANTS WHO SPEND TIME IN THE NICU RECEIVE SPECIALIZED FOLLOW-UP CARE AFTER THEY ARE DISCHARGED AT ITS CENTER FOR HEALTHY FAMILIES ("CENTER"). THE CENTER USES A MULTIDISCIPLINARY CARE APPROACH THAT INCLUDES GENERAL PEDIATRICIANS, NEONATOLOGISTS, NURSE EDUCATORS, PEDIATRIC SOCIAL WORKERS, REGISTERED DIETITIANS, OCCUPATIONAL THERAPISTS, PHYSICAL THERAPISTS, SPEECH THERAPISTS AND HOME HEALTH NURSES. THE CENTER ALSO DRAWS ON THE EXPERTISE OF OTHER PEDIATRIC SPECIALISTS AS NEEDED. THE TEAM ADDRESSES A HOST OF CONCERNS, INCLUDING MEDICAL AND PHYSICAL NEEDS, DEVELOPMENT, MOTOR SKILLS, SPEECH, GROWTH, NUTRITION, AND THE HOME ENVIRONMENT. TEAM MEMBERS ARE AVAILABLE BY PAGER 24 HOURS A DAY AND ALSO TEACH PARENTS HOW TO GIVE MEDICATIONS, MONITOR SYMPTOMS, AND TAKE OTHER STEPS TO MEET THEIR CHILD'S SPECIAL NEEDS. SOMETIMES, TEAM MEMBERS EVEN VISIT THE CHILD'S HOME TO HELP PARENTS AND CAREGIVERS ADAPT TO THE PHYSICAL AND EMOTIONAL ENVIRONMENT TO SUPPORT THE CHILD'S NEEDS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 PART VI Line 4a	<p>COMER CHILDREN'S HOSPITAL SERVES AS THE CENTER OF A REGIONAL PERINATAL NETWORK THAT IS RESPONSIBLE FOR THE ADMINISTRATION AND IMPLEMENTATION OF THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH'S ("IDPH") REGIONALIZED PERINATAL HEALTH CARE PROGRAM. IN THIS ROLE, UCMC PROVIDES TWELVE AREA HOSPITALS WITH CONSULTATION AS WELL AS TRANSPORT SERVICES FOR BABIES BORN IN NETWORK HOSPITALS, MORE THAN ONE-THIRD OF THEM CONSIDERED HIGH-RISK. THE NETWORK IS COMMITTED TO REDUCING FETAL AND INFANT MORTALITY THROUGHOUT THE SURROUNDING URBAN, SUBURBAN, AND RURAL COMMUNITIES. UCMC ALSO PROVIDES LEADERSHIP IN THE DESIGN AND IMPLEMENTATION OF IDPH'S CONTINUOUS QUALITY IMPROVEMENT PROGRAM AND PARTICIPATES IN CONTINUING EDUCATION FOR OTHER HEALTH PROFESSIONALS. Form 990 PART VI Line 2 TRUSTEE PATRICK KELLY AND TRUSTEES CRAIG DUCHOSSOIS AND RODNEY L. GOLDSTEIN - BUSINESS RELATIONSHIP TRUSTEE CRAIG J DUCHOSSOIS AND TRUSTEES KEVIN BROWN, PAUL CARBONE, RODNEY GOLDSTEIN, PATRICK KELLY, WILLIAM MORRISON, JOHN SVOBODA, AND PAUL YOVOVICH - BUSINESS RELATIONSHIP TRUSTEE HOWARD SCOTT SILVERMAN, AND JONATHAN KOVLER, AND GORDAN SEGAL - BUSINESS RELATIONSHIP ANDREW M. ALPER, DANIEL DIERMEIER, CRAIG J. DUCHOSSOIS, JAMES S. FRANK, RODNEY L. GOLDSTEIN, RACHEL D. KOHLER, JOSEPH NEUBAUER, EMILY NICKLIN, BRIEN O'BRIEN, KENNETH S. POLONSKY, PAULA WOLFF, PAUL G. YOVOVICH, AND ROBERT J. ZIMMER ARE UCMC TRUSTEES WHO ARE ALSO ON THE UNIVERSITY OF CHICAGO BOARD OR A UC OFFICER - BUSINESS RELATIONSHIP</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 6	THE SOLE MEMBER OF UCMC IS THE UNIVERSITY OF CHICAGO, A NOT-FOR-PROFIT ENTITY. UCMC PROVIDES HEALTHCARE, RESEARCH, AND EDUCATION PRIMARILY ON THE UNIVERSITY CAMPUS, AND THE BULK OF ITS MEDICAL STAFF MEMBERS ARE UNIVERSITY OF CHICAGO FACULTY. UCMC IS THE SOLE MEMBER OF UCMC COMMUNITY PHYSICIANS. UCMC IS ALSO THE SOLE MEMBER OF UNIVERSITY OF CHICAGO CARE NETWORK, LLC, WHICH IN TURN IS THE SOLE MEMBER OF BOTH UCMC CARE NETWORK MEDICAL GROUP, INC. AND UCMC CARE NETWORK AFFILIATED PHYSICIANS, LLC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 7a & 7b	<p>PURSUANT TO UCMC BYLAWS, EX-OFFICIO MEMBERS OF THE UCMC BOARD OF TRUSTEES ARE THE PRESIDENT OF THE UNIVERSITY, THE CHAIR OF THE UNIVERSITY'S BOARD, THE PROVOST OF THE UNIVERSITY, THE DEAN OF THE BIOLOGICAL SCIENCES DIVISION AND PRITZKER SCHOOL OF MEDICINE, WHO IS ALSO THE EXECUTIVE VICE PRESIDENT FOR MEDICAL AFFAIRS OF THE UNIVERSITY OF CHICAGO. THE UNIVERSITY OF CHICAGO APPOINTS ALL TRUSTEES, APPOINTS ONE MEMBER OF THE AUDIT COMMITTEE, APPROVES THE UCMC BUDGET AND PROPOSALS FOR LARGE EXPENDITURES, AND APPROVES THE UCMC LONG-TERM STRATEGIC PLAN. THE DEAN APPOINTS THE PRESIDENT, SUBJECT TO THE CONSENT OF THE BOARD'S EXECUTIVE COMMITTEE, AND, AFTER CONSULTATION WITH THE UCMC PRESIDENT, APPOINTS THE CHIEF FINANCIAL OFFICER. THE COMPENSATION COMMITTEE INCLUDES THE DEAN, A TRUSTEE APPOINTED BY THE UNIVERSITY OF CHICAGO, AND THE CHAIRMAN OF THE UCMC BOARD, WHO IS ALSO A UNIVERSITY OF CHICAGO TRUSTEE. THE UNIVERSITY OF CHICAGO MAY AMEND OR REPEAL THE UCMC BYLAWS, AND MUST APPROVE UCMC BOARD ACTION. THE BOARD CHAIR IS ELECTED BY THE UNIVERSITY FROM AMONG THE TRUSTEES THAT ARE ALSO UNIVERSITY TRUSTEES. THE UNIVERSITY SELECTS THE TRUSTEES TO REPLACE THOSE TRUSTEES WHOSE TERMS ARE EXPIRING. THE UNIVERSITY PRESIDENT, UNIVERSITY BOARD CHAIR, AND UNIVERSITY PROVOST ARE EX-OFFICIO MEMBERS OF THE UCMC BOARD. THE DEAN OF THE UNIVERSITY'S BIOLOGICAL SCIENCES DIVISION IS THE EXECUTIVE VICE PRESIDENT OF MEDICAL AFFAIRS FOR THE UNIVERSITY OF CHICAGO.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 11b	AT ITS REGULARLY SCHEDULED MEETING, THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES WAS PROVIDED A DRAFT COPY OF PORTIONS OF THE FORM 990. AT ITS REGULARLY SCHEDULED MEETING, THE AUDIT COMMITTEE WAS PROVIDED A DRAFT COPY OF THE ENTIRE FORM. IN ADDITION, UCMC PROVIDED A COPY OF THE FORM 990 TO ALL UCMC BOARD MEMBERS BEFORE THE FORM 990 WAS FILED THROUGH A SECURE WEBSITE, TO WHICH ALL BOARD MEMBERS HAVE ACCESS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 12c	UCMC HAS HAD A ROBUST CONFLICTS OF INTEREST POLICY FOR EMPLOYEES, OFFICERS, AND TRUSTEES FOR MANY YEARS. THE POLICY CONTAINS CERTAIN PROHIBITIONS AS WELL AS DISCLOSURE REQUIREMENTS, AND ENCOURAGES QUESTIONS DIRECTED TO THE COMPLIANCE OFFICE AND LEGAL AFFAIRS. DURING THIS TAX YEAR, UCMC CONTINUED ITS PRACTICE OF SURVEYING TRUSTEES, OFFICERS, MANAGERIAL EMPLOYEES, AND INFLUENTIAL MEDICAL STAFF MEMBERS, SEEKING DISCLOSURES OF VARIOUS RELATIONSHIPS, INCLUDING RELATIONSHIPS DISCLOSED IN THIS FORM 990. IN ADDITION, CERTAIN CHAIRS OF COMMITTEES, SUCH AS THE PHARMACY AND THERAPEUTICS COMMITTEE OF THE MEDICAL STAFF, AT MONTHLY MEETINGS ASK FOR ORAL DISCLOSURES OF POTENTIAL CONFLICTS. UPON REQUEST, THE COMPLIANCE OFFICER AND THE OFFICE OF LEGAL AFFAIRS PROVIDE EDUCATIONAL SESSIONS. UCMC NOTES THAT RESEARCHER CONFLICTS ARE MANAGED BY THE UNIVERSITY OF CHICAGO.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 15a & 15b	<p>THE UCMC COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES (THE COMMITTEE) IS RESPONSIBLE FOR THE OVERSIGHT OF UCMC'S EXECUTIVE COMPENSATION DECISION-MARKING PROCESS. ITS REVIEW PROCESS IS DESIGNED TO SATISFY THE PROCEDURAL CRITERIA NECESSARY TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS (UNDER INTERMEDIATE SANCTIONS REGULATIONS) WITH RESPECT TO THE TOTAL COMPENSATION AND BENEFITS PROVIDED. THE COMMITTEE IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF TRUSTEES WHO ARE "DISINTERESTED" WITHIN THE MEANING OF INTERMEDIATE SANCTIONS REGULATIONS. IT REVIEWS AND APPROVES COMPENSATION AND EMPLOYEE BENEFITS PROVIDED TO UCMC'S PRESIDENT AND VICE PRESIDENTS BY FOLLOWING ITS WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY STATEMENT AND WRITTEN COMPENSATION REVIEW PROCESS, WHICH INCLUDES SEEKING COUNSEL FROM OUTSIDE PROFESSIONAL ADVISORS AND RELYING IN ADVANCE ON APPROPRIATE COMPARABILITY DATA (FOR FUNCTIONALLY SIMILAR POSITIONS AT SIMILARLY SITUATED HEALTHCARE ORGANIZATIONS) PROVIDED BY AN INDEPENDENT THIRD-PARTY CONSULTANT. THE COMMITTEE REVIEWS AND APPROVES ALL NEW COMPENSATION RANGES, AS WELL AS CURRENT PACKAGES FOR NEWLY HIRED EXECUTIVES, AS NEEDED, BUT NO LESS FREQUENTLY THAN ANNUALLY. IT PREPARES A TIMELY AND THOROUGH WRITTEN RECORD OF ITS DELIBERATIONS AND CONCLUSIONS. THE COMPENSATION OF THE DEAN AND EXECUTIVE VICE PRESIDENT FOR MEDICAL AFFAIRS, WHO IS AN EMPLOYEE OF THE UNIVERSITY OF CHICAGO, IS REVIEWED AND APPROVED BY THE UNIVERSITY OF CHICAGO BOARD OF TRUSTEES' COMPENSATION COMMITTEE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 19	UCMC'S BYLAWS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, AUDITED FINANCIALS ARE AVAILABLE TO THE PUBLIC THROUGH THE ELECTRONIC MUNICIPAL MARKET ACCESS WEBSITE, AND THE FOLLOWING DOCUMENTS WERE, AS OF THE TIME OF COMPLETE OF THIS QUESTION, ON UCMC'S WEBSITE: -UNIVERSITY OF CHICAGO MEDICINE UNAUDITED FINANCIAL INFORMATION -2019 AUDITED FINANCIAL STATEMENTS -2018 AUDITED FINANCIAL STATEMENTS -2017 AUDITED FINANCIAL STATEMENTS -2016 AUDITED FINANCIAL STATEMENTS -2015 AUDITED FINANCIAL STATEMENTS -2014 AUDITED FINANCIAL STATEMENTS -2013 AUDITED FINANCIAL STATEMENTS -2012 AUDITED FINANCIAL STATEMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VII Line Section B Line 1	THE AMOUNT LISTED FOR FOUR OF THE TOP FIVE INDEPENDENT CONTRACTORS INCLUDE A COMBINATION OF PAYMENT FOR SERVICES (A SIGNIFICANT PORTION OF PAYMENT) AS WELL AS PAYMENT FOR GOODS, CAPITAL ITEMS, AND OTHER NON-SERVICE COMPONENTS PROVIDED BY THE CONTRACTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part XI Line 9	NET EQUITY TRANSFER TO UNIVERSITY OF CHICAGO (\$71,750,000) CHNG IN ACC PEN BEN EXCEPT NET PERIOD BEN COSTS (\$14,787,128) HEDGE INEFFECTIVENESS (\$28,042,787) TOTAL (\$114,579,915)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:Program support services TOTAL FEES:187809451

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:Physician services TOTAL FEES:74638202

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:Fee for services TOTAL FEES:24008008

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:Collection fees TOTAL FEES:5701049

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:Outside Lab Tests TOTAL FEES:4937168

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:Claims Expense TOTAL FEES:2769691

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:Security services TOTAL FEES:3807011

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:Laundry services TOTAL FEES:2985132

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:Bank fees TOTAL FEES:1057452

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION: Billing services TOTAL FEES: 1122257

**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
University of Chicago Medical Center

Employer identification number

36-3488183

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) UCM Care Network LLC 5841 S Maryland Avenue Chicago, IL 60637 47-4222269	Healthcare	IL	3,599	699,490	UCMC
(2) UCMC Community Physicians LLC 5481 S Maryland Avenue Chicago, IL 60637	Phys Servs	IL	0	0	UCMC
(3) UCMCN ACO LLC 5841 S Maryland Avenue Chicago, IL 60637	Health Servic	IL	0	0	UCMC
(4) Univ Of Chi Med Care Netw Aff Phys LLC 5841 S Maryland Avenue Chicago, IL 60637 47-4233918	Health Servic	IL	235,765	473,968	UCMC
(5) UCM Global LLC 5841 S Maryland Avenue Chicago, IL 60637	Consulting	IL	0	0	UCMC

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) INGALLS SAME DAY SURGERY CTR 6701 W 159TH ST TINLEY PARK, IL 60452	SURGERY CENTER	IL	NA	Related				No			No	0 %
(2) UCMC-Solis On-Campus Mammography LLC 15601 Dallas Parkway Ste 500 Addison, TX 75001	Mammography Svcs	IL	NA	Related	75,162	5,429,172		No		Yes		50.000 %

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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) 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

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	Yes	
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		
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)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
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)UCMC Title Holding Corporation	a	620,575	FMV
(2)UCMC Title Holding Corporation II	a	275,482	FMV
(3)UCMC Title Holding Corporation	s	577,726	FMV
(4)UCMC Title Holding Corporation II	s	1,273,352	FMV
(5)UCMC Title Holding Corporation II	o	7,383,507	FMV
(6)UCM Community Health and Hospital Division	s	799,602	FMV

Part VII Supplemental Information

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

Return Reference	Explanation
SCH R, PART I	<p>FOR PURPOSES OF COMPLETION, THE RELATED ORGANIZATIONS LISTED BELOW ARE DISREGARDED ENTITIES OF THE UNIVERSITY OF CHICAGO, A 501(C)(3) ORGANIZATION, WITH LINE 2 (SCHOOL) PUBLIC CHARITY STATUS. THE FOLLOWING RELATED ORGANIZATIONS' DIRECT CONTROLLING ENTITY IS THE UNIVERSITY OF CHICAGO. THE UNIVERSITY OF CHICAGO IS A RELATED ENTITY TO THE UNIVERSITY OF CHICAGO MEDICAL CENTER. MAROON INVESTMENTS, LLC 5801 S. ELLIS AVENUE CHICAGO, IL 60637 PRIMARY ACTIVITY - HOLDING COMPANY LEGAL DOMICILE - DELAWARE THEORY AND COMPUTING SCIENCE BLDG TRUST 51-6596577 5801 S. ELLIS AVENUE CHICAGO, IL 60637 PRIMARY ACTIVITY - RESEARCH BLDG LEGAL DOMICILE - ILLINOIS UCHICAGO ARGONNE LLC 68-0628477 5801 S. ELLIS AVENUE CHICAGO, IL 60637 PRIMARY ACTIVITY - MANAGE LAB LEGAL DOMICILE - ILLINOIS UCHICAGO IMPACT LLC 61-1682394 5801 S. ELLIS AVENUE CHICAGO, IL 60637 PRIMARY ACTIVITY - EDU CONSLTING LEGAL DOMICILE - ILLINOIS UCHICAGO TRADING (CAYMANS) 30-0517735 5801 S. ELLIS AVENUE CHICAGO, IL 60637 PRIMARY ACTIVITY - INVESTING LEGAL DOMICILE - ILLINOIS UNIVERSITY OF CHICAGO FOUNDATION LIMITED (UK) 98-0525557 ST FL ALDER CASTER 10 NOBLE LONDON, UK 60637 PRIMARY ACTIVITY - FUNDRAISING LEGAL DOMICILE - UNITED KINGDOM HARPER COURT HOLDINGS LLC 98-0525557 5801 S. ELLIS AVENUE CHICAGO, IL 60637 PRIMARY ACTIVITY - PROPERTY HLDG LEGAL DOMICILE - ILLINOIS LPA MANAGEMENT LLC (NO SEPARATE EIN) 5801 S. ELLIS AVENUE CHICAGO, IL 60637 PRIMARY ACTIVITY - PROPERTY MANAGEMENT LEGAL DOMICILE: ILLINOIS</p>

Return Reference	Explanation
SCH R, PART III	FOR PURPOSES OF COMPLETION, UCMC IS ALSO A MEMBER IN A JOINT VENTURE WITH ANOTHER TAX EXEMPT ENTITY. UCMC/SCH ONCOLOGY JV LLC, EIN 32-2436795 PROVIDES HEALTHCARE SERVICES. UCMC DOES NOT OWN MORE THAN 50% OF THE VENTURE AND IS NOT THE MANAGING MEMBER.

Additional Data

Software ID:
Software Version:
EIN: 36-3488183
Name: University 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
5555 S Woodlawn Avenue Chicago, IL 60637 36-3485244	Tech Transfer	IL	501(c)(3)	Line 12A, I	UNIV CHICAGO		No
180 W Washington St Suite 1000 Chicago, IL 60602 31-1607193	Hlth Access	IL	501(c)(3)	Line 10	UNIV CHICAGO		No
1313 E 60th Street Chicago, IL 60637 36-2167012	Pol Res Ctr	IL	501(c)(3)	Line 7	N/A		No
5801 S Ellis Avenue Chicago, IL 60637 23-7136019	Supp Research	IL	501(c)(3)	Line 12a, I	UNIV CHICAGO		No
5535 S Ellis Avenue Chicago, IL 60637 36-3203660	Supp the Arts	IL	501(c)(3)	Line 12a, I	UNIV CHICAGO		No
PO Box 500 Batavia, IL 60510 57-1239010	Manage Lab	IL	501(c)(3)	Line 7	NA		No
33 N Lasalle St Ste 2131 Chicago, IL 60602 46-6789522	Supp Edu Res	VA	501(c)(3)	12D, III	N/A		No
ONE INGALLS DRIVE HARVEY, IL 60426 36-3189150	SUPPORT	IL	501(c)(3)	7	UCHHD	Yes	
ONE INGALLS DRIVE HARVEY, IL 60426 36-3239703	AMBULATORY	IL	501(c)(3)	Line 12A, I	UCHHD	Yes	
ONE INGALLS DRIVE HARVEY, IL 60426 36-3367939	HEALTHCARE	IL	501(c)(3)	10	IMH	Yes	
5801 S Ellis Avenue Chicago, IL 60637 36-6111317	Prop Holdg	IL	501(c)(2)		UNIV CHICAGO		No
55 E Monroe Avenue Chicago, IL 60603 36-2167808	So Sci Srvys	IL	501(c)(3)	Line 7	NA		No
71 W 156TH STREET HARVEY, IL 60426 36-4132865	HEALTHCARE	IL	501(c)(3)	10	UCHHD	Yes	
ONE INGALLS DRIVE HARVEY, IL 60426 36-2170866	HOSPITAL	IL	501(c)(3)	3	UCHHD	Yes	
5730 S Ellis Avenue Chicago, IL 60637 36-3155157	Supp Library	IL	501(c)(3)	12	UNIV CHICAGO		No
7 MBL Street Woods Hole, MA 02543 04-2104690	Res & Edu	MA	501(c)(3)	Line 7	UNIV CHICAGO		No
5801 S Ellis Avenue Chicago, IL 60637 36-1655190	Social Club	IL	501(c)(7)		UNIV CHICAGO		No
	Fundraising	HK			UNIV CHICAGO		No
1212 E 59th Street Chicago, IL 60637	Social Club	IL			UNIV CHICAGO		No
	Research	BG			UCH RS INTL		No

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
5801 S Ellis Avenue Chicago, IL 60637 26-2741573	Research	IL	501(c)(3)	Line 12a, I	UNIV CHICAGO		No
ONE INGALLS DRIVE HARVEY, IL 60426 36-3181170	MANAGEMENT	IL	501(c)(3)	Line 12A, I	UCMC	Yes	
8201 South Cass Avenue Darien, IL 60561 81-2126789	Title Hold	IL	501(c)(3)	LINE 12A, I	UCMC	Yes	
5841 S Maryland Ave MC 1086 Chicago, IL 60637 82-1736040	Title Hold	IL	501(c)(3)	LINE 12A, I	UCMC	Yes	
	Education	SN			UNIV CHICAGO		No
	Education	UK			UNIV CHICAGO		No
5801 S Ellis Avenue Chicago, IL 60637 36-6056201	Supp Research	IL	501(c)(3)	Line 12a, I	UNIV CHICAGO		No
	Education	FR			UNIV CHICAGO		No
5801 S Ellis Avenue Chicago, IL 60637 36-4225812	Education	IL	501(c)(3)	Line 2	UNIV CHICAGO		No
5801 S Ellis Avenue Chicago, IL 60637 36-6108743	Prop Hldg	IL	501(c)(2)		UNIV CHICAGO		No
5801 S Ellis Avenue Chicago, IL 60637 36-3999692	Medical Trust	IL	501(c)(3)	Line 12a, I	UNIV CHICAGO		No
5801 S Ellis Avenue Chicago, IL 60637 36-3020034	Malprac Tr	IL	501(c)(3)	Line 12a, I	UNIV CHICAGO		No
5801 S Ellis Avenue Chicago, IL 60637 36-2177139	Education	IL	501(c)(3)	Line 2	NA		No
	Fundraising	IN			UNIV CHICAGO		No
5801 S ELLIS AVENUE CHICAGO, IL 60637 36-2169138	SUPP RESEARCH	IL	501(C)(3)	LINE 12A, I	UNIV CHICAGO		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(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) CHARITABLE LEAD TRUST (1) 5801 S ELLIS AVENUE CHICAGO, IL 60637	CHAR LEAD TRUST	IL	NA	Trust					No
(1) CHARITABLE REMAINDER TRUSTS (80) 5801 S ELLIS AVENUE CHICAGO, IL 60637	CHAR RMDR TRUST	IL	NA	Trust					No
(2) INGALLS CASUALTY INSURANCE LTD ONE INGALLS DRIVE HARVEY, IL 60426 98-0485714	LIAB INSURANCE	CJ	NA	C Corp			100.000 %	Yes	
(3) INGALLS HEALTH COUNCIL ONE INGALLS DRIVE HARVEY, IL 60426 27-3226539	PURCHASING GROUP	IL	NA	C Corp			100.000 %	Yes	
(4) INGALLS PROVIDER GROUP ONE INGALLS DRIVE HARVEY, IL 60426 36-3485578	INSURANCE SERVICE	IL	NA	C Corp			100.000 %	Yes	
(5) MEDCENTRIX INC ONE INGALLS DRIVE HARVEY, IL 60426 36-3374228	BILLING & MGMT	IL	NA	C Corp			100.000 %	Yes	
(6) POOLED INCOME FUND (1) 5801 S ELLIS AVENUE CHICAGO, IL 60637	POOLED IN FUND	IL	NA	C Corp					No
(7) SC Curriculum Inc 70 West Madison St CHICAGO, IL 60602	SCNC Curriculum	IL	NA	C Corp					No
(8) UCHICAGO (Beijing) Consulting Co Ltd	Consulting	CH	NA						No
(9) UChicago Center in India Private Limited	Consulting	IN	NA						No
(10) UCM Care Network Medical Group Inc 5841 S Maryland Avenue Chicago, IL 60637 47-4221241	Health Services	IL	UCMC	C Corp	8,981,262	3,421,177	100.000 %	Yes	
(11) PHOENIX OVERLAY FUND LTD 401 N MICHIGAN AVE C/O INVST CHICAGO, IL 60611	INVESTING	CJ	NA						No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) UCMC Title Holding Corporation	a	620,575	FMV
(1) UCMC Title Holding Corporation II	a	275,482	FMV
(2) UCMC Title Holding Corporation	s	577,726	FMV
(3) UCMC Title Holding Corporation II	s	1,273,352	FMV
(4) UCMC Title Holding Corporation II	o	7,383,507	FMV
(5) UCM Community Health and Hospital Division	s	799,602	FMV