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Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV 	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV 	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .		
	1a0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.		
	2a75		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	Yes
b	If "Yes," enter the name of the foreign country: C See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the aggregate amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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 to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
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?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
11b	Describe in Schedule O the process, if any, used by the organization to review the 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?		No
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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request	
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. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	PAULA M NOBLE 225 E CHICAGO AVE PR DEPT BOX 26 CHICAGO, IL 606112991 (312) 227-4306

Check if Schedule O contains a response to any question in this Part VII ☒

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

Form **990** (2011)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	2,655,203	4,375,821	1,836,655

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 38

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Northwestern Medical Faculty Founda 375 N ST CLAIR CHICAGO, IL 60611	PHYSICIAN SERVICES	855,092
Arnold Shkolnik MD 225 E CHICAGO AVE CHICAGO, IL 60611	PHYSICIAN SERVICES	118,551
Medcentrx Inc 15620 S Wood Street HARVEY, IL 60426	BILLING SERVICES	564,629
SPI HEALTHCARE 8151 W 83RD ST B TINLEY PARK, IL 60487	BILLING SERVICES	257,300

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	1,501,525				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	0				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			1,501,525			
Program Service Revenue			Business Code					
	2a	Net patient revenue	621110	10,596,622	10,596,622			
	b	Medical, Administrative, & Teaching	621110	3,004,841	3,004,841			
	c	MISCELLANEOUS OPERATING INCOME	621110	1,478,091	1,478,091			
	d	Medicaid	621110	3,596,974	3,596,974			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			18,676,528			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			0			
	4	Income from investment of tax-exempt bond proceeds . .			0			
	5	Royalties			0			
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)			0			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		Less direct expenses		b		0		
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
		Less direct expenses		b		0		
	c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances		a					
	Less cost of goods sold		b		0			
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			0				
12	Total revenue. See Instructions			20,178,053	18,676,528	0	0	

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	797,624	762,672	34,952	
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	11,538,826	11,033,085	505,741	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	1,922,803	1,823,087	99,716	
10	Payroll taxes	880,306	853,975	26,331	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	13,500		13,500	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	102,745	102,745		
12	Advertising and promotion	0			
13	Office expenses	42,603	42,603		
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	77,548	77,548		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	627	627		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	480,158	477,083	3,075	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Bad debt provision	389,054	389,054		
b	Billing and collection fee	983,340		983,340	
c	Patient expenses	1,197,406	1,197,406		
d	Plan tax	182,668	182,668		
e					
f	All other expenses	170,772	151,275	19,497	
25	Total functional expenses. Add lines 1 through 24f	18,779,980	17,093,828	1,686,152	0
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			4,360,044	1	5,817,337
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			601,747	4	2,189,839
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		0	10c	
	b	Less: accumulated depreciation	10b				
	11	Investments—publicly traded securities			0	11	0
	12	Investments—other securities. See Part IV, line 11			0	12	0
	13	Investments—program-related. See Part IV, line 11			120,000	13	120,000
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			450,249	15	364,656
16	Total assets. Add lines 1 through 15 (must equal line 34)			5,532,040	16	8,491,832	
Liabilities	17	Accounts payable and accrued expenses			2,648,411	17	4,210,130
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			2,648,411	26	4,210,130
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets			2,883,629	27	4,281,702
28		Temporarily restricted net assets			0	28	0
29		Permanently restricted net assets			0	29	0
Organizations that do not follow SFAS 117, check here ☐ 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			2,883,629	33	4,281,702
34	Total liabilities and net assets/fund balances			5,532,040	34	8,491,832	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,178,053
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,779,980
3	Revenue less expenses Subtract line 2 from line 1	3	1,398,073
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,883,629
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,281,702

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
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?		No
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		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
36-3357004

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches section 170(b)(1)(A)(i).

2

☐

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)

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 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)

10

☐

An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).

11

☒

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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☒

Type III - Functionally integrated

d

☐

Type III - Other

e

☒

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO	362170833	03	Yes		Yes		Yes		17,093,828
(B) ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO FDN	363357006	07	Yes		Yes		Yes		0
(C) PEDIATRIC FACULTY FOUNDATION INC	363279680	0	Yes		Yes		Yes		0
(D) ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO RES CTR	363357005	04	Yes		Yes		Yes		0
Total									17,093,828

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. 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—2010. If the organization did not check the 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—2011. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	☐
b	10%-facts-and-circumstances test—2010. 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 IV 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

1

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

3 Enter total number of other organizations or entities ► _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Part V if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (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 file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ 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, 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 file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

Additional Data

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

Part V **Supplemental Information**
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Children's Hospital of Chicago Medical Center

Employer identification number

36-3357004

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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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 the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☒ Compensation committee ☐ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in 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?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		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) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	Yes	
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in 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?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

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

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES DONALDSON MD	(i)	441,714	89,526	2,099	196,979	21,564	751,882	0
	(ii)	0	0	0	0	0	0	0
(2) THOMAS P GREEN MD	(i)	0	0	0	0	0	0	0
	(ii)	486,587	198,879	792	24,500	33,602	744,360	0
(3) MARY J C HENDRIX PHD	(i)	0	0	0	0	0	0	0
	(ii)	477,924	96,715	516	65,528	21,914	662,597	0
(4) PATRICK M MAGOON	(i)	0	0	0	0	0	0	0
	(ii)	669,904	460,460	39,553	395,080	22,747	1,587,744	54,248
(5) EDWARD OGATA MD	(i)	0	0	0	0	0	0	0
	(ii)	390,921	219,482	88,982	25,687	25,516	750,588	0
(6) H WILLIAM SCHNAPER MD	(i)	0	0	0	0	0	0	0
	(ii)	254,059	38,782	792	24,500	27,415	345,548	0
(7) PAULA M NOBLE	(i)	0	0	0	0	0	0	0
	(ii)	359,324	182,200	1,618	214,043	15,135	772,320	0
(8) DONNA S WETZLER	(i)	0	0	0	0	0	0	0
	(ii)	268,758	137,717	1,856	364,116	17,000	789,447	0
(9) ELIZABETH J PERLMAN MD	(i)	386,626	78,383	940	152,125	15,582	633,656	0
	(ii)	0	0	0	0	0	0	0
(10) FRANK M PRENDERGAST MD	(i)	299,887	110,343	454	20,714	23,921	455,319	0
	(ii)	0	0	0	0	0	0	0
(11) CYNTHIA K RIGSBY MD	(i)	309,837	121,778	1,683	24,134	30,598	488,030	0
	(ii)	0	0	0	0	0	0	0
(12) MARTHA C SAKER MD	(i)	299,453	72,143	18,566	24,956	8,562	423,680	0
	(ii)	0	0	0	0	0	0	0
(13) RICHARD M SHORE MD	(i)	317,561	102,043	2,167	28,483	12,254	462,508	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
Supplemental Compensation Information	Schedule J, Part I, Line 3	Pursuant to the bylaws of Children's Hospital of Chicago Medical Center ("Medical Center"), the Governance Committee of the Medical Center is charged to review and approve senior executive compensation for the Medical Center and its affiliates. The Governance Committee has adopted a written executive compensation philosophy which it follows when it reviews and approves the compensation and benefits of the organization's senior management, including the President/Chief Executive Officer and the other senior managers. The compensation philosophy is subject to periodic review for continued appropriateness by the Governance Committee. With the assistance of a compensation consultant and information from a variety of sources (specified on Schedule J), the Governance Committee confirmed the total amounts to be paid were reasonable and comparable to amounts paid by similarly situated organizations. Outside legal counsel also serves an integral role in advising the Governance Committee with respect to federal tax requirements in setting compensation and the establishment of the "rebuttable presumption of reasonableness" under the federal tax law intermediate sanctions rules. The process followed by the Governance Committee, including a description of the data relied upon and the Governance Committee's decisions, was thoroughly and contemporaneously documented. The Governance Committee has expressly reviewed the reasonableness of all such payments, and has concluded, as the result of a process that is designed to qualify for the rebuttable presumption of reasonableness, that all such amounts are reasonable and do not exceed fair market value for the services provided. The Governance Committee was comprised of members of the Medical Center and the Ann and Robert H. Lurie Children's Hospital of Chicago Boards of Directors who were determined to be disinterested for these purposes. The Governance Committee conducts an ongoing, regular review of the disinterested status of its members, and will take appropriate action with respect to anyone having an interest with respect to one or more executives so as to preserve the application of the rebuttable presumption of reasonableness. Schedule J, Part I, Question 4b. The following listed individuals have an amount included in Schedule J, Part II, Column (C) for an amount accrued but not vested under a supplemental executive retirement plan ("SERP"): James Donaldson, MD \$166,689; Patrick M. Magoon \$361,818; Paula M. Noble \$188,823; Elizabeth J. Perlman \$129,761; Donna S. Wetzler \$342,069. Benefits earned under the SERP are non-vested forms of deferred compensation that fund the employee's eventual retirement benefit. These benefits are provided in exchange for all of the employee's years of service to the organization, and the cost of the benefits will vary from year to year based on interest rates, age, and many other factors. The amounts are at risk and will not be paid unless and until the employee has provided substantial future services to the organization. Benefits under the SERP vest at age 62, and are forfeited if the employee leaves the organization voluntarily before age 62 (except upon the sole discretion of the Board, and only if the participant has reached at least age 55 with at least 10 years of service). Participants who voluntarily leave the organization before age 55 forfeit their entire SERP benefit upon termination. Schedule J, Part I, Question 5a. Employed physicians are compensated on the basis of personal professional productivity that takes into account, in part, the revenues of the organization generated by the physician. Schedule J, Part II. The following individuals are not compensated by the reporting organization for his or her service as a director. Rather, the compensation reported on Form 990, Part VII and on Schedule J, Part II reflects compensation paid by Pediatric Faculty Foundation for the individual's substantial and full-time services as an employee. For more details, please refer to the 2011 Form 990 of Pediatric Faculty Foundation, EIN 36-3279680: Thomas P. Green, MD; Mary J. C. Hendrix, PhD; H. William Schnaper, MD. The following individuals are not compensated by the reporting organization for his or her service as a director or officer. Rather, the compensation reported on Form 990, Part VII and on Schedule J, Part II reflects compensation paid by Ann & Robert H. Lurie Children's Hospital of Chicago (Lurie Children's) for the individual's substantial and full-time services as an employee. For more details, please refer to the 2011 Form 990 of Lurie Children's, FEIN 36-2170833: Patrick M. Magoon; Edward Ogata, MD; Paula M. Noble; Donna S. Wetzler.

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
36-3357004

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JP Morgan Chase	L Crown is a director	137,727	Financial Services		No
(2) JP Morgan Chase	P Crown is a director	137,727	Financial Services		No

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization Children's Hospital of Chicago Medical Center	Employer identification number 36-3357004
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Identifier	Return Reference	Explanation
Description of Relationships	Form 990, Part VI, Question 2	*Allan Bulley III serves as an officer for a firm that provided construction services to Thomas Souleles *Allan Bulley III serves as an officer for a firm which provided construction services to Donald J Edwards *Gregory Case serves as an officer for a firm in which Andrew McKenna served as a director during the reporting period *Edward J Wehmer serves as an officer for a company for which Charles James III and Bert Getz serve as a director *Lester Crown is the father-in-law of Paula H Crown *William Devers, Jr serves as a director for a company for which Andrew McKenna serves as an officer *Andrew J McKenna is the father of William J McKenna *Linda Wolf serves as a director for a company for which Eric Lefkofsky serves as a director

Identifier	Return Reference	Explanation
Describe the Process used by Management &/or Governing Body to Review 990	Form 990, Part VI, Question 11B	A copy of the organization's fiscal year 2012 tax return ("Form 990") was provided to each member of the organization's Audit Committee (of the Board) before a special Audit Committee meeting and before the Form 990 was filed. The Audit Committee is the Committee of the Medical Center charged with the oversight of audit and tax matters for the parent and affiliates. The audit committee was provided a detailed overview of the form 990 by the chief financial Officer ("CFO") and the organization's director of tax compliance. The CFO and director of tax compliance also responded to the Audit Committee members' questions and afforded the opportunity for detailed discussion of the Form 990, prior to the audit committee taking action to approve The filing of the Form 990. As part of its tax preparation process, the Organization on an ongoing basis consulted its tax consulting firm and outside tax legal counsel, both of which possess expertise in health care and tax-exempt return preparation, to advise and assist in the preparation of Form 990. These advisors worked closely with the organization's Finance and internal legal personnel and other members of the organization's team assembled to participate in the preparation of The Form 990. Prior to presenting the Form 990 to the board's audit Committee, the organization's team, including its advisors, met frequently to discuss and review drafts of the form.

Identifier	Return Reference	Explanation
Description of Process to Monitor Transactions for Conflicts of Interest	Form 990, Part VI, Question 12c	On an annual basis, the Medical Center and its affiliates provide a comprehensive questionnaire to its board members, senior management and purchasing personnel posing questions about actual or potential conflicts of interest. The Medical Center initiates follow up contact to those who do not respond and to clarify responses, where necessary. The Medical Center reviews each disclosure and provides a summary of relevant disclosures for the review and approval of its governance committee. Pursuant to the conflicts of interest policy of the Medical Center and affiliates ("Corporation"), directors, officers, physician leaders, and others who are subject to the policy are required to promptly and fully disclose in writing any actual, apparent or potential conflict of interest to the president of the Corporation and General Counsel. This disclosure shall be provided to the Governance Committee of the Corporation which shall consider all conflicts of interest issues and, if appropriate, shall provide such written disclosure to the directors, board committees considering the proposed transaction or other appropriate parties. In addition, on an annual basis, the corporation surveys each individual subject to the policy as to the existence of actual or potential conflicts of interest. The corporation will not enter into an agreement, transaction or other arrangement involving a conflict of interest unless the disinterested members of the Governance Committee of the Corporation's Board of Directors determine by a majority vote that appropriate safeguards to protect the charitable mission of the Corporation have been implemented. The subject interested person may not be present when the vote is taken. If it is determined that a conflict of interest exists, a disinterested person or committee of disinterested members may be assigned to investigate alternatives to the proposed transaction or arrangement. After exercising due diligence, the board or committee shall determine whether the Corporation can obtain a more advantageous transaction or arrangement, with reasonable efforts, from a person or entity that would not give rise to a conflict of interest. If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the board or committee shall determine by a majority vote of the disinterested directors whether the transaction is in the Corporation's best interest and for its own benefit and whether the transaction is fair and reasonable to the Corporation, and shall make its decision as to whether to enter into the transaction or arrangement.

Identifier	Return Reference	Explanation
Offices & Positions for Which Process was Used, & Year Process was Begun	Form 990, Part VI, questions 15a and 15b	The authority to review and approve executive compensation has been delegated to the Governance Committee of the Medical Center Board of Directors ("Governance Committee"). The Governance Committee has adopted a written executive compensation philosophy which it follows when it reviews and approves the compensation and benefits of the organization's senior management, including the President/Chief Executive Officer and the other senior managers. The compensation philosophy is subject to periodic review for continued appropriateness by the Governance Committee. With the assistance of a compensation consultant and information from a variety of external sources (specified on Schedule J), the Governance Committee confirmed the total amounts to be paid were reasonable and comparable to amounts paid by similarly situated organizations for functionally similar positions. Outside legal counsel also serves an integral role in advising the Governance Committee with respect to federal tax requirements in setting compensation and the establishment of the rebuttable presumption of reasonableness. The process followed by the Governance Committee, including a description of the data relied upon and the Governance Committee's decisions, was thoroughly and contemporaneously documented. The Governance Committee has expressly reviewed the reasonableness of all such payments, and has concluded, as the result of a process that is designed to qualify for the rebuttable presumption of reasonableness under federal tax law, that all such amounts are reasonable and do not exceed fair market value for the services provided. The Governance Committee was comprised of members of the Medical Center and the Medical Center Boards of Directors who were determined disinterested for these purposes. The Governance Committee conducts an ongoing and periodic review of the disinterested status of its members, and will take appropriate action with respect to anyone having an interest with respect to one or more executives so as to preserve the application of the rebuttable presumption of reasonableness.

Identifier	Return Reference	Explanation
Avail of Gov Docs, Conflict of Interest Policy, & Fin Stmt's to Gen Public	Form 990, Part VI, Question 19	The organization's financial statements are publicly available online at www.dacbond.com The organization's articles of incorporation and annual reports are available through the Illinois Secretary of State The organization also makes its general governing documents available to the general public upon request

Identifier	Return Reference	Explanation
AVERAGE HOURS PER WEEK FOR RELATED ORGANIZATIONS	FORM 990, PART VII	Elizabeth J Perlman, MD and James Donaldson, MD are employees of the Medical Center and generally work 40 hours per week. Approximately 2 hours of additional time each week is spent providing services to related organizations. The following individuals are employees of the children's memorial hospital and generally work 40 hours per week. In general, approximately 2 hours of additional time each week is spent providing services to related organizations. Patrick M Magoon, Paula M Noble, Edward Ogata, MD, Donna S Wetzler. The following individuals are employees of Pediatric Faculty Foundation and generally work 40 hours per week. Approximately 2 hours of additional time each week is spent providing services to related organizations. Thomas P Green, MD, Mary J C Hendrix, PhD, H William Schnaper, MD.

Identifier	Return Reference	Explanation
INFORMATION ABOUT SUPPORTED ORGANIZATION	SCHEDULE A, PART I	For a description of the manner in which the Medical Center supports Lurie Children's, please see the statement of program accomplishments included in Schedule O

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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

Employer identification number
36-3357004

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LURIE CHILDREN'S MEDICAL GROUP LLC 225 E CHICAGO AVE CHICAGO, IL 60611 36-4187449	HEALTH CARE	IL	19,493,727	8,295,807	MEDICAL CTR

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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 organization	
						Yes	No
(1) LURIE CHILDREN'S HOSP OF CHIC RSCH CTR 225 E CHICAGO AVE CHICAGO, IL 60611 36-3357005	RESEARCH	IL	501(C)(3)	4	Medical Ctr	Yes	
(2) LURIE CHILDREN'S HOSPITAL OF CHICAGO FDN 225 E CHICAGO AVE CHICAGO, IL 60611 36-3357006	FUNDRAISING	IL	501(C)(3)	7	Medical Ctr	Yes	
(3) PEDIATRIC FACULTY FOUNDATION INC 225 E CHICAGO AVE CHICAGO, IL 60611 36-3279680	HLTH CRE/RSCH	IL	501(C)(3)	11 III-FI	Medical Ctr	Yes	
(4) LURIE CHILDREN'S 225 E CHICAGO AVE CHICAGO, IL 60611 36-2170833	HOSPITAL	IL	501(C)(3)	3	Medical Ctr	Yes	
(5) CMH Self Insurance Foundation 225 E CHICAGO AVE Chicago, IL 60611 36-6638400	Insurance	IL	501(C)(3)	11 III-FI	MEDICAL CTR	Yes	

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	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CMMC INSURANCE CO LTD 225 E CHICAGO AVE CHICAGO, IL 60611 000000000	SELF INSURANCE	CJ	MEDICAL CTR	CORPORATION	73,199	16,672,135	100 000 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV		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 (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q	Yes	
r Other transfer of cash or property from related organization(s)	1r		No

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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) Lune Childrens	c	1,501,525	cost
(2) Lune Childrens	o	5,585,910	cost
(3) CMMC INSURANCE CO LTD	q	3,504,866	cost
(4)			
(5)			
(6)			

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

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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TY 2011 Earnings and Profits Other Adjustments Statement

Name: Children's Hospital of Chicago Medical Center

EIN: 36-3357004

Description	Amount
CHANGE IN UNEARNED PREMIUMS	2,550,000
MOVEMENT IN DEFERRED REINSURANCE PREMIUM	890,417

TY 2011 Earnings and Profits Other Adjustments Statement

Name: Children's Hospital of Chicago Medical Center

EIN: 36-3357004

Description	Amount
CHANGE IN UNEARNED PREMIUMS	8,750
MOVEMENT IN DEFERRED REINSURANCE PREMIUM	3,504,866

TY 2011 Itemized Other Assets Schedule

Name: Children's Hospital of Chicago Medical Center

EIN: 36-3357004

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		loss reserves recoverable	10,578,392	14,459,495

**TY 2011 Itemized Other Current Assets
Schedule****Name:** Children's Hospital of Chicago Medical Center**EIN:** 36-3357004

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		Reinsurance Premiums Deferred	2,010,555	2,001,806
		Prepaid Asset	7,269	7,269

TY 2011 Other Deductions Schedule**Name:** Children's Hospital of Chicago Medical Center**EIN:** 36-3357004

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
ADMINISTRATIVE EXPENSES		73,470
MOVEMENT IN DEFERRED REINSURNACE		
PREMIUM		890,417
REINSURANCE PREMIUMS CEDED		2,550,000

TY 2011 Itemized Other Investments Schedule

Name: Children's Hospital of Chicago Medical Center

EIN: 36-3357004

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		short term investments	125,355	125,418

TY 2011 Itemized Other Liabilities Schedule

Name: Children's Hospital of Chicago Medical Center

EIN: 36-3357004

TY 2011 Itemized Other Liabilities Schedule

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		outstanding loss reserves	10,578,392	14,459,495
		uep reserve	2,053,255	2,044,505

TY 2011 Other Income Statement

Name: Children's Hospital of Chicago Medical Center

EIN: 36-3357004

Description	Foreign Amount	Amount
CHANGE IN UNEARNED PREMIUMS		8,750

Additional Data

Software ID:

Software Version:

EIN: 36-3357004

Name: Children's Hospital of Chicago Medical Center

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	(C) Position (check all that apply)						(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 J ALLEN DIRECTOR	10	X						0	0	0
JOHN AMBOIAN JR DIRECTOR	10	X						0	0	0
SARAH BAINE EX-OFFICIO DIRECTOR	10	X						0	0	0
STEPHEN W BAIRD DIRECTOR	10	X						0	0	0
PETER B BENSINGER DIRECTOR	10	X						0	0	0
ANDREW BERLIN DIRECTOR	10	X						0	0	0
BARBARA L BOWLES DIRECTOR	10	X						0	0	0
JILL BRENNAN DIRECTOR	10	X						0	0	0
DAVID BUNNING DIRECTOR	10	X						0	0	0
GREGORY C CASE DIRECTOR	10	X						0	0	0
JOHN A CHALLENGER DIRECTOR	10	X						0	0	0
ALAN CHAPMAN DIRECTOR	10	X						0	0	0
ROBERT CLARK DIRECTOR	10	X						0	0	0
ELEANOR O CLARKE DIRECTOR	10	X						0	0	0
KEVIN M CONNELLY DIRECTOR	10	X						0	0	0
JOHN D COONEY DIRECTOR	10	X						0	0	0
JOHN M CROCKER JR VICE-CHAIR & DIRECTOR	10	X						0	0	0
LESTER CROWN DIRECTOR	10	X						0	0	0
PAULA H CROWN DIRECTOR	10	X						0	0	0
LETICIA PERALTA DAVIS DIRECTOR	10	X						0	0	0
SUSAN DEPREE DIRECTOR	10	X						0	0	0
JAMES DEROSE DIRECTOR	10	X						0	0	0
WILLIAM J DEVERS JR DIRECTOR	10	X						0	0	0
JOHN DOERGE JR DIRECTOR	10	X						0	0	0
JAMES DONALDSON MD EX-OFFICIO DIRECTOR	10	X						533,339	0	218,543

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	(C) Position (check all that apply)						(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			
CHARLES W DOUGLAS DIRECTOR	1 0	X						0	0	0
DENNIS J DRESCHER DIRECTOR	1 0	X						0	0	0
ANA DUTRA DIRECTOR	1 0	X						0	0	0
MICHAEL EVANGELIDES DIRECTOR	1 0	X						0	0	0
TYRONE C FAHNER DIRECTOR	1 0	X						0	0	0
LESLI FALK EX-OFFICIO DIRECTOR	1 0	X						0	0	0
MITCHELL FEIGER DIRECTOR	1 0	X						0	0	0
DIANA S FERGUSON DIRECTOR	1 0	X						0	0	0
MICHAEL W FERRO JR DIRECTOR	1 0	X						0	0	0
DAVID FOX JR DIRECTOR	1 0	X						0	0	0
JOHN S GATES JR DIRECTOR	1 0	X						0	0	0
LAURENCE S GELLER DIRECTOR	1 0	X						0	0	0
BERT A GETZ JR DIRECTOR	1 0	X						0	0	0
JEFFREY GLASSROTH MD EX-OFFICIO DIRECTOR	1 0	X						0	0	0
LAUREN GORTER DIRECTOR	1 0	X						0	0	0
THOMAS P GREEN MD EX-OFFICIO DIR/PRES&CHAIR PFF	1 0	X						0	686,258	58,102
JOSEPH GREGOIRE DIRECTOR	1 0	X						0	0	0
DAVID D GRUMHAUS DIRECTOR	1 0	X						0	0	0
ARLINGTON GUENTHER DIRECTOR	1 0	X						0	0	0
JOSEPH D GUTMAN DIRECTOR	1 0	X						0	0	0
BRUCE R HAGUE DIRECTOR	1 0	X						0	0	0
TODD M HAMILTON DIRECTOR	1 0	X						0	0	0
PAUL F HANZLIK DIRECTOR	1 0	X						0	0	0
BRETT J HART DIRECTOR	1 0	X						0	0	0
DAVID A HELFAND DIRECTOR	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
MARY J C HENDRIX PHD EX-OFF DIR PRS/SI OFF RCH CTR	1 0	X						0	575,155	87,442
DANIEL J HENNESSY VICE CHAIR & DIRECTOR	1 0	X						0	0	0
JAMES HICKEY DIRECTOR	1 0	X						0	0	0
GARY E HOLDREN DIRECTOR	1 0	X						0	0	0
MARK HOPPE DIRECTOR	1 0	X						0	0	0
CHARLES H JAMES III DIRECTOR	1 0	X						0	0	0
KIRK B JOHNSON DIRECTOR	1 0	X						0	0	0
W BRUCE JOHNSON DIRECTOR	1 0	X						0	0	0
GEORGE D KENNEDY DIRECTOR	1 0	X						0	0	0
ANTHONY K KESMAN DIRECTOR	1 0	X						0	0	0
RICHARD P KIPHART DIRECTOR	1 0	X						0	0	0
FRED L KREHBIEL DIRECTOR	1 0	X						0	0	0
ADAM A KRIGER DIRECTOR	1 0	X						0	0	0
GERALD R LANZ DIRECTOR	1 0	X						0	0	0
ERIC LEFKOFSKY DIRECTOR	1 0	X						0	0	0
LYLE LOGAN DIRECTOR	1 0	X						0	0	0
SHELLEY A LONGMUIR DIRECTOR	1 0	X						0	0	0
DANIEL TW LUM MD EX-OFFICIO DIRECTOR	1 0	X						0	0	0
PATRICK M MAGOON EX-OFF DIR/CEO, MED CTR/HOSP	1 0	X		X				0	1,169,917	417,827
MITCHELL J MANASSA DIRECTOR	1 0	X						0	0	0
JOHN F MANLEY VICE CHAIR & DIRECTOR	1 0	X						0	0	0
ROXANNE MARTINO DIRECTOR	1 0	X						0	0	0
PETER D MCDONALD DIRECTOR	1 0	X						0	0	0
JACK L MCGINLEY DIRECTOR	1 0	X						0	0	0
ANDREW J MCKENNA DIRECTOR	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM J MCKENNA DIRECTOR	1 0	X						0	0	0
JAMES J MCNULTY DIRECTOR	1 0	X						0	0	0
LOUISE C MILLS DIRECTOR	1 0	X						0	0	0
JOHN C MOORE DIRECTOR	1 0	X						0	0	0
ROBERT S MURLEY VICE CHAIR & DIRECTOR	1 0	X						0	0	0
ERIC G NEILSON MD DIRECTOR	1 0	X						0	0	0
DAVID NEITHERCUT DIRECTOR	1 0	X						0	0	0
LESLIE NEWMAN DIRECTOR	1 0	X						0	0	0
EDWARD OGATA MD EX-OFFICIO DIR/CMO/HOSP	1 0	X						0	699,385	51,203
NANCY PACHER DIRECTOR	1 0	X						0	0	0
CHAKA PATTERSON DIRECTOR	1 0	X						0	0	0
PEER PEDERSEN VICE CHAIR & DIRECTOR	1 0	X						0	0	0
DOUGLAS A PERTZ DIRECTOR	1 0	X						0	0	0
LORNA S PFAELZER DIRECTOR	1 0	X						0	0	0
DAVID C PISOR DIRECTOR	1 0	X						0	0	0
ASHISH PRASAD DIRECTOR	1 0	X						0	0	0
SETH PROSTIC DIRECTOR	1 0	X						0	0	0
GERALD D PUTNAM DIRECTOR	1 0	X						0	0	0
MOHAN RAO PHD DIRECTOR	1 0	X						0	0	0
ANDREA REDMOND DIRECTOR	1 0	X						0	0	0
SUSAN REGENSTEIN DIRECTOR	1 0	X						0	0	0
THOMAS R REUSCH DIRECTOR	1 0	X						0	0	0
J CHRISTOPHER REYES MED CNTR/HOSP CHAIR	1 0	X						0	0	0
MARLETA REYNOLDS MD EX-OFFICIO DIRECTOR	1 0	X						0	0	0
PETER C ROBERTS DIRECTOR	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(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				
MANUEL SANCHEZ DIRECTOR	1 0	X						0	0	0	
DEBORAH M SAWYER DIRECTOR	1 0	X						0	0	0	
H WILLIAM SCHNAPER MD EX OFFICIO DIRECTOR/PFF MD	1 0	X						0	293,633	51,915	
CHRISTOPHER SEGAL DIRECTOR	1 0	X						0	0	0	
STEPHEN A SMITH DIRECTOR	1 0	X						0	0	0	
THOMAS S SOULELES DIRECTOR	1 0	X						0	0	0	
STEPHEN T STEERS DIRECTOR	1 0	X						0	0	0	
DIANE SWONK DIRECTOR	1 0	X						0	0	0	
EDWARD S TRAISMAN MD EX-OFFICIO DIRECTOR	1 0	X						0	0	0	
MONSIGNOR KENNETH VELO DIRECTOR	1 0	X						0	0	0	
MATTHEW WALSH DIRECTOR	1 0	X						0	0	0	
EDWARD J WEHMER DIRECTOR	1 0	X						0	0	0	
MRS DERRY WEYERHAEUSER DIRECTOR	1 0	X						0	0	0	
BRIAN E WILLIAMS DIRECTOR	1 0	X						0	0	0	
LINDA S WOLF DIRECTOR	1 0	X						0	0	0	
JAMES WOOTEN JR DIRECTOR	1 0	X						0	0	0	
MS JIA ZHAO DIRECTOR	1 0	X						0	0	0	
PAULA M NOBLE CFO/TREAS/MED CTR &AFLTS	1 0			X				0	543,142	229,178	
DONNA S WETZLER GEN CNSL&CORP SEC/MED CTR &AFF	1 0			X				0	408,331	381,116	
ELIZABETH J PERLMAN MD CHAIR/DEPT OF PATH & LAB MED	40 0					X		465,949	0	167,707	
FRANK M PRENDERGAST MD CHAIR/DEPT OF PATH & LAB MED	40 0					X		410,684	0	44,635	
CYNTHIA K RIGSBY MD VICE CHAIRMAN MEDICAL IMAGING	40 0					X		433,298	0	54,732	
MARTHA C SAKER MD STAFF RADIOLOGIST	40 0					X		390,162	0	33,518	
RICHARD M SHORE MD STAFF RADIOLOGIST	40 0					X		421,771	0	40,737	

Additional Data

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

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO	362170833	03	Yes		Yes		Yes		17093828
(B) ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO FDN	363357006	07	Yes		Yes		Yes		0
(C) PEDIATRIC FACULTY FOUNDATION INC	363279680	0	Yes		Yes		Yes		0
(D) ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO RES CTR	363357005	04	Yes		Yes		Yes		0