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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
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

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 Ctr

% MIKE MULAY

Doing business as

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

Room/suite

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 $ 1,611,140,702

F Name and address of principal officer
James Watson
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 PART III, LINE 1 AND 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**	37
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	30
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	8,568
6	Total number of volunteers (estimate if necessary)	**6**	1,205
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,984,308
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,222,452	3,191,925
9	Program service revenue (Part VIII, line 2g)	1,440,804,426	1,537,573,829
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	48,262,005	70,841,745
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	370,630	-1,020,716
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,495,659,513	1,610,586,783
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	586,690,179	635,795,826
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,116,530		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	794,263,398	826,427,051
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,380,953,577	1,462,222,877
19	Revenue less expenses Subtract line 18 from line 12	114,705,936	148,363,906

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,657,042,492	2,802,567,788
21	Total liabilities (Part X, line 26)	1,315,140,565	1,441,021,377
22	Net assets or fund balances Subtract line 21 from line 20	1,341,901,927	1,361,546,411

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

****** 2016-05-12
Signature of officer Date

JAMES WATSON CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Mollie P Longhouse	Mollie P Longhouse			P00294881

Firm's name ▶ KPMG LLP — Firm's EIN ▶

Firm's address ▶ 191 West Nationwide Blvd, Columbus, OH 43215 — Phone no (614) 249-2300

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

See Part III Line 1 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 $ 1,358,381,298 including grants of $) (Revenue $ 1,482,310,033)

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

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** ▶ 1,358,381,298

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	Yes	
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		No
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 for escrow or custodial account liability, 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	Yes	
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	Yes	
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	Yes	
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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 and XII*	12a	Yes	
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 and XII is optional*	12b		No
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	Yes	
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, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts 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* (see instructions)	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	Yes	
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 hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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 direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	144		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
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	2a	8,568		
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	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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 as charitable contributions? . . .		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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring 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.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the 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 or note to any line 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	**1a**	37		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	30		
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?		**2**	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? .		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		**5**		No
6	Did the organization have members or stockholders?		**6**	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?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	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*		**9**		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?	**10a**		No
b	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?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	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*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	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?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	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?	**16a**	Yes	
b	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?	**16b**	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ IL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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 ☐ 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

▶ MIKE MULAY
8201 CASS AVENUE
DARIEN,IL 60561 (773)834-2065

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

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								14,592,801	6,653,715	3,457,728

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,171

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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
UNIVERSITY OF CHICAGO, 6054 S DREXEL AVE SUITE 342 CHICAGO, IL 60637	PHYSICIAN SERVICES	203,565,212
ARAMARK, 24863 NETWORK PLACE CHICAGO, IL 60673	MANUFACTURING	7,643,447
CLAYCO INC, 2199 INNERBELT BUSINESS CENTER DRIV CHICAGO, IL 63114	CONSTRUCTION	46,001,622
IBM CORPORATION, PO BOX 643600 PITTSBURGH, PA 15264	COMMUNICATIONS	4,337,181
SODEXO MANAGEMENT INCORPORATED, 4880 PAYSPHERE CIRCLE CHICAGO, IL 60674	MANAGEMENT SERVICE	9,965,287

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 ▶ 168

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	504,109			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,687,816			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		3,191,925			
Program Service Revenue			Business Code				
	2a	Net Patient Revenue	624100	1,441,647,585	1,441,647,585		
	b	Capitation Revenue	900099	40,662,448	40,662,448		
	c	Pharmacy Revenue	900099	31,337,298			31,337,298
	d	Medical Center Parking	812930	8,192,830			8,192,830
	e	Food Services	900099	2,292,689			2,292,689
	f	All other program service revenue		13,440,979		1,988,283	11,452,696
	g	**Total.** Add lines 2a–2f		1,537,573,829			
	3	Investment income (including dividends, interest, and other similar amounts)		4,857,378		-3,975	4,861,353
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0 / 0				
	d	Net rental income or (loss)		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	65,974,242 / 10,125				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	65,974,242 / 10,125				
	d	Net gain or (loss)		65,984,367			65,984,367
	8a	Gross income from fundraising events (not including $ 504,109 of contributions reported on line 1c) See Part IV, line 18	a 99,824				
	b	Less direct expenses	b 553,919				
	c	Net income or (loss) from fundraising events		-454,095			-454,095
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
Other Revenue		Miscellaneous Revenue	Business Code				
	11a	Hedge Ineffectiveness	900099	-566,621			-566,621
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		-566,621			
	12	**Total revenue.** See Instructions		1,610,586,783	1,482,310,033	1,984,308	123,100,517

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	11,472,676	5,883,684	5,588,992	
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	481,207,704	441,938,343	37,392,795	1,876,566
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	46,888,369	42,759,577	4,090,575	38,217
9 Other employee benefits	58,274,530	51,790,363	6,436,863	47,304
10 Payroll taxes	37,952,547	34,610,606	3,311,007	30,934
11 Fees for services (non-employees)				
a Management	5,788,649	5,788,649		
b Legal	3,393,478		3,393,478	
c Accounting	502,187	616	501,571	
d Lobbying	677,493		677,493	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	3,908,173		3,908,173	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	297,842,763	282,121,601	15,696,075	25,087
12 Advertising and promotion	5,975,695	24,260	5,951,435	
13 Office expenses	22,365,238	19,328,808	2,976,049	60,381
14 Information technology	12,480,799	11,974,249	506,550	
15 Royalties	0			
16 Occupancy	18,398,308	16,797,206	1,587,002	14,100
17 Travel	1,610,580	999,893	608,417	2,270
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	35,632,438	35,632,438		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	81,901,993	81,901,993		
23 Insurance	18,639,143	18,639,143		
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 Drug and Medical Supplies	228,441,689	228,431,265	10,284	140
b Il Medicaid Provider Tax	36,935,422	36,935,422		
c Equp Rent/Maint	28,524,165	28,084,794	439,371	
d TRANSPLANT ACQUISTION	7,659,866	7,659,866		
e All other expenses	15,748,972	7,078,522	7,648,919	1,021,531
25 **Total functional expenses.** Add lines 1 through 24e	1,462,222,877	1,358,381,298	100,725,049	3,116,530
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 ▶ ☐ 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 X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		7,463	1	7,647
	2	Savings and temporary cash investments		79,691,024	2	163,961,307
	3	Pledges and grants receivable, net		4,490,783	3	2,624,289
	4	Accounts receivable, net		184,474,470	4	209,735,888
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		290,953	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		17,515,146	8	18,450,879
	9	Prepaid expenses and deferred charges		6,989,383	9	10,450,404
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,988,794,657			
	b	Less accumulated depreciation	10b 756,010,602	1,199,907,632	10c	1,232,784,055
	11	Investments—publicly traded securities		581,537,849	11	528,394,418
	12	Investments—other securities See Part IV, line 11		440,133,781	12	489,862,353
	13	Investments—program-related See Part IV, line 11		2,298,748	13	3,715,877
	14	Intangible assets		1,153,683	14	972,687
	15	Other assets See Part IV, line 11		138,551,577	15	141,607,984
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,657,042,492	16	2,802,567,788
Liabilities	17	Accounts payable and accrued expenses		115,092,021	17	127,477,610
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		841,085,254	20	879,543,167
	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		358,963,290	25	434,000,600
	26	**Total liabilities.** Add lines 17 through 25		1,315,140,565	26	1,441,021,377
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,245,855,800	27	1,267,335,790
	28	Temporarily restricted net assets		87,953,763	28	86,108,257
	29	Permanently restricted net assets		8,092,364	29	8,102,364
		Organizations that do not follow SFAS 117 (ASC 958), 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		1,341,901,927	33	1,361,546,411
	34	Total liabilities and net assets/fund balances		2,657,042,492	34	2,802,567,788

Part XI Reconcilliation 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	1,610,586,783
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,462,222,877
3	Revenue less expenses Subtract line 2 from line 1	3	148,363,906
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,341,901,927
5	Net unrealized gains (losses) on investments	5	-38,530,792
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	-90,188,630
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,361,546,411

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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?	2a		No
	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?	2b	Yes	
	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?	2c	Yes	
	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?	3a		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	3b		

Additional Data

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

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			
(1) Sharon O'Keefe President	40 0 0 0	X		X				1,317,628	0	202,395
(1) Emily Nicklin Trustee (Chair)	1 0 0 0	X						0	0	0
(2) Craig J Duchossois Trustee (Vice Chair)	1 0 0 0	X						0	0	0
(3) James S Frank Trustee (Vice Chair)	1 0 0 0	X						0	0	0
(4) James D Abrams Trustee	1 0 0 0	X						0	0	0
(5) Andrew M Alper Trustee (Ex Officio)	1 0 0 0	X						0	0	0
(6) Diane P Atwood Trustee	1 0 0 0	X						0	0	0
(7) Ellen Block Trustee	1 0 0 0	X						0	0	0
(8) Kevin J Brown Trustee	1 0 0 0	X						0	0	0
(9) Paul J Carbone Trustee	1 0 0 0	X						0	0	0
(10) Robert G Clark Trustee	1 0 0 0	X						0	0	0
(11) James S Crown Trustee	1 0 0 0	X						0	0	0
(12) Sandra Culbertson MD Trustee (Ex Officio)	1 0 39 0	X						0	440,303	52,593
(13) Thomas Duckworth Trustee	1 0 0 0	X						0	0	0
(14) Rodney L Goldstein Trustee	1 0 0 0	X						0	0	0
(15) Stephanie Harris Trustee	1 0 0 0	X						0	0	0
(16) Eric Isaacs Trustee (Ex Officio) UC Prvst	1 0 40 0	X						0	667,985	97,484
(17) Patrick J Kelly Trustee	1 0 0 0	X						0	0	0
(18) Rachel D Kohler Trustee	1 0 0 0	X						0	0	0
(19) Jonathan Kovler Trustee	1 0 0 0	X						0	0	0
(20) Cheryl Mayberry-McKissack Trustee	1 0 0 0	X						0	0	0
(21) William L Morrison Trustee	1 0 0 0	X						0	0	0
(22) Joseph P Nolan Trustee	1 0 0 0	X						0	0	0
(23) Brien M O'Brien Trustee	1 0 0 0	X						0	0	0
(24) Kenneth Polonsky MD Trustee (Ex Officio) Dean	20 0 20 0	X						0	1,950,481	253,890

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			
(26) Nicholas K Pontikes Trustee	1.0 0.0	X						0	0	0
(1) David Reyes Trustee	1.0 0.0	X						0	0	0
(2) James Reynolds Jr Trustee	1.0 0.0	X						0	0	0
(3) Jeffrey T Sheffield Trustee	1.0 0.0	X						0	0	0
(4) James C Stephen Trustee	1.0 0.0	X						0	0	0
(5) John A Svoboda Trustee	1.0 0.0	X						0	0	0
(6) Michael Tang Trustee	1.0 0.0	X						0	0	0
(7) Terry L Van Der Aa Trustee	1.0 0.0	X						0	0	0
(8) Scott Wald Trustee	1.0 0.0	X						0	0	0
(9) Paula Wolff Trustee	1.0 0.0	X						0	0	0
(10) Paul G Yovovich Trustee	1.0 0.0	X						0	0	0
(11) Robert J Zimmer Trustee (Ex Officio), UC Pres	7.0 40.0	X						0	1,913,283	675,206
(12) Krista Curell VP Risk, Pt Safety & CCO	40.0 0.0			X				398,769	0	78,613
(13) Jennifer Hill Board Sec & Dean Chief of Staf	40.0 0.0			X				157,696	0	40,535
(14) Jason Keeler Chief Operating Officer	40.0 0.0			X				603,533	0	99,922
(15) Ann McColgan VP Chief Treasury Officer	40.0 0.0			X				261,770	0	67,128
(16) John Satalic VP & General Counsel	40.0 0.0			X				660,396	0	119,460
(17) James Watson VP & Chief Financial Officer	40.0 0.0			X				939,494	0	154,761
(18) Vikram V Acharya VP Clinical Services	40.0 0.0				X			181,332	0	29,594
(19) Debra Albert SVP Pt Care & Chief Nursing Of	40.0 0.0				X			505,302	0	96,876
(20) Brenda Battle VP Urban Hlth, Asst Dean Dvsty	40.0 0.0				X			357,515	0	61,461
(21) Charlie Brown VP Revenue Cycle	40.0 0.0				X			185,506	0	50,939
(22) Marco Capicchioni VP Facilities Planning, Devel	40.0 0.0				X			601,437	0	127,583
(23) Gary Gasbarra VP Finance	40.0 0.0				X			462,490	0	89,539
(24) Robert Hanley VP Chief Human Resources	40.0 0.0				X			549,187	0	75,489

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			
(51) Johnathan Stegner VP Supply Chain & Logistics	40 0 0 0				X			340,328	0	75,066
(1) Eric Yablonka VP & Chief Information Officer	40 0 0 0				X			597,508	0	102,150
(2) Lisa Anastos EVP & Chief Strategy Officer	40 0 0 0					X		1,037,216	0	273,220
(3) Christopher Kops VP Clin Prctc Fin & Assoc Dean	40 0 0 0					X		492,387	0	84,978
(4) Sunil Narula Physician	40 0 0 0					X		646,503	0	28,133
(5) Brooke Phillips Physician	40 0 0 0					X		590,322	0	19,628
(6) Lawrence Schilder Physician	40 0 0 0					X		736,220	0	48,082
(7) Mayumi Fukui VP Managed Care & Prgrm Dvlpmn	40 0 0 0						X	490,999	0	71,127
(8) David Hicks Fmr VP & Chief Pharmacy Office	40 0 0 0						X	371,750	0	35,518
(9) Susan Sher Fmr Sr Advsr Med Pub Affrs	0 0 40 0						X	0	768,571	33,298
(10) Everett E Vokes MD Fmr Interim Dean & CEO	0 0 40 0						X	0	913,092	48,857
(11) Eric Whitaker Fmr Exec VP, Stratg Affiltns	0 0 0 0						X	116,861	0	0
(12) Sara Coveny Fmr VP Ambulatory Services	0 0 0 0						X	273,319	0	29,697
(13) Kathleen DeVries VP Marketing & Communication	40 0 0 0						X	321,413	0	68,768
(14) Benjamin Gibson VP Governmental Affairs	40 0 0 0						X	348,810	0	72,536
(15) Deborah Kull Fmr VP Operational Excellence	0 0 0 0						X	114,687	0	3,376
(16) Virginia Roberts FMR VP Surg Svcs Womens Health	0 0 0 0						X	259,976	0	14,688
(17) Terry Solem FMR VP & Chief HR Officer	0 0 0 0						X	295,562	0	2,714
(18) Daryl Wilkerson VP Support Services	40 0 0 0						X	376,885	0	72,424

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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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

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 11, 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)

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 See **section 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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—2013.** 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 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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. . . .*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

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? *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.*	1		
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? *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.*	2		

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)? *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).*	1		

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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

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** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
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? *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.*	2a		
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? *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.*	2b		
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? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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 **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)			

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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133056166

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.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

If the organization answered "Yes" to 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" to 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" to 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	Employer identification number
University of Chicago Medical Ctr	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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) 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		693,214
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		59,280
j	Total Add lines 1c through 1i			752,494
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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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
SCHEDULE 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 through the legislative process, 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 FY2015 WERE MEDICARE/MEDICAID, 340B, GRADUATE MEDICAL EDUCATION (BOTH DGME AND IME), NIH BUDGET, NATIONAL SCIENCE FOUNDATION MATTERS, AND THE USE OF PATIENT SPECIMEN OR TISSUES IN RESEARCH UCMC SENT A VERY SMALL NUMBER OF LETTERS TO LEGISLATORS TO INFORM THEM OF A MATTER OF IMPORTANCE LOBBYING ACTIVITIES ARE CONDUCTED IN ACCORDANCE WITH APPLICABLE LOCAL, STATE AND FEDERAL LAWS GOVERNING LOBBYING ACTIVITIES CERTAIN LOBBYING ACTIVITIES AT THE FEDERAL LEVEL 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), AND THE AMERICAN HOSPITAL ASSOCIATION (AHA) OTHER FEDERAL LOBBYING EFFORTS WERE CONDUCTED BY UCMC PERSONNEL AND A CONTRACTUAL LOBBYIST

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

Employer identification number
36-3488183

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to 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" to 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 8/17/06, 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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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 in 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 in 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" to 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" to 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	1,004,246,572	782,005,870	869,456,284	884,113,272	760,971,586
b	Contributions	32,010,000	156,714,890	25,010,350	10,250	25,011,000
c	Net investment earnings, gains, and losses	29,573,533	110,458,025	64,391,520	26,467,968	140,209,315
d	Grants or scholarships					
e	Other expenditures for facilities and programs	68,912,978	44,120,858	175,354,103	38,285,271	39,643,801
f	Administrative expenses	777,502	811,355	1,498,181	2,849,935	2,434,828
g	End of year balance	996,139,625	1,004,246,572	782,005,870	869,456,284	884,113,272

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 91 800 %
- b Permanent endowment ▶ 0 810 %
- c Temporarily restricted endowment ▶ 7 390 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	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' to 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		36,008,345		36,008,345
b Buildings		1,385,017,541	411,162,113	973,855,428
c Leasehold improvements				
d Equipment		512,530,989	325,211,411	187,319,578
e Other		55,237,782	19,637,078	35,600,704
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,232,784,055

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CLOSELY-HELD EQUITY INTERESTS	155,033,188	
(B) REAL ASSETS	101,209,001	
(C) ABSOLUTE RETURN	233,620,164	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	489,862,353	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to 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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) CSV INSURANCE	148,723
(2) BOND ISSUE COSTS	7,692,666
(3) OTHER RECEIVABLES	127,176,954
(4) SERP INVESTMENT	5,215,716
(5) DEPOSITS	1,373,925
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	141,607,984

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	434,000,600

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' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,569,514,703
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-38,530,789		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	1,498,104		
e	Add lines **2a** through **2d**			2e	-37,032,685
3	Subtract line **2e** from line **1**			3	1,606,547,388
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	4,039,395		
c	Add lines **4a** and **4b**			4c	4,039,395
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,610,586,783

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	1,459,149,735
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	553,919		
e	Add lines **2a** through **2d**			2e	553,919
3	Subtract line **2e** from line **1**			3	1,458,595,816
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	3,627,061		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	3,627,061
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	1,462,222,877

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
Schedule D, Part XI, Line 2d	RESTRICTED INCOME USED FOR OPERATIONS $5,125,165 RECLASS OF INVESTMENT MGMT FEES TO EXPENSES ($3,627,061) ---------- $1,498,104
SCHEDULE D, PART XI, LINE 4B	PERMANENTLY RESTRICTED CONTRIBUTIONS $10,000 TEMPORARILY RESTRICTED CONTRIBUTIONS $2,697,281 INVESTMENT GAINS ON TEMP RES CONT $1,886,033 RECLASS SPECIAL EVENT EXPENSES ($553,919) ---------- $4,039,395

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

1	**(a)** Description of Liability	**(b)** Book Value
	CAPITAL LEASE	196,549
	DUE TO THIRD PARTY	98,974,920
	DUE TO UNIVERSITY OF CHICAGO	59,437,190
	LONG-TERM SETTLEMENTS	17,186,580
	MALPRACTICE LIABILITY	112,699,800
	MUTUAL FUND BENEFIT LIABILITY	5,215,715
	SWAP INTEREST	110,447,836
	PENSION LIABILITY	8,296,198
	SELF INSURANCE LIABILITY	8,174,000
	OTHER LIABILITIES	13,371,812

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

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 Activites 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
(1) Middle East and North Africa		13	Program Services	Marketing	581,347
(2) East Asia and the Pacific			Program Services	Marketing	30,498
(3)					
(4)					
(5)					
3a Sub-total		13			611,845
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)		13			611,845

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

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

3 Enter total number of other organizations or entities . . . . . ▶

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 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; do not 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Form Sch F Part I Line 3(f)	UCMC'S ACTIVITIES ABROAD are comprised OF (1) MARKETING HEALTH CARE SERVICES, WHICH ARE PR OVIDED AT THE MEDICAL CENTER IN CHICAGO, IL, AND (2) FACILITATING THE TRAVEL TO CHICAGO OF THOSE WHO CHOOSE TO RECEIVE CARE AT UCMC, and (3) the provision of consulting services to foreign providers of health care services NO PATIENTS ARE TREATED BY UCMC OUTSIDE THE UN ITED STATES

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

Employer identification number
36-3488183

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to 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 Comer 5K race (event type)	(b) Event #2 Golf (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	335,990	180,490	87,453	603,933
	2 Less Contributions	312,779	132,555	58,775	504,109
	3 Gross income (line 1 minus line 2)	23,211	47,935	28,678	99,824
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	402,851	90,695	60,373	553,919
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(553,919)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-454,095

Part III **Gaming.** Complete if the organization answered "Yes" to 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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ 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 activities 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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133056166

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

Employer identification number
36-3488183

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 ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ 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 eligibile 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)			15,658,646		15,658,646	1 070 %
b Medicaid (from Worksheet 3, column a)			336,974,234	280,672,033	56,302,201	3 850 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			352,632,880	280,672,033	71,960,847	4 920 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,796,535	171,125	3,625,410	0 250 %
f Health professions education (from Worksheet 5)			78,452,462	14,432,684	64,019,778	4 380 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			48,000,000		48,000,000	3 280 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			562,865	104,907	457,958	0 030 %
j **Total.** Other Benefits			130,811,862	14,708,716	116,103,146	7 940 %
k **Total.** Add lines 7d and 7j			483,444,742	295,380,749	188,063,993	12 860 %

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						
2	Economic development						
3	Community support			1,035,397	436,201	599,196	0 040 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			1,035,397	436,201	599,196	0 040 %

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 Heathcare Financial Management Association Statement No 15?		1		No
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	12,328,121		
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	231,129,586		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	326,002,062		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-94,872,476		
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				

☐ Cost accounting system ☑ Cost to charge ratio ☐ 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					
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)

	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)

Name of hospital facility or letter of facility reporting group THE UNIV OF CHICAGO MEDICAL CENTER

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

			Yes	No
Community Health Needs Assessment				
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?	1		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	2		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	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☑ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
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	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
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	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V, Section C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ 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	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART V, Section C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
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)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to 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)*

THE UNIV OF CHICAGO MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 600 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	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)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE PART V, Section C			
b	☑ The FAP application form was widely available on a website (list url) See Part V, Section C			
c	☑ A plain language summary of the FAP was widely available on a website (list url) See Part V, Section C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ 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	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			
Billing and Collections				
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 non-payment?	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	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

THE UNIV OF CHICAGO MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ 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 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☑ Other (describe in Section C)			
f	☐ 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	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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 its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
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?	**23**		No
	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?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

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? 3

	Name and address	Type of Facility (describe)
1	UCMCCC at Silver Cross Hospital 1850 Silver Cross Blvd New Lenox, IL 60451	Oncology Infusion Center
2	Outpatient Physical Therapy Center 1301 E 47th St Chicago, IL 60615	Physical Therapy Center
3	UC Outpatient Senior Center at S Shore 7107 S Exchange Ave Chicago, IL 60649	Outpatient Services For Senior Citizens
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

Form and Line Reference	Explanation
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 and Line Reference	Explanation
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 Form Sch H Part I Line 7G COST INCURRED BY UHI TO SUBSIDIZE PORTIONS OF UCM PROVIDERS' CLINIC TIME IN FEDERALLY QUALIFIED HEALTH CENTER WHERE THEY PROVIDE SPECIALTY CARE AT A DISCOUNTED RATE TO UNINSURED AND UNDERINSURED SUBSIDIZED HEALTH SERVICES ARE INCLUDED ON SCHEDULE H, PART I, LINE 7A

Form and Line Reference	Explanation
Form Sch H Part II	SEE SCHEDULE H, PART VI, LINE 5 FOR DESCRIPTION ON COMMUNITY BUILDING ACTIVITIES

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 and Line Reference	Explanation
Form Sch H Part III Line 4	FOOTNOTE TO FINANCIAL STATEMENTS THE PROCESS FOR ESTIMATING THE ULTIMATE COLLECTABILITY OF RECEIVABLES INVOLVES SIGNIFICANT ASSUMPTIONS AND JUDGEMENT UCMC HAS IMPLEMENTED A STANDARDIZED APPROACH TO THIS ESTIMATION BASED ON THE PAYOR CLASSIFICATION AND AGE OF OUTSTANDING RECEIVABLES ACCOUNT BALANCES ARE WRITTEN OFF AGAINST THE ALLOWANCE WHEN MANAGEMENT FEELS IT IS PROBABLE THE RECEIVABLE WILL NOT BE RECOVERED THE USE OF HISTORICAL COLLECTION EXPERIENCE IS AN INTEGRAL PART OF ESTIMATION OF THE RESERVE FOR DOUBTFUL ACCOUNTS REVISIONS IN THE RESERVE FOR DOUBTFUL ACCOUNTS ARE RECORDED AS ADJUSTMENTS TO THE PROVISION FOR DOUBTFUL ACCOUNTS

Form and Line Reference	Explanation
Form Sch H Part III Section B	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 $91,984,088 ALLOWABLE COSTS RELATING TO ABOVE PAYMENTS $108,609,229 SHORTFALL ($16,625,141) REVENUE RECEIVED FROM MEDICAID INCLUDES ADJUSTMENTS OF ($3,062,973) AND REVENUE RECEIVED FROM MEDICARE INCLUDES ADJUSTMENTS OF $1,751,044 FOR PRIOR YEARS NOT INCLUDED IN COMPUTATIONS OF SCHEDULE H, PART I, FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS

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 15 MEDICARE COST REPORT

Form and Line Reference	Explanation
Form Sch H Part III Line 8	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

Form and Line Reference	Explanation
Form Sch H Part III Line 9b	UCMC's policy PROVIDES DISCOUNTS FOR A PATIENT WHO QUALIFIES for the discount FOR a period of 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

Form and Line Reference	Explanation
Form Sch H Part V Section D	THE UNIVERSITY OF CHICAGO MEDICINE COMPREHENSIVE CANCER CENTER AT SILVER CROSS HOSPITAL - INFUSION CENTER, 1850 SILVER CROSS BLVD , NEW LENOX, IL 60451, ONCOLOGY INFUSION CENTER OUTPATIENT PHYSICAL THERAPY CENTER, 1301 E 47TH STREET, CHICAGO, IL 60615, PHYSICAL THERAPY CENTER UNIVERSITY OF CHICAGO OUTPATIENT SENIOR CENTER AT SOUTH SHORE, 7107 S EXCHANGE AVE , CHICAGO IL 60649, OUTPATIENT SERVICES FOR SENIOR CITIZENS

Form and Line Reference	Explanation
Form Sch H Part VI Line 2	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

Form and Line Reference	Explanation
Form Sch H Part VI Line 3	PATIENT EDUCATION OF ELIGIBILTY 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 WESITE, 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

Form and Line Reference	Explanation
Form Sch H Part VI Line 4	COMMUNITY OVERVIEW The UCMC service area consists of a large, medically underserved, 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 The population of the South Side is approximately 87 percent African American, 6 percent White and 4 percent Hispanic The South Side is relatively poor compared to the City of Chicago as a whole with 29 percent of community residents reporting family incomes below the poverty level compared with 20 percent for the city as a whole In addition, just under half of the South Side community lives below 200 percent of the poverty level (Source Serving Chicago's Underserved Regional Health System Profiles, Chicago Department of Public Health, Chicago Health and Health Systems Project (Oct 20, 2005)) The South Side is comprised of 34 neighborhoods and home to more than 860,000 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, hypertension 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

Form and Line Reference	Explanation
Form Sch H Part VI Line 5	COMMUNITY-BASED INITIATIVES One of UCMC's innovative approaches to addressing the health c are shortage in its community is through its Urban Health Initiative program ("UHI") Unde r the UHI, UCMC pursues meaningful partnerships with other providers in the community to i mprove 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 Si de community (e g , diabetes, renal failure, asthma, etc) Some of the key UCMC programs, initiatives and partnerships for FY15 aimed at meeting the health needs of the community, including the areas identified in UCMC's CHNA and implementation plan, are described belo w CARE DELIVERY INITIATIVES UCMC's Comer Children's Hospital takes primary care to childr en 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, a nurse practitioner and a community health advocate The 40-foot-long Mobile Unit provid es a full array of pediatric primary care services to children ages 3 to 19 who may not re ceive healthcare on a regular basis and 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 Me dical Unit has provided health care, health education, and mental health services to more than 15,000 children and adolescents UCMC partners with numerous community organizations and Chicago Public Schools (CPS) to deliver an integrated model of comprehensive care Dur ing the 2014-2015 school year, the Mobile Medical Unit visited 29 CPS Schools, delivering comprehensive primary care, mental health services, and health education directly to more than 2,000 children living in medically underserved communities on Chicago's South Side, i ncluding Calumet Heights, Hyde Park, Kenwood, Oakland, South Chicago, South Shore and Wood lawn When appropriate, children are referred for follow up care and specialty services to manage conditions such as asthma, diabetes, or mental health problems In 2014-2015 the f ollowing services were provided by the Mobile Medical Unit *1,040 medical exams, includin g physicals for school enrollment and sports participation *In-classroom programming for m ore than 1,700 elementary and middle school students *872 vaccinations to 432 students *17 2 STI screenings *11 lead screenings, and 16 tests for anemia *Care for 253 students who a re overweight or obese, and treatment for 87 students with asthma One of the key component s 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 o ffer primary care services The SSHC was established in 2005, with assistance from a two y ear Healthy Communities Access Program grant from the United States Department of Health a nd Human Services The SSHS 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 es tablish an ongoing relationship with a community clinic or physician After the government grant ended, UCMC undertook the continued funding of the SSHC operations This network he lps 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 Th rough 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 a vailable SSHC resources Since 2010, patient advocates have scheduled over 25,000 primary or specialty care appointments for patients with providers in the community In FY 2015, p atient advocates encountered 12,822 patients and scheduled 9,616 appointments for patients to receive primary or specialty care from community providers Of the appointments made, 58% of patients attended the appointments The Community Portal is a web-based site that g ives SSHC physicians the ability to access the medical records of patients referred from U CMC's pediatric and adult emergency rooms The Portal is aimed AT lowering medical costs b y reducing the need to re-order tests, reducing medical errors by giving community physici ans a more comprehensive view of patients' medical histories, and improving outcomes by pr oviding continuity of care UCMC also provides community residents with primary and specia lty care through a number of additional programs For example, through a partnership with one of the nation's largest community health syste

Form and Line Reference	Explanation
Form Sch H Part VI Line 5	ms in the country, the Medical Center provides primary and specialty care at one of the AC CESS Community Health Network (ACCESS) sites, a federally qualified health centers ("FQHC"), on the South Side of Chicago, the ACCESS Grand Boulevard Health and Specialty Center lo cated at 5401 South Wentworth Avenue At this site, in FY15, 9 UCMC specialists (1 1 FTE) that practice and offer Pediatric Neurology, Pediatric Cardiology, Pediatric Gastroenterol ogy, Adult & Pediatric Endocrinology, and Adult Infectious Disease specialty care Attendi ng physicians, residents, fellows, and medical students are all involved UCMC worked with the Heart Health Foundation offering the Dare to C A R E screening program (free heart a nd vascular disease education and screenings) to 386 people in FY15 UCMC has several larg e initiatives that provide direct services within the medical center and in the community The Chicago Center for HIV Elimination (CCHE) works within the hardest hit neighborhoods in Chicago to provide unique opportunities to advance HIV testing and prevention intervent ions locally It produces tangible results to those most affected and improving the lives of those living with HIV infection CCHE engages in several programs in the community, suc h as the Expanded HIV Testing and Linkage to Care Initiative (xTLC) partnership, which inc ludes a network of 10 South Side health care venues where routine HIV screening and active linkage to care for HIV positive clients occurs In addition, UCMC and the University of Chicago's Comprehensive Cancer Center are focused on addressing the gap between advances i n cancer care and patient accessibility To achieve the desired cancer prevention and cont rol outcomes, the Comprehensive Cancer Center's priority is to identify the parts of Chica go most affected by cancer and provide resources that maximize the impact of its services This includes improving the quality of life for cancer patients and survivors, reducing r isk factors, increasing access to care, reducing tobacco use and increasing participation in cancer research To this end, UCMC and the University of Chicago initiated the Office o f Community Engagement and Cancer Disparities ("OCECD"), with a goal of enhancing public a wareness of cancer prevention, early cancer detection and control, and the role of genetic s 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 part icipates in the Illinois Breast and Cervical Cancer Program ("IBCCP"), a state funded prog ram offering mammograms, breast exams, pelvic exams and Pap tests to eligible women Throu gh its participation in the IBCCP since 2009, UCMC provides mammography and breast 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 FY 2015, UCM C served 235 women, providing them with 129 mammogram screenings, 157 mammogram diagnostic s, and 121 ultrasound services The Extension for Community Healthcare Outcomes ("ECHO Chi cago") model is an innovate effort by UHI to expand access to specialized care for vulnera ble, underserved communities ECHO Chicago uses advanced communications technology to brin g together UCMC's expertise and primary care providers in the community, enabling underser ved patients to receive state-of-the-art, evidence-based care for complex chronic conditio ns within the familiar surroundings of their medical home In FY 2015, ECHO worked with 62 health centers across 86 sites/location There were 241 resident and medical student part icipants with 162 patient cases presented, including ADHD, obesity, hypertension, hepatiti s C, risk-based women's health, and Child and Youth Epilepsy (CYE) series cases in FY15 I NNOVATIVE EFFORTS TO BENEFIT UCMC'S COMMUNITY The following highlight innovation with a co mmunity health lens that leverages techn

Form and Line Reference	Explanation
Form Sch H Part VI Line 6	N/A

Form and Line Reference	Explanation
Form Sch H Part VI Line 7	UCMC FILES A COMMUNITY BENEFIT REPORT WITH THE STATE OF ILLINOIS IMPLEMENTATION STRATEGY A COPY OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, AS WELL AS THE IMPLEMENTATION STRATEGIES CAN BE FOUND ON UCMC'S WEBSITE HTTP //WWW UCHOSPITALS EDU/ABOUT/COMMUNITY-BENEFITS

Additional Data

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

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 3j	IN ADDITION, THE UCMC COMMUNITY HEALTH NEEDS ASSESSMENT REPORT DESCRIBES THE FOLLOWING - THE PROCESS FOR CONDUCTING THE CHNA - HEALTH CARE BENCHMARKS - HEALTH CARE ACCESS AND BARRIERS - HEALTH CARE EDUCATION AND OUTREACH - LOCAL HEALTH CARE AND THE COMMUNITY'S PERCEPTIONS

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	FOCUS GROUPS HELD AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT INCORPORATE INPUT FROM 16 KEY INFORMANTS (OR COMMUNITY STAKEHOLDERS), WITH SPECIAL EMPHASIS ON PERSONS WHO WORK WITH OR HAVE SPECIAL KNOWLEDGE ABOUT VULNERABLE POPULATIONS IN SOUTH CHICAGO AND THROUGHOUT COOK COUNTY, INCLUDING LOW-INCOME INDIVIDUALS, MINORITY POPULATIONS, THOSE WITH CHRONIC CONDITIONS, AND OTHER MEDICALLY UNDERSERVED RESIDENTS THE PARTICIPANTS WERE KEY REPRESENTATIVES OF THE FOLLOWING LA RABIDA CHILDREN'S HOSPITAL CENTERS FOR NEW HORIZONS SOUTH EAST CHICAGO COMMISSION KLEO CENTER COOK COUNTY DEPARTMENT OF PUBLIC HEALTH, OAK FOREST HOSPITAL RESURRECTION BEHAVIORAL HEALTH, ADDICTION SERVICES, PROFESSIONALS PROGRAM UNITED WAY METROPOLITAN CHICAGO CAMPAIGN FOR BETTER HEALTH CARE RUSH OAK PARK HOSPITAL RUSH UNIVERSITY CHICAGOLAND CHAMBER OF COMMERCE ACCESS TO CARE RUSH UNIVERSITY MEDICAL CENTER SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF ILLINOIS AT CHICAGO MARCH OF DIMES, ILLINOIS CHAPTER

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 6a	THE PEDIATRIC HOSPITAL ASSESSMENT WAS CONDUCTED WITH LARABIDA CHILDREN'S HOSPITAL, WHICH IS WITHIN THE UCMC COMMUNITY

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	HTTP //WWW UCHOSPITALS EDU/ABOUT/COMMUNITY/BENEFIT/INDEX HTML

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 7d	THE RESULTS OF THE REPORT OF HAVE BEEN DISCUSSED AT COMMUNITY MEETINGS, WITH REFERENCE TO THE FULL REPORT'S AVAILABILITY ON THE HOSPITAL'S WEBSITE

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 11	UCMC is addressing the following significant needs of the community, which were identified through the CHNA These health needs are *Access to care (adult and child) *Breast/colorectal cancer *Diabetes *Pediatric obesity *Pediatric asthma THE HOSPITAL ADDRESSED 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 the 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, MEDICAL RESIDENTS WORKING AT FEDERALLY QUALIFIED HEALTHCARE CLINICS PROVIDING PATIENT CARE WITHIN THE SCOPE OF THEIR PRACTICE IN ADDITION, THE HOSPITAL WAS FULLY ENGAGED IN THE CHICAGO HOSPITAL COLLABORATIVE, WHICH INCLUDES NEARLY TWO DOZEN HOSPITALS ALONG WITH THE CHICAGO DEPARTMENT OF PUBLIC HEALTH TO COLLECTIVELY ADDRESS THE MORE DIRE NEEDS IN CHICAGOLAND, including the community served by the hospital MANY OF UCMC'S ACTIONS TO ADDRESS THESE NEEDS ARE INCLUDED IN PROGRAMS THAT ARE NOT LIMITED TO THESE NEEDS PLEASE SEE A REPORT OF ALL OF UCMC'S COMMUNITY ACTIVITIES BELOW IN PART VI TWO NEEDS, INJURY AND VIOLENCE PREVENTION AND SEXUALLY TRANSMITTED DISEASE, WERE NOT SELECTED FOR STRATEGIC IMPLEMENTATION PLANNING IN THIS CYCLE OF THE COMMUNITY HEALTH NEEDS ASSESSMENT BECAUSE OF THE GREAT COMPLEXITY AND THE NEED FOR A SYSTEMIC AND MULTI-CONSTITUENCY APPROACH TO ADDRESSING THESE NEEDS, THEY WERE NOT SELECTED IN FY 2015, UNIVERSITY OF CHICAGO MEDICAL CENTER CONVENED COMMUNITY LEADERS, POLICY LEADERS AND THE HEALTH CARE COMMUNITY TO BEGIN DISCUSSIONS ABOUT A SYSTEMIC APPROACH TO ADDRESSING BOTH OF THESE NEEDS ALSO, WE ENGAGED LOCAL COMMUNITY LEADERS TO ASSIST WITH THE ESTABLISHMENT OF THE DREAM CENTER, AND PROVIDED FUNDING TO BUILD THE CENTER IN FY 2015, THE BRONZEVILLE DREAM CENTER WAS LAUNCHED AN INNOVATIVE APPROACH TO VIOLENCE INTERVENTION, THE DREAM CENTER, THE COLLABORATION BETWEEN THE UNIVERSITY OF CHICAGO MEDICINE AND NORTHWESTERN MEDICINE, USES FAITH LEADERS AS POST-TRAUMA COUNSELORS TO HELP COMMUNITIES DEAL WITH URBAN VIOLENCE IT DRAWS FROM MODELS THAT ARE PREDICATED ON PRINCIPLES THAT TREATMENT AND HEALING CAN WORK TOGETHER TO END BEHAVIORS THAT CAN LEAD TO VIOLENCE AND TRAUMA THE TWO-YEAR PILOT SEEKS TO EXPAND ON THE WORK OF FAITH LEADERS IN BRONZEVILLE AND REPLICATE THE PROGRAM IN OTHER NEIGHBORHOODS FINALLY, THE HOSPITAL CONTINUES TO PARTNER WITH OTHER CONSTITUENTS THAT ARE WORKING ON INTERVENTIONS TO ADDRESS THESE COMMUNITY HEALTH NEEDS Form Sch H Part V Line 10A WWW UCHOSPITALS EDU/ABOUT/COMMUNITY/BENEFIT/HEALTH-NEEDS HTML

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 PROVERTY 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, line 16b & Line 16C	http //www uchospitals edu/billing/financial-assistance html

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 16i	IN ADDITION, UCMC MAILS BROCHURES TO NEW PATIENTS IF THEIR APPOINTMENT IS MADE FIVE OR MORE DAYS PRIOR TO THE APPOINTMENT DATE 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

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 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 22D	ALL UNINSURED PATIENTS RECEIVE A 25% DISCOUNT IF THEY ALSO QUALIFY FOR FINANCIAL ASSISTANCE, THEN THE PATIENT RECEIVES THE BETTER OF THE UNINSURED DISCOUNT OR THE FINANCIAL ASSISTANCE DISCOUNT THE FINANCIAL ASSISTANCE DISCOUNT INCLUDES A MEDICAL INDIGENCY DISCOUNT

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133056166

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

Employer identification number
36-3488183

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 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			
	☑ 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?	**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 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?	**5a**		No
b	Any related organization?	**5b**		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?	**6a**		No
b	Any related organization?	**6b**		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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

Return Reference	Explanation
Form Sch J Part I Line 1a & Line 7	DURING 2014, THE ORGANIZATION PROVIDED A VERY LIMITED NUMBER OF AD HOC TAX-RELATED PAYMENTS CHARLES BROWN AND MARCO CAPICCHIONI EACH RECEIVED A BENEFIT IN CONNECTION WITH THE PROVISION OF TEMPORARY HOUSING CHARLES BROWN, MARCO CAPICCHIONI, ROBERT HANLEY AND VIKRAM ACHARYA RECEIVED TAX-RELATED PAYMENTS IN CONNECTION WITH THE REIMBURSEMENT OF MOVING EXPENSES ALL TAX-RELATED PAYMENTS ARE INCLUDED IN TAXABLE COMPENSATION, AND ARE CONFIRMED AS BEING REASONABLE WHEN CONSIDERED WITH ALL OTHER FORMS OF COMPENSATION 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 $1,684 AND $7,500 DURING THE YEAR THESE BENEFITS ARE ALL CONSIDERED TAXABLE COMPENSATION
Form Sch J Part I Line 4A	ONE EXECUTIVE (LISA ANASTOS) WAS COMPENSATED IN 2014 IN PART FOR ACTIVE EXECUTIVE-LEVEL SERVICES AND IN PART BY MEANS OF SEVERANCE PAYMENTS FOLLOWING TERMINATION OF EMPLOYMENT ($270,723) FOUR FORMER employees (DAVID HICKS, SARA COVENY, TERRY SOLEM, AND VIRGINIA ROBERTS) WERE COMPENSATED IN PART FOR ACTIVE EXECUTIVE-LEVEL SERVICES AND IN PART BY MEANS OF SEVERANCE PAYMENTS FOLLOWING TERMINATION OF EMPLOYMENT ($128,155 TO DAVID HICKS, $177,210 TO SARA COVENY, $295,652 TO TERRY SOLEM, AND $259,976 TO VIRGINIA ROBERTS) SOME OF THESE REPORTED AMOUNTS WERE PREVIOUSLY REPORTED ON A PRIOR FORM 990 AS DEFERRED COMPENSATION AS SET FORTH IN COLUMN (F) OF PART II
Form Sch J Part I Line 4b	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 IN ADDITION, CERTAIN INDIVIDUALS RECEIVED PAYMENTS FROM THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN
Form Sch J Part I Line 8	WHILE WE HAVE NOT IDENTIFIED ANY SITUATION IN WHICH WE ARE EXPRESSLY AVAILING OURSELVES OF THE INITIAL CONTRACT EXCEPTION, WE RESERVE THE RIGHT TO AVAIL OURSELVES OF THE EXCEPTION AS WE DEEM APPROPRIATE OR NECESSARY IN THE FUTURE
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 2014 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 THE FOLLOWING INDIVIDUALS LISTED IN SCHEDULE J, PART II ARE IDENTIFIED AS FORMER OFFICERS OR KEY EMPLOYEES, BUT 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 SARA COVENY, KATHLEEN DEVRIES, MAYUMI FUKUI, BENJAMIN GIBSON, DAVE HICKS, CHRISTOPHER KOPS, DEBORAH KULL, VIRGINIA ROBERTS, SUSAN SHER, TERRY SOLEM, EVERETT VOKES, MD, AND ERIC WHITAKER

Additional Data

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

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 in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Sharon O'Keefe, President	(I)	862,952	382,746	71,930	169,786	32,609	1,520,023	0
	(II)	0	0	0	0	0	0	0
Sandra Culbertson MD, Trustee (Ex Officio)	(I)	0	0	0	0	0	0	0
	(II)	360,303	80,000	0	20,800	31,793	492,896	0
Eric Isaacs, Trustee (Ex Officio) UC Prvst	(I)	0	0	0	0	0	0	0
	(II)	500,807	100,000	67,178	20,800	76,684	765,469	0
Kenneth Polonsky MD, Trustee (Ex Officio) Dean	(I)	0	0	0	0	0	0	0
	(II)	1,515,074	420,000	15,407	232,348	21,542	2,204,371	0
Robert J Zimmer, Trustee (Ex Officio), UC Pres	(I)	0	0	0	0	0	0	0
	(II)	1,021,671	175,000	716,612	537,400	137,806	2,588,489	400,000
Mayumi Fukui, VP Managed Care & Prgrm Dvlpmn	(I)	315,233	116,798	58,968	61,667	9,460	562,126	41,078
	(II)	0	0	0	0	0	0	0
David Hicks, Fmr VP & Chief Pharmacy Office	(I)	95,738	52,327	223,685	14,123	21,395	407,268	28,280
	(II)	0	0	0	0	0	0	0
Susan Sher, Fmr Sr Advsr Med Pub Affrs	(I)	0	0	0	0	0	0	0
	(II)	534,069	234,502	0	24,333	8,965	801,869	0
Everett E Vokes MD, Fmr Interim Dean & CEO	(I)	0	0	0	0	0	0	0
	(II)	738,092	175,000	0	20,800	28,057	961,949	0
Eric Whitaker, Fmr Exec VP, Stratg Affiltns	(I)	0	116,861	0	0	0	116,861	0
	(II)	0	0	0	0	0	0	0
Krista Curell, VP Risk, Pt Safety & CCO	(I)	302,383	91,031	5,355	59,735	18,878	477,382	0
	(II)	0	0	0	0	0	0	0
Jennifer Hill, Board Sec & Dean Chief of Staf	(I)	157,696	0	0	12,265	28,270	198,231	0
	(II)	0	0	0	0	0	0	0
Jason Keeler, Chief Operating Officer	(I)	480,170	116,557	6,806	80,021	19,901	703,455	0
	(II)	0	0	0	0	0	0	0
Ann McColgan, VP Chief Treasury Officer	(I)	211,745	41,998	8,027	36,074	31,054	328,898	0
	(II)	0	0	0	0	0	0	0
John Satalic, VP & General Counsel	(I)	434,791	117,769	107,836	86,386	33,074	779,856	0
	(II)	0	0	0	0	0	0	0
James Watson, VP & Chief Financial Officer	(I)	618,674	259,491	61,329	122,152	32,609	1,094,255	0
	(II)	0	0	0	0	0	0	0
Sara Coveny, Fmr VP Ambulatory Services	(I)	2,792	0	270,527	2,388	27,309	303,016	50,719
	(II)	0	0	0	0	0	0	0
Kathleen DeVries, VP Marketing & Communication	(I)	252,327	57,635	11,451	50,016	18,752	390,181	0
	(II)	0	0	0	0	0	0	0
Benjamin Gibson, VP Governmental Affairs	(I)	252,694	77,329	18,787	42,596	29,940	421,346	0
	(II)	0	0	0	0	0	0	0
Deborah Kull, Fmr VP Operational Excellence	(I)	8,163	0	106,524	1,557	1,819	118,063	93,992
	(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 in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Virginia Roberts, FMR VP Surg Svcs Womens Health	(I)	0	0	259,976	0	14,688	274,664	122,619
	(II)		0	0	0	0	0	0
Terry Solem, FMR VP & Chief HR Officer	(I)	0	0	295,562	0	2,714	298,276	88,598
	(II)	0	0	0	0	0	0	0
Vikram V Acharya, VP Clinical Services	(I)	143,990	30,000	7,342	22,940	6,654	210,926	0
	(II)	0	0	0	0	0	0	0
Debra Albert, SVP Pt Care & Chief Nursing Of	(I)	383,360	102,391	19,551	64,511	32,365	602,178	0
	(II)	0	0	0	0	0	0	0
Brenda Battle, VP Urban Hlth, Asst Dean Dvsty	(I)	290,008	57,457	10,050	48,510	12,951	418,976	0
	(II)	0	0	0	0	0	0	0
Charlie Brown, VP Revenue Cycle	(I)	74,473	75,000	36,033	12,439	38,500	236,445	0
	(II)	0	0	0	0	0	0	0
Marco Capicchioni, VP Facilities Planning, Devel	(I)	312,459	206,250	82,728	50,781	76,802	729,020	0
	(II)	0	0	0	0	0	0	0
Gary Gasbarra, VP Finance	(I)	335,450	101,765	25,275	56,670	32,869	552,029	0
	(II)	0	0	0	0	0	0	0
Robert Hanley, VP Chief Human Resources	(I)	383,506	117,115	48,566	43,391	32,098	624,676	0
	(II)	0	0	0	0	0	0	0
Johnathan Stegner, VP Supply Chain & Logistics	(I)	262,701	62,840	14,787	52,723	22,343	415,394	0
	(II)	0	0	0	0	0	0	0
Eric Yablonka, VP & Chief Information Officer	(I)	411,041	98,960	87,507	81,525	20,625	699,658	62,353
	(II)		0	0	0	0	0	0
Daryl Wilkerson, VP Support Services	(I)	299,399	52,663	24,823	50,514	21,910	449,309	0
	(II)		0	0	0	0	0	0
Lisa Anastos, EVP & Chief Strategy Officer	(I)	276,872	137,049	623,295	254,253	18,967	1,310,436	237,497
	(II)		0	0	0	0	0	0
Christopher Kops, VP Clin Prctc Fin & Assoc Dean	(I)	388,854	75,728	27,805	65,046	19,932	577,365	0
	(II)		0	0	0	0	0	0
Sunil Narula, Physician	(I)	388,732	256,990	781	19,500	8,633	674,636	0
	(II)	0	0	0	0	0	0	0
Brooke Phillips, Physician	(I)	166,077	423,925	320	19,500	128	609,950	0
	(II)		0	0	0	0	0	0
Lawrence Schilder, Physician	(I)	463,682	269,958	2,580	19,500	28,582	784,302	0
	(II)		0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

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	52-1297563	45200MWS9	09-29-2005	29,000,000	Construction-Pediatric ER & Clinic		X		X		X
B	ILLINOIS FINANCE AUTHORITY	52-1297563	45200MC28	04-19-2007	10,000,000	Construction and Renovation		X		X		X
C	ILLINOIS FINANCE AUTHORITY	52-1297563	45200MC36	04-19-2007	31,000,000	Construction and Renovation		X		X		X
D	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FZR3	08-20-2009	35,000,000	Construction, Equipment and Capita		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	29,000,000	10,000,000	31,000,000	35,000,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	162,000	46,068	142,812	283,697
8	Credit enhancement from proceeds	23,780	15,517	48,103	35,495
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	28,814,220	9,938,415	30,809,085	34,680,808
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2006	2008	2008	2013

		A		B		C		D	
		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			
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	
b	Exception to rebate?		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			
c	Term of hedge								32 4
d	Was the hedge superintegrated?								X
e	Was the hedge terminated?								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 IV, Line 2c	

Return Reference	Explanation
Construction - Pediatric ER/Clinic, Issuance Date of 9/25/2005, 9/29/2010	

Return Reference	Explanation
Construction and Renovation, Issuance Date of 4/19/2007, 4/19/2012	

Return Reference	Explanation
Construction and Renovation, Issuance Date of 4/19/2007, 4/19/2012	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

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	86-1091967	45200FZT9	08-20-2009	35,000,000	Construction, Equipment and Capita		X		X		X
B	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FZV4	08-20-2009	60,000,000	Construction, Equipment and Capita		X		X		X
C	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FZX0	08-20-2009	10,000,000	Construction, Equipment and Capita		X		X		X
D	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FX20	04-08-2010	75,194,738	Redeem Earlier Bonds (1994 & 1998)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	35,000,000	60,000,000	10,000,000	75,194,738
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	283,697	486,338	81,057	914,738
8	Credit enhancement from proceeds	35,495	60,848	10,141	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	34,680,808	59,452,814	9,908,802	0
11	Other spent proceeds	0	0	0	74,280,000
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2013	2013	2013	2010

		A		B		C		D	
		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	
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 %		0 470 %	
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							0 470 %	
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		Wells Fargo		0			
c	Term of hedge		32 4		32 4		32 4		
d	Was the hedge superintegrated?		X		X		X		
e	Was the hedge terminated?		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).

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

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	86-1091967	45200FX46	04-08-2010	89,965,722	Redeem Earlier Bonds (1994 & 1998)		X		X		X
B	ILLINOIS FINANCE AUTHORITY	86-1091967	45200FZP7	08-20-2009	82,892,238	Construction, Equipment and Capita		X		X		X
C	ILLINOIS FINANCE AUTHORITY	86-1091967	45200F6J3	11-09-2010	46,250,000	Construction, Equipment and Captia		X		X		X
D	ILLINOIS FINANCE AUTHORITY	86-1091967	45200F6G9	11-09-2010	46,250,000	Construction, Equipment and Capita		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	24,194,894	0	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	89,965,722	82,892,238	46,250,000	46,250,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	2,644,599	2,644,599
7	Issuance costs from proceeds	845,723	1,215,838	470,234	450,333
8	Credit enhancement from proceeds	0	0	17,600	17,601
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	81,676,400	43,117,567	43,137,767
11	Other spent proceeds	89,119,999	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2010	2013	2013	2013

		A		B		C		D	
		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							
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 ▶		0 470 %		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		0 470 %						
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			
c	Term of hedge						32 4		32 4
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)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

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	86-1091967	45203HAH5	05-20-2011	46,250,000	Construction, Equipment and Capita		X		X		X
B	ILLINOIS FINANCE AUTHORITY	86-1091967	45203HAZ5	05-20-2011	46,250,000	Construction, Equipment and Capita		X		X		X
C	ILLINOIS FINANCE AUTHORITY	86-1091967	45203HAK8	05-20-2011	89,161,152	Construction, Equipment and Capita		X		X		X
D	ILLINOIS FINANCE AUTHORITY	86-1091967	45203HJJ2	06-02-2012	80,945,011	Redeem Earlier Bonds (2001 Series)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	46,250,000	46,250,000	89,161,152	80,945,011
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	2,536,628	2,536,628	7,904,905	0
7	Issuance costs from proceeds	413,179	413,719	1,303,276	1,270,423
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	43,300,193	43,299,875	79,952,970	0
11	Other spent proceeds	0	0	0	79,674,588
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2013	2013	2013	2012

		A		B		C		D	
		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	
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		Wells Fargo		0			
c	Term of hedge		32 4		32 4				
d	Was the hedge superintegrated?		X		X		X		
e	Was the hedge terminated?		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).

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

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	86-1091967		01-24-2013	75,000,000	Construction, Equipment and Capita		X		X		X
B	ILLINOIS FINANCE AUTHORITY	86-1091967	45203HV90	03-12-2015	24,579,646	Partial Redemption of Bonds (2009C		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	75,000,000	24,579,646		
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	342,423	384,652		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	74,657,577	0		
11	Other spent proceeds	0	24,194,894		
12	Other unspent proceeds	0	0		
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	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					
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).

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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, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

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

1	**(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No

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

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No

Total ▶ $			

Part III Grants or Assistance Benefiting 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 assistance	**(d)** Type of assistance	**(e)** Purpose 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) 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 ABRAMS WAS AN OFFICER, DIRECTOR, AND OWNER OF MEDLINE INDUSTRIES, INC , WHICH WAS A VENDOR OF UCMC IN FY15, UCMC PURCHASED $1,175,074 IN GOODS FROM MEDLINE UNDER AN ARM'S LENGTH WRITTEN ARRANGEMENT 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 TRUSTEE ROBERT CLARK WAS A SHAREHOLDER OF A COMPANY, CLAYCO, INC , THAT HAD A BUSINESS TRANSACTION WITH UCMC THE TRANSACTION WAS THE RESULT OF A COMPETITIVE BID THE TRANSACTION WAS FOR SERVICES IN THE ORDINARY COURSE OF BUSINESS CLAYCO PROVIDED CONSTRUCTION SERVICES TO UCMC, AND FUNCTIONED AS THE GENERAL CONTRACTOR CLAYCO WAS PAID $44,009,105 FOR ALL GOODS AND SERVICES, INCLUDING THOSE OF THE SUBCONTRACTORS THAT CLAYCO IN TURN PAID MR CLARK RECEIVED NO COMPENSATION FROM UCMC AND DOES NOT SHARE IN UCMC'S REVENUES TRUSTEE KENNETH S POLONSKY, TRUSTEE ERIC ISAACS AND TRUSTEE P SANDRA CULBERSTON WERE EMPLOYED BY UNIVERSITY OF CHICAGO, A RELATED ORGANIZATION TRUSTEE ROBERT J ZIMMER IS THE PRESIDENT OF THE UNIVERSITY OF CHICAGO AND ON ITS BOARD AS WELL AS ON THE BOARD OF FERMI RESEARCH ALLIANCE, ARGONNE NATIONAL LABORATORY, AND MARINE BIOLOGICAL LABORATORY, ALL RELATED ORGANIZATIONS OF UCMC

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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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Return Reference	Explanation
Form 990 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 PURPOSES ARE TO ASSIST AND AID THE SICK, INJURED AND CONVALESCENT, TO PREVENT AND CURE DISEASE AND SUFFERING, TO PROVIDE HEALTH CARE, ADVICE AND SERVICES, TO TRAIN AND EDUCATE, AND ASSIST IN ANY MANNER IN THE EDUCATION OR TRAINING OF, PERSONS IN OR ASSOCIATED WITH THE MEDICAL PROFESSION OR ASSOCIATED WITH ANY ASPECT OF HEALTH CARE, TO ENGAGE IN MEDICAL AND BASIC BIOLOGICAL RESEARCH, TO BUILD, MAINTAIN AND CONDUCT, AND TO ASSIST IN ANY MANNER IN BUILDING, MAINTAINING AND CONDUCTING, HOSPITALS, CLINICS, DISPENSARIES, SANATORIA AND RESEARCH AND EDUCATIONAL INSTITUTIONS, AND TO PROVIDE A SETTING APPROPRIATE FOR EDUCATION, TRAINING AND RESEARCH ACTIVITIES IN MEDICINE AND THE HEALTH SCIENCES

Return Reference	Explanation	
	Form 990 Part III Line 4a	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 2015, UCMC provided $15,658,646 in charity care and incurred losses on government programs of $56,302,201, and incurred uncompensated charges-or bad debt-of $12,328,121 UCMC also incurred $64,019,778 in unreimbursed education expenses during FY 2015, provided research support of $48,000,000 and incurred $4,682,564 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 square 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 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 157 organ transplants in FY 2015 and 225 bone marrow or stem cell transplant procedures for the treatment of various cancers for both adult and pediatric patients UCMC admitted or observed more than 29,000 adult patients in fiscal year 2015 with more than 443,000 adult and pediatric visits to the outpatient ambulatory care facility 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 UCMC's Emergency Department is open 24 hours a day, 7 days a week and in FY 2015, UCMC provided nearly 56,000 adult ED visits, making it one of busiest emergency room 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, nearly doubling the size of the prior Ronald McDo

Return Reference	Explanation	
	Form 990 Part III Line 4a	nald House More than 6,600 children were admitted or observed as patients to Comer Childr en's Hospital in fiscal year 2015 from the Chicago area, the Midwest, and around the world In FY 2015, UCMC's outpatient clinics accommodated almost 39,000 general pediatric and s pecialty visits in its ambulatory care facility and almost 32,000 visits were made to the Comer pediatric emergency room Additionally, UCMC wants to ensure that patients and their families that are receiving care at Comer Children's Hospital are not suffering from hung er or the inability to purchase food The Comer Food Pantry alleviates food insecurity for patient families at the Comer Children's Hospital and in FY 2015 served more than 450 hou seholds and more than 1,300 individuals Comer Children's Hospital is staffed by approxima tely 140 physicians from the Department of Pediatrics at the University, as well as specia lty nurses and caring support staff The teams of healthcare professionals-including medic al 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 Child ren's Hospital is a pediatric Level-I trauma center that treats children with severe injur ies 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 fu lly equipped to treat children with multiple traumas, complex medical problems, and condit ions 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 C hildren'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, nurs e educators, pediatric social workers, registered dietitians, occupational therapists, phy sical therapists, speech therapists and home health nurses The Center also draws on the e xpertise 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 te ach 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 nee ds Comer Children's Hospital serves as the Center of a Regional Perinatal Netw ork that is responsible for the administration and implementation of the Illinois Department of Publi c Health's ("IDPH") regionalized perinatal health care program In this role, UCMC provide s twelve area hospitals with consultation as well as transport services for approximately 16,000 babies born in netw ork hospitals, more than one-third of them considered high-risk The netw ork is committed to reducing fetal and infant mortality throughout the surroundin g urban, suburban, and rural communities UCMC also provides leadership in the design and implementation of IDPH's Continuous Quality Improvement program and participates in contin uing education for other health professionals

Return Reference	Explanation
Form 990 Part VI Line 2	TRUSTEE PATRICK KELLY HAD A BUSINESS RELATIONSHIP WITH TRUSTEE RODNEY L GOLDSTEIN TRUSTEE JAMES S CROWN HAD A BUSINESS RELATIONSHIP WITH TRUSTEE RODNEY L GOLDSTEIN TRUSTEE CRAIG J DUCHOSSOIS HAD A BUSINESS RELATIONSHIP WITH TRUSTEE PATRICK KELLY THE FOLLOWING UCMC TRUSTEES ARE ALSO ON THE UNIVERSITY OF CHICAGO BOARD OR SERVE AS A UC OFFICER ANDREW M ALPER JAMES S CROWN CRAIG J DUCHOSSOIS JAMES S FRANK RODNEY L GOLDSTEIN ERIC ISSACS RACHEL KOHLER EMILY NICKLIN KENNETH POLONSKY PAULA WOLFF PAUL YOVOVICH ROBERT J ZIMMER

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 UCM CARE NETWORK MEDICAL GROUP, INC AND UCM CARE NETWORK AFFILIATED PHYSICIANS, LLC

Return Reference	Explanation
Form 990 Part VI Line 7a & 7b	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 TO DO SO 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

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

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 and transactions 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 OFFICER OF CORPORATE COMPLIANCE AND THE OFFICE OF LEGAL AFFAIRS PROVIDE EDUCATIONAL SESSIONS UCMC NOTES THAT RESEARCHER CONFLICTS ARE MANAGED BY THE UNIVERSITY OF CHICAGO

Return Reference	Explanation
Form 990 Part VI Line 15a & 15b	THE UCMC COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES (THE COMMITTEE) IS RESPONSIBLE FOR THE OVERSIGHT OF UCMC'S EXECUTIVE COMPENSATION DECISION-MAKING 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.

Return Reference	Explanation
Form 990 Part VI Line 16a & 16b	UCMC HAD A JOINT VENTURE WITH A TAXABLE ENTITY, VANGUARD HEALTH FINANCIAL COMPANY, INC , PURSUANT TO WHICH UCMC HELD A LESS THAN 20% INTEREST IN VHS ACQUISITION SUBSIDIARY NUMBER 3, INC , WHICH DID BUSINESS AS LOUIS A WEISS MEMORIAL HOSPITAL UCMC'S INTEREST ENDED DURING FISCAL YEAR 2015

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 COMPLETION OF THIS QUESTION, ON UCMC'S WEBSITE -UNIVERSITY OF CHICAGO MEDICINE UNAUDITED FINANCIAL INFORMATION -UTILIZATION STATISTICS -2015 AUDITED FINANCIAL STATEMENTS -2014 AUDITED FINANCIAL STATEMENTS -2013 AUDITED FINANCIAL STATEMENTS -2012 AUDITED FINANCIAL STATEMENTS

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 CONTRACTOR

Return Reference	Explanation
Form 990 Part XI Line 9	TRANSFER TO UNIVERSITY OF CHICAGO ($70,500,559) CHANGE IN VALUATION OF DERIVATIVE ($12,396,446) ADDITIONAL MINIMUM PENSION LIABILITIES ($8,191,625) ASSETS RELEASED FROM RESTRICTION - ENDOWMENT FUND 900,000 ---------- TOTAL ($90,188,630)

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Other Fees TOTAL FEES 4878020

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Collection Fees TOTAL FEES 5427185

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Fees for Services TOTAL FEES 15221899

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Laundry Services TOTAL FEES 73258

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Security TOTAL FEES 3475211

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Physician Services TOTAL FEES 166477323

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Program Development TOTAL FEES 102289867

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

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) UCMC Community Physicians LLC 5481 S Maryland Avenue Chicago, IL 60637	Phys Servs	IL	6,825,101	6,224,850	NA
(2) UCM Care Network LLC 5841 S Maryland Avenue Chicago, IL 60637 47-4222269	PHYS SERVS	IL	0	0	NA

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 entity? Yes	(g) No
See Additional Data Table							

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) UCHICAGO (Beijing) Consulting Co Ltd	Consulting	CH	N/A						No
(2) UChicago Center in India Private Limited	Consulting	IN	N/A						No
(3) UCM Care Network Medical Group Inc 5841 S Maryland Avenue Chicago, IL 60637 47-4221241	Health Services	IL	UCMC Care Netw	C Corp					No
(4) Univ Of Chi Med Care Netw Aff Phys LLC 5841 S Maryland Avenue Chicago, IL 60637 47-4233918	Health Services	IL	UCMC Care Netw	C Corp					No

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation
Schedule R, Part I & Part II	FOR PURPOSES OF COMPLETION, THE RELATED ORGANIZATIONS LISTED BELOW ARE DISREGARDED ENTITIES OF THE UNIVERSITY OF CHICAGO, A 501(C)(3) ORANIZATION, 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
Schedule 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 Ctr

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	(g) No
(1) ARCH Development Corporation 5555 S Woodlawn Avenue Chicago, IL 60637 36-3485244	Tech Transfer	IL	501(c)(3)	Line 11A, I	UNIV CHICAGO		No
(1) Chapin Hall Center for Children 1313 E 60th Street Chicago, IL 60637 36-2167012	Pol Res Ctr	IL	501(c)(3)	Line 7	N/A		No
(2) Chicago Tumor Institute 5801 S Ellis Avenue Chicago, IL 60637 23-7136019	Supp Research	IL	501(c)(3)	Line 11a, I	UNIV CHICAGO		No
(3) Court Theatre Fund 5535 S Ellis Avenue Chicago, IL 60637 36-3203660	Supp the Arts	IL	501(c)(3)	Line 11a, I	UNIV CHICAGO		No
(4) Fermi Research Alliance LLC PO Box 500 Batavia, IL 60510 57-1239010	Manage Lab	IL	501(c)(3)	Line 7	NA		No
(5) Hymen Milgrom Supporting Organization 33 N Lasalle St Ste 2131 Chicago, IL 60602 46-6789522	Supp Edu Res	IL			N/A		No
(6) Lake Park Associates 5801 S Ellis Avenue Chicago, IL 60637 36-6111317	Prop Holdg	IL	501(c)(2)		UNIV CHICAGO		No
(7) National Opinion Research Center (NORC) 55 E Monroe Avenue Chicago, IL 60603 36-2167808	So Sci Srvys	IL	501(c)(3)	Line 7	NA		No
(8) Phoenix Overlay Fund Ltd 401 N Michigan Ave C/O Invst Offic Chicago, IL 60611	Investing	CJ			UNIV CHICAGO		No
(9) Southeast Chicago Commission 1511 E 53rd Street Chicago, IL 60615 36-2226282	Comm Srvs	IL	501(c)(3)	Line 7	UNIV CHICAGO		No
(10) The John Crerar Foundation 5730 S Ellis Avenue Chicago, IL 60637 36-3155157	Supp Library	IL	501(c)(3)	Line 11a, I	UNIV CHICAGO		No
(11) The Marine Biological Laboratory 7 MBL Street Woods Hole, MA 02543 04-2104690	Res & Edu	MA	501(c)(3)	Line 7	UNIV CHICAGO		No
(12) The Quadrangle Club 5801 S Ellis Avenue Chicago, IL 60637 36-1655190	Social Club	IL	501(c)(7)		UNIV CHICAGO		No
(13) The University of Chicago Cloisters Club 1212 E 59th Street Chicago, IL 60637	Social Club	IL			UNIV CHICAGO		No
(14) The Univ of Chicago Fdn in Hong Kong Ltd	Fundraising	HK			UNIV CHICAGO		No
(15) UChicago Research Bangladesh LLC 5801 S Ellis Avenue Chicago, IL 60637	Research	IL			UCH RS INTL		No
(16) UChicago Research Bangladesh Ltd HSE 388 Road 24 New Doh Dhaka BG	Research	BG			UCH RS INTL		No
(17) UChicago Research International Limited 5801 S Ellis Avenue Chicago, IL 60637 26-2741573	Research	IL	501(c)(3)	Line 11a, I	UNIV CHICAGO		No
(18) Univ of Chi Booth Sch of Bus (UK)	Education	UK			UNIV CHICAGO		No
(19) Univ of Chi Booth Sch of Bus (Singapore)	Education	SN			UNIV CHICAGO		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
(21) Univ of Chicago Cancer Research Fd 5801 S Ellis Avenue Chicago, IL 60637 36-6056201	Supp Research	IL	501(c)(3)	Line 11a, I	UNIV CHICAGO		No
(1) Univ of Chicago Center in Paris (France)	Education	FR			UNIV CHICAGO		No
(2) Univ of Chicago Charter School Corp 5801 S Ellis Avenue Chicago, IL 60637 34-4225812	Education	IL	501(c)(3)	LIne 2	UNIV CHICAGO		No
(3) Univ of Chicago Property Holding Co 5801 S Ellis Avenue Chicago, IL 60637 36-6108743	Prop Hldg	IL	501(c)(2)		UNIV CHICAGO		No
(4) Univ of Chicago Retiree Medical Trust 5801 S Ellis Avenue Chicago, IL 60637 36-3999692	Medical Trust	IL	501(c)(3)	Line 11a, I	UNIV CHICAGO		No
(5) Univ of Chicago Self Insurance Trust 5801 S Ellis Avenue Chicago, IL 60637 36-3020034	Malprac Tr	IL	501(c)(3)	Line 11a, I	UNIV CHICAGO		No
(6) University of Chicago Trust (India)	Fundraising	IN			UNIV CHICAGO		No
(7) University of Chicago 5801 S Eillis Avenue Chicago, IL 60637 36-2177139	Education	IL	501(c)(3)	Line 2	NA		No