

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/foi/m990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 09-01-2015 , and ending 08-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Ann & Robert H Lurie Children's Hospital of Chicago
% RON BLAUSTEIN

Doing business as
LURIE CHILDREN'S

Number and street (or P.O. box if mail is not delivered to street address)Room/suite

225 E Chicago Ave PR DEPT BOX 269

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

F Name and address of principal officer

Patrick M Magoon
225 E Chicago Ave
Chicago,IL 606112991

H(a) Is this a group return for subordinates?

☐ Yes

☒ No

H(b) Are all subordinates included?

☐ Yes

☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

D Employer identification number

36-2170833

E Telephone number

(312) 227-7133

G Gross receipts \$ 2,629,852,988

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.luriechildrens.org

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1894

M State of legal domicile IL

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities Lurie Children's, a pediatric academic medical center, provides patient care & edu for physicians & other med professionals and is a leader in pediatric research & advocacy			
	2 Check this box <input type="checkbox"/> 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	110	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	101	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	5,255	
	6 Total number of volunteers (estimate if necessary)	6	1,300	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,408,580	
Revenue	b Net unrelated business taxable income from Form 990-T, line 34	7b	603,240	
	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year		
		Current Year		
		30,963,912		
		24,943,354		
		699,201,022		
Expenses		754,883,336		
		55,990,215		
		97,344,591		
		3,570,334		
		5,657,677		
		789,725,483		
		882,828,958		
		52,027,851		
		88,633,440		
		0		
Net Assets or Fund Balances		0		
		325,166,288		
		337,289,132		
		0		
		0		
		334,395,625		
		357,181,554		
		711,589,764		
		783,104,126		
		78,135,719		
		99,724,832		
		Beginning of Current Year		
		End of Year		
		2,206,437,422		
		2,289,295,420		
		621,027,539		
		632,794,734		
		1,585,409,883		
		1,656,500,686		

Part II Signature Block

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

Sign Here

Signature of officer

2017-07-11

Date

RON BLAUSTEIN CFO

Type or print name and title

Pnnt/Type preparer's name

KATHERINE KURTZMAN

Preparer's signature

KATHERINE KURTZMAN

Date

Check ☐ if self-employed

PTIN P01236691

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶

Firm's address ▶ 155 N Wacker Drive

Chicago, IL 60606

Phone no (312) 879-2000

Paid Preparer Use Only

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's mission

WE ARE DEDICATED TO THE HEALTH AND WELL-BEING OF ALL CHILDREN AS THE PEDIATRIC TEACHING FACILITY FOR NORTHWESTERN UNIVERSITY'S FEINBERG SCHOOL OF MEDICINE, THIS COMMITMENT DRIVES US TO BE A LEADER IN - PEDIATRIC HEALTH CARE DELIVERY - RESEARCH INTO THE PREVENTION, CAUSES AND TREATMENT OF DISEASES THAT AFFECT CHILDREN - EDUCATION FOR PHYSICIANS, NURSES AND ALLIED HEALTH PROFESSIONALS - ADVOCACY FOR CHILDREN AS A CHARITABLE ORGANIZATION, WE SERVE CHILDREN AND THEIR FAMILIES TO THE BEST OF OUR ABILITIES AND TO THE LIMITS OF OUR RESOURCES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes

☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes

☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code) (Expenses \$ 670,077,745 including grants of \$ 88,633,440) (Revenue \$ 757,912,757)

See Additional Data

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

















Other program services (Describe in Schedule O)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e

Total program service expenses ▶ 670,077,745

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)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i> 	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? <i>If "Yes," complete Schedule C, Part III</i> 	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	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? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	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? <i>If "Yes," complete Schedule D, Part VI</i> 	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? <i>If "Yes," complete Schedule D, Part VII</i> 	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? <i>If "Yes," complete Schedule D, Part VIII</i> 	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? <i>If "Yes," complete Schedule D, Part IX</i> 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	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)? <i>If "Yes," complete Schedule D, Part X</i> 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	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? <i>If "Yes," complete Schedule F, Parts II and IV</i> 	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? <i>If "Yes," complete Schedule F, Parts III and IV</i> 	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 	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	Yes	
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	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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	Yes	
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		No
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.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.		
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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.	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)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
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.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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	110	
	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	101	
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	Yes	
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		No
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		No
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		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	CA , 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	RON BLAUSTEIN 225 E CHICAGO AVE Chicago, IL 606112991 (312) 227-7133

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

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

[illegible]

[illegible]

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 ► 438

Section B. Independent Contractors

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 ► 172

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	0				
	d	Related organizations	1d	79,497				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	24,863,857				
	g	Noncash contributions included in lines 1a-1f \$		1,556,663				
	h	Total. Add lines 1a-1f		24,943,354				
Program Service Revenue	2a	PATIENT CARE & PROGRAM SVCS	Business Code					
			621110	491,643,891	491,643,891	0	0	
	b	Medicare/Medicaid	621110	213,761,628	213,761,628	0	0	
	c	GRANTS-FED/STATE/AGENCY	621110	41,677,901	41,677,901	0	0	
	d	Reference Lab Revenue	621500	244,652	2,951	241,701	0	
	e	Parking Garages	812930	3,217,977	0	384,398	2,833,579	
	f	All other program service revenue		4,337,287	1,858,351		2,478,936	
	g	Total. Add lines 2a-2f		754,883,336				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		14,235,888		782,481	13,453,407	
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0				
	6a	Gross rents	(i) Real	(ii) Personal				
			5,747,942					
		b	Less rental expenses		90,265			
		c	Rental income or (loss)		5,657,677	0		
	d	Net rental income or (loss)			5,657,677	3,029,421	2,628,256	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			1,762,788,393	67,254,075				
		b	Less cost or other basis and sales expenses		1,730,504,152	16,429,613		
		c	Gain or (loss)		32,284,241	50,824,462		
	d	Net gain or (loss)			83,108,703		83,108,703	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events			0			
	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			
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			0				
12	Total revenue. See Instructions			882,828,958	751,974,143	1,408,580	104,502,881	

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	88,633,440	88,633,440		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	6,332,115	5,450,455	881,660	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	272,851,157	234,860,405	37,990,752	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,430,825	8,016,201	1,414,624	0
9	Other employee benefits	28,846,714	25,104,822	3,741,892	0
10	Payroll taxes	19,828,321	17,518,589	2,309,732	0
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	1,082,952	0	1,082,952	0
c	Accounting	477,098	0	477,098	0
d	Lobbying	357,678	357,678	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	3,951,218	0	3,951,218	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	33,088,723	13,622,982	19,465,741	
12	Advertising and promotion	1,964,985	0	1,964,985	0
13	Office expenses	35,743,727	35,601,951	141,776	0
14	Information technology	23,555,929	1,754,800	21,801,129	0
15	Royalties	0	0	0	0
16	Occupancy	14,922,297	2,837,618	12,084,679	0
17	Travel	1,486,701	951,372	535,329	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	2,351,715	2,261,625	90,090	0
20	Interest	19,903,356	19,903,356	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	65,065,338	65,065,338	0	0
23	Insurance	19,467,852	19,467,852	0	0
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	MEDICAL SUPPLIES	72,688,513	72,677,223	11,290	0
b	MEDICAL ADMIN & TEACHING	17,371,741	17,371,741	0	0
c	MEDICAID PROVIDER TAX	16,905,491	16,905,491	0	0
d	BAD DEBT	8,617,551	8,617,551	0	0
e	All other expenses	18,178,689	13,097,255	5,081,434	
25	Total functional expenses. Add lines 1 through 24e	783,104,126	670,077,745	113,026,381	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0	0	0	0

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	0	1	0
	2 Savings and temporary cash investments	112,016,302	2	122,027,785
	3 Pledges and grants receivable, net	36,389,805	3	27,821,878
	4 Accounts receivable, net	73,246,092	4	125,424,374
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	6,635,681	8	7,333,068
	9 Prepaid expenses and deferred charges	11,978,019	9	13,384,817
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D 10a 1,242,697,244			
	b Less: accumulated depreciation 10b 383,387,815	904,545,480	10c	859,309,429
	11 Investments—publicly traded securities	633,402,809	11	716,735,748
	12 Investments—other securities. See Part IV, line 11	388,822,095	12	377,453,009
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	39,401,139	15	39,805,312
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,206,437,422	16	2,289,295,420	
Liabilities	17 Accounts payable and accrued expenses	78,933,534	17	73,037,282
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	373,403,475	20	368,864,915
	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	168,690,530	25	190,892,537
	26 Total liabilities. Add lines 17 through 25	621,027,539	26	632,794,734
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,219,276,260	27	1,281,220,001
	28 Temporarily restricted net assets	203,100,374	28	207,628,025
	29 Permanently restricted net assets	163,033,249	29	167,652,660
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,585,409,883	33	1,656,500,686
34 Total liabilities and net assets/fund balances	2,206,437,422	34	2,289,295,420	

Part XI

Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	882,828,958
2	Total expenses (must equal Part IX, column (A), line 25)	2	783,104,126
3	Revenue less expenses Subtract line 2 from line 1	3	99,724,832
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,585,409,883
5	Net unrealized gains (losses) on investments	5	-16,358,742
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-12,275,287
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,656,500,686

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 36-2170833
Name: Ann & Robert H Lurie Children's Hospital of Chicago

Form 990, Part III, Line 4a

4a	(Code) (Expenses \$ 670,077,745 including grants of \$ 88,633,440) (Revenue \$ 757,912,757)
<p>ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO ("LURIE CHILDREN'S") IN CHICAGO, ILLINOIS OWNS AND OPERATES THE ONLY FULL-SERVICE, INDEPENDENT, FREESTANDING PEDIATRIC HOSPITAL IN ILLINOIS THIS NOT-FOR-PROFIT, TERTIARY CARE HOSPITAL, FOUNDED IN 1882, PROVIDES PATIENT CARE 24 HOURS-PER-DAY, 7 DAYS-PER-WEEK LURIE CHILDREN'S HAS 288 LICENSED BEDS AND PROVIDES A FULL RANGE OF INPATIENT AND OUTPATIENT CARE AND RELATED ANCILLARY SERVICES LURIE CHILDREN'S PROVIDES MORE CARE THAN ANY OTHER HOSPITAL PROVIDER IN ILLINOIS IN NEARLY EVERY PEDIATRIC MEDICAL AND SURGICAL SPECIALTY AS A MAJOR ACADEMIC TERTIARY CARE MEDICAL CENTER, LURIE CHILDREN'S HAS SERVED PATIENTS FROM 50 STATES, AND 57 COUNTRIES LURIE CHILDREN'S IS A DESIGNATED LEVEL I PEDIATRIC TRAUMA CENTER FOR THE CITY OF CHICAGO, WITH A LEVEL III NEONATAL NURSERY THAT SERVES AS A REGIONAL REFERRAL CENTER IN THE STATE OF ILLINOIS PERINATAL NETWORK LURIE CHILDREN'S ABILITY TO TREAT THE MOST CRITICALLY ILL INFANTS IN ITS NEONATAL INTENSIVE CARE UNIT ("NICU") IS DEMONSTRATED BY STATISTICS FOR FISCAL YEAR 2015 WHICH SHOW THAT over half OF ALL TRANSPORTS INTO ITS NICU WERE FROM OTHER LEVEL III NURSERIES IN METROPOLITAN CHICAGO IN 2016, LURIE CHILDREN'S HAS BEEN RANKED AS THE 6th BEST CHILDREN'S HOSPITAL IN THE COUNTRY BY U S NEWS & WORLD REPORT IN ADDITION, LURIE CHILDREN'S IS THE ONLY PEDIATRIC HOSPITAL IN ILLINOIS TO BE RANKED BY U S NEWS & WORLD REPORT IN ALL 10 PEDIATRIC SPECIALTIES In 2016, Lune Children's was named a level I pediatric surgery center by the American College of Surgeons (ACS), becoming the first children's hospital in Illinois to earn this status So far, only two other pediatric hospitals in the country have achieved this verification Level I verification - the highest of three - is awarded by a multi-organizational taskforce led by the ACS, the body responsible for setting the nation's standards for quality of surgical care, practice and training Also in 2016, Lune Children's was one of only 12 children's hospitals nationwide - and the only one in Illinois - to be recognized as a "Top Hospital" for patient safety by the Leapfrog Group, a national consortium of healthcare payers that promotes "leaps" in patient safety The award is based on a hospital's performance in patient safety and care quality IN FY 2016, LURIE CHILDREN'S, THROUGH MORE THAN 650,000 PATIENT VISITS, SERVED MORE THAN 174,000 CHILDREN WHO CAME FROM ALL OVER THE STATE OF ILLINOIS AND BEYOND TO ACCESS THE MORE THAN 70 SPECIALTIES OFFERED BY LURIE CHILDREN'S LURIE CHILDREN'S IS THE LARGEST PROVIDER OF MEDICAID SERVICES TO ILLINOIS CHILDREN LURIE CHILDREN'S PEDIATRIC-SPECIALIST PHYSICIANS PROVIDE MORE SPECIALTY CARE TO CHILDREN INSURED BY THE STATE OF ILLINOIS' ALL KIDS (MEDICAID) PROGRAM THAN ANY OTHER SPECIALTY CARE PROVIDER More than half of the hospital inpatient services are provided to children insured by Medicaid LURIE CHILDREN'S MAINTAINS A CHARITY CARE POLICY UNDER WHICH IT PROVIDES HEALTHCARE SERVICES FREE OF CHARGE OR AT A GREATLY REDUCED RATE TO CHILDREN WHOSE FAMILIES ARE UNABLE TO PAY FOR THE CHARGES ASSOCIATED WITH THEIR MEDICAL CARE FOR FY 2016, THE TOTAL UNREIMBURSED CARE AND COMMUNITY BENEFIT (AS REPORTED IN THE FY 2016 AUDIT OF LURIE CHILDREN'S AND ITS AFFILIATES) PROVIDED BY LURIE CHILDREN'S AND ITS AFFILIATES WAS APPROXIMATELY \$145 MILLION, INCLUDING \$95.4 MILLION IN COSTS ASSOCIATED WITH UNREIMBURSED SERVICES AND CHARITY CARE PROVIDED BY LURIE CHILDREN'S AND ITS AFFILIATED PHYSICIAN GROUPS AND \$49.3 MILLION FOR OTHER COMMUNITY BENEFIT INCLUDING, BUT NOT LIMITED TO, RESIDENT AND FELLOW EXPENSES OF \$19.4 MILLION, RESEARCH FUNDING OF \$11.8 MILLION, OPERATION OF A COMMUNITY CLINIC SUPPORT OF \$3.2 MILLION, CHILD ADVOCACY PROGRAMS OF \$2.0 MILLION AND THE PROVISION OF LANGUAGE ASSISTANCE, PASTORAL CARE, SOCIAL WORK, ART AND MUSIC THERAPIES, HOSPITAL VOLUNTEER SERVICES, TRANSPLANT FAMILY HOUSING AND OTHER FAMILY SUPPORT SERVICES OF \$8.6 MILLION LURIE CHILDREN'S UNDERTAKES A BROAD RANGE OF SERVICES AND ACTIVITIES IN ADDITION TO PATIENT CARE THAT SUPPORT ITS CHARITABLE MISSION LURIE CHILDREN'S FUNCTIONS AS A TEACHING AND RESEARCH INSTITUTION WHOSE EFFORTS HAVE CONTRIBUTED CONSIDERABLY TO IMPROVEMENTS IN THE QUALITY OF LIFE AND HEALTHCARE FOR CHILDREN LURIE CHILDREN'S SUPPORTS COMMUNITY MEDICAL NEEDS THROUGH A VARIETY OF OUTREACH PROGRAMS AND EDUCATIONAL PROGRAMS IN DECEMBER 2001, LURIE CHILDREN'S BECAME THE FIRST PEDIATRIC HOSPITAL IN THE NATION AND THE FIRST HOSPITAL IN ILLINOIS TO RECEIVE THE MAGNET AWARD FROM THE AMERICAN NURSES CREDENTIALING CENTER LURIE CHILDREN'S WAS AWARDED THIS DESIGNATION AGAIN IN 2005, 2010, AND 2015 TODAY, WHILE THE STATUS IS THE MOST SOUGHT-AFTER NATION-WIDE HONOR IN HOSPITAL NURSING, LESS THAN 1% OF HOSPITALS HAVE ACHIEVED THE ACCOMPLISHMENT OF MAINTAINING THE DESIGNATION FOUR TIMES LURIE CHILDREN'S IS ONE OF THE MAJOR PEDIATRIC TEACHING HOSPITALS IN THE U S , SERVING AS THE PEDIATRIC TEACHING FACILITY AND THE PRIMARY PEDIATRIC PRACTICE SITE OF NORTHWESTERN UNIVERSITY'S FEINBERG SCHOOL OF MEDICINE ("NUFSM") FOR RESIDENT PHYSICIANS, FELLOWS AND MEDICAL STUDENTS IN PEDIATRIC SPECIALTIES AND SUB-SPECIALTIES THIS PROGRAM IS CONSISTENTLY ONE OF THE MOST SOUGHT AFTER IN THE COUNTRY FOR ACADEMIC YEAR 2015-2016, MCGAW MEDICAL CENTER OF NORTHWESTERN UNIVERSITY MANAGED THE TRAINING OF APPROXIMATELY 791 RESIDENT-LEVEL TRAINEES AND 301 TRAINEES AT THE FELLOW LEVEL OF THOSE, LURIE CHILDREN'S IS THE PRIMARY TEACHING SITE FOR APPROXIMATELY 115 PEDIATRIC RESIDENTS AND 97 PEDIATRIC SUBSPECIALTY FELLOWS IN ADDITION, TRAINEES FROM THE ADULT PROGRAMS OF MCGAW ROTATE TO LURIE CHILDREN'S FOR VARYING LENGTHS OF TIME TO FULFILL THE PEDIATRIC COMPONENT OF THEIR TRAINING PROGRAM LURIE CHILDREN'S ROLE AS A REGIONAL REFERRAL CENTER FOR A VARIETY OF PEDIATRIC DISEASES AND ILLNESSES HAS CREATED MANY RESEARCH OPPORTUNITIES TO STUDY AND TREAT THEM AND LURIE CHILDREN'S RESEARCH ARM, STANLEY MANNE CHILDREN'S RESEARCH INSTITUTE, ("RESEARCH INSTITUTE") IS ONE OF THE NATION'S FEW CENTERS DEDICATED SOLELY TO PEDIATRIC RESEARCH SEE THE TAX INFORMATION RETURN OF LURIE CHILDREN'S AFFILIATE, RESEARCH INSTITUTE (36-3357005) ALONE, OR IN COLLABORATION WITH OTHER COMMUNITY PARTNERS, LURIE CHILDREN'S PROVIDES PROGRAMS AND PROMOTES PUBLIC POLICY TO SUPPORT THE HEALTH AND WELL-BEING OF CHILDREN BEYOND THE WALLS OF THE HOSPITAL, PARTICULARLY IN UNDER RESOURCED COMMUNITIES HOSPITAL PHYSICIANS AND STAFF PROVIDE EXPERTISE AT LOCAL, CITY, STATE AND NATIONAL LEVELS LURIE CHILDREN'S ENGAGES IN STRATEGIC ORGANIZATIONAL PARTNERSHIPS, SUCH AS SCHOOL-BASED COLLABORATIONS TO PROMOTE HEALTH, SAFETY AND SOCIALIZATION FOR ALL STUDENTS INCLUDING SUPPORT FOR LEARNING ACCOMMODATIONS FOR STUDENTS WITH SPECIAL HEALTH CARE NEEDS, SOCIAL-EMOTIONAL LEARNING, CONCUSSION MANAGEMENT, SPORTS INJURY PREVENTION AND OBESITY REDUCTION THROUGH ITS WORK WITH STUDENTS DIRECTLY AND IN PROVIDING STAFF TRAINING (INCLUDING SYSTEM-WIDE TRAINING) AND DEVELOPMENT WITH CHICAGO PUBLIC SCHOOLS (CPS) AND SUBURBAN AND PRIVATE SCHOOLS OVER THE PAST 20 YEARS, LURIE CHILDREN'S HAS REACHED MORE THAN 40,000 STUDENTS COLLABORATIONS WITH THE CHICAGO PARK DISTRICT (CPD) HAVE INCLUDED PLAYGROUND SAFETY INSPECTIONS, trauma-informed training for coaches and staff AND SYSTEM-WIDE COACH TRAINING IN CONCUSSION MANAGEMENT ANOTHER AREA OF EMPHASIS HAS BEEN ON "TRANSITIONING" YOUTH/YOUNG ADULTS INTO ADULthood AND SUPPORTING THEIR INDEPENDENCE IN COLLABORATION WITH JVS (FORMERLY JEWISH VOCATIONAL SERVICES) AND THE HOSPITAL'S OFFICE OF CHILD ADVOCACY AND DEPARTMENT OF HUMAN RESOURCES, A PAID INTERNSHIP PROGRAM FOR YOUTH WITH CHRONIC MEDICAL CONDITIONS HAS BEEN ESTABLISHED TO PROVIDE THEM WITH JOB EXPOSURE AND EXPERIENCE OTHER AREAS OF EMPHASIS INCLUDE HIV PREVENTION AMONG YOUNG AFRICAN AMERICAN WOMEN ON THE SOUTH SIDE OF CHICAGO IN COLLABORATION WITH BLACK CHURCHES AND COMMUNITY AGENCIES LURIE CHILDREN'S PROVIDED LEADERSHIP AND EXPERTISE IN THE RECENTLY RELEASED "HEALTH CHICAGO 2.0-PARTNERING TO IMPROVE HEALTH EQUITY 2016-2020" BLUEPRINT AND IMPLEMENTATION PLAN THROUGH ITS CENTER FOR CHILDHOOD RESILIENCE, LURIE CHILDREN'S PLAYS A LEADERSHIP ROLE IN THE IL CHILDHOOD TRAUMA COALITION AND CO-CHAIRS A SUBCOMMITTEE ON REFUGEE AND IMMIGRANT CHILDREN AND TRAUMA IN ADDITION, LURIE CHILDREN'S BRINGS ITS EXPERTISE IN RESEARCH AND POPULATION HEALTH TO INFORM PROGRAM AND POLICY DIRECTIONS AT CITY AND STATE LEVELS, INCLUDING ITS LEADERSHIP IN THE IL VIOLENT DEATH REPORTING SYSTEM AND ANALYSIS OF THE BURDEN OF OPIOID ADDICTION IN ILLINOIS THESE MULTIPLE UNDERTAKINGS BY LURIE CHILDREN'S ALIGN WITH AND EXPAND BEYOND PRIORITY AREAS IDENTIFIED BY ITS COMMUNITY HEALTH NEEDS ASSESSMENT THAT INCLUDES ACTIVE PARTICIPATION BY THE CHICAGO DEPARTMENT OF PUBLIC HEALTH AND OTHER COMMUNITY-BASED ORGANIZATIONS REPRESENTING VULNERABLE COMMUNITIES OTHER COMMUNITY HEALTH ACTIVITIES INCLUDE A PARTNERSHIP BY LURIE CHILDREN'S HEMATOLOGISTS WITH THE AMERICAN R</p>	

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			
Carl S Allegretti Director	1 0	X						0	0	0
John J Allen Director	1 0	X						0	0	0
Patnck J Allin Director	1 0	X						0	0	0
John P Amboian Jr Director	1 0	X						0	0	0
Sarah Baine Director	1 0	X						0	0	0
Michael Bonds Director	2 0 1 0	X						0	0	0
Margaret W Brennan Director	1 0	X						0	0	0
Matthew W Brewer Director	3 0 1 0	X						0	0	0
Michael T Bromfield Director	1 0	X						0	0	0
Allan Bulley III Director	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Patnck Canning Director	1 0	X						0	0	0
Brendan F Carroll Director	1 0	X						0	0	0
Gregory C Case Director	1 0	X						0	0	0
John A Challenger Director	1 0	X						0	0	0
Alan Chapman Director	1 0	X						0	0	0
Eleanor O Clarke Director	2 0 1 0	X						0	0	0
Kevin M Connelly Director	1 0	X						0	0	0
John D Cooney Director	1 0	X						0	0	0
Lester Crown Director	1 0	X						0	0	0
Patnce Purcell DeCorrevont Director	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Pedro DeJesus Director	1 0	X						0	0	0
Susan B DePree Director	1 0	X						0	0	0
James F DeRose Director	1 0	X						0	0	0
William J Devers Jr Director	1 0	X						0	0	0
Labeed S Diab RPh Director	1 0	X						0	0	0
David S Dobkin MD Ex-Officio Director	1 0	X						0	0	0
John O Doerge Jr Director	1 0	X						0	0	0
Charles W Douglas Director	1 0	X						0	0	0
Dennis J Drescher Director	1 0	X						0	0	0
Mina K Dulcan MD DIRECTOR/CHIEF CHILD PSYCH	2 0 40 0	X						376,815	0	66,846

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			
Ana Dutra Director	1 0	X						0	0	0
Donald J Edwards Director	1 0	X						0	0	0
Karen A Eng Director	1 0	X						0	0	0
Michael C Evangelides Director	1 0 2 0	X						0	0	0
Tyrone C Fahner Director	1 0	X						0	0	0
Mitchell Feiger Director	1 0	X						0	0	0
Michael W Ferro Jr Director	1 0	X						0	0	0
Venita E Fields Director	1 0	X						0	0	0
David W Fox Jr Director	1 0	X						0	0	0
John S Gates Jr Director	1 0 1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael P Goldman Director	1 0 2 0	X						0	0	0
Lauren Gorter Director	1 0 2 0	X						0	0	0
Maria C Green Director	1 0 1 0	X						0	0	0
Joseph Gregoire Director	1 0 1 0	X						0	0	0
John J Greisch Director	1 0 2 0	X						0	0	0
David D Grumhaus Jr Director	1 0 2 0	X						0	0	0
Arlington J Guenther Director	1 0 1 0	X						0	0	0
Bruce R Hague Director	1 0 1 0	X						0	0	0
Todd M Hamilton Director	1 0 1 0	X						0	0	0
Gavin DK Hattersley Director	1 0 1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David A Helfand Director	1 0	X						0	0	0
James P Hickey Director	1 0	X						0	0	0
Mark A Hoppe Director	1 0	X						0	0	0
Julie M Howard Director	1 0	X						0	0	0
Kym A Hubbard Director	1 0	X						0	0	0
Kirk B Johnson Director	1 0	X						0	0	0
W Bruce Johnson Director	1 0	X						0	0	0
Anthony K Kesman Director	1 0	X						0	0	0
Richard P Kiphart Director	1 0	X						0	0	0
Leticia P Korovessis Director	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Adam M Knger Director	1 0	X						0	0	0
Michael M Larsen Director	1 0	X						0	0	0
Jonathan Levin Director	1 0	X						0	0	0
Lyle Logan Director	1 0	X						0	0	0
Patrick M Magoon Ex-Offic Dir/CEO-Med Ctr, Hosp	40 0	X		X				6,595,897	0	55,687
Mitchell J Manassa Director	1 0	X						0	0	0
Roxanne Martino Director	2 0	X						0	0	0
David P Mchugh Ex-Officio Director	1 0	X						0	0	0
Andrew J McKenna Director & Vice Chair	1 0	X						0	0	0
James J McNulty Director	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Deidra Memwether Director	1 0	X						0	0	0
Louise C Mills Director	1 0	X						0	0	0
John C Moore Director	1 0	X						0	0	0
Robert S Murley Director & Vice Chair	1 0 2 0	X						0	0	0
Daniel J Murphy Director	1 0	X						0	0	0
David Neithercut Director	1 0	X						0	0	0
William Neustadt Director	1 0 2 0	X						0	0	0
Leslie H Newman Director	1 0 2 0	X						0	0	0
Nancy A Pacher Director	1 0	X						0	0	0
Ashish S Prasad Director	1 0 1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael Pucker Director	1 0	X						0	0	0
Mohan P Rao PhD Director	1 0 2 0	X						0	0	0
Diana M Rauner PhD Director	1 0	X						0	0	0
Thomas R Reusche Director	1 0	X						0	0	0
J Chnstopher Reyes Director & Chair	7 0 8 0	X						0	0	0
Marleta Reynolds MD Ex-Officio Director	1 0 3 0	X						0	0	0
Peter C Roberts Director	1 0 1 0	X						0	0	0
Betsy B Rosenfield Director	1 0 1 0	X						0	0	0
Manuel Sanchez Director	1 0 1 0	X						0	0	0
Karen Sauder Director	1 0 1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
William H Schnaper MD Ex-Officio Director/PFF MD	10 400	X						0	309,331	51,571
Zaldwaynaka Scott Director	10 10	X						0	0	0
Chnstopher S Segal Director	10 10	X						0	0	0
Smita N Shah Director	10 10	X						0	0	0
Thomas P Shanley MD Ex-Officio Dir/Pres&Chair PFF	10 430	X						0	407,941	34,117
Virginia K Simmons Director	10 10	X						0	0	0
John H Simpson Director	10 10	X						0	0	0
Stephen A Smith Director	10 10	X						0	0	0
Thomas S Souleles Director	10 10	X						0	0	0
Emily Heisley Stoeckel Director	10 10	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Santhanam Suresh MD Director	1 0 2 0	X						0	0	0
Monsignor Kenneth J Velo Director	1 0 1 0	X						0	0	0
H Thomas Watkins III Director	1 0 1 0	X						0	0	0
Edward J Wehmer Director	1 0 1 0	X						0	0	0
Robert J Winter Jr Director	1 0 2 0	X						0	0	0
Linda S Wolf Director	1 0 1 0	X						0	0	0
James H Wooten Jr Director	1 0 1 0	X						0	0	0
Robin Zafirovski Director	1 0 2 0	X						0	0	0
Ms Jia Zhao Director	1 0 2 0	X						0	0	0
Mary JC Hendrix PHD Ex-Officio Dir/Pres Sci Off	1 0 43 0	X						0	670,577	47,293

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			
Julia M Brown Director	1 0	X						0	0	0
Michael D Kelleher MD Ex-Officio Director/CMO/HOSP	1 0 42 0	X						0	591,575	57,872
PETER I LIBER MD EX-OFFICIO DIRECTOR	1 0	X						0	0	0
ERIC G NEILSON MD EX-OFFICIO DIRECTOR	1 0 1 0	X						0	0	0
Steven B Collens Director	1 0 1 0	X						0	0	0
Brian D Price Director	1 0 1 0	X						0	0	0
Ron Blaustein Chief Financial Officer	40 0 5 0			X				428,659	0	44,066
Joni M Duncan CHIEF HR OFFICER	40 0 0 0			X				341,322	0	38,570
Susan H Gordon CHIEF COMMUNIC & EXT AFFAIRS	40 0 0 0			X				400,573	0	177,651
Monica Heenan CHIEF AMBULATORY EXECUTIVE	40 0 0 0			X				440,461	0	39,439

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			
Stanley B Krok CHIEF INFORMATION OFFICER	40 0 0 0			X				587,181	0	49,645
Michelle M Stephenson CHIEF PT CARE OFCR/NURSE EXEC	40 0 1 0			X				504,826	0	62,029
Nancy M Borders Gen Counsel & Corp Secretary	40 0 5 0			X				437,998	0	52,031
Lisa M Dykstra CHIEF INFORMATION OFFICER	40 0 0 0			X				390,775	0	19,982
Francia E Harrington President Foundation	40 0 1 0				X			531,738	0	30,557
Maureen T Mahoney VP, Center for Excellence	40 0 0 0					X		336,332	0	39,310
Scott T Wilkerson Executive Director LCHPCIN	40 0 0 0					X		508,160	0	38,509
Philip V Spina Chief Admin Officer SMCRI	40 0 1 0					X		305,114	0	50,419
Jill E Keats VP Program Development	40 0 0 0					X		294,583	0	50,512
MARIE A BUFALINO Associate General Counsel	40 0 0 0					X		300,074	0	20,263

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			
Jessica Strausbaugh Treasurer	40 0 5 0						X	193,509	0	31,746

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

2015

Open to Public Inspection

Name of the organization
Ann & Robert H Lurie Children's Hospital of Chicago

Employer identification number
36-2170833

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 (Form 990 or 990-EZ))

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A , Part II, line 14		15				
16a 33 1/3% support test—2015.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—2014.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—2015.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—2014.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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
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.		
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.		
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.		
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.		
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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 .		
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).		
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).		
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 .		
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 .		
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 .		
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.		
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.)		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>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?</div>		
<div>2</div> <div>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

	Yes	No
<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div><div><input type="checkbox"/></div><div>The organization satisfied the Activities Test. Complete line 2 below.</div></div><div><div><input type="checkbox"/></div><div>The organization is the parent of each of its supported organizations. Complete line 3 below.</div></div><div><div><input type="checkbox"/></div><div>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div>		
<div>2</div> <div>Activities Test. Answer (a) and (b) below.</div> <div><div><div><div>2a</div><div>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i></div></div><div><div>2b</div><div>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div></div></div></div>		
<div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div> <div><div><div><div>3a</div><div>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i></div></div><div><div>3b</div><div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div></div></div></div>		

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). <input type="checkbox"/>		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

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

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

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

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

Name of the organization Ann & Robert H Lurie Children's Hospital of Chicago	Employer identification number 36-2170833
---------------------------------------------------------------------------------	----------------------------------------------

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-
2				
3				
4				
5				
6				

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														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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														
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-														
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?														
		<input type="checkbox"/> Yes	<input type="checkbox"/> 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)2012	(b)2013	(c)2014	(d)2015	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

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?

b

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

c

Media advertisements?

d

Mailings to members, legislators, or the public?

e

Publications, or published or broadcast statements?

f

Grants to other organizations for lobbying purposes?

g

Direct contact with legislators, their staffs, government officials, or a legislative body?

h

Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

i

Other activities?

j

Total. Add lines 1c through 1i.

2a

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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?

(a)

Yes

No

(b)

Amount

Yes

No

0

Yes

No

716

Yes

No

0

Yes

No

0

Yes

No

563,270

Yes

No

0

Yes

No

132,528

Yes

No

696,514

No

Part III-A

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

1

Were substantially all (90% or more) dues received nondeductible by members?

2

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

3

Did the organization agree to carry over lobbying and political expenditures from the prior year?

Yes

No

1

2

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

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

b

Carryover from last year

c

Total

3

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

4

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

5

Taxable amount of lobbying and political expenditures (see instructions)

1

2a

2b

2c

3

4

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
2015 FORM 990, SCHEDULE C	SUPPLEMENTAL INFORMATION To further their collective mission, Ann & Robert H. Lurie Childrens Hospital of Chicago ("Lurie Childrens") and its affiliates, by virtue of their role in providing complex care and care for children, partner with and frequently interact with members of the government in developing policies applicable to childrens health and well-being. In 1994, Lurie Childrens established a Public Policy Committee of the Board of Directors to recommend institutional positions on legislation and regulation that would enable Lurie Childrens and its affiliates to enhance the health and well-being of children. Over the years the Public Policy Committee has recommended positions on public policy matters affecting childrens health and well-being and to garner government funding to support the exempt activities of Lurie Childrens and its affiliates. Examples of policy initiatives for which Lurie Childrens has advocated include: preventing transmission of HIV from mothers to newborns, prevention of childhood injury (unintentional and violent), prevention of child abuse, and prevention of childhood obesity, and improving access to health insurance for children. Read more about our current institutional public positions at https://www.luriechildrens.org/en-us/community/government-relations/policy-priorities-positions/Pages/index.aspx . In addition, when state and federal legislators or committees need experts to analyze and testify as to how a pending bill would affect childrens health in Illinois, they often look to Lurie Childrens and its affiliates. In recent years, employees, officers and physicians of Lurie Childrens and its affiliates have testified before elected officials and government policymakers in Washington, DC, Springfield and Chicago on issues ranging from the benefits of children passenger safety and helmet laws to the prevention of concussions in youth, funding for graduate medical education and Medicaid reform. In addition, Lurie Childrens engages in lobbying activities to seek appropriate Medicaid funding of the substantial services provided by Lurie Childrens and its affiliates to Medicaid-eligible patients in Illinois. Lurie Childrens also seeks funding, on a state and federal level, for various initiatives that will enhance patient care. On the federal level, Lurie Childrens, in connection with other childrens teaching hospitals, works to protect and enhance funding for the Medicaid program and graduate medical education for 58 freestanding childrens teaching hospitals in the United States and advocates for national networks of care for Medicaid children with medical complexity.

Schedule C (Form 990 or 990-EZ) 2015

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization Ann & Robert H Lurie Children's Hospital of Chicago	Employer identification number 36-2170833
---------------------------------------------------------------------------------	----------------------------------------------

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements.

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div>	
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	
a	Total number of conservation easements	
b	Total acreage restricted by conservation easements	
c	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
(i)	Revenue included on Form 990, Part VIII, line 1	► \$ _____
(ii)	Assets included in Form 990, Part X	► \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	► \$ _____
b	Assets included in Form 990, Part X	► \$ _____

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

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	411,844,794	410,652,011	390,269,609	380,180,030	373,934,512
b Contributions	3,537,604	7,629,605	5,062,066	4,236,209	1,354,036
c Net investment earnings, gains, and losses	9,497,852	3,180,754	25,646,001	14,828,946	15,030,547
d Grants or scholarships	10,002,966	8,952,874	8,538,431	8,423,615	8,001,784
e Other expenditures for facilities and programs	-1,641,482	664,702	1,787,234	551,961	2,137,281
f Administrative expenses					
g End of year balance	416,518,766	411,844,794	410,652,011	390,269,609	380,180,030

2

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

a

Board designated or quasi-endowment

43 040 %

b

Permanent endowment

40 251 %

c

Temporarily restricted endowment

16 709 %

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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)	Accumulated (c)depreciation	(d)Book value
1a Land		34,812,506		34,812,506
b Buildings		893,944,628	182,591,962	711,352,666
c Leasehold improvements		17,138,210	6,425,408	10,712,802
d Equipment		291,891,544	194,370,445	97,521,099
e Other		4,910,356		4,910,356
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				859,309,429

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 36-2170833

Name: Ann & Robert H Lurie Children's Hospital of Chicago

Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE D, PART V, LINE 4	INTENDED USE OF ENDOWMENT FUNDS LURIE CHILDREN'S ENDOWMENT FUND CONSISTS OF INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY ITS BOARD TO FUNCTION AS ENDOWMENTS THE NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING THOSE FUNDS DESIGNATED BY THE BOARD TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS EFFECTIVE JUNE 30, 2009, ILLINOIS PASSED UNIFORM PRUDENCE MANAGEMENT OF INSTITUTIONAL FUNDS ACT ("UPMIFA") LURIE CHILDREN'S HAS, AFTER OBTAINING ADVICE OF OUTSIDE COUNSEL, INTERPRETED UPMIFA AS SUSTAINING THE PRESERVATION OF THE ORIGINAL GIFT AS OF THE GIFT DATE OF THE DONOR-RESTRICTED ENDOWMENT FUNDS ABSENT EXPLICIT DONOR STIPULATIONS TO THE CONTRARY AS A RESULT OF THIS INTERPRETATION, LURIE CHILDREN'S CLASSIFIES AS PERMANENTLY RESTRICTED NET ASSETS, (A) THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT ENDOWMENT, (B) THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT ENDOWMENT, AND (C) ACCUMULATIONS TO THE PERMANENT ENDOWMENT MADE IN ACCORDANCE WITH THE DIRECTION OF THE APPLICABLE DONOR GIFT INSTRUMENT AT THE TIME THE ACCUMULATION IS ADDED TO THE FUND THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND THAT IS NOT CLASSIFIED IN PERMANENTLY RESTRICTED NET ASSETS IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY LURIE CHILDREN'S IN A MANNER CONSISTENT WITH THE DONOR INTENT AND STANDARD OF PRUDENCE PRESCRIBED BY UPMIFA WHERE THE BOARD DESIGNATES UNRESTRICTED FUNDS TO FUNCTION AS ENDOWMENTS THEY ARE CLASSIFIED AS UNRESTRICTED NET ASSETS

2015

Open to Public Inspection

SCHEDULE F
(Form 990)

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
Ann & Robert H Lurie Children's Hospital of
Chicago

Employer identification number

36-2170833

Part I General Information on Activities Outside the United States.

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and the Caribbean			Investments		147,592,278
Europe (Including Iceland and Greenland)			Investments		147,730,381
Sub-Saharan Africa			Investments		415,830
North America			Investments		308,302
3a Sub-total					296,046,791
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					296,046,791

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States.
Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities ▶

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

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, 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

Additional Data

Software ID:

Software Version:

EIN: 36-2170833

Name: Ann & Robert H Lurie Children's Hospital of
Chicago

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).

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

► Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization	Employer identification number
Ann & Robert H Lurie Children's Hospital of Chicago	36-2170833

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	<input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities			
	<input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care	3a	Yes	
	<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other _____ 300 %			
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,045,421		1,045,421	0 130 %
b Medicaid (from Worksheet 3, column a)			294,281,546	244,636,887	49,644,659	6 410 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			295,326,967	244,636,887	50,690,080	6 540 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			10,612,298	1,094,064	9,518,234	1 230 %
f Health professions education (from Worksheet 5)			22,110,628	2,920,423	19,190,205	2 480 %
g Subsidized health services (from Worksheet 6)			28,772,449		28,772,449	3 720 %
h Research (from Worksheet 7)			49,534,134	36,953,988	12,580,146	1 620 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,491,399	70,461	1,420,938	0 180 %
j Total. Other Benefits			112,520,908	41,038,936	71,481,972	9 230 %
k Total. Add lines 7d and 7j			407,847,875	285,675,823	122,172,052	15 770 %

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					
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					

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare 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

2,541,100

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

2,861,840

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

2,576,006

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

285,834

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)

	See Additional Data Table	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

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)
Lurie Children's

Name of hospital facility or letter of facility reporting group

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

		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 If "Yes," indicate what the CHNA report describes (check all that apply) a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility b <input checked="" type="checkbox"/> Demographics of the community c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input checked="" type="checkbox"/> How data was obtained e <input checked="" type="checkbox"/> The significant health needs of the community f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Section C)	3	Yes
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16		
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	No
6b	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? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input checked="" type="checkbox"/> Hospital facility's website (list url) www.luriechildrens.org b <input type="checkbox"/> Other website (list url) _____ c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input type="checkbox"/> Other (describe in Section C)	7	Yes
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 20 16		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) www.luriechildrens.org b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10	Yes
10b		10b	No
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
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

Lurie Children's

Name of hospital facility or letter of facility reporting group _____

		Yes	No	
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %			
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)			
c	<input checked="" type="checkbox"/> Asset level			
d	<input checked="" type="checkbox"/> Medical indigency			
e	<input checked="" type="checkbox"/> Insurance status			
f	<input type="checkbox"/> Underinsurance discount			
g	<input checked="" type="checkbox"/> Residency			
h	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>www.luriechildrens.org</u>			
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>www.luriechildrens.org</u>			
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>www.luriechildrens.org</u>			
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	<input type="checkbox"/> 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	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

Lurie Children's

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		
Policy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		
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	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> 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? If "Yes," explain in Section C	23	No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	No

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

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? **17**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
PART I, LINE 3C	<p>TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE, THE PATIENT MUST BE AN ILLINOIS RESIDENT THE ORGANIZATION ALSO FOLLOWS ILLINOIS PRESUMPTIVE ELIGIBILITY GUIDELINES IN DETERMINING FINANCIAL ASSISTANCE PART I, LINE 6A LURIE CHILDREN'S PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT THE REPORT CAN BE FOUND AT HTTP://WWW.LURIECHILDRENS.ORG/ANNUALREPORT/ THE CALCULATION FOR "CHARITY CARE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST" REFLECTS THE FORM 990 DEFINITIONS AND WILL NOT NECESSARILY CORRESPOND TO CALCULATIONS PREPARED FOR SIMILAR STATE OF ILLINOIS REPORTING REQUIREMENTS AND OUR AUDITED FINANCIAL STATEMENT REPORTING, EACH OF WHICH MAY REQUIRE THE USE OF SPECIFIED METHODOLOGIES THAT MAY DIFFER FROM FORM 990 PART I, LINE 7G SUBSIDIZED HEALTH SERVICES REPORTED IN SECTION I, LINE 7G INCLUDE DETAILS FROM TWO DIFFERENT COMMUNITY BENEFIT PROGRAMS OF LURIE CHILDREN'S, NAMELY THE UPTOWN PRIMARY CARE AND DENTISTRY CLINICS THE OPERATING COSTS ATTRIBUTABLE TO THE PRIMARY CARE AND DENTISTRY CLINICS ARE \$3,204,748 BOTH PROGRAMS ARE OPERATED DESPITE FINANCIAL LOSSES TO THE ORGANIZATION THE CLINICS PROVIDE HEALTHCARE TO A LARGELY UNDERSERVED COMMUNITY LURIE CHILDREN'S PROVIDES FINANCIAL SUPPORT TO THE FOLLOWING AFFILIATED ORGANIZATIONS TO ALLOW THESE ORGANIZATIONS TO PROVIDE CHARITY CARE SERVICES TO MEDICAID PATIENTS AND ENGAGE IN OTHER CHARITABLE ACTIVITIES PEDIATRIC FACULTY FOUNDATION, INC \$22,057,408 LURIE CHILDREN'S MEDICAL GROUP, LLC \$713,486 LURIE CHILDREN'S HEALTH PARTNERS CARE COORDINATION \$1,711,606 ALMOST HOME KIDS \$1,085,201 PART I, LINE 7, COLUMN (F) TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN (A) WAS \$783,104,126 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT WAS \$8,617,551 THEREFORE, A TOTAL EXPENSE OF \$774,486,575 WAS USED FOR PURPOSES OF CALCULATING FORM 990, SCHEDULE H, LINE 7, COLUMN (F) PART I, LINE 7 COST-TO-CHARGE RATIO IS CALCULATED USING THE TOTAL EXPENSE REFLECTED IN OUR FY 2016 AUDITED FINANCIAL STATEMENTS REDUCED BY COMMUNITY BENEFITS REFLECTED ON SCHEDULE H, BAD DEBT, PROVIDER TAX AND NON-PATIENT RELATED ACTIVITY EXPENSES FOUND IN THE LURIE CHILDREN'S COST REPORT DIVIDED BY GROSS PATIENT CHARGES THIS COST-TO-CHARGE RATIO IS USED TO CALCULATE THE AMOUNTS ON LINES 7A THROUGH 7C THE REMAINDER OF THE ROWS IN PART I, LINE 7 ARE CALCULATED AS FOLLOWS LINE 7E THE AMOUNTS REPORTED ARE DIRECT COSTS USED TO IMPROVE COMMUNITY HEALTH FROM OUR RESTRICTED AND UNRESTRICTED FUNDS AND AMOUNTS FROM OUR AUDITED GENERAL LEDGER (\$10.6 MILLION) OFFSET BY DIRECT REVENUE OF (\$1.09 MILLION) LINE 7F - THESE AMOUNTS ARE UNREIMBURSED MEDICAL EDUCATION COSTS OF \$2.1 MILLION USING MEDICARE COST REPORTS INCLUDING TEACHING COSTS OFFSET BY A HRSA GRADUATE MEDICAL REIMBURSEMENT IN THE AMOUNT OF \$2.9 MILLION LINE 7G - THESE AMOUNTS SUPPORT THE COMMUNITY BY PROVIDING FINANCIAL ASSISTANCE TO PFF, LCMG, AHK AND CCE AS WELL AS UPTOWN (MEDICAL HOME) AND DENTISTRY CLINIC LINE 7H - TOTAL RESEARCH COSTS ARE DERIVED FROM THE MEDICARE COST REPORT AND SMCRI COST CENTERS LESS REVENUE AND LESS PHARMACEUTICAL ACTIVITIES LINE 7I - THESE ARE CASH AND IN-KIND CONTRIBUTIONS TO AHK AND OTHER VARIOUS ENTITIES THAT FOCUS ON HEALTHCARE PART II N/A PART III, SECTION A, LINE 2 THIS IS THE COST-TO-CHARGE RATIO MULTIPLIED BY THE FINANCIAL STATEMENT EXPENSE THIS IS THE BEST ESTIMATE OF THE ACTUAL COST TO PROVIDE THESE SERVICES PART III, SECTION A, LINE 3 THE PROVISION FOR FINANCIAL ASSISTANCE POLICY ALLOWS FOR ACCOUNTS IN BAD DEBT TO BE APPROVED FOR FINANCIAL ASSISTANCE IF THE PATIENT MEETS THE CRITERIA THERE ARE POSSIBLE FINANCIAL ASSISTANCE ACCOUNTS IN BAD DEBT, ALTHOUGH THE EXACT PERCENTAGE IS UNKNOWN PART III, LINE 4 PLEASE NOTE, SIMILAR TO FY 2015, WE DO NOT HAVE AN AFS FOOTNOTE FOR THE BAD DEBT CALCULATION FOR FY 2016 THE FOOTNOTES TO LURIE CHILDREN'S AUDITED FINANCIAL STATEMENTS DO NOT SPECIFICALLY ADDRESS BAD DEBT EXPENSE LURIE CHILDREN'S DEFINES SELF-PAY AS BAD DEBT WHEN A FAMILY IS NOT ELIGIBLE FOR FINANCIAL ASSISTANCE AND DOES NOT PAY AN OUTSTANDING ACCOUNT BALANCE EVEN WHEN A PATIENT IS NOT ELIGIBLE FOR FINANCIAL ASSISTANCE, OR ELIGIBILITY IS UNKNOWN, LURIE CHILDREN'S IS SENSITIVE TO THE FINANCIAL HEALTH OF OUR PATIENTS AND THEIR FAMILIES AND RECOGNIZES THAT FAMILY FINANCIAL CONCERNS MAY NOT ALWAYS BE SHARED AT TIMES, A PATIENT MAY BE RELUCTANT TO COMPLETE A FINANCIAL ASSESSMENT TO DETERMINE THEIR ELIGIBILITY FOR CHARITY CARE AS A RESULT, IT IS POSSIBLE THAT A PORTION OF BAD DEBT EXPENSE COULD REPRESENT PATIENTS WHO ARE UNABLE TO PAY AND MIGHT QUALIFY FOR FINANCIAL ASSISTANCE, HOWEVER, ACCURATE DATA TO ESTIMATE THIS AMOUNT IS UNAVAILABLE LURIE CHILDREN'S IS COMMITTED TO MANAGING COLLECTION EFFORTS IN A SENSITIVE AND RESPECTFUL MANNER IN THIS REGARD, LURIE CHILDREN'S SENDS A MINIMUM OF FOUR LETTERS/STATEMENTS TO THE FAMILIES BEFORE TAKING FURTHER ACTION FOR HIGH BALANCE ACCOUNTS, THE HOSPITAL WILL ALSO ATTEMPT TO CONTACT THE PATIENT/FAMILY BY TELEPHONE SHOULD THE HOSPITAL RECEIVE NO REPLY AFTER MULTIPLE ATTEMPTS</p>

Form and Line Reference	Explanation
PART I, LINE 3C	<p> MPTS TO CONTACT THE FAMILY, THE SELF-PAY BALANCES ARE SENT TO A COLLECTION AGENCY FOR FURTHER ACTION. WITH FEW EXCEPTIONS, LURIE CHILDREN'S DOES NOT CREDIT LIST ITS PATIENTS OR TAKE COURT ACTION IN ITS ATTEMPTS TO COLLECT THE OUTSTANDING BALANCES. THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AT THE AMOUNT OF CHARGES WRITTEN OFF (NET OF CONTRACTUALS AND DISCOUNTS) IS PRESENTED AS A SEPARATE LINE ITEM ON THE FACE OF THE FINANCIAL STATEMENTS. BAD DEBT EXPENSE ON PART III, LINE 2 OF SCHEDULE H IS CALCULATED BASED ON AGING ACCOUNTS RECEIVABLE AND APPLYING HISTORICAL BAD DEBT PERCENTAGES. PART III, SECTION B, LINE 8 THE ORGANIZATION DID NOT HAVE A SHORTFALL FOR FY 2016. THE ORGANIZATION COMPUTES ITS MEDICARE ALLOWABLE COSTS BASED ON COST TO CHARGES. PART III, LINE 9B COLLECTION POLICIES ARE THE SAME FOR ALL LURIE CHILDREN'S PATIENTS. IF AT ANY POINT IN THE COLLECTION PROCESS DOCUMENTATION IS RECEIVED THAT INDICATES THE PATIENT IS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE, BUT HAS NOT APPLIED FOR IT, THE ACCOUNT IS REFERRED BACK FOR A FINANCIAL ASSISTANCE REVIEW. THROUGH THE USE OF PAMPHLETS, SIGNAGE AND WEB SITE NOTICE, PATIENTS AND FAMILIES ARE NOTIFIED OF LURIE CHILDREN'S FINANCIAL ASSISTANCE POLICY. ON RECEIPT OF THE INFORMATION, WE WILL DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE AND NOTIFY THE PATIENT AS QUICKLY AS POSSIBLE. LURIE CHILDREN'S DOES NOT PURSUE COLLECTION OF AMOUNTS FROM PATIENTS WHO ARE BEING REVIEWED FOR FINANCIAL ASSISTANCE ELIGIBILITY OR WHO ARE DETERMINED TO QUALIFY FOR FINANCIAL ASSISTANCE. IN ADDITION, ALL PATIENTS HAVING DIFFICULTY PAYING THEIR BILLS ARE DIRECTED TO FINANCIAL COUNSELORS. OUR FINANCIAL COUNSELORS WILL WORK WITH OUR PATIENTS TO HELP THEM TO QUALIFY FOR FINANCIAL ASSISTANCE OR GOVERNMENT PAYORS SUCH AS MEDICAID. AFTER IT IS DETERMINED THAT A PATIENT MEETS THE QUALIFICATIONS FOR THE FINANCIAL ASSISTANCE PROGRAM, THE ACCOUNT BALANCE IS EITHER PARTIALLY OR ENTIRELY WRITTEN OFF IN ACCORDANCE WITH OUR FINANCIAL ASSISTANCE POLICY. IF THERE IS ANY REMAINING BALANCE, ONLY THAT BALANCE WOULD BE SUBJECT TO OUR DEBT COLLECTION POLICY. IF A PATIENT HAS REQUESTED AND/OR FILLED OUT A FINANCIAL ASSISTANCE APPLICATION, ALL DEBT COLLECTION ACTIVITIES STOP UNTIL ELIGIBILITY FOR FINANCIAL ASSISTANCE CAN BE DETERMINED. OUR POLICY PROVIDES THAT ONCE WE HAVE RECEIVED THE NECESSARY DOCUMENTATION WE WILL NOT REFER ANY ACCOUNTS FOR COLLECTION UNTIL WE CAN DETERMINE WHETHER THE PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE. </p>

Form and Line Reference	Explanation
Part VI, Line 2	<p>NEEDS ASSESSMENT WHILE LURIE CHILDREN'S CONDUCTED ITS FORMAL CHNA REQUIRED UNDER SECTION 5 01(R) OF THE INTERNAL REVENUE CODE AND HAS ESTABLISHED A COMMITTEE TO REVIEW THE HEALTH NE EDS OF THE COMMUNITY AND DEVELOP A CHNA REPORT, LURIE CHILDREN'S HAS ALSO UTILIZED OTHER M ECHANISMS TO ASSESS THE HEALTH CARE NEEDS OF THE LARGER AND DIVERSE COMMUNITY IT SERVES IN A VARIETY OF WAYS COMMUNITY NEEDS ARE IDENTIFIED BY THE LURIE CHILDREN'S BOARD OF DIRECT ORS, AS WELL AS SEVERAL ADVISORY BOARDS WHICH ARE COMPRISED OF INDIVIDUALS FROM THE COMMUN ITY SERVED, WHO ARE ACTIVE MEMBERS OF THE COMMUNITY AND ATTUNED TO COMMUNITY NEEDS FOR EX AMPLE, LURIE CHILDREN'S HAS A VERY ACTIVE FAMILY ADVISORY BOARD WHICH THE HOSPITAL RELIES UPON TO ASSIST IN MAKING DECISIONS ABOUT PROGRAMMING AND POLICIES FAMILY ADVISORY BOARD M EMBERS, COMPRISED OF PARENTS OF CHILDREN WHO HAVE HAD EXTENSIVE INPATIENT AND OUTPATIENT E XPERIENCES AT THE HOSPITAL, ADVISE ADMINISTRATION AND MEDICAL LEADERSHIP ON PATIENT NEEDS AND HOSPITAL PRIORITIES FROM THE FAMILY PERSPECTIVE FAMILY ADVISORY BOARD MEMBERS CONTRIBUTE THROUGH PARTICIPATION IN PLANNING, OPERATING AND POLICY COMMITTEES OF LURIE CHILDREN'S SIMILARLY, THE KIDS' ADVISORY BOARD IS INTENDED TO GIVE A VOICE TO CHILDREN WHO HAVE BEE N TREATED AT THE HOSPITAL THE KIDS' ADVISORY BOARD MAKES RECOMMENDATIONS ON ISSUES RELATE D TO PATIENT CARE FROM THE PERSPECTIVE OF A CHILD, TEENAGER AND SIBLING OF A PATIENT THE HOSPITAL HAS ALSO ESTABLISHED A COMMUNITY ADVISORY BOARD FOR PATIENTS/CAREGIVERS OF HIV- IN FECTED CHILDREN, HIV- INFECTED HEALTH CARE WORKERS AND OTHER INTERESTED PEOPLE IN THE COMMU NITY THIS ADVISORY BOARD SEEKS INPUT AND FEEDBACK REGARDING CLINIC OPERATIONS AND PATIENT NEEDS TO IMPROVE SERVICES AND RESEARCH FOR ALL HIV- AFFECTED PATIENTS AT LURIE CHILDREN'S THE COMMUNITY ADVISORY BOARD MEETS TO DISCUSS IMPROVEMENTS FOR THE PROGRAM'S SERVICES, HE LP IN IMPLEMENTING NEW PEDIATRIC, ADOLESCENT AND PERINATAL RESEARCH, REVIEW HIV EDUCATION MATERIALS USED IN THE COMMUNITY AND TO ASSESS THE EFFECTIVENESS OF THE LURIE CHILDREN'S HI V/AIDS PROGRAM THE HOSPITAL ALSO HAS ESTABLISHED AN ADOLESCENT COMMUNITY ADVISORY BOARD E STABLISHED TO ADDRESS SIMILAR ISSUES, SPECIFIC TO TEENS WITH HIV/AIDS MOREOVER, LURIE CHI LDREN'S HAS STRONG RELATIONSHIPS WITH OTHER NOT-FOR-PROFIT ORGANIZATIONS (SUCH AS HEALTH C LINICS AND SOCIAL SERVICE AGENCIES) AND COMMUNITY LEADERS WHO HELP IDENTIFY EXISTING COMMU NITY NEEDS AND WAYS TO ADDRESS SUCH NEEDS LURIE CHILDREN'S IS ALSO A LEADER IN PEDIATRIC RESEARCH AIMED AT ADVANCEMENTS IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF DISEASES THAT AFFECT THE DEVELOPMENT OF CHILDREN THROUGH ADOLESCENCE AS WELL AS ADULT DISORDERS THAT DE RIVE FROM THEM STANLEY MANNE CHILDREN'S RESEARCH INSTITUTE ("STANLEY MANNE RESEARCH INSTI TUTE") IS ONE OF A FEW INSTITUTIONS IN THE U S DEDICATED EXCLUSIVELY TO PEDIATRIC RESEARC H THIS RESEARCH AIDS IN THE IDENTIFICATION OF UNMET NEEDS FACED BY THE COMMUNITY AND, IN PARTICULAR, THE CHILDREN LURIE CHILDREN'S IS PRIVILEGED TO SERVE LURIE CHILDREN'S ASSESSE S PEDIATRIC HEALTH NEEDS IN THE COMMUNITY THROUGH ITS CHILD HEALTH DATA LAB, WHICH PROVIDE S CURRENT AND ACCURATE DATA ON THE HEALTH OF CHILDREN AND ADOLESCENTS THROUGHOUT ILLINOIS IN A READILY UNDERSTANDABLE FORMAT BY ANALYZING HEALTH STATUS IN PARTICULAR AREAS OVER PE RIODS OF TIME, THE DATA LAB ASSISTS POLICY-MAKERS AND PUBLIC HEALTH PLANNERS TO IDENTIFY T HE HEALTH PROMOTION AND DISEASE AND INJURY PREVENTION NEEDS IN LOCAL COMMUNITIES IN ILLINO IS THE DATA LAB PUBLISHES REPORTS INCLUDING DETAILED ANALYSES OF CHILD AND ADOLESCENT INJ URY, DEATH AND HOSPITALIZATION IN ILLINOIS BY COUNTY, AND CHILD INJURY AND WELL-BEING BY C HICAGO COMMUNITY AREA THE DATA LAB PROVIDES STATISTICAL ANALYSIS AND PROPOSES SOLUTIONS T O ADDRESS THE LEADING CAUSES OF INJURY FOR DIFFERENT AGE GROUPS THE DATA LAB ALSO HOUSES THE ILLINOIS HEALTH SURVEY WHICH IS THE FIRST BROAD-BASED SURVEY OF ILLINOIS YOUTH AND ADU LTS, DESIGNED TO PROVIDE COUNTY-LEVEL ESTIMATES OF A BROAD RANGE OF HEALTH CONDITIONS FOR ILLINOIS YOUTH AND ADULTS AND IS INTENDED TO GUIDE HEALTH POLICY IN ILLINOIS BASED UPON A LL THESE VARIED ASSESSMENTS, LURIE CHILDREN'S, IN CONCERT WITH OTHERS IN THE COMMUNITY, ST RIVES TO ADDRESS IDENTIFIED NEEDS WHICH IT IS POSITIONED TO ASSIST WITH, PARTICULARLY THOSE RELATED TO THE HEALTH AND WELL-BEING OF CHILDREN, THROUGH EDUCATION, RESEARCH AND PATIEN T CARE PROGRAMS, IN KEEPING WITH ITS CHARITABLE MISSION AS A TAX-EXEMPT ENTITY FOR SPECIFIC EXAMPLES OF COMMUNITY BUILDING ACTIVITIES OF LURIE CHILDREN'S, PLEASE SEE RESPONSE TO P ART VI, LINE 5 BELOW PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE LURI E CHILDREN'S FINANCIAL ASSISTANCE POLICY IS COMMUNICATED TO THE PUBLIC AND PATIENTS FREQUE NTLY AND IN MANY WAYS NEW PATIENTS RECEIVE A WRITTEN NOTICE INFORMING THEM ABOUT LURIE CH ILDREN'S FINANCIAL ASSISTANCE POLICY AND ARE REQUESTED TO SIGN A STATEMENT AT LEAST ANNUAL LY CONFIRMING THAT THEY HAVE RECEIVED THIS POLICY</p>

Form and Line Reference	Explanation
Part VI, Line 2	<p>SIGNS ARE POSTED AT ALL AREAS OF REGISTRATION, LOBBIES OF OUR FACILITIES, RECEPTION, CLINICAL AREAS, WAITING ROOMS AND THE EMERGENCY DEPARTMENT DIRECTING PATIENTS WHO HAVE NEED OF FINANCIAL ASSISTANCE TO CONTACT OUR FINANCIAL COUNSELORS' PAMPHLETS, DISTRIBUTED THROUGH THE HOSPITAL AND OTHER FACILITIES, TITLED "BILLING/FINANCIAL ASSISTANCE AND UNDERSTANDING YOUR BILL" PROVIDE INFORMATION ABOUT THE BILLS THAT THE PATIENTS CAN BE EXPECTED TO HAVE RECEIVED AND DIRECT PATIENTS WHO MAY NEED FINANCIAL ASSISTANCE TO CONTACT OUR FINANCIAL COUNSELORS. IN ADDITION, A LINK IS SHOWN ON OUR WEBSITE ENTITLED "FINANCIAL ASSISTANCE." CLICKING ON THIS LINK WILL TAKE SOMEONE TO THE HOSPITAL'S APPLICATION FORM AND INSTRUCTIONS. AVAILABILITY OF FINANCIAL ASSISTANCE IS ALSO NOTED ON THE FRONT AND BACK OF THE FIRST PAGE OF THE PATIENT BILLING STATEMENT. LURIE CHILDREN'S HAS FINANCIAL COUNSELORS WHO ARE TRAINED TO ASSIST AND ADVISE PATIENTS AS TO THE AVAILABILITY OF A VARIETY OF SOCIAL SERVICES AND RESOURCES, INCLUDING STATE MEDICAID, ALLKIDS (ANOTHER STATE INSURANCE PROGRAM AVAILABLE TO CHILDREN FROM FAMILIES WHOSE INCOME EXCEEDS THE THRESHOLDS FOR MEDICAID ELIGIBILITY) AND THE HOSPITAL'S CHARITABLE ASSISTANCE PROGRAM. THE HOSPITAL'S STAFF ACTIVELY ASSISTS INPATIENTS AND OUTPATIENT SURGERY PATIENTS WHO ARE ELIGIBLE FOR MEDICAID IN APPLYING FOR AND OBTAINING THESE BENEFITS. IN THE AMBULATORY CLINIC SETTING APPLICATIONS FOR ALLKIDS ARE PROVIDED TO PATIENTS WHERE INDIVIDUALS ARE NOT ELIGIBLE FOR SUCH PROGRAMS AND THERE IS NEED FOR FINANCIAL ASSISTANCE, LURIE CHILDREN'S FINANCIAL COUNSELORS ASSIST PATIENTS AND FAMILIES IN APPLYING FOR CHARITABLE ASSISTANCE AVAILABLE FROM THE HOSPITAL. A PATIENT MAY QUALIFY FOR FINANCIAL ASSISTANCE AT ANY TIME, INCLUDING AFTER APPLICABLE INSURANCE LIMITS MAY HAVE BEEN EXHAUSTED. PART VI, LINE 4 COMMUNITY INFORMATION LURIE CHILDREN'S IS UNIQUE IN THE COMMUNITY AND THE STATE OF ILLINOIS AS IT IS THE ONLY FREESTANDING PEDIATRIC HOSPITAL IN THE STATE AND ITS TERTIARY SERVICES INCLUDES A LEVEL I TRAUMA CENTER AND LEVEL III NEONATAL NURSERY WHICH SERVES AS A REGIONAL REFERRAL CENTER FOR THE STATE OF ILLINOIS' PERINATAL NETWORK. IN ADDITION, FOR MORE THAN 60 YEARS, LURIE CHILDREN'S HAS SERVED AS THE PEDIATRIC TRAINING SITE FOR NORTHWESTERN UNIVERSITY'S FEINBERG SCHOOL OF MEDICINE, TRAINING RESIDENTS, MEDICAL STUDENTS AND FELLOWS WHO WILL COMPRISE THE NEXT GENERATION OF HEALTH CARE PROVIDERS. WHILE LURIE CHILDREN'S SERVES PATIENTS FROM ALL OVER THE STATE OF ILLINOIS AND ALL OTHER STATES AND 46 COUNTRIES, THE PRIMARY COMMUNITY SERVED BY LURIE CHILDREN'S IS CHILDREN FROM THE CHICAGO METROPOLITAN AREA, WITH THE PRIMARY SERVICE AREA DEFINED AS BEING THE CITY OF CHICAGO AND COOK, DUPAGE, KANE, KENDALL, LAKE, MCHENRY AND WILL COUNTIES IN ILLINOIS. APPROXIMATELY HALF OF INPATIENTS TO THE HOSPITAL LIVE WITHIN 10 MILES OF THE HOSPITAL AND MORE THAN HALF OF OUTPATIENTS RESIDE WITHIN 10 MILES. OVER HALF OF THE PATIENTS TREATED AT THE HOSPITAL IN FISCAL YEAR 2016 WERE MEDICAID RECIPIENTS. LURIE CHILDREN'S IS THE LARGEST PROVIDER OF MEDICAID PEDIATRIC SERVICES IN THE STATE OF ILLINOIS. ACCORDING TO THE MOST RECENT U.S. CENSUS BUREAU DATA, 20.1% OF FAMILIES WITH RELATED CHILDREN UNDER AGE 18 ARE BELOW THE U.S. POVERTY LEVEL. PATIENT DEMOGRAPHICS ARE DIVERSE AND INCLUDE A LARGE NUMBER OF FAMILIES WHOSE PRIMARY LANGUAGE IS NOT ENGLISH, DEMONSTRATED BY THE FACT THAT LURIE CHILDREN'S SPENT OVER \$1 MILLION IN TRANSLATION SERVICES IN FY16.</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH LURIE CHILDREN'S invests significant resources EACH YEAR TO BUILD AND PROMOTE THE GENERAL HEALTH OF THE COMMUNITY IT SERVES LURIE CHILDREN'S ENGAGES IN A BROAD SPECTRUM OF ACTIVITIES IN FURTHERANCE OF ITS MISSION TO PROVIDE HEALTH CARE, RESEARCH, TEACHING AND ADVOCACY FOR THE PROMOTION OF CHILDREN'S WELL-BEING LURIE CHILDREN'S IS A LEADER IN PROVIDING NECESSARY HEALTH CARE SERVICES AS WELL AS EDUCATION AND ADVOCACY ABOUT IMPORTANT ISSUES AFFECTING CHILDREN LURIE CHILDREN'S IS A LEADER IN PEDIATRIC RESEARCH, INCLUDING CLINICAL RESEARCH AIMED AT PROMOTING THE HEALTH AND WELL-BEING OF CHILDREN IN THE COMMUNITY LURIE CHILDREN'S PARTNERS WITH MANY COMMUNITY PROGRAMS INTENDED TO PROVIDE ACCESS TO HEALTH-RELATED SERVICES, HEALTH EDUCATION, INJURY PREVENTION AND ADVOCACY FOR IMPORTANT INITIATIVES TO IMPROVE CHILDREN'S HEALTH LURIE CHILDREN'S ALSO SPENDS SIGNIFICANT RESOURCES TOWARD GRADUATE MEDICAL EDUCATION, PROVIDING SPECIALIZED TRAINING IN PEDIATRIC SPECIALTY MEDICINE, INCLUDING SPECIALTY AREAS WHERE THERE ARE SEVERE SHORTAGES OF CLINICIANS AND FEW GRADUATES EACH YEAR FOLLOWING ARE EXAMPLES OF SOME OF Lurie Children's COMMUNITY Health INITIATIVES beyond those addressed in the Community Health Needs Assessment Implementation Plan reviewed above LURIE CHILDREN'S OPERATES A PRIMARY CARE CLINIC IN CHICAGO'S UPTOWN NEIGHBORHOOD, PROVIDING NEEDED PRIMARY CARE SERVICES, INCLUDING CHECK-UPS, BACK-TO-SCHOOL AND SPORTS PHYSICALS, IMMUNIZATIONS, VISION AND HEARING SCREENING AND SICK-CHILD CARE BY PEDIATRIC STAFF RESIDENTS, SUPERVISED BY ATTENDING PHYSICIANS LURIE CHILDREN'S ALSO HAS ESTABLISHED COLLABORATIONS WITH COMMUNITY RESOURCES AND AGENCIES, INCLUDING CHICAGO PUBLIC SCHOOLS FOR VARIOUS PROGRAMS TO SUPPORT HIV-AFFECTED CHILDREN ATTENDING SCHOOL, ASSISTING CHILDREN WITH COCHLEAR IMPLANTS IN RE-ENTERING SCHOOL AND SUPPORTING CHILDREN WITH EPILEPSY WHO ATTEND CHICAGO PUBLIC SCHOOLS AND SUBURBAN SCHOOLS IN ADDITION, LURIE CHILDREN'S COLLABORATES WITH THE DIVISION OF SPECIALIZED CARE FOR CHILDREN AS A MEANS TO MEET IDENTIFIED NEEDS IN THE PATIENTS IT SERVES THE INJURY PREVENTION AND RESEARCH CENTER ("IPRC") AT LURIE CHILDREN'S STRIVES TO EDUCATE THE PUBLIC ABOUT INJURY PREVENTION, IMPROVE PUBLIC POLICY AND FOSTER PROTECTIVE ENVIRONMENTS FOR CHILDREN, WHILE COORDINATING ALL INJURY PREVENTION INITIATIVES AT LURIE CHILDREN'S LURIE CHILDREN'S PROVIDES EDUCATION ON CAR SEAT SAFETY AND PROVIDES CAR SEATS TO PATIENTS WHO DO NOT HAVE THE MEANS TO PURCHASE A CAR SEAT FOR THEIR CHILD LURIE CHILDREN'S ALSO EDUCATES AND ADVOCATES FOR PREVENTION OF CHILDHOOD INJURIES, INCLUDING INJURY PREVENTION IN CHILDREN (PARTICULARLY UNINTENTIONAL INJURIES SUCH AS PREVENTION OF FALLS, PLAYGROUND SAFETY AND BUTTON BATTERIES), AS WELL AS HAS BEEN A LEADER IN ISSUES RELATED TO EARLY HIV TESTING FOR NEWBORNS THE HOSPITAL DEVOTES SIGNIFICANT RESOURCES TO FAMILY SUPPORT SERVICES WHICH INCLUDE SOCIAL WORK, PASTORAL CARE, PARENT EDUCATION AND OTHER FAMILY AMENITIES TO ADDRESS EMOTIONAL, SOCIAL AND SPIRITUAL NEEDS OF HOSPITALIZED CHILDREN AND THEIR FAMILIES OTHER INFORMATION THE LURIE CHILDREN'S MISSION IS TO PROVIDE PEDIATRIC HEALTH CARE, RESEARCH, TEACHING AND ADVOCACY FOR ISSUES RELATED TO CHILDREN LURIE CHILDREN'S GOVERNING BOARD AND VARIOUS ADVISORY BOARDS (FAMILY ADVISORY BOARD, KIDS' ADVISORY BOARD AND COMMUNITY ADVISORY BOARDS) ARE COMPRISED OF VOLUNTEERS FROM THE COMMUNITY WHO HAVE KNOWLEDGE OF THE COMMUNITY AND A BROAD RANGE OF EXPERTISE THE HOSPITAL PROVIDES MORE PEDIATRIC PATIENT CARE THAN ANY OTHER HOSPITAL IN ILLINOIS IN NEARLY EVERY PEDIATRIC AND SURGICAL SPECIALTY LURIE CHILDREN'S OPERATES A 24-HOUR, 7 DAY-PER-WEEK PEDIATRIC EMERGENCY ROOM, INCLUDING A LEVEL I TRAUMA CENTER AND LEVEL III NEONATAL NURSERY THAT SERVES AS A REGIONAL REFERRAL CENTER FOR THE STATE OF ILLINOIS' PERINATAL NETWORK THE HOSPITAL IS THE LARGEST PROVIDER OF MEDICAID SERVICES TO ILLINOIS CHILDREN THE HOSPITAL'S PEDIATRIC PHYSICIAN SPECIALISTS PROVIDE MORE SERVICES TO CHILDREN INSURED BY THE STATE OF ILLINOIS' INSURANCE PROGRAM THAN ANY OTHER PROVIDER THE HOSPITAL'S ABILITY TO TREAT THE MOST CRITICALLY ILL INFANTS IS DEMONSTRATED BY THE FACT THAT IN FISCAL YEAR 2016, OVER HALF OF ALL TRANSPORTS INTO ITS NEONATAL INTENSIVE CARE UNIT WERE FROM OTHER LEVEL II I NURSERIES IN THE CHICAGO METROPOLITAN AREA IN FISCAL YEAR 2016, LURIE CHILDREN'S SERVED MORE THAN 174,000 PATIENTS FROM THE STATE OF ILLINOIS AND ELSEWHERE IN 70 PEDIATRIC SPECIALTIES OFFERED BY THE HOSPITAL IN KEEPING WITH ITS EXEMPT PURPOSES, SURPLUS FUNDS OF THE HOSPITAL ARE UTILIZED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND OR IMPROVE ITS FACILITIES AND ADVANCE MEDICAL TRAINING, EDUCATION AND RESEARCH PROGRAMS IN FY 2012, LURIE CHILDREN'S COMPLETED CONSTRUCTING A NEW, MODERN HOSPITAL FACILITY LOCATED ON THE CAMPUS OF NORTHWESTERN UNIVERSITY'S FEINBERG SCHOOL OF MEDICINE ("NUFSM"), DESIGNED TO CONTINUE TO PROVIDE THE HIGHEST QUALITY MEDICAL CARE, BETTER SERVE</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>PATIENTS AND FAMILIES AND ENHANCE THE ABILITY TO RECRUIT HIGH QUALITY PHYSICIAN FACULTY T O PROVIDE CLINICAL SERVICES, CONDUCT RESEARCH AND TRAIN RESIDENTS AND FELLOWS AMONG THE K EY DESIGN FEATURES AIMED AT IMPROVING THE CARE AND PRIVACY OF OUR PEDIATRIC PATIENTS IS P R I V A T E PATIENT ROOMS FURTHER, THE KIDS' ADVISORY BOARD AND FAMILY ADVISORY BOARD WERE ACTI VELY INVOLVED IN MAKING SUGGESTIONS ABOUT THE DESIGN OF THE NEW HOSPITAL FROM THE PERSPECT IVE OF PATIENTS AND FAMILIES AND THE NEW HOSPITAL REFLECTS MANY OF THEIR INSIGHTFUL RECOMM ENDATIONS LURIE CHILDREN'S ALSO INCREASES ACCESS TO ITS SERVICES BY OPERATING NUMEROUS OU TPATIENT SPECIALTY CLINICS IN VARIOUS LOCATIONS THROUGHOUT THE CHICAGO METROPOLITAN AREA, CONVENIENT FOR PATIENTS AND FAMILIES TO ACCESS THE SCARCE, PEDIATRIC SPECIALTY AND SUB-SPE CIALTY SERVICES THAT WOULD NOT OTHERWISE BE IMMEDIATELY AVAILABLE LURIE CHILDREN'S ALSO P ROVIDES PHYSICIAN COVERAGE THROUGH NEONATOLOGISTS, PEDIATRIC INTENSIVISTS, PEDIATRIC HOSPI TALISTS AND PEDIATRIC EMERGENCY MEDICINE PHYSICIANS AT FOURTEEN OTHER HOSPITALS LOCATED IN CHICAGO AS WELL AS THE SUBURBAN AREAS CURRENTLY, LURIE CHILDREN'S PROVIDES THESE SERVICE S TO NORTHWESTERN MEMORIAL HOSPITAL'S PRENTICE WOMEN'S HOSPITAL, NORTHWESTERN CENTRAL DUPA GE HOSPITAL, NORTHWESTERN DELNOR HOSPITAL, NORTHWESTERN LAKE FOREST HOSPITAL, NORTHWEST CO MMUNITY HOSPITAL, VISTA HEALTH, PRESENCE MERCY, SILVER CROSS HOSPITAL, SWEDISH COVENANT HO SPITAL, NORWEGIAN AMERICAN HOSPITAL, WEST SUBURBAN MEDICAL CENTER, WESTLAKE MEDICAL CENTER , ADVENTIST HINSDALE HOSPITAL AND LA RABIDA CHILDREN'S HOSPITAL, A SPECIALTY CHILDREN'S HO SPITAL IN CHICAGO SERVING CHILDREN WITH CHRONIC MEDICAL CONDITIONS AGAIN, THESE SPECIALIZ ED SERVICES WOULD NOT OTHERWISE BE READILY AVAILABLE LURIE CHILDREN'S IS INVOLVED WITH NU MEROUS PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS AND LEADERS TO PROMOTE THE HEALTH AND WEL L-BEING OF THE CHILDREN IT SERVES LURIE CHILDREN'S ALSO SERVES AS A MAJOR ACADEMIC TERTIA RY CARE MEDICAL CENTER AND SERVES AS THE PRIMARY PEDIATRIC PRACTICE SITE FOR NUFSM AND PRO VIDES THE CLINICAL TRAINING FOR NUFSM'S RESIDENT PHYSICIANS, FELLOWS AND MEDICAL STUDENTS IN PEDIATRIC SPECIALTIES AND SUB-SPECIALTIES EACH YEAR, THE LURIE CHILDREN'S DEPARTMENT O F PEDIATRICS TRAINS APPROXIMATELY 200 PHYSICIANS ALMOST HALF ARE PEDIATRIC RESIDENTS AND THE REMAINDER ARE FELLOWS IN VARIOUS PEDIATRIC SUB-SPECIALTIES INCLUDING CARDIOLOGY, HEMAT OLOGY/ONCOLOGY AND NEONATOLOGY IN ADDITION, THE LURIE CHILDREN'S DEPARTMENT OF SURGERY PR OVIDES FORMAL RESIDENT EDUCATION TO NUFSM IN EACH OF ITS TEN DIVISIONS AND TRAINS ROTATING RESIDENTS FROM VARIOUS OTHER MEDICAL SCHOOLS AMONG THE TRAINING OPPORTUNITIES FOR RESIDE NTS, SUPERVISED BY ATTENDING PHYSICIANS, IS TO PROVIDE PRIMARY CARE AT THE UPTOWN CLINIC I N CHICAGO, WHERE PRIMARY CARE PEDIATRIC SERVICES ARE PROVIDED THESE PRIMARY SERVICES WOULD NOT OTHERWISE BE AVAILABLE TO THE PATIENTS TREATED AT THE SITE IN ADDITION TO TRAINING MEDICAL STUDENTS, RESIDENTS AND FELLOWS OF NUFSM AND OTHER INSTITUTIONS, LURIE CHILDREN'S OFFERS CLINICAL EXPERIENCES IN PEDIATRICS TO NURSING STUDENTS AND STUDENTS IN OTHER ALLIED HEALTH FIELDS STUDENTS IN CLINICAL PLACEMENTS MUST BE CANDIDATES FOR A DEGREE IN THEIR P ARTICULAR FIELD OF STUDY LURIE CHILDREN'S IS AFFILIATED WITH 20 NURSING TRAINING PROGRAMS IN ACADEMIC YEAR 2015-16 THERE WERE 1,679 STUDENT PLACEMENTS INCLUDING 310 THIRD AND FOU RTH YEAR MEDICAL STUDENTS, 926 NURSING STUDENTS, AND 358 ALLIED HEALTH STUDENTS STUDYING I N THE FIELDS OF RESPIRATORY THERAPY, EXERCISE PHYSIOLOGY, REHABILITATION SERVICES, SOCIAL WORK, NUTRITION, RADIOLOGY, PHARMACY, CHILD LIFE, ART THERAPY, AND PSYCHIATRY-RELATED STUD IES STUDENTS TRAINING TO BE OPERATING ROOM TECHNICIANS AND CARDIAC PERFUSION TECHNICIANS ALSO HAD CLINICAL PLACEMENTS AT LURIE CHILDREN'S THE HOSPITAL HAS AN OPEN MEDICAL STAFF, WHICH IS COMPRISED OF PEDIATRICIANS AND PEDIATRIC SPECIALISTS WHOSE PRACTICE IS BASED AT LURIE CHILDREN'S AS WELL AS COMMUNITY-BAS</p>

Form and Line Reference	Explanation
Part VI, Line 6	<p>AFFILIATED HEALTHCARE SYSTEM LURIE CHILDREN'S EMPLOYS, THROUGH AFFILIATED FACULTY PRACTICE PLANS ENTITIES, PEDIATRIC SPECIALISTS AND SUB-SPECIALISTS WHO PROVIDE PATIENT CARE AT LOCATIONS IN CHICAGO AND THE SURROUNDING COMMUNITIES IN ACCORDANCE WITH THE MISSION OF LURIE CHILDREN'S, THESE PHYSICIAN GROUPS PROVIDE MORE SERVICES TO MEDICAID PATIENTS THAN ANY OTHER PHYSICIAN PROVIDERS IN ILLINOIS IN CONNECTION WITH THEIR EXTENSIVE TREATMENT OF MEDICAID PATIENTS, IN FISCAL YEAR 2016, THESE PHYSICIAN AFFILIATES WERE PAID \$40.6 MILLION LESS THAN THE ACTUAL COSTS OF PROVIDING THE SERVICES. IN ADDITION, LURIE CHILDREN'S, THROUGH ITS AFFILIATE, STANLEY MANNE CHILDREN'S RESEARCH INSTITUTE, PERFORMS RESEARCH AIMED AT ADVANCEMENTS IN THE PREVENTION, DIAGNOSIS AND TREATMENT OF DISEASES THAT AFFECT THE DEVELOPMENT OF CHILDREN THROUGH ADOLESCENCE AS WELL AS ADULT DISORDERS THAT DERIVE FROM THEM. STANLEY MANNE CHILDREN'S RESEARCH INSTITUTE, ONE OF A FEW INSTITUTIONS IN THE U.S. DEDICATED EXCLUSIVELY TO PEDIATRIC RESEARCH, OPERATES, IN PART, IN A FIVE-STORY, 125,000 SQUARE FOOT STATE-OF-THE-ART LABORATORY AND RESEARCH ADMINISTRATION FACILITY AS WELL AS IN THE HOSPITAL AND THE CAMPUS OF NORTHWESTERN UNIVERSITY. STANLEY MANNE CHILDREN'S RESEARCH INSTITUTE RESEARCH ENCOMPASSES BASIC RESEARCH STUDIES AS WELL AS THOSE WITH POTENTIAL CLINICAL APPLICATIONS. IN FISCAL YEAR 2016, THERE WERE MORE THAN 200 PHYSICIAN-SCIENTISTS ENGAGED IN RESEARCH. IN ADDITION, THERE WERE OVER 400 FUNDED RESEARCH PROJECTS WHICH RECEIVED OVER \$32 MILLION IN ANNUAL FUNDING FROM EXTERNAL SPONSORS SUCH AS THE NATIONAL INSTITUTES OF HEALTH. SEE THE TAX INFORMATION RETURN OF STANLEY MANNE CHILDREN'S RESEARCH INSTITUTE, EIN #36-3357005 FOR ADDITIONAL INFORMATION. THE ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO FOUNDATION ("LURIE CHILDREN'S FOUNDATION"), ANOTHER AFFILIATE OF LURIE CHILDREN'S, IS RESPONSIBLE FOR FUNDRAISING FOR THE HOSPITAL AND ITS AFFILIATED TAX-EXEMPT ORGANIZATIONS. THESE PHILANTHROPIC DOLLARS SUPPORT THE PROGRAMS IN FURTHERANCE OF THE HOSPITAL'S MISSION AND BENEFITING THE COMMUNITY SERVED. SEE THE TAX INFORMATION RETURN OF LURIE CHILDREN'S FOUNDATION, EIN 36-3357006 FOR ADDITIONAL INFORMATION. IN ADDITION, IN CONNECTION WITH ITS RELATIONSHIP WITH NUFSM, LURIE CHILDREN'S IS A MEMBER INSTITUTION OF THE MCGAW MEDICAL CENTER OF NORTHWESTERN UNIVERSITY ("MCGAW"). MCGAW IS AN ILLINOIS NOT-FOR-PROFIT CORPORATION, EXEMPT FROM FEDERAL INCOME TAXATION PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MCGAW IS A CHARITABLE AND EDUCATIONAL CONSORTIUM OF FOUR INDEPENDENT HOSPITALS AND NUFSM. THE GOAL OF MCGAW IS TO FACILITATE EDUCATION AND COORDINATE NUFSM MEDICAL RESIDENCY AND FELLOWSHIP PROGRAMS AMONG THE MEMBER INSTITUTIONS. LURIE CHILDREN'S, NORTHWESTERN MEMORIAL HOSPITAL, NUFSM AND THE REHABILITATION INSTITUTE OF CHICAGO. FOR ACADEMIC YEAR 2015-2016, MCGAW MEDICAL CENTER OF NORTHWESTERN UNIVERSITY MANAGED THE TRAINING OF APPROXIMATELY 791 RESIDENT-LEVEL TRAINEES AND 301 TRAINEES AT THE FELLOW LEVEL. OF THOSE, LURIE CHILDREN'S IS THE PRIMARY TEACHING SITE FOR APPROXIMATELY 115 PEDIATRIC RESIDENTS AND 97 PEDIATRIC SUBSPECIALTY FELLOWS. IN ADDITION, TRAINEES FROM THE ADULT PROGRAMS OF MCGAW ROTATE TO LURIE CHILDREN'S FOR VARYING LENGTHS OF TIME TO FULFILL THE PEDIATRIC COMPONENT OF THEIR TRAINING PROGRAM. PART VI, 7 STATE FILING OF COMMUNITY BENEFIT REPORT. LURIE CHILDREN'S FILES ITS ANNUAL COMMUNITY BENEFIT REPORT IN ILLINOIS.</p>

Schedule H (Form 990) 2015

Additional Data

Software ID:
Software Version:
EIN: 36-2170833
Name: Ann & Robert H Lurie Children's Hospital of Chicago

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	Lurie Children's 225 E Chicago Ave PR Dept Box 26 Chicago, IL 606112991 www.luriechildrens.org 0005843	X	X	X		X	X			

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?

Name and address	Type of Facility (describe)
1 Lurie Children's Pediatrics - Uptown 4867 N Broadway Avenue Chicago, IL 60640	Outpatient Medical Services
1 Lurie Children's OTP Ctr in Westchester 2301 Enterprise Dr Westchester, IL 60154	Outpatient Medical & Ambulatory Surgical Services
2 Lurie Children's OTP CTR in Arlington Ht 880 W Central Rd Suite 6400 Arlington Heights, IL 60005	Outpatient Medical Services
3 Lurie Children's OTP Ctr in New Lenox 1870 N Silver Cross Blvd Ste 100 New Lenox, IL 60451	Outpatient Medical Services
4 Lurie Children's OTP Ctr in Lake Forest 900 N Westmoreland Suite 209 Lake Forest, IL 60045	Outpatient Medical Services
5 Lurie Children's OTP Ctr in Lincoln Park 2515 N Clark Street/467 W Deming Chicago, IL 60614	Outpatient Medical Services
6 Lurie Children's OTP Ctr in Westbrook 11301 W Cermak Rd Westchester, IL 60154	Outpatient MEDICAL SERVICES
7 Lurie Children's OTP Ctr in Winfield 25 N WINFIELD ROAD Winfield, IL 60190	Outpatient Medical Services
8 Lurie Children's at Northwestern Med 300 Randall Rd Bldg 302 Suite 102 Geneva, IL 60134	Outpatient Center-Delnor
9 CDH Proton Center 4455 Weaver Parkway Warrenville, IL 60555	Outpatient Medical Services
10 Outpatient Services in Grayslake 1475 E Belvidere Rd RTE 120 STE Grayslake, IL 600302012	Outpatient Medical Services
11 Outpatient Services in Lincoln Square 5215 N California Ave Chicago, IL 60625	Outpatient Medical Services
12 Outpatient Center in Northbrook 1131 Techny Road Northbrook, IL 60062	Outpatient Medical Services
13 Outpatient Services at Centegra Hospital 10350 Haligus Rd Centgra Hlt Sys Me Huntley, IL 60142	Outpatient Medical Services
14 Lurie Children's Primary Cr-Town Country 1460 N Halsted St Suite 402 Chicago, IL 60642	Outpatient Medical Services

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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?

Name and address	Type of Facility (describe)
16 Lurie Children's Primary Cr-Town Country 6374 N Lincoln Avenue Suite 204 Chicago,IL 60659	Outpatient Medical Services
1 Lurie Children's Primary Cr-Town Country 2601 Compass Road Suite 120 Glenview,IL 60026	Outpatient Medical Services

2015

**Open to Public
Inspection**

36-2170833

☒ Yes ☐ No[illegible]

3 Enter total number of other organizations listed in the line 1 table.

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV

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

Return Reference	Explanation
Form 990, Schedule I	WE REVIEW ALL GRANT FUNDS ON A MONTHLY BASIS. FINANCIAL REPORTS ARE GENERATED MONTHLY AND DISTRIBUTED ELECTRONICALLY TO ALL FUND DIRECTORS AND THE OFFICE OF SPONSORED PROJECTS (OSP) FOR REVIEW. EXPENDITURES ARE REVIEWED FOR APPROPRIATENESS AND AGAINST BUDGETARY GUIDELINES BY THE FINANCE OFFICE (FUND ACCOUNTING). OSP AND FUND ACCOUNTING WORK WITH THE INVESTIGATORS TO MONITOR THEIR ACTIVITY AND MAKE SURE THEY ARE IN COMPLIANCE WITH THE TERMS OF THE AWARD.

Additional Data

Software ID:
Software Version:
EIN: 36-2170833
Name: Ann & Robert H Lurie Children's Hospital of Chicago

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANLEY MANNE CHILDREN'S RESEARCH INSTITUTE 225 E CHICAGO AVE CHICAGO,IL 606112991	36-3357005	501(c)(3)	40,061,420				MISSION SUPPORT
CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CTR 225 E CHICAGO AVE CHICAGO,IL 606112991	36-3357004	501(c)(3)	465,517				MISSION SUPPORT
PEDIATRIC FACULTY FOUNDATION INC 225 E CHICAGO AVE CHICAGO,IL 606112991	36-3279680	501(c)(3)	22,626,745				MISSION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALMOST HOME KIDS 7 S 721 ROUTE 53 NAPERVILLE, IL 60540	36-3822010	501(c)(3)	1,262,493				MISSION SUPPORT
HEALTH PARTNERS CARE COORDINATION LLC 225 E CHICAGO AVE CHICAGO, IL 606112991	35-2503476	501(C)(3)	1,653,213				MISSION SUPPORT
Lurie Children's Primary Care LLC 225 E Chicago Ave CHICAGO, IL 606112991	32-0476042	501(C)(3)	3,628,373				MISSION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LURIE CHILDRENS MEDICAL GROUP LLC 225 E CHICAGO AVE CHICAGO, IL 606112991	36-4187449	501(c)(3)	3,078,086				MISSION SUPPORT
STANLEY MANNE CHILDREN'S RESEARCH INSTITUTE 225 E CHICAGO AVE CHICAGO, IL 606112991	36-3357005	501(c)(3)	4,196,417				MISSION SUPPORT
PEDIATRIC FACULTY FOUNDATION INC 225 E CHICAGO AVE CHICAGO, IL 606112991	36-3279680	501(c)(3)	9,330,986				MISSION SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LURIE CHILDRENS MEDICAL GROUP LLC 225 E CHICAGO AVE CHICAGO, IL 606112991	36-4187449	501(c)(3)	813,668				RELEASED FROM RESTRICTION
ALMOST HOME KIDS 7 S 721 ROUTE 53 NAPERVILLE, IL 60540	36-3822010	501(c)(3)	70,461				Released from restriction
AMERICAN HEART ASSOCIATION 7272 Greenville Ave Dallas, TX 75231	13-5613797	501(C)(3)	15,000				MISSION SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Ann & Robert H Lurie Children's Hospital of Chicago

Employer identification number
36-2170833

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><input type="checkbox"/> First-class or charter travel</div> <div><input type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Tax indemnification and gross-up payments</div> <div><input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div>			
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		
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		
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. <div><input checked="" type="checkbox"/> Compensation committee</div> <div><input checked="" type="checkbox"/> Independent compensation consultant</div> <div><input type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract</div> <div><input checked="" type="checkbox"/> Compensation survey or study</div> <div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div>			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Form 990, Schedule J, Part I, Line 3	<p>Pursuant to the bylaws of Children's Hospital of Chicago Medical Center ("Medical Center"), the Governance Committee of the Medical Center is charged to review and approve senior executive compensation for the Medical Center and its affiliates. The Governance Committee has adopted a written executive compensation philosophy which it follows when it reviews and approves the compensation and benefits of the organization's senior management, including the President/Chief Executive Officer and the other senior managers. The compensation philosophy is subject to periodic review for continued appropriateness by the Governance Committee. With the assistance of a compensation consultant and information from a variety of sources (specified on Schedule J), the Governance Committee confirmed the total amounts to be paid were reasonable and comparable to amounts paid by similarly situated organizations. Outside legal counsel also serves an integral role in advising the Governance Committee with respect to federal tax requirements in setting compensation and the establishment of the "rebuttable presumption of reasonableness" under the federal tax law intermediate sanctions rules. The process followed by the Governance Committee, including a description of the data relied upon and the Governance Committee's decisions, was thoroughly and contemporaneously documented. The Governance Committee has expressly reviewed the reasonableness of all such payments, and has concluded, as the result of a process that is designed to qualify for the rebuttable presumption of reasonableness, that all such amounts are reasonable and do not exceed fair market value for the services provided. The Governance Committee was comprised of members of the Medical Center and the Ann and Robert H. Lurie Children's Hospital of Chicago Boards of Directors who were determined to be disinterested for these purposes. The Governance Committee conducts an ongoing, regular review of the disinterested status of its members, and will take appropriate action with respect to anyone having an interest with respect to one or more executives so as to preserve the application of the rebuttable presumption of reasonableness. Form 990, Schedule J, Part I, Question 4b. Benefits earned under the Supplemental Executive Plan ("SERP") are non-vested forms of deferred compensation that fund the employee's eventual retirement benefit. These benefits are provided in exchange for all of the employee's years of service to the organization, and the cost of the benefits will vary from year to year based on interest rates, age, and many other factors. The amounts are at risk and will not be paid unless and until the employee has provided substantial future services to the organization. Benefits under the SERP vest at age 62, and are forfeited if the employee leaves the organization voluntarily before age 62 (except upon the sole discretion of the Board, and only if the participant has reached at least age 55 with at least 10 years of service). Participants who voluntarily leave the organization before age 55 forfeit their entire SERP benefit upon termination. The following individuals participated in the SERP and earned unvested benefits during 2015 which are reported in Column (C): Susan H. Gordon and Michelle M. Stephenson. Also in response to question 4B, the following individuals received vested payments from the supplemental retirement benefits under the Supplemental Executive Retirement Plan (called the 'SERP') described in the preceding paragraph: Stan Krok, \$137,294 and Patrick M. Magoon, \$4,892,016. These vested payments were included in taxable income in 2015, but until then the payments were 'at risk' (because, had the executives left the organization, the executive would have forfeited this retirement benefit). The SERP benefits were earned over many years of service to the organization, and the amounts earned during those past years were already reported on past Form 990s. In Schedule J, the final column (column F) shows the amount that was included in the executives' compensation on past Form 990s. These are not new amounts provided in 2015, but are only the time when these retirement benefits were no longer at risk. The Governance Committee of the organization's Board of Directors annually reviews all forms of executive compensation and benefits, including all reported vested and nonvested SERP benefits, and has concluded, as the result of a process that it is designed to qualify for the rebuttable presumption of reasonableness, that total compensation and the benefits provided are reasonable. Form 990, Schedule J, Part I, Question 7. The organization provides annual incentive compensation to senior management under a senior management incentive compensation plan. These amounts are included in Schedule J, Part II, Column B (ii). The plan is designed to offer opportunities for additional compensation tied to performance against pre-determined financial, patient satisfaction, patient safety and individual goals approved in advance by the Governance Committee of the Ann & Robert H. Lurie Children's Hospital of Chicago (Lurie Children's) and the Children's Hospital of Chicago Medical Center (Medical Center), which serves as the Compensation Committee of Lurie Children's and Medical Center. Form 990, Schedule J, Part II. The following individuals are not compensated by the reporting organization for his or her service as a director. Rather, the compensation reported on Form 990, Part VII and on Schedule J, Part II reflects compensation paid by Pediatric Faculty Foundation for the individual's substantial and full-time services as an employee. For more details, please refer to the 2015 Form 990 of Pediatric Faculty Foundation, FEIN 36-3279680. Thomas P. Shanley, MD, Michael D. Kelleher, MD, Mary J. C. Hendrix, PhD, Mina K. Dulcan, MD, William H. Schnaper, MD is not compensated by the reporting organization for his service as a director. Rather, the compensation reported on Form 990, Part VII and on Schedule J, Part II reflects compensation paid by Children's Hospital of Chicago Medical Center for his substantial and full-time services as an employee. For more details, please refer to the 2015 Form 990 of the Children's Hospital of Chicago Medical Center, FEIN 36-3357004.</p>

Additional Data

Software ID:

Software Version:

EIN: 36-2170833

Name: Ann & Robert H Lurie Children's Hospital of Chicago

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Mina K Dulcan MD DIRECTOR/CHIEF CHILD PSYCH	(i)	322,135	50,443	4,237	18,881	47,965	443,661	0
	(ii)	0	0	0	0	0	0	0
1Patnck M Magoon Ex-Offic Dir/CEO-Med Ctr, Hosp	(i)	809,539	489,041	5,297,317	31,047	24,640	6,651,584	4,892,016
	(ii)	0	0	0	0	0	0	0
2William H Schnaper MD Ex-Officio Director/PFF MD	(i)	0	0	0	0	0	0	0
	(ii)	265,407	42,400	1,524	26,500	0	0	0
3Thomas P Shanley MD Ex-Officio Dir/Pres&Chair PFF	(i)	0	0	0	0	0	0	0
	(ii)	357,600	50,226	115	22,083	0	0	0
4Mary JC Hendrx PHD Ex-Officio Dir/Pres Sci Off	(i)	0	0	0	0	0	0	0
	(ii)	576,634	93,151	792	26,500	0	0	0
5Michael D Kelleher MD Ex-Officio Director/CMO/HOSP	(i)	0	0	0	0	0	0	0
	(ii)	445,376	145,683	516	26,500	0	0	0
6Ron Blaustein Chief Financial Officer	(i)	323,875	104,452	332	16,614	27,452	472,725	0
	(ii)	0	0	0	0	0	0	0
7Jon M Duncan CHIEF HR OFFICER	(i)	258,431	82,317	574	16,994	21,576	379,892	0
	(ii)	0	0	0	0	0	0	0
8Susan H Gordon CHIEF COMMUNIC & EXT AFFAIRS	(i)	303,904	95,394	1,275	170,817	6,834	578,224	0
	(ii)	0	0	0	0	0	0	0
9Monica Heenan CHIEF AMBULATORY EXECUTIVE	(i)	332,093	106,908	1,460	19,589	19,850	479,900	0
	(ii)	0	0	0	0	0	0	0
10Stanley B Krok CHIEF INFORMATION OFFICER	(i)	321,817	123,589	141,775	23,734	25,911	636,826	137,294
	(ii)	0	0	0	0	0	0	0
11Michelle M Stephenson CHIEF PT CARE OFCR/NURSE EXEC	(i)	364,944	119,480	20,402	32,610	29,419	566,855	0
	(ii)	0	0	0	0	0	0	0
12Nancy M Borders Gen Counsel & Corp Secretary	(i)	308,656	128,005	1,337	18,586	33,445	490,029	0
	(ii)	0	0	0	0	0	0	0
13Jessica Strausbaugh Treasurer	(i)	171,732	21,635	142	10,500	21,246	225,255	0
	(ii)	0	0	0	0	0	0	0
14Lisa M Dykstra CHIEF INFORMATION OFFICER	(i)	311,247	79,053	475	9,132	10,850	410,757	0
	(ii)	0	0	0	0	0	0	0
15Francia E Harrington President Foundation	(i)	338,709	148,005	45,024	13,250	17,307	562,295	0
	(ii)	0	0	0	0	0	0	0
16Maureen T Mahoney VP, Center for Excellence	(i)	245,947	76,236	14,149	19,585	19,725	375,642	0
	(ii)	0	0	0	0	0	0	0
17Scott T Wilkerson Executive Director LCHPCIN	(i)	403,792	98,572	5,796	13,250	25,259	546,669	0
	(ii)	0	0	0	0	0	0	0
18Philip V Spina Chief Admin Officer SMCRI	(i)	233,860	69,725	1,529	20,697	29,722	355,533	0
	(ii)	0	0	0	0	0	0	0
19Jill E Keats VP Program Development	(i)	236,108	55,837	2,638	20,031	30,481	345,095	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21MARIE A BUFALINO Associate General Counsel	(i)	248,267 -----	50,904 -----	903 -----	11,000 -----	9,263 -----	320,337 -----	0 -----
	(ii)	0	0	0	0	- 0	- 0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Ann & Robert H Lurie Children's Hospital of
Chicago

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

2015

Open to Public Inspection

Employer identification number
36-2170833

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	45200FGC7	05-15-2008	377,043,130	SEE SCHEDULE K PART VI		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired	4,890,000									
2	Amount of bonds legally defeased	0									
3	Total proceeds of issue	383,720,219									
4	Gross proceeds in reserve funds	0									
5	Capitalized interest from proceeds	45,353,927									
6	Proceeds in refunding escrows	0									
7	Issuance costs from proceeds	3,119,559									
8	Credit enhancement from proceeds	6,305,197									
9	Working capital expenditures from proceeds	0									
10	Capital expenditures from proceeds	328,941,535									
11	Other spent proceeds	0									
12	Other unspent proceeds	0									
13	Year of substantial completion	2012									
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue?		X								
15	Were the bonds issued as part of an advance refunding issue?		X								
16	Has the final allocation of proceeds been made?	X									
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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							
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							
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?	X							
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 %							
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						
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						
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						
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							

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						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?	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						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider	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						
b	Name of provider	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						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	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							

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

Return Reference	Explanation
	FORM 990, SCHEDULE K, PART I Line A Illinois Finance Authority Revenue Bonds, Series 2008A and Series 2008B (The Children's Memorial Hospital) The proceeds of the sale of the series 2008A/B Bonds were used to (i) pay or reimburse the payment of a portion of the costs of constructing and equipping the Ann & Robert H Lurie Children's Hospital of Chicago ("Lurie Children's"), (ii) pay a portion of the interest on the Series 2008A and Series 2008B Bonds during the construction period, (iii) fund a debt service reserve fund for the Series 2008B Bonds, and (iv) pay certain expenses incurred in connection with the issuance of the Series 2008A and Series 2008B Bonds The proceeds initially used to fund a debt service reserve were subsequently used to reimburse the payment of additional costs of constructing and equipping Lurie Children's Form 990, Schedule K, Part II, Line 3 Column A The amount of \$383,720,219 reported in Part I Line 3 includes total issue proceeds of \$377,043,130 and investment income of \$6,677,089 FORM 990, SCHEDULE K, PART IV, LINE 2C COLUMN A MAY 15, 2013

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
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:
Software Version:
EIN: 36-2170833
Name: Ann & Robert H Lurie Children's Hospital of Chicago

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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) Alexis Baby	Family Member of Director	48,887	Employment		No
(1) Substantial Contributor	Substantial Contributor	1,802,640	Services		No
(2) Elizabeth Cooney	Family Member of Dir/ofcr	34,844	Employment		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(4) Great Lakes Coca-Cola Distr LLC	DIRECTOR IS OWNER & OFFCR	114,253	Services		No
(1) Rachel Foote	Family Member of Dir/ofcr	53,843	Employment		No
(2) Substantial Contributor	Substantial Contributor	375,492	Services		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(7) Substantial Contributor	Substantial Contributor	399,490	Services		No
(1) Substantial Contributor	Substantial Contributor	758,651	Services		No
(2) Substantial Contributor	Substantial Contributor	9,331,425	Services		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(10) Substantial Contributor	Substantial Contributor	146,765	Services		No
(1) Substantial Contributor	Substantial Contributor	605,479	Services		No

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Ann & Robert H Lurie Children's Hospital of Chicago

Employer identification number
36-2170833

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	42	1,556,663	MARKET
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II **Supplemental Information.**

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

Return Reference	Explanation
SCHEDULE M, PART I, LINE 9B	EXPLANATION OF NUMBER OF CONTRIBUTIONS OR ITEMS CONTRIBUTED THE NUMBER OF CONTRIBUTIONS REPORTED ON PART I, LINE 9(B) IS THE NUMBER OF STOCK CONTRIBUTIONS RECEIVED AND NOT THE NUMBER OF SHARES FORM 990, SCHEDULE M, PART I, LINE 32B USE OF OUTSIDE PARTIES TO SOLICIT, PROCESS, OR SELL NON-CASH CONTRIBUTIONS ALL SECURITIES (NON-CASH DONATIONS) ARE SENT DIRECTLY TO NORTHERN TRUST NORTHERN TRUST AS CUSTODIAN AND BROKER SELLS THE SECURITIES FOR DONOR RECOGNITION PURPOSES, GIFTS ARE VALUED AT THE MEDIAN PRICES ON THE DAY THE SECURITIES ARE RECEIVED FOR ACCOUNTING PURPOSES, VALUES ARE RECONCILED MONTHLY FOR ANY GAIN/LOSS ON THE SALE OF SECURITIES

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.

2015

Open to Public
Inspection

Name of the organization
Ann & Robert H Lurie Children's Hospital of
Chicago

Employer identification number

36-2170833

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Question 1A	<p>FORM 1099/1096 FILING VENDORS FOR THE FILING ORGANIZATION ARE PAID BY LURIE CHILDREN'S (EIN 36-2170833) AS SUCH, ALL REQUIRED FORM 1099 AND FORMS 1096 REPORTING IS FILED UNDER THE LURIE CHILDREN'S EIN FORM 990, PART V, LINE 2A ALLOCATION OF SALARY EXPENSES LURIE CHILDREN'S PAYS AND ISSUES FORMS W-2 TO EMPLOYEES WHO WORK FOR ALMOST HOME KIDS, ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO FOUNDATION, CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER, PEDIATRIC FACULTY FOUNDATION, INC, AND STANLEY MANNE CHILDREN'S RESEARCH INSTITUTE</p> <p>THE ALLOCATION OF THE SALARY COSTS ARE DISCLOSED ON FORM 990, PART IX, STATEMENT OF FUNCTIONAL EXPENSES Form 990, Part VI, Question 2 Description of Relationships *Bruce Hague h as a business relationship w ith J Christopher Reyes *Bruce Hague has a business relationship w ith James DeRose *Michael Ferro has a business relationship w ith William Devers *Michael Ferro has a business relationship w ith Linda Wolf *Michael Ferro has a business relationship w ith Lester Crown *Michael Ferro has a business relationship w ith J Christopher Reyes *Michael Ferro has a business relationship w ith Andrew McKenna *Allan Bulley has a business relationship w ith Andrew McKenna *Allan Bulley has a business relationship w ith Donald Edwards and Gregory Case *Andrew McKenna and William McKenna have a family and business relationship *Julie Howard and Linda Wolf have a business relationship FORM 990, PART VI, QUESTION 4 BYLAWS WERE AMENDED AND RESTATED ON 8/18/16 TO MODIFY THE DESIGNATION OF CERTAIN OFFICERS AND TO INCLUDE OTHER CLARIFICATIONS AND CONFORMING CHANGES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Question 7b	Descr Classes of Persons, Decisions Requiring Appr & Type of Voting Rights The Medical Center, through its Board of Directors or designated committee, as the sole corporate member of the organization, has certain reserve powers with respect to appointment and removal of directors, appointment of certain officers, approval of amendments to governing documents, approval of financial matters, and approval of significant transactions including, but not limited to, merger, dissolution, disposition of assets other than in the ordinary course of business, and creation of subsidiaries

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Question 11B	<p>Describe the Process used by Management &/or Governing Body to Review Form 990 A full copy of the organization's fiscal year 2016 form 990 Was provided to each member of the medical center's and Lurie Children's Audit committee (of the board) The audit committee is the committee of The medical center charged with the oversight of audit and tax matters For the parent and affiliates During a special audit committee meeting, And before the form 990 was filed, the audit committee was provided a review of the form 990 by the chief financial officer ("CFO") The CFO and outside tax advisor also responded to the audit committee members' questions and afforded the opportunity for detailed discussion of the Form 990, prior to the audit committee taking action to approve the filing of the form 990 As part of its annual return preparation process, the organization, on an ongoing basis, consulted its tax consulting firm and outside tax legal Counsel, both of which possess expertise in health care and tax-exempt Return preparation, to advise and assist in the preparation of the form 990 These advisors worked closely with the organization's finance and internal legal personnel and other members of the organization's team assembled to participate in the preparation of the form 990 Prior to presenting the form 990 to the board's audit committee, the Organization's team, including its advisors, collaborated frequently to discuss and review drafts of the form</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Questions 15a & 15b	<p>OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN THE AUTHORITY TO REVIEW AND APPROVE EXECUTIVE COMPENSATION HAS BEEN DELEGATED TO THE GOVERNANCE COMMITTEE OF CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER AND ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO BOARDS OF DIRECTORS ("GOVERNANCE COMMITTEE") THE GOVERNANCE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND THE OTHER SENIOR MANAGERS THE COMPENSATION PHILOSOPHY IS SUBJECT TO PERIODIC REVIEW FOR CONTINUED APPROPRIATENESS BY THE GOVERNANCE COMMITTEE WITH THE ASSISTANCE OF A COMPENSATION CONSULTANT AND INFORMATION FROM A VARIETY OF EXTERNAL SOURCES (SPECIFIED ON SCHEDULE J), THE GOVERNANCE COMMITTEE CONFIRMED THE TOTAL AMOUNTS TO BE PAID WERE REASONABLE AND COMPARABLE TO AMOUNTS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY SIMILAR POSITIONS OUTSIDE LEGAL COUNSEL ALSO SERVES AN INTEGRAL ROLE IN ADVISING THE GOVERNANCE COMMITTEE WITH RESPECT TO FEDERAL TAX REQUIREMENTS IN SETTING COMPENSATION AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS THE PROCESS FOLLOWED BY THE GOVERNANCE COMMITTEE, INCLUDING A DESCRIPTION OF THE DATA RELIED UPON AND THE GOVERNANCE COMMITTEE'S DECISIONS, WAS THOROUGHLY AND CONTEMPORANEOUSLY DOCUMENTED THE GOVERNANCE COMMITTEE HAS EXPRESSLY REVIEWED THE REASONABLENESS OF ALL SUCH PAYMENTS, AND HAS CONCLUDED, AS THE RESULT OF A PROCESS THAT IS DESIGNED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER FEDERAL TAX LAW, THAT ALL SUCH AMOUNTS ARE REASONABLE AND DO NOT EXCEED FAIR MARKET VALUE FOR THE SERVICES PROVIDED THE GOVERNANCE COMMITTEE WAS COMPRISED OF MEMBERS OF CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER AND ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO BOARDS OF DIRECTORS WHO WERE DETERMINED DISINTERESTED FOR THESE PURPOSES THE GOVERNANCE COMMITTEE CONDUCTS AN ONGOING AND PERIODIC REVIEW OF THE DISINTERESTED STATUS OF ITS MEMBERS, AND WILL TAKE APPROPRIATE ACTION WITH RESPECT TO ANYONE HAVING AN INTEREST WITH RESPECT TO ONE OR MORE EXECUTIVES SO AS TO PRESERVE THE APPLICATION OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Question 19	<p>Avail of Gov Docs, Conflict of Interest Policy, & Fin Stmt's to Gen Public The organization's financial statements are publicly available online at www.dacbond.com The organization's articles of incorporation and annual reports are available through the Illinois Secretary of State The organization also makes its general governing documents available to the general public upon request</p> <p>FORM 990, PART XI, LINE 9 OTHER CHANGES IN NET ASSETS OR FUND BALANCES GRANTS RELEASED FROM RESTRICTIONS \$1,651,359 Net Assets Transferred from newly aff Org (\$4,050,000) OTHER (RESTRICTED) \$3,775,269 PLEDGE RECEIVABLE WRITE-OFFS \$ (299,686) PENSION ADJUSTMENT (\$13,847,027) FOUNDERS' BOARD ACTIVITIES \$ 227,461 CHANGE IN FAIR VALUE OF PERPETUAL TRUSTS \$ 267,337 ----- (\$12,275,287)</p>

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury

Internal Revenue Service

Name of the organization

Ann & Robert H Lurie Children's Hospital of Chicago

Employer identification number

36-2170833

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

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	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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) LURIE CHILDRENS CIN 225E CHICAGO AVE CHICAGO IL CHICAGO, IL 606112991 90-1025439	CONTRACTING SVCS	IL	NA									

Part IV

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

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

Part V

Transactions With Related Organizations

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)
.

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

No

No

No

No

No

No

No

No

No

No

No

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2015

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:
Software Version:
EIN: 36-2170833
Name: Ann & Robert H Lurie Children's Hospital of Chicago

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
STANLEY MANNE CHILDREN'S RESC INSTITUTE 225 E CHICAGO AVE Chicago, IL 60611 36-3357005	RESEARCH	IL	501(C)(3)	4	Medical Ctr		No
LURIE CHILDREN'S HOSPITAL OF CHICAGO FDN 225 E CHICAGO AVE Chicago, IL 60611 36-3357006	FUNDRAISING	IL	501(C)(3)	7	Medical Ctr		No
CHILDREN'S HOSPITAL OF CHICAGO MED CTR 225 E CHICAGO AVE Chicago, IL 60611 36-3357004	HEALTH CARE	IL	501(C)(3)	9	NA		No
Pediatric Faculty Foundation Inc 225 E CHICAGO AVE Chicago, IL 60611 36-3279680	HLTH CRE/RSCH	IL	501(C)(3)	9	Medical Ctr		No
CMH Self Insurance Foundation 225 E CHICAGO AVE Chicago, IL 60611 36-6638400	INSURANCE	IL	501(C)(3)	11 III-FI	MEDICAL CTR		No
MCGAW MEDICAL CTR OF NORTHWESTERN UNIV 645 NORTH MICHIGAN AVE 1058 CHICAGO, IL 60611 36-2656113	SUPPORTNG ORG	IL	501(C)(3)	11 III-FI	NA		No
ALMOST HOME KIDS 7 S 721 ROUTE 53 NAPERVILLE, IL 60540 36-3822010	TRANSITION CR	IL	501(C)(3)	9	MEDICAL CTR		No
Children's Hospital of Chicago FPP 737 North Michigan Ave Chicago, IL 60611 36-3393780	Supportng Org	IL	501(c)(3)	11 Type I	NA		No