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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

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

C Name of organization
University of Chicago Medical Ctr
% Justin Kats
Doing business as

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

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

D Employer identification number
36-3488183

E Telephone number
(773) 702-1998

G Gross receipts $ 1,778,371,902

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ http //www uchospitals edu/

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile IL

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	54
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	48
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	9,180
6	Total number of volunteers (estimate if necessary)	**6**	947
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,306,025
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-161,132

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,795,412	2,925,761
9	Program service revenue (Part VIII, line 2g)	1,610,315,463	1,731,912,675
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,373,547	43,232,508
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,838,139	-188,481
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,628,646,283	1,777,882,463
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	650,052,064	736,366,916
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,064,563		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	862,913,931	912,306,396
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,512,965,995	1,648,673,312
19	Revenue less expenses Subtract line 18 from line 12	115,680,288	129,209,151

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,826,657,751	3,312,944,895
21	Total liabilities (Part X, line 26)	1,511,004,566	1,554,062,164
22	Net assets or fund balances Subtract line 21 from line 20	1,315,653,185	1,758,882,731

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

****** 2018-05-04
Signature of officer Date

RICHARD SILVERIA EVP AND CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
MOLLIE P LONGHOUSE	MOLLIE P LONGHOUSE	2018-05-08		P00294881

Firm's name ▶ KPMG LLP | Firm's EIN ▶

Firm's address ▶ 191 West Nationwide Blvd Ste 500
Columbus, OH 432152568

Phone no (614) 249-2300

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,533,609,226 including grants of $) (Revenue $ 1,642,280,124)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 1,533,609,226

Part IV Checklist of Required Schedules

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	130		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	9,180		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	54		
	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	48		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶Justin Kats 5841 South Maryland Avenue MC 1086 Chicago, IL 60637 (773) 702-1998

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								19,749,685	8,406,770	5,172,939

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,349

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF CHICAGO, 6054 S DREXEL AVE SUITE 342 CHICAGO, IL 60637	PHYSICIAN SERVICES	293,494,079
GILBANE BUILDING COMPANY, 7 JACKSON WALKWAY PROVIDENCE, RI 02903	CONSTRUCTION	69,432,230
LEOPARDO-BOWA JV LLC, 5200 PRAIRIE STONE PARKWAY HOFFMAN ESTATES, IL 60192	CONSTRUCTION	22,449,051
EPIC SYSTEMS CORP, BOX 88314 MILWAUKEE, WI 53288	SOFTWARE/CONSULTING	7,957,032
CHICAGO TITLE TRUST COMPANY, 10 SOUTH LASALLE STE 2850 CHICAGO, IL 60603	CONSTRUCTION	7,670,344

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 ▶ 251

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 471,146			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,454,615			
	g Noncash contributions included in lines 1a-1f $				
	h Total. Add lines 1a-1f . . . . . ▶	2,925,761			
Program Service Revenue		Business Code			
	2a Net patient revenue	624100	1,617,557,743	1,617,557,743	
	b Other Operating	900099	75,622,388		75,622,388
	c Capitation revenue	900099	24,722,381	24,722,381	
	d LAB SERVICES	900099	7,553,143	2,314,583	5,238,560
	e MEDICAL CENTER PARKING	812930	4,669,990		4,669,990
	f All other program service revenue		1,787,030		1,787,030
	g Total. Add lines 2a-2f . . . . ▶	1,731,912,675			
	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	5,263,271		-8,558	5,254,713
	4 Income from investment of tax-exempt bond proceeds ▶	0			
	5 Royalties . . . . . ▶	0			
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)	0	0		
	d Net rental income or (loss) . . . . . ▶	0			
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	38,050,386	-81,149		
	b Less cost or other basis and sales expenses				
	c Gain or (loss)	38,050,386	-81,149		
	d Net gain or (loss) . . . . . ▶	37,969,237			37,969,237
Other Revenue	**8a** Gross income from fundraising events (not including $ 471,146 of contributions reported on line 1c) See Part IV, line 18 . . . . a	73,008			
	b Less direct expenses . . . b	489,439			
	c Net income or (loss) from fundraising events . . ▶	-416,431			-416,431
	9a Gross income from gaming activities See Part IV, line 19 . . . a	0			
	b Less direct expenses . . . b	0			
	c Net income or (loss) from gaming activities . . ▶	0			
	10a Gross sales of inventory, less returns and allowances . . a	0			
	b Less cost of goods sold . . b	0			
	c Net income or (loss) from sales of inventory . . ▶	0			
	Miscellaneous Revenue	Business Code			
	11a Other Operating		227,950		227,950
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d . . . . . ▶	227,950			
	12 Total revenue. See Instructions . . . . . ▶	1,777,882,463	1,642,280,124	2,306,025	130,353,437

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	15,960,639	5,469,270	10,491,369	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	568,325,234	527,156,597	39,340,294	1,828,343
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	37,833,408	34,197,398	3,617,259	18,751
9 Other employee benefits	72,315,354	71,704,833	610,521	
10 Payroll taxes	41,932,281	37,869,016	4,042,311	20,954
11 Fees for services (non-employees)				
a Management	4,238,523	4,207,323	31,200	
b Legal	3,687,582		3,687,582	
c Accounting	476,982		476,982	
d Lobbying	873,542		873,542	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	3,575,968	3,575,968		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	278,443,143	255,427,249	23,015,894	
12 Advertising and promotion	7,046,484		7,032,076	14,408
13 Office expenses	22,428,808	19,671,673	2,688,759	68,376
14 Information technology	16,893,963	16,500,693	393,270	
15 Royalties	0			
16 Occupancy	18,242,429	17,477,025	747,355	18,049
17 Travel	1,909,012	1,211,884	696,570	558
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	34,450,911	31,417,474	3,033,437	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	102,984,908	102,984,908		
23 Insurance	11,079,969	11,074,674	5,295	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Drugs and medical supplies	242,067,374	242,058,164	9,210	
b Implants	48,055,820	48,055,820		
c IL medicaid provider tax	41,753,223	41,753,223		
d EQUIPMENT RENT & MAINTENANCE	32,277,103	32,045,799	231,304	
e All other expenses	41,820,652	29,750,235	10,975,293	1,095,124
25 **Total functional expenses.** Add lines 1 through 24e	1,648,673,312	1,533,609,226	111,999,523	3,064,563
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	7,647	1	6,860
	2	Savings and temporary cash investments	20,354,545	2	13,714,660
	3	Pledges and grants receivable, net	4,149,869	3	3,619,268
	4	Accounts receivable, net	288,401,393	4	391,030,810
	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	32,086,609	8	34,816,174
	9	Prepaid expenses and deferred charges	17,872,856	9	16,262,849
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 2,321,768,887			
	b	Less accumulated depreciation — 10b: 885,383,342	1,380,131,783	10c	1,436,385,545
	11	Investments—publicly traded securities	489,931,067	11	570,077,119
	12	Investments—other securities See Part IV, line 11	441,645,359	12	440,020,704
	13	Investments—program-related See Part IV, line 11	5,361,515	13	328,567,994
	14	Intangible assets	2,155,112	14	1,325,765
	15	Other assets See Part IV, line 11	144,559,996	15	77,117,147
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,826,657,751	16	3,312,944,895
Liabilities	17	Accounts payable and accrued expenses	165,396,158	17	165,385,761
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	863,506,916	20	900,337,992
	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	482,101,492	25	488,338,411
	26	**Total liabilities.** Add lines 17 through 25	1,511,004,566	26	1,554,062,164
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,225,615,831	27	1,651,285,685
	28	Temporarily restricted net assets	81,924,991	28	90,348,526
	29	Permanently restricted net assets	8,112,363	29	17,248,520
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,315,653,185	33	1,758,882,731
	34	Total liabilities and net assets/fund balances	2,826,657,751	34	3,312,944,895

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,777,882,463
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,648,673,312
3	Revenue less expenses Subtract line 2 from line 1	3	129,209,151
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,315,653,185
5	Net unrealized gains (losses) on investments	5	40,400,657
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	273,619,738
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,758,882,731

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 36-3488183

Name: University of Chicago Medical Ctr

Form 990 (2016)

Form 990, Part III, Line 4a:

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sharon O'Keefe President	40.00	X		X				2,426,391	0	146,620
Andrew M Alper Trustee	1.00	X						0	0	0
Barry L MacLean Trustee	1.00	X						0	0	0
Brien M O'Brien Trustee	1.00	X						0	0	0
Cheryl Mayberry-McKissack Trustee	1.00	X						0	0	0
Craig J Duchossois Trustee (Vice Chair)	1.00	X						0	0	0
Daniel Diermeier Provost	1.00	X						0	0	0
David Orth MD Trustee	1.00	X						0	0	0
Diane Atwood Trustee	1.00	X						0	0	0
Edward Naureckas MD Trustee Ex Officio	1.00	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			
Ellen Block Trustee	1 0 0 0	X						0	0	0
Emily Nicklin Trustee (Chair)	1 0 0 0	X						0	0	0
Gordon Segal Trustee	1 0 0 0	X						0	0	0
Howard G Krane Trustee	1 0 0 0	X						0	0	0
Howard Scott Silverman Trustee	1 0 0 0	X						0	0	0
James D Abrams Trustee	1 0 0 0	X						0	0	0
James Reynolds Jr Trustee	1 0 0 0	X						0	0	0
James S Frank Trustee (Vice Chair)	1 0 0 0	X						0	0	0
James Stephen Trustee	1 0 0 0	X						0	0	0
Jeffrey T Sheffield Trustee	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John A Svoboda Trustee	1 0 0 0	X						0	0	0
John D Cooney Trustee	1 0 0 0	X						0	0	0
John D Mabie Trustee	1 0 0 0	X						0	0	0
Jonathan Kovler Trustee	1 0 0 0	X						0	0	0
Joseph Neubauer Trustee	1 0 0 0	X						0	0	0
Joseph P Nolan Trustee	1 0 0 0	X						0	0	0
Jules F Knapp Trustee	1 0 0 0	X						0	0	0
Kenneth S Polonsky Trustee (Ex Officio) Dean	20 0 20 0	X						0	3,016,023	252,292
Kevin J Brown Trustee	1 0 0 0	X						0	0	0
Kurt Johnson Trustee	1 0 43 0	X						0	3,446,068	48,325

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 Tang Trustee	1 0 0 0	X						0	0	0
Nicholas K Pontikes Trustee	1 0 0 0	X						0	0	0
Patrick J Kelly Trustee	1 0 0 0	X						0	0	0
Paul F Anderson Life Trustee	1 0 0 0	X						0	0	0
Paul G Yovovich Trustee	1 0 0 0	X						0	0	0
Paul J Carbone Trustee	1 0 0 0	X						0	0	0
Paula Wolff Trustee	1 0 0 0	X						0	0	0
Rachel D Kohler Trustee	1 0 0 0	X						0	0	0
Richard King Trustee	1 0 0 0	X						0	0	0
Richard W Edelman Trustee	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Robert G Clark Trustee	1 0 0 0	X						0	0	0
Robert G Schloerb Trustee	1 0 0 0	X						0	0	0
Robert G Weiss Trustee	1 0 0 0	X						0	0	0
Robert J Zimmer Trustee (Ex Officio) UC PRES	7 0 40 0	X						0	1,477,328	1,585,408
Robert T Feitler Life Trustee	1 0 0 0	X						0	0	0
Robin M Steans Trustee	1 0 0 0	X						0	0	0
Rodney L Goldstein Trustee	1 0 0 0	X						0	0	0
Scott Strausser Trustee	1 0 40 0	X						0	467,351	50,875
Scott Wald Trustee	1 0 0 0	X						0	0	0
Stanford J Goldblatt Trustee	1 0 0 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Stephanie Harris Trustee	1 0 0 0	X						0	0	0
Terry L Van Der Aa Trustee	1 0 0 0	X						0	0	0
Thomas J Duckworth Trustee	1 0 0 0	X						0	0	0
William L Morrison Trustee	1 0 0 0	X						0	0	0
Ann McColgan VP Chief Treasury Officer	40 0 0 0			X				299,463	0	70,732
Audre G Bagnall Exec VP, Bus Develop, CSO	40 0 0 0			X				694,891	0	127,099
James Watson VP & Chief Financial Officer	40 0 0 0			X				1,621,411	0	717,162
Jason Keeler Chief Operating Officer	40 0 0 0			X				798,052	0	125,357
Jennifer Hill Board Sec/Dean Chief of Staff	40 0 0 0			X				172,403	0	45,745
John Satalic VP & General Counsel	40 0 0 0			X				1,100,536	0	108,719

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			
Krista Curell VP Risk, Pt Safety & CCO	40 0 0 0			X				470,457	0	87,573
Brenda Battle VP Urban Hlth, Asst Dean Dvsty	40 0 0 0				X			425,728	0	64,042
Charlie Brown VP Revenue Cycle	40 0 0 0				X			506,861	0	95,295
Cristal Thomas VP, Community Hlth Engagement	40 0 0 0				X			334,881	0	153,744
Debra Albert Senior VP Pt Care & CNO	40 0 0 0				X			645,516	0	118,295
Ellen Feinstein Vice President, Cancer Service	40 0 0 0				X			391,908	0	79,395
Eric Yablonka VP & Chief Information Officer	40 0 0 0				X			712,471	0	68,868
Gary Gasbarra VP Finance	40 0 0 0				X			495,453	0	83,221
Jennifer Close Senior VP Ambulatory	40 0 0 0				X			542,093	0	31,065
Jonathan Stegner VP Supply Chain & Logistics	40 0 0 0				X			594,311	0	64,865

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			
Karen Stratton VP, Women/Children's Services	40 0 0 0				X			433,369	0	321,850
Kevin Colgan VP Chief Pharmacy Officer	40 0 0 0				X			347,361	0	63,476
Marco Capicchioni VP Facilities Planning/Develop	40 0 0 0				X			499,690	0	90,371
Mayumi Fukui VP Managed Care & Prgrm Dvlpmn	40 0 0 0				X			562,139	0	56,388
Robert Hanley VP Chief Human Resources	40 0 0 0				X			625,069	0	102,950
Vikram V Acharya VP Clinical Services	40 0 0 0				X			406,086	0	68,064
Ankur Shah Physician	40 0 0 0					X		365,155	0	30,960
Brooke Phillips Physician	40 0 0 0					X		674,053	0	19,903
Grace Suh Physician	40 0 0 0					X		659,788	0	30,834
Lawrence Schilder Physician	40 0 0 0					X		621,149	0	43,877

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			
Sunil Narula Physician	40 0 0 0					X		641,773	0	29,074
Benjamin Gibson VP Govt Affairs	40 0 0 0						X	455,106	0	76,668
Christopher Kops VP Clin Prctc Fin & Assoc Dean	40 0 0 0						X	301,845	0	8,077
Daryl Wilkerson VP Support Services	40 0 0 0						X	431,955	0	76,951
Kathleen DeVries VP Marketing & Communication	40 0 0 0						X	492,321	0	28,799

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

Employer identification number
36-3488183

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

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

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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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

2016

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	**Employer identification number**
University of Chicago Medical Ctr	36-3488183

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file**Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(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		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		803,981
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		69,561
j	Total Add lines 1c through 1i			873,542
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
Form Sch C Part II-B Line 1a	THE UNIVERSITY OF CHICAGO MEDICAL CENTER (UCMC) EMPLOYS THE SERVICES OF CONTRACTUAL, REGISTERED LOBBYISTS AND SOME PORTION OF FULL-TIME UCMC PERSONNEL (THE VICE PRESIDENT, GOVERNMENTAL AFFAIRS) FOR THE PURPOSE OF EDUCATING LOCAL, STATE AND FEDERAL ELECTED OFFICIALS AND APPOINTED POLICY MAKERS ABOUT THE DELIVERY OF HEALTH CARE SERVICES IN AN ACADEMIC MEDICAL RESEARCH ENVIRONMENT ADVOCACY EFFORTS CONDUCTED BY CONTRACTUAL LOBBYISTS AND UCMC STAFF ARE RELATED TO SECURING SUFFICIENT RESOURCES TO FURTHER THE MEDICAL CENTER'S TAX-EXEMPT PURPOSES, INCLUDING ITS PROGRAMMATIC, CLINICAL, RESEARCH, FUTURE CONSTRUCTION AND RENOVATION OBJECTIVES, WHILE CONTINUING ITS VERY HIGH LEVELS OF CHARITY CARE AND COMMUNITY BENEFIT SPECIFICALLY THE TOPICS THAT ARE THE SUBJECT OF LOBBYING ACTIVITIES DURING FY2017 WERE MEDICARE/MEDICAID, 340B, GRADUATE MEDICAL EDUCATION (BOTH DGME AND IME), NIH BUDGET, NATIONAL SCIENCE FOUNDATION MATTERS, AND THE USE OF PATIENT SPECIMEN OR TISSUES IN RESEARCH UCMC SENT A VERY SMALL NUMBER OF LETTERS TO LEGISLATORS TO INFORM THEM OF A MATTER OF IMPORTANCE LOBBYING ACTIVITIES ARE CONDUCTED IN ACCORDANCE WITH APPLICABLE LOCAL, STATE AND FEDERAL LAWS GOVERNING LOBBYING ACTIVITIES CERTAIN LOBBYING ACTIVITIES AT THE FEDERAL LEVEL WERE CONDUCTED THROUGH UCMC'S MEMBERSHIP AND PARTICIPATION IN CERTAIN NATIONAL TRADE ASSOCIATIONS, NAMELY THE AMERICAN ASSOCIATION OF MEDICAL COLLEGES (AAMC), THE ILLINOIS HEALTH AND HOSPITAL ASSOCIATION (IHA), AND THE AMERICAN HOSPITAL ASSOCIATION (AHA) OTHER FEDERAL LOBBYING EFFORTS WERE CONDUCTED BY UCMC PERSONNEL AND A CONTRACTUAL LOBBYIST

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

Employer identification number
36-3488183

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

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	879,940,811	996,139,625	1,004,246,572	782,005,870	869,456,284
b Contributions	15,612,265	10,000	32,010,000	156,714,890	25,010,350
c Net investment earnings, gains, and losses	80,202,266	-20,784,243	29,573,533	110,458,025	64,391,520
d Grants or scholarships					
e Other expenditures for facilities and programs	70,312,751	95,424,571	68,912,978	44,120,858	175,354,103
f Administrative expenses			777,502	811,355	1,498,181
g End of year balance	905,442,591	879,940,811	996,139,625	1,004,246,572	782,005,870

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

- a Board designated or quasi-endowment ▶ 89 810 %
- b Permanent endowment ▶ 1 900 %
- c Temporarily restricted endowment ▶ 8 290 %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii) Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b Yes	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		45,131,924		45,131,924
b Buildings		1,618,485,886	492,529,593	1,125,956,293
c Leasehold improvements				
d Equipment		621,008,373	370,187,872	250,820,501
e Other		37,142,704	22,665,877	14,476,827
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,436,385,545

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CLOSELY-HELD EQUITY INTERESTS	133,817,889	F
(B) REAL ASSETS	90,684,165	F
(C) ABSOLUTE RETURN	214,217,285	F
(D) ALTERNATIVE INVESTMENTS	1,301,365	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	440,020,704	

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) COMM HLTH & HOSP DIV (UCCHD)	322,862,000	F
(2) UCMC TITLE HOLDING CORP	1,007,585	F
(3) UCMC/SCH ONCOLOGY JV LLC	4,698,409	F
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	328,567,994	

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
CAPITAL LEASE	26,412,713
DUE TO UNIVERSITY OF CHICAGO	27,720,680
MALPRACTICE LIABILITY	120,938,850
OTHER LIABILITIES	169,189,621
PENSION LIABILITY	17,937,847
SELF INSURANCE LIABILITY	5,980,000
SWAP INTEREST	120,158,700
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	488,338,411

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	2,385,478,034
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	40,400,657		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	580,599,278		
e	Add lines **2a** through **2d**			2e	620,999,935
3	Subtract line **2e** from line **1**			3	1,764,478,099
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,575,968		
b	Other (Describe in Part XIII)	4b	9,828,396		
c	Add lines **4a** and **4b**			4c	13,404,364
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,777,882,463

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	1,923,087,515
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	277,990,171		
e	Add lines **2a** through **2d**			2e	277,990,171
3	Subtract line **2e** from line **1**			3	1,645,097,344
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,575,968		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	3,575,968
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	1,648,673,312

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: 36-3488183

Name: University of Chicago Medical Ctr

Supplemental Information

Return Reference	Explanation
Form Sch D Part X Line 2	UCMC APPLIES ASC NO 740, INCOME TAXES (ASC 740), WhICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN A COMPANY'S FINANCIAL STATEMENTS ASC 740 PRESCRIBES A MORE-LIKELY THAN-NOT RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR ThE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF TAX POSITION TAKEN OR EXPECTED TO BE TAKEN UNDER ASC 740, TAX POSITIONS ARE EVALUATED FOR RECOGNITION, DERECOGNITION, AND MEASUREMENT USING CONSISTENT CRITERIA AND PROVIDE MORE INFORMATION ABOUT THE UNCERTAINTY IN INCOME TAX ASSETS AND LIABILITIES AS OF JUNE 30, 2017 AND 2016, UCMC DOES NOT HAVE AN ASSET OR LIABILITY RECORDED FOR UNRECOGNIZED TAX POSITIONS

Supplemental Information

Return Reference	Explanation
FORM SCH D PART XI LINE 2D	RESTRICTED INCOME USED FOR OPERATIONS $5,886,503 CONSOLIDATED CORPORATION REVENUES $5,184,410 UCM COMMUNITY HEALTH & HOSPITAL DIVISION $286,202,487 HEDGE EFFECTIVENESS $2,095,049 UNRESTRICTED CONTRIBUTIONS FROM ACQUISTION $309,740,300 LOSS ON DEBT RETIREMENT ($27,028,300) INTERCOMPANY INCOME ELIMINATIONS ($1,481,171) ---------- TOTAL $580,599,278

Supplemental Information

Return Reference	Explanation
Form Sch D Part XI LINE 4B	PERMANENTLY RESTRICTED CONTRIBUTIONS FROM ACQUISTION $49,156 TEMPORARILY RESTRICTED CONTRIBUTIONS FROM ACQUISTION $2,687,030 INVESTMENT GAINS ON TEMPORARILY RESTRICTED CONTRIBUTIONS $7,582,009 SPECIAL EVENT EXPENSES ($489,439) ROUNDING (360) ---------- TOTAL $9,828,396

Supplemental Information

Return Reference	Explanation
FORM SCH D PART XII LINE 2D	CONSOLIDATED CORPORATION EXPENSES $12,971,973 INTERCOMPANY EXPENSE ELIMINATIONS ($1,481,172) UCM COMMUNITY HEALTH & HOSPITAL DIVISION $266,009,931 SPECIAL EVENT EXPENSES $489,439 ROUNDING $1 ---------- TOTAL $277,990,172

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

Employer identification number
36-3488183

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☐ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					583,919
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					583,919

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

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

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☑ No

Part V Supplemental Information

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

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

Additional Data

Software ID:

Software Version:

EIN: 36-3488183

Name: University of Chicago Medical Ctr

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Program Services	Marketing	224,038
East Asia and the Pacific			Program Services	Marketing	87,755
Europe (Including Iceland and Greenland)			Program Services	Marketing	18,914

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	Marketing	239,288
North America			Program Services	Marketing	13,924

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

Employer identification number
36-3488183

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

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

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

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

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

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

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

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

Revenue		(a) Event #1 Comer 5K race (event type)	(b) Event #2 Golf (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	219,742	195,752	128,660	544,154
	2 Less Contributions	209,434	176,047	85,665	471,146
	3 Gross income (line 1 minus line 2)	10,308	19,705	42,995	73,008
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	301,646	104,589	83,204	489,439
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				489,439
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-416,431

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶ ----------

Address ▶ ----------

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

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

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

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

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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

2016

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

Employer identification number
36-3488183

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 600 %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			17,683,715		17,683,715	1 070 %
b Medicaid (from Worksheet 3, column a)			375,478,085	337,706,502	37,771,583	2 290 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			393,161,800	337,706,502	55,455,298	3 360 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,553,190		4,553,190	0 280 %
f Health professions education (from Worksheet 5)			83,226,555	15,271,793	67,954,762	4 120 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			48,000,000		48,000,000	2 910 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			735,498	10,550	724,948	0 040 %
j **Total.** Other Benefits			136,515,243	15,282,343	121,232,900	7 350 %
k **Total.** Add lines 7d and 7j			529,677,043	352,988,845	176,688,198	10 710 %

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			138,409		138,409	0 010 %
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			138,409		138,409	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 28,948,309		
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	264,262,704
6	Enter Medicare allowable costs of care relating to payments on line 5	6	371,976,482
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-107,713,778
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 NONE				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **1**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

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

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☑ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 15			
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	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) SEE PART V, Section C			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☑ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 16			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) SEE PART V, SECTION C **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

THE UNIV OF CHICAGO MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Billing and Collections

THE UNIV OF CHICAGO MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ 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 ☐ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☑ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

THE UNIV OF CHICAGO MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☑	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☐	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part I Line 5a	WHILE UCMC PROJECTS AN ANTICIPATED AMOUNT OF DISCOUNTED CARE EACH FISCAL YEAR WHEN CREATING ITS ANNUAL BUDGET, NO SPECIFIC LINE ITEM OR LIMIT IS INCLUDED IN THE BUDGET THE ABSENCE OF A LINE ITEM IN NO WAY LIMITS THE AMOUNT OF DISCOUNTED CARE UCMC PROVIDES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part I Line 7	THE COSTING METHODOLOGY USED TO CALCULATE THE AMOUNTS REPORTED IN PART I, LINE 7 IS THE COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part III Line 2	THE COST OF BAD DEBT IN PART III, LINE 2 IS BASED ON WORKSHEET 2 IN THE INSTRUCTIONS TO SCHEDULE H THE BASIS FOR THIS COSTING METHODOLOGY IS UCMC'S OPERATING EXPENSES (EXCLUDING BAD DEBT) ADJUSTED BY OTHER OPERATING REVENUE, THE MEDICAID PROVIDER TAX, COMMUNITY BENEFIT EXPENSE AND COMMUNITY BUILDING EXPENSE DIVIDED BY UCMC'S GROSS PATIENT CHARGES

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part III Line 5	THE FOLLOWING AMOUNTS REPRESENT REVENUE AND EXPENSES FROM PROFESSIONAL FEES, LABS, AND OTHER MEDICARE CHARGES NOT INCLUDED IN UCMC'S MEDICARE COST REPORT FOR THE YEAR REVENUE RECEIVED FROM MEDICARE $264,262,704 ALLOWABLE COSTS RELATING TO ABOVE PAYMENTS ($371,976,482) SHORTFALL ($107,713,778)

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part III Line 6	THE MEDICARE ALLOWABLE COSTS OF CARE ON PART III, LINE 6 ARE BASED ON THE INPATIENT, OUTPATIENT AND ORGAN ACQUISITION COSTS FROM THE FILED FY 17 MEDICARE COST REPORT

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part VI Line 2	OF THE MANY PROGRAMS SUPPORTED BY UCMC, SOME INCLUDE A COMPONENT OF ASSESSMENT THE HOSPITAL ALSO ASSESSED PRIOR PROGRAMS AS COMPARED TO NEW PROGRAMS AND RE-DIRECTED SOME COMMUNITY BENEFIT FUNDING TO PROGRAMS THAT MAY HAVE A BROADER IMPACT BASED UPON PARTICIPANT AND COMMUNITY FEEDBACK

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part VI Line 4	COMMUNITY OVERVIEW THE UCMC SERVICE AREA CONSISTS OF A LARGE, MEDICALLY UNDERSERVED, LOW INCOME POPULATION ON CHICAGO'S SOUTH SIDE, A COMMUNITY THAT IS AMONG ONE OF THE MOST ECONOMICALLY CHALLENGED COMMUNITIES IN THE STATE OF ILLINOIS AND THAT HAS A CRITICAL NEED FOR QUALITY HEALTHCARE THE POPULATION OF THE SOUTH SIDE IS APPROXIMATELY 87 PERCENT AFRICAN AMERICAN, 6 PERCENT WHITE AND 4 PERCENT HISPANIC THE SOUTH SIDE IS RELATIVELY POOR COMPARED TO THE CITY OF CHICAGO AS A WHOLE WITH 29 PERCENT OF COMMUNITY RESIDENTS REPORTING FAMILY INCOMES BELOW THE POVERTY LEVEL COMPARED WITH 20 PERCENT FOR THE CITY AS A WHOLE IN ADDITION, JUST UNDER HALF OF THE SOUTH SIDE COMMUNITY LIVES BELOW 200 PERCENT OF THE POVERTY LEVEL (SOURCE SERVING CHICAGOS UNDERSERVED REGIONAL HEALTH SYSTEM PROFILES, CHICAGO DEPARTMENT OF PUBLIC HEALTH, CHICAGO HEALTH AND HEALTH SYSTEMS PROJECT (OCT 20, 2005)) THE SOUTH SIDE IS COMPRISED OF 34 NEIGHBORHOODS AND HOME TO MORE THAN 860,000 PEOPLE, MANY OF WHOM ARE UNDERSERVED BY THE HEALTH CARE SYSTEM IT IS ONE OF THE UNHEALTHIEST IN COOK COUNTY, WITH HIGH RATES OF DIABETES, ASTHMA, HYPERTENSION AND OTHER CHRONIC CONDITIONS IN FACT, THE TARGET COMMUNITIES IN UCMCS SERVICE AREA HAVE SOME OF THE HIGHEST CHRONIC DISEASE AND MORTALITY RATES IN CHICAGO UCMC IS ONE OF THE FEW HOSPITALS-AND THE ONLY ACADEMIC MEDICAL CENTER-LOCATED IN THE SOUTH SIDE OF CHICAGO AT THE SAME TIME, HOSPITALIZATION RATES IN UCMCS SERVICE AREA ARE MUCH HIGHER THAN THE METROPOLITAN AVERAGE

Form and Line Reference	Explanation
Form Sch H Part VI Line 5	COMMUNITY-BASED INITIATIVES ONE OF UCMCS INNOVATIVE APPROACHES TO ADDRESSING THE HEALTH CA RE SHORTAGE IN ITS COMMUNITY IS THROUGH ITS URBAN HEALTH INITIATIVE PROGRAM ("UHI") UNDER THE UHI, UCMC PURSUES MEANINGFUL PARTNERSHIPS WITH OTHER PROVIDERS IN THE COMMUNITY TO IM PROVE THE LONG-TERM HEALTH OF PATIENTS AND TO CONDUCT IMPORTANT COMMUNITY-BASED CLINICAL R ESEARCH, INCLUDING RESEARCH ON THE DISEASES THAT HAVE THE GREATEST IMPACT IN THE SOUTH SID E COMMUNITY (E G , DIABETES, RENAL FAILURE, ASTHMA, ETC) SOME OF THE KEY UCMC PROGRAMS, INITIATIVES AND PARTNERSHIPS FOR FY17 AIMED AT MEETING THE HEALTH NEEDS OF THE COMMUNITY, INCLUDING THE AREAS IDENTIFIED IN UCMCS CHNA AND IMPLEMENTATION PLAN, ARE DESCRIBED BELOW CARE DELIVERY INITIATIVES UCMCS COMER CHILDREN'S HOSPITAL TAKES PRIMARY CARE TO CHILDREN IN ITS SURROUNDING NEIGHBORHOODS THROUGH THE PEDIATRIC MOBILE MEDICAL UNIT (THE "MOBILE UN IT"), WHICH FEATURES TWO FULLY EQUIPPED EXAM ROOMS AND A TEAM COMPRISED OF A PHYSICIAN, A NURSE PRACTITIONER AND A COMMUNITY HEALTH ADVOCATE THE 40-FOOT-LONG MOBILE UNIT PROVIDES A FULL ARRAY OF PEDIATRIC PRIMARY CARE SERVICES TO CHILDREN AGES 3 TO 19 WHO MAY NOT RECEI VE HEALTHCARE ON A REGULAR BASIS AND BRINGS MEDICAL RESOURCES TO THE CHILDREN'S SCHOOL ALL EVIATING OBSTACLES FOR THEIR PARENTS OR GUARDIANS, SUCH AS TRANSPORTATION TO A CLINIC SIN CE ITS INCEPTION IN 2003, THE UNIVERSITY OF CHICAGO MEDICINE COMER CHILDRENS MOBILE MEDICA L UNIT HAS PROVIDED HEALTH CARE, HEALTH EDUCATION, AND MENTAL HEALTH SERVICES TO APPROXIMA TELY 17,000 CHILDREN AND ADOLESCENTS UCMC PARTNERS WITH NUMEROUS COMMUNITY ORGANIZATIONS AND CHICAGO PUBLIC SCHOOLS (CPS) TO DELIVER AN INTEGRATED MODEL OF COMPREHENSIVE CARE DUR ING THE 2016-2017 SCHOOL YEAR, THE MOBILE MEDICAL UNIT VISITED MORE THAN 20 CPS SCHOOLS, D ELIVERING COMPREHENSIVE PRIMARY CARE, MENTAL HEALTH SERVICES, AND HEALTH EDUCATION DIRECTL Y TO MORE THAN 1,800 CHILDREN LIVING IN MEDICALLY UNDERSERVED COMMUNITIES ON CHICAGOS SOUT H SIDE, INCLUDING CALUMET HEIGHTS, HYDE PARK, KENWOOD, OAKLAND, SOUTH CHICAGO, SOUTH SHORE AND WOODLAWN WHEN APPROPRIATE, CHILDREN ARE REFERRED FOR FOLLOW UP CARE AND SPECIALTY SE RVICES TO MANAGE CONDITIONS SUCH AS ASTHMA, DIABETES, OR MENTAL HEALTH PROBLEMS IN 2016-2 017 THE FOLLOWING SERVICES WERE PROVIDED BY THE MOBILE MEDICAL UNIT -MEDICAL EXAMS, INCLU DING PHYSICALS FOR SCHOOL ENROLLMENT AND SPORTS PARTICIPATION -IN-CLASSROOM PROGRAMMING FO R ELEMENTARY AND MIDDLE SCHOOL STUDENTS -VACCINATIONS -STI SCREENINGS -LEAD SCREENINGS AND TESTS FOR ANEMIA -CARE FOR STUDENTS WHO ARE OVERWEIGHT OR OBESE, AND TREATMENT FOR STUDEN TS WITH ASTHMA ONE OF THE KEY COMPONENTS OF THE UHI IS THE SOUTH SIDE HEALTHCARE COLLABORA TIVE (SSHC) UCMC SUPPORTS A NETWORK OF OVER 30 COMMUNITY-BASED HEALTH CENTERS, FREE CLINI CS AND LOCAL HOSPITALS, MANY OF WHICH OFFER PRIMARY CARE SERVICES THE SSHC WAS ESTABLISHE D IN 2005, WITH ASSISTANCE FROM A TWO YEAR HEALTHY COMMUNITIES ACCESS PROGRAM GRANT FROM T HE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES THE SSHS HELPS EMERGENCY ROOM PA TIENTS WHO REPORT THAT THEY DO NOT HAVE A PRIMARY CARE PHYSICIAN FIND APPROPRIATE CARE AT A MEDICAL HOME WHERE THE PATIENT CAN ESTABLISH AN ONGOING RELATIONSHIP WITH A COMMUNITY CL INIC OR PHYSICIAN AFTER THE GOVERNMENT GRANT ENDED, UCMC UNDERTOOK THE CONTINUED FUNDING OF THE SSHC OPERATIONS THIS NETWORK HELPS IMPROVE THE HEALTH AND WELL-BEING OF RESIDENTS ACROSS THE COMMUNITY TO HELP PATIENTS CONNECT WITH COMMUNITY HEALTH RESOURCES, UCMC STAFF S ITS EMERGENCY DEPARTMENT WITH PATIENT ADVOCATES WHOSE GOAL IS TO MEET WITH PATIENTS WHO DO NOT HAVE A PRIMARY CARE PROVIDER THROUGH THE MEDICAL HOME AND SPECIALTY CARE CONNECTIO NS PROGRAM (PATIENT ADVOCATES PROGRAM), UCMC SOCIAL WORKERS CONDUCT COMPREHENSIVE SOCIAL S ERVICE ASSESSMENTS AND REFERRALS IN THE EMERGENCY DEPARTMENT SINCE 2005, UCMC HAS BEEN PR OVIDING INFORMATION TO PATIENTS ABOUT AVAILABLE SSHC RESOURCES SINCE 2010, PATIENT ADVOCA TES HAVE SCHEDULED OVER 25,000 PRIMARY OR SPECIALTY CARE APPOINTMENTS FOR PATIENTS WITH PR OVIDERS IN THE COMMUNITY IN FY 2017, PATIENT ADVOCATES ENCOUNTERED OVER 12,600 patıents A ND SCHEDULED MORE THAN 10,000 APPOINTMENTS FOR PATIENTS TO RECEIVE PRIMARY OR SPECIALTY CA RE FROM COMMUNITY PROVIDERS UCMC ALSO PROVIDES COMMUNITY RESIDENTS WITH PRIMARY AND SPECI ALTY CARE THROUGH A NUMBER OF ADDITIONAL PROGRAMS FOR EXAMPLE, THROUGH A PARTNERSHIP WITH ONE OF THE NATIONS LARGEST COMMUNITY HEALTH SYSTEMS IN THE COUNTRY, THE MEDICAL CENTER PR OVIDES PRIMARY AND SPECIALTY CARE AT ONE OF THE ACCESS COMMUNITY HEALTH NETWORK (ACCESS) S ITES, A FEDERALLY QUALIFIED HEALTH CENTERS ("FQHC"), ON THE SOUTH SIDE OF CHICAGO, THE ACC ESS GRAND BOULEVARD HEALTH AND SPECIALTY CENTER AT THIS SITE, IN FY17 UCMC PROVIDERS IN M EDICINE AND PEDIATRICS OFFERED CARE AT ACCESS ATTENDING PHYSICIANS, RESIDENTS, FELLOWS, A ND MEDICAL STUDENTS ARE ALL INVOLVED IN CARE PROVIDED AT THIS SITE UCMC HAS SEVERAL LARGE INITIATIVES THAT PROVIDE DIRECT SERVICES WITHIN T

Form and Line Reference	Explanation
Form Sch H Part VI Line 5	HE MEDICAL CENTER AND IN THE COMMUNITY THE CHICAGO CENTER FOR HIV ELIMINATION (CCHE) WORK S WITHIN THE HARDEST HIT NEIGHBORHOODS IN CHICAGO TO PROVIDE UNIQUE OPPORTUNITIES TO ADVAN CE HIV TESTING AND PREVENTION INTERVENTIONS LOCALLY IT PRODUCES TANGIBLE RESULTS TO THOSE MOST AFFECTED AND IMPROVING THE LIVES OF THOSE LIVING WITH HIV INFECTION CCHE ENGAGES IN SEVERAL PROGRAMS IN THE COMMUNITY, SUCH AS THE EXPANDED HIV TESTING AND LINKAGE TO CARE I NITIATIVE (XTLC) PARTNERSHIP, WHICH INCLUDES A NETWORK OF 10 SOUTH SIDE HEALTH CARE VENUES WHERE ROUTINE HIV SCREENING AND ACTIVE LINKAGE TO CARE FOR HIV POSITIVE CLIENTS OCCURS I N ADDITION, UCMC AND THE UNIVERSITY OF CHICAGOS COMPREHENSIVE CANCER CENTER IS FOCUSED ON ADDRESSING THE GAP BETWEEN ADVANCES IN CANCER CARE AND PATIENT ACCESSIBILITY TO ACHIEVE T HE DESIRED CANCER PREVENTION AND CONTROL OUTCOMES, THE COMPREHENSIVE CANCER CENTERS PRIORI TY IS TO IDENTIFY THE PARTS OF CHICAGO MOST AFFECTED BY CANCER AND PROVIDE RESOURCES THAT MAXIMIZE THE IMPACT OF ITS SERVICES THIS INCLUDES IMPROVING THE QUALITY OF LIFE FOR CANCE R PATIENTS AND SURVIVORS, REDUCING RISK FACTORS, INCREASING ACCESS TO CARE, REDUCING TOBAC CO USE AND INCREASING PARTICIPATION IN CANCER RESEARCH TO THIS END, UCMC AND THE UNIVERSI TY OF CHICAGO INITIATED THE OFFICE OF COMMUNITY ENGAGEMENT AND CANCER DISPARITIES ("OCECD"), WITH A GOAL OF ENHANCING PUBLIC AWARENESS OF CANCER PREVENTION, EARLY CANCER DETECTION AND CONTROL, AND THE ROLE OF GENETICS IN CANCER THE PROGRAM ALSO STRIVES TO PROVIDE SUSTA INED ENGAGEMENT WITH THE SOUTH SIDE COMMUNITY TO INCREASE LOCAL AWARENESS OF THE LATEST AD VANCES IN CANCER RESEARCH UCMC PARTICIPATES IN THE ILLINOIS BREAST AND CERVICAL CANCER PR OGRAM ("IBCCP"), A STATE FUNDED PROGRAM OFFERING MAMMOGRAMS, BREAST EXAMS, PELVIC EXAMS AN D PAP TESTS TO ELIGIBLE WOMEN THROUGH ITS PARTICIPATION IN THE IBCCP SINCE 2009, UCMC PRO VIDES MAMMOGRAPHY AND BREAST CANCER SCREENING SERVICES THROUGH A REFERRAL PROCESS IN PARTN ERSHIP WITH THE ILLINOIS DEPARTMENT OF HEALTH AND CHICAGO FAMILY HEALTH CENTER, THE LEAD A GENCY FOR THE IBCCP IN FY 2017, UCMC SERVED 135 WOMEN, PROVIDING THEM WITH 92 MAMMOGRAM S CREENINGS, 49 MAMMOGRAM DIAGNOSTICS, AND 32 ULTRASOUND SERVICES THE EXTENSION FOR COMMUNI TY HEALTHCARE OUTCOMES ("ECHO CHICAGO") MODEL IS AN INNOVATIVE EFFORT BY UHI TO EXPAND ACC ESS TO SPECIALIZED CARE FOR VULNERABLE, UNDERSERVED COMMUNITIES ECHO CHICAGO USES ADVANCE D COMMUNICATIONS TECHNOLOGY TO BRING TOGETHER UCMCS EXPERTISE AND PRIMARY CARE PROVIDERS I N THE COMMUNITY, ENABLING UNDERSERVED PATIENTS TO RECEIVE STATE OF THE ART, EVIDENCE BASED CARE FOR COMPLEX CHRONIC CONDITIONS WITHIN THE FAMILIAR SURROUNDINGS OF THEIR MEDICAL HOM E IN FY 2017, ECHO WORKED WITH 48 ORGANIZATIONS, ACROSS 103 SITES/LOCATIONS, INCLUDING 27 COMMUNITY HEALTH CENTERS THE COMMUNITY HEALTH WORKERS (CHW) PROGRAM IS A COLLABORATIVE E FFORT OF UCMC, SOUTH SIDE COMMUNITY HOSPITALS AND COMMUNITY HEALTH CENTERS WHICH IDENTIFIE S HIGH-RISK PEDIATRIC ASTHMA PATIENTS COMMUNITY HEALTH WORKERS ARE RESPONSIBLE FOR CONDUC TING HOME ASSESSMENTS, INCLUDING DETERMINING AND ADDRESSING ENVIRONMENTAL ASTHMA TRIGGERS, EDUCATING CHILDREN AND THEIR FAMILIES ON ASTHMA SIGNS AND SYMPTOMS, MEDICATIONS, DEVICES AND TRIGGERS, GUIDING FAMILIES TO VALUABLE COMMUNITY RESOURCES, AND LEADING EVENTS TO FURT HER ASTHMA EDUCATION THROUGHOUT THE COMMUNITY FOR CHILDREN ENROLLED IN THE CHW PROGRAM, E ARLY OUTCOMES REVEAL A 30% REDUCTION IN DAYTIME SYMPTOMS AND 100% REDUCTION IN NIGHTTIME S YMPTOMS INNOVATIVE EFFORTS TO BENEFIT UCMCS COMMUNITY THE FOLLOWING HIGHLIGHT INNOVATION WITH A COMMUNITY HEALTH LENS THAT LEVERAGES TECHNOLOGY, CROSS-SECTOR COLLABORATIONS AND MU LTI-DISCIPLINARY APPLICATION LEARNINGS TO IMPROVE HEALTH AND ENGAGE THE COMMUNITY UCMC HA S UNDERTAKEN RESEARCH INITIATIVES THAT ENGAGE SOUTH SIDE RESIDENTS IN FINDING INNOVATIVE, COMMUNITY-BASED SOLUTIONS TO ONGOING HEALTH CARE NEEDS FOR EXAMPLE, UHI LAUNCHED THE CENT ER FOR COMMUNITY HEALTH AND VITALITY ("C

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Form Sch H Part VI Line 6	The accompanying consolidated financial statements represent the accounts of The University of Chicago Medical Center and its affiliates (the System) The University of Chicago Medical Center (UCMC) is the parent of an integrated nonprofit health care organization, partnering with the University of Chicago Biological Sciences Division, the University of Chicago Pritzker School of Medicine, and the University of Chicago Physicians Group to provide world-class medical care in an academic setting UCMC operates the Center for Care and Discovery, the Bernard Mitchell Hospital, the Chicago Lying-In Hospital, the University of Chicago Comer Childrens Hospital, the Duchossois Center for Advanced Medicine, the University of Chicago Medicine Care Network, the UCM Community Health and Hospital Division, Inc (CHHD), and various other outpatient clinics and treatment areas Additional affiliated entities include the University of Chicago Medicine Care Network, which provides support and healthcare services in the greater Chicago region to support the healthcare needs to the community, and the UCMC Title Holding Corporation and UCMC Title Holding Corporation II NFP, which cooperatively invest in facilities and equipment for the advancement of patient care On October 1, 2016, UCMC acquired Ingalls Health System (IHS) through an affiliation and member substitution As a result of this transaction, IHS became a wholly owned subsidiary of UCMC through the newly created CHHD of UCMC The University of Chicago (the University), as the sole corporate member of UCMC, elects UCMCs Board of Trustees and approves its bylaws The UCMC President reports to the Universitys Executive Vice President for Medical Affairs The relationship between UCMC and the University is defined in the Medical Center bylaws, an affiliation agreement, an operating agreement, and several leases Form Sch H Part VI Line 7 UCMC FILES A COMMUNITY BENEFIT REPORT WITH THE STATE OF ILLINOIS IMPLEMENTATION STRATEGY A COPY OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, AS WELL AS THE IMPLEMENTATION STRATEGIES CAN BE FOUND ON UCMC'S WEBSITE HTTPs //WWW UCHOSPITALS EDU/ABOUT/COMMUNITY/BENEFIT/HEALTH-NEEDS HTML

Additional Data

Software ID:

Software Version:

EIN: 36-3488183

Name: University of Chicago Medical Ctr

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	THE UNIV OF CHICAGO MEDICAL CENTER 5841 SOUTH MARYLAND AVE CHICAGO, IL 60637 WWW UCHOSPITALS EDU ID #0003897	X	X	X	X		X	X			

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Form Sch H Part V Line 3j	IN ADDITION, THE UCMC COMMUNITY HEALTH NEEDS ASSESSMENT REPORT DESCRIBES THE FOLLOWING - THE PROCESS FOR CONDUCTING THE CHNA - HEALTH CARE BENCHMARKS - HEALTH CARE ACCESS AND BARRIERS - HEALTH CARE EDUCATION AND OUTREACH - LOCAL HEALTH CARE AND THE COMMUNITY'S PERCEPTIONS

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Form Sch H Part V Line 5	FOCUS GROUPS HELD AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT INCORPORATE INPUT FROM 16 KEY INFORMANTS (OR COMMUNITY STAKEHOLDERS), WITH SPECIAL EMPHASIS ON PERSONS WHO WORK WITH OR HAVE SPECIAL KNOWLEDGE ABOUT VULNERABLE POPULATIONS IN SOUTH CHICAGO AND THROUGHOUT COOK COUNTY, INCLUDING LOW-INCOME INDIVIDUALS, MINORITY POPULATIONS, THOSE WITH CHRONIC CONDITIONS, AND OTHER MEDICALLY UNDERSERVED RESIDENTS THE PARTICIPANTS WERE KEY REPRESENTATIVES OF THE FOLLOWING LA RABIDA CHILDREN'S HOSPITAL CENTERS FOR NEW HORIZONS SOUTH EAST CHICAGO COMMISSION KLEO CENTER COOK COUNTY DEPARTMENT OF PUBLIC HEALTH OAK FOREST HOSPITAL RESURRECTION BEHAVIORAL HEALTH, ADDICTION SERVICES, PROFESSIONALS PROGRAM UNITED WAY METROPOLITAN CHICAGO CAMPAIGN FOR BETTER HEALTH CARE RUSH OAK PARK HOSPITAL RUSH UNIVERSITY CHICAGOLAND CHAMBER OF COMMERCE ACCESS TO CARE RUSH UNIVERSITY MEDICAL CENTER SCHOOL OF PUBLIC HEALTH, UNIVERSITY OF ILLINOIS AT CHICAGO MARCH OF DIMES, ILLINOIS CHAPTEr

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Form Sch H Part V Line 6a	THE PEDIATRIC HOSPITAL ASSESSMENT WAS CONDUCTED WITH LA RABIDA CHILDREN'S HOSPITAL, WHICH IS WITHIN THE UCMC COMMUNITY FORM SCH H PART V LINE 7A https //www uchospitals edu/ABOUT/COMMUNITY/BENEFIT/HEALTH-NEEDS HTML

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Form Sch H Part V Line 7d	THE RESULTS OF THE REPORT OF HAVE BEEN DISCUSSED AT COMMUNITY MEETINGS, WITH REFERENCE TO THE FULL REPORT'S AVAILABILITY ON THE HOSPITAL'S WEBSITE FORM SCH H PART V LINE 10A https //www uchospitals edu/ABOUT/COMMUNITY/BENEFIT/HEALTH-NEEDS HTML

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Form Sch H Part V Line 11	UCMC IS ADDRESSING THE FOLLOWING SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY, WHICH WERE IDE NTIFIED THROUGH THE CHNA *BREAST/COLORECTAL CANCER *DIABETES *HIV AND SEXUALLY TRANSMITTE D INFECTION *PEDIATRIC OBESITY *PEDIATRIC ASTHMA *TRAUMA CARE AND VIOLENCE PREVENTION THE HOSPITAL ADDRESSED THE NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA THROUGH (A) EX ECUTION OF THE IMPLEMENTATION STRATEGY, (B) PARTICIPATION IN THE EXECUTION OF A COMMUNITY- WIDE PLAN, (C) INCLUSION OF A COMMUNITY BENEFIT SECTION IN OPERATIONAL PLANS, AND (D) ADOP TION OF A BUDGET FOR THE FISCAL YEAR FOR PROVISION OF SERVICES THAT ADDRESS THE NEEDS IDEN TIFIED IN THE CHNA THE HOSPITAL ENGAGED IN THE COMMUNITY IN A VARIETY OF OTHER WAYS, INCL UDING, FOR EXAMPLE, MEDICAL RESIDENTS WORKING AT FEDERALLY QUALIFIED HEALTHCARE CLINICS PR OVIDING PATIENT CARE WITHIN THE SCOPE OF THEIR PRACTICE IN ADDITION, THE HOSPITAL WAS FUL LY ENGAGED IN THE CHICAGO HOSPITAL COLLABORATIVE, WHICH INCLUDES NEARLY TWO DOZEN HOSPITAL S ALONG WITH THE CHICAGO DEPARTMENT OF PUBLIC HEALTH TO COLLECTIVELY ADDRESS THE MORE DIRE NEEDS IN CHICAGOLAND MANY OF UCMCS ACTIONS TO ADDRESS THESE NEEDS ARE INCLUDED IN PROGRA MS THAT ARE NOT LIMITED TO THESE NEEDS PLEASE SEE A REPORT OF ALL OF UCMCS COMMUNITY ACTI VITIES BELOW IN PART VI RATIONALE FOR UNADDRESSED NEEDS UCMC BELIEVES THAT IN ORDER TO BE ST IMPACT HEALTH OUTCOMES, IT IS IN ITS STRATEGIC INTEREST TO FOCUS AND CONSOLIDATE EFFORT S ON THE SELECTED HEALTH ISSUES FOR WHICH THERE ARE EXISTING INTERNAL AND/OR EXTERNAL RESO URCES, A REASONABLE FEASIBILITY TO AFFECT CHANGE, AND AN ALIGNMENT WITH INSTITUTIONAL STRE NGTHS WITH THIS BACKDROP, ALTHOUGH THE FOLLOWING AREAS COMPARED UNFAVORABLE TO THE STATE AND NATIONAL DATA, THEY LACKED UCMC ALIGNMENT, EXPERTISE IN THE SPECIALTY AND/OR EXISTING RESOURCES AND WERE THEREBY NOT SELECTED AS PRIMARY HEALTH ISSUE AREAS -IMMUNIZATIONS & IN FECTIOUS DISEASE OCCURS AT UCMC WITH INPATIENT CARE ONLY AND WILL BE ADDRESSED SPECIFICAL LY AROUND THE STI/HIV HEALTH ISSUE AREA, -MENTAL HEALTH UCMC IS CURRENTLY WORKING IN THIS AREA FOR POST-ACUTE CARE AND CURRENTLY DOES NOT HAVE EXTENSIVE PROGRAMMING IN THIS AREA, -ORAL HEALTH UCMC CURRENTLY DOES NOT HAVE EXTENSIVE PROGRAMMING IN THIS AREA, -COGNITIVE & BEHAVIORAL DISORDERS IN CHILDREN ALTHOUGH THERE ARE UCMC PROVIDERS ENGAGED IN PROVIDING THIS KIND OF CARE, UCMC DOES NOT HAVE EXTENSIVE PROGRAMMING IN THIS AREA FURTHERMORE, OT HER HEALTH ISSUES INITIALLY INCLUDED FOR UCMC PRIORITIZATION HAVE BEEN RECOGNIZED AS COMOR BIDITIES TO PRIMARY, PRIORITY HEALTH ISSUES CONSEQUENTLY, THESE HEALTH AREAS WILL BE ADDR ESSED THROUGH PRIORITY HEALTH ISSUE PROGRAMS AND EFFORTS FOR EXAMPLE -RESPIRATORY DISEAS E (ADULTS) ADULT TOBACCO SMOKING WILL BE INCLUDED WHEN ADDRESSING TRIGGERS OF PEDIATRIC A STHMA, -CARDIOVASCULAR DISEASE (ADULTS) ADULT HEART DISEASES AND STROKE WILL BE ADDRESSED THROUGH EXISTING ADULT DIABETES EFFORTS, -DIABETES (PEDIATRIC) PEDIATRIC DIABETES WILL B E MITIGATED THROUGH EFFORTS TO

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
Form Sch H Part V Line 11	ADDRESS PEDIATRIC OBESITY, -ACCESS TO CARE (ADULTS/PEDIATRICS) ALTHOUGH THIS WILL NOT BE A STANDALONE PRIORITY AREA, GIVEN THE CHANGE IN THE HEALTH CARE LANDSCAPE WITH THE AFFORD ABLE CARE ACT, FOCUS WILL BE MADE AROUND ACCESS TO SERVICES THAT ADDRESS EACH OF THE HEALT H ISSUES SELECTED

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Form Sch H Part V Line 13b	The medical indigency discount applies to all patients regardless of the relationship between their income and the poverty guidelines In a 12 month period for medically necessary health care services provided by UCMC to a patient, The patient is not responsible to pay for more than that amount of billed charges in excess of 20% of the patient's family income

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Form Sch H Part V Line 15e	UCMC RESPONDS TO THESE QUESTIONS BASED UPON ITS PUBLICATION OF THE FINANCIAL ASSISTANCE INFORMATION, NOT THE WRITTEN HOSPITAL ADMINISTRATIVE POLICY FOR EXAMPLE, UCMC'S BILL CONTAINS A STATEMENT THAT DIRECTS THE PATIENT TO CALL A TELEPHONE NUMBER TO SEEK ASSISTANCE Form Sch H Part V Line 16a, line 16b & Line 16C https //www uchospitals edu/billing/financial-assistance html FORM SCH H PART V LINE 16J IN ADDITION, UCMC MAILS BROCHURES TO NEW PATIENTS IF THEIR APPOINTMENT IS MADE FIVE OR MORE DAYS PRIOR TO THE APPOINTMENT DATE UCMC HAS INFORMATION ON FINANCIAL ASSISTANCE AND CHARITY CARE IN VARIOUS VENUES AND FORMS, UCMC HAS SIGNS AND BROCHURES VISIBLE IN PATIENT ACCESS AND SERVICE AREAS, FINANCIAL ASSISTANCE AND CHARITY CARE INFORMATION IS ON UCMC'S WEBSITE, GUARANTOR BILLS/STATEMENTS, AND IN ALL UCMC'S ADMISSION PACKETS MAILED TO EACH NEW PATIENT UCMC DISCUSSES FINANCIAL ASSISTANCE AND CHARITY CARE AVAILABILITY WITH PATIENTS WHO CONTACT UCMC UCMC FINANCIAL COUNSELORS ALSO EXPLAIN THESE OPTIONS, INCLUDING DURING THE "MEDICAL ASSISTANCE NO GRANT" (PUBLIC ASSISTANCE FOR MEDICAL COVERAGE) APPLICATION PROCESS

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Form Sch H Part V Line 20e	UCMC SENDS A BILL TO THE PATIENT GUARANTOR NORMALLY AT LEAST THREE TIMES, PERFORMS A CREDIT CHECK TO DETERMINE PRESUMPTIVE ELIGIBILITY UNDER ITS FINANCIAL ASSSISTANCE POLICY, AND THEN MAY REfER THE ACCOUNT TO A COLLECTION AGENCY AFTER THE EXPIRATION OF 120 DAYS FOLLOWING INITIAL POST DISCHARGE bILLING AFTER COMPLETING A CHECK WITH AN OUTSIDE CONTRACTED VENDOR THAT EVALUATES WHETHER OR NOT THE PATIENT FALLS WITHIN THE UCMC FINANCIAL ASSISTANCE LIMITS IN ADDITION, AFTER A REVIEW OF THE PATIENT'S INFORMATION, THE HOSPITAL MAY CONTACT THE PATIENT DIRECTLY TO DETERMINE IF THE PATIENT MIGHT QUALIFY FOR MEDICAID, AND OFFERS ACCESS TO A SERVICE TO ASSIST WITH THE APPLICATION PROCESS, OR MAY ON OCCASION GRANT FINANCIAL ASSISTANCE IN DISTRESSED CIRCUMSTANCES

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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
Form Sch H Part V Line 23	UCMC CHARGES CONSISTENTLY IF A PATIENT QUALIFIES UNDER THE FINANCIAL ASSISTANCE POLICY, THE DISCOUNT APPLIES TO THE AMOUNT BILLED

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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
University of Chicago Medical Ctr

Employer identification number
36-3488183

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" 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
See Additional Data	

Additional Data

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

Part III, Supplemental Information

Return Reference	Explanation
FORM SCH J PART I LINE 1A	DURING 2016, THE ORGANIZATION PROVIDED A VERY LIMITED NUMBER OF AD HOC TAX-RELATED PAYMENTS ELLEN FEINSTEIN RECEIVED TAX-RELATED PAYMENTS IN CONNECTION WITH THE REIMBURSEMENT OF MOVING EXPENSES ALL TAX-RELATED PAYMENTS ARE INCLUDED IN TAXABLE COMPENSATION, AND ARE CONFIRMED AS BEING REASONABLE WHEN CONSIDERED WITH ALL OTHER FORMS OF COMPENSATION DISCRETIONARY SPENDING ACCOUNTS ARE AVAILABLE TO ALL OF THE ORGANIZATION'S OFFICERS AND VICE PRESIDENTS OFFICERS AND VICE PRESIDENTS WHO MADE USE OF THE DISCRETIONARY SPENDING ACCOUNT RECEIVED BETWEEN $0 AND $7,500 DURING THE YEAR THESE BENEFITS ARE ALL CONSIDERED TAXABLE COMPENSATION

Part III, Supplemental Information

Return Reference	Explanation
FORM SCH J PART I LINE 4A	IN 2016, CRISTAL THOMAS AND KATHLEEN DEVRIES RECEIVED SEVERENCE PAYMENTS FOLLOWING THEIR TERMINATION OF EMPLOYMENT ($118,846 TO CRISTAL THOMAS AND $242,400 TO KATHLEEN DEVRIES) SOME OF THESE AMOUNTS WERE PREVIOUSLY REPORTED ON A PRIOR FORM 990 AS DEFERRED COMPENSATION AS SET FORTH IN COLUMN (F) OF PART II

Part III, Supplemental Information

Return Reference	Explanation
FORM SCH J PART I LINE 4B	CERTAIN INDIVIDUALS LISTED IN SCHEDULE J, PART II PARTICIPATE IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN TO WHICH THE HOSPITAL MAKES ANNUAL CONTRIBUTIONS THESE CONTRIBUTIONS ARE AT RISK AND DO NOT BECOME VESTED AND PAYABLE UNLESS AND UNTIL THE INDIVIDUAL SATISFIES A SUBSTANTIAL FUTURE SERVICE REQUIREMENT The following individuals had contributions made to the plan during calendar year 2016 Ann McColgan - 21,522 Audre G Bagnall - 72,595 Benjamin Gibson - 26,807 Brenda Battle - 33,320 Charlie Brown - 40,659 Daryl Wilkerson - 34,958 Debra Albert - 65,221 Ellen Feinstein - 28,858 Eric Yablonka - 38,109 Gary Gasbarra - 41,954 Jason Keeler - 85,497 John Satalic - 40,799 Johnathan Stegner - 21,708 Kevin Colgan - 24,015 Krista Curell - 46,252 Marco Capicchioni - 37,801 Mayumi Fukui - 28,447 Robert Hanley - 52,130 Sharon O'Keefe - 94,285 Vikram V Acharya - 32,118 The following individuals had distributions from the plan during calendar year 2016 Sharon O'Keefe - 755,205 Kenneth Polonsky - 597,665 James Watson - 542,745 Christopher Kops - 205,650 Kathleen Devries - 163,912 Eric Yablonka - 65,564 Jonathan Stegner - 195,158 Karen Stratton - 58,096 Mayumi Fukui - 46,697 John Satalic - 361,769

Part III, Supplemental Information

Return Reference	Explanation
FORM SCH J PART II	TAXABLE INCOME REPORTED IN COLUMN (B) MAY INCLUDE PAYMENTS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) IN MOST CASES, THESE PAYMENTS WERE EARNED OVER MANY YEARS OF EMPLOYMENT AND THE AMOUNTS HAD PREVOUSLY BEEN SUBJECT TO VESTING RULES SERP PAYMENT AMOUNTS EARNED IN PRIOR YEARS WERE PREVIOUSLY REPORTED ON THE FORM 990 AS DEFERRED COMPENSATION AND ARE REPORTED IN THIS 2016 FORM 990 ON SCHEDULE J, PART II, COLUMN (F) AN INDEPENDENT COMPENSATION COMMITTEE OF THE BOARD ANNUALLY REVIEWS THESE BENEFITS IN COMPARISON TO MARKET DATA AND HAS CONCLUDED THAT THESE BENEFITS AND ALL OTHER FORMS OF COMPENSATION PROVIDED TO THESE INDIVIDUALS ARE REASONABLE THE INDIVIDUALS LISTED ON SCHEDULE J, PART II ARE IDENTIFIED AS FORMER OFFICERS OR KEY EMPLOYEES, BUT THE COMPENSATION LISTED IS EITHER, THE FAIR MARKET VALUE COMPENSATION PAID TO THEM FOR SERVICES THEY PERFORMED AS ACTIVE EMPLOYEES OF UCMC OR A RELATED ORGANIZATION (AND WAS NOT PAID TO THEM DUE TO THEIR FORMERLY HAVING BEEN LISTED AS OFFICERS OR KEY EMPLOYEES) OR AS COMPENSATION FOR A COMBINATION OF SERVICES AND SEVERANCE BENJAMIN GIBSON, CHRISTOPHER KOPS, DARYL WILKERSON, AND KATHLEEN DEVRIES

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1Sharon O'KeefePresident	(I)	925,153	619,206	882,032	114,160	32,460	2,573,011	755,205
	(II)	0	0	0	0	0	0	0
1Kenneth S Polonsky Trustee (Ex Officio) Dean	(I)	0	0	0	0	0	0	0
	(II)	1,638,484	759,079	618,460	228,139	24,153	3,268,315	597,665
2Kurt JohnsonTrustee	(I)	0	0	0	0	0	0	0
	(II)	1,261,808	500,000	1,684,260	7,950	40,375	3,494,393	0
3Robert J Zimmer Trustee (Ex Officio) UC PRES	(I)	0	0	0	0	0	0	0
	(II)	1,090,844	100,000	286,484	1,437,600	147,808	3,062,736	0
4Scott StrausserTrustee	(I)	0	0	0	0	0	0	0
	(II)	444,449	0	22,902	10,500	40,375	518,226	0
5Ann McColgan VP Chief Treasury Officer	(I)	202,480	60,541	36,442	39,322	31,410	370,195	0
	(II)	0	0	0	0	0	0	0
6Audre G Bagnall Exec VP, Bus Develop, CSO	(I)	439,139	224,035	31,717	92,471	34,628	821,990	0
	(II)	0	0	0	0	0	0	0
7James Watson VP & Chief Financial Officer	(I)	607,834	308,993	704,584	684,712	32,450	2,338,573	542,745
	(II)	0	0	0	0	0	0	0
8Jason Keeler Chief Operating Officer	(I)	509,434	217,436	71,182	105,372	19,985	923,409	0
	(II)	0	0	0	0	0	0	0
9Jennifer Hill Board Sec/Dean Chief of Staff	(I)	172,403	0	0	13,576	32,169	218,148	0
	(II)	0	0	0	0	0	0	0
10John Satalic VP & General Counsel	(I)	418,378	171,758	510,400	60,674	48,045	1,209,255	361,769
	(II)	0	0	0	0	0	0	0
11Krista Curell VP Risk, Pt Safety & CCO	(I)	294,924	134,159	41,374	66,128	21,445	558,030	0
	(II)	0	0	0	0	0	0	0
12Benjamin Gibson VP Govt Affairs	(I)	250,752	117,043	87,311	44,938	31,730	531,774	0
	(II)	0	0	0	0	0	0	0
13Christopher Kops VP Clin Prctc Fin & Assoc Dean	(I)	56,573	0	245,272	4,870	3,207	309,922	205,650
	(II)	0	0	0	0	0	0	0
14Daryl Wilkerson VP Support Services	(I)	276,666	85,713	69,576	54,833	22,118	508,906	0
	(II)	0	0	0	0	0	0	0
15Kathleen DeVries VP Marketing & Communication	(I)	12,427	52,071	427,823	12,761	16,038	521,120	163,912
	(II)	0	0	0	0	0	0	0
16Brenda Battle VP Urban Hlth, Asst Dean Dvsty	(I)	294,370	94,336	37,022	53,195	10,847	489,770	0
	(II)	0	0	0	0	0	0	0
17Charlie Brown VP Revenue Cycle	(I)	306,282	102,241	98,338	60,534	34,761	602,156	0
	(II)	0	0	0	0	0	0	0
18Cristal Thomas VP, Community Hlth Engagement	(I)	113,384	66,592	154,905	143,828	9,916	488,625	0
	(II)	0	0	0	0	0	0	0
19Debra Albert Senior VP Pt Care & CNO	(I)	411,038	181,859	52,619	85,096	33,199	763,811	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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
21Ellen Feinstein Vice President, Cancer Service	(I)	261,843	60,031	70,034	48,733	30,662	471,303	0
	(II)	0	0	0	0	0	0	0
1Eric Yablonka VP & Chief Information Officer	(I)	402,341	171,725	138,405	57,984	10,884	781,339	65,564
	(II)	0	0	0	0	0	0	0
2Gary GasbarraVP Finance	(I)	318,598	95,582	81,273	61,829	21,392	578,674	0
	(II)	0	0	0	0	0	0	0
3Jennifer Close Senior VP Ambulatory	(I)	299,062	146,429	96,602	19,875	11,190	573,158	0
	(II)	0	0	0	0	0	0	0
4Jonathan Stegner VP Supply Chain & Logistics	(I)	245,576	85,400	263,335	41,583	23,282	659,176	195,158
	(II)	0	0	0	0	0	0	0
5Karen Stratton VP, Women/Children's Services	(I)	262,327	72,796	98,246	305,898	15,952	755,219	58,096
	(II)	0	0	0	0	0	0	0
6Kevin Colgan VP Chief Pharmacy Officer	(I)	267,187	80,174	0	43,890	19,586	410,837	0
	(II)	0	0	0	0	0	0	0
7Marco Capicchioni VP Facilities Planning/Develop	(I)	319,418	104,468	75,804	57,676	32,695	590,061	0
	(II)	0	0	0	0	0	0	0
8Mayumi Fukui VP Managed Care & Prgrm Dvlpmn	(I)	307,585	139,128	115,426	48,322	8,066	618,527	46,697
	(II)	0	0	0	0	0	0	0
9Robert Hanley VP Chief Human Resources	(I)	381,006	127,044	117,019	72,005	30,945	728,019	0
	(II)	0	0	0	0	0	0	0
10Vikram V Acharya VP Clinical Services	(I)	312,132	84,386	9,568	51,993	16,071	474,150	0
	(II)	0	0	0	0	0	0	0
11Ankur ShahPhysician	(I)	334,155	13,000	18,000	17,802	13,158	396,115	0
	(II)	0	0	0	0	0	0	0
12Brooke PhillipsPhysician	(I)	364,000	195,972	114,081	19,875	28	693,956	0
	(II)	0	0	0	0	0	0	0
13Grace SuhPhysician	(I)	356,696	195,039	108,053	19,875	10,959	690,622	0
	(II)	0	0	0	0	0	0	0
14Lawrence SchilderPhysician	(I)	270,751	169,783	180,615	19,298	24,579	665,026	0
	(II)	0	0	0	0	0	0	0
15Sunil NarulaPhysician	(I)	361,809	171,229	108,735	19,875	9,199	670,847	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

Employer identification number
36-3488183

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY cp 05	52-1297563	45200MWS9	09-29-2005	29,000,000	Construction-Pediatric ER & Clinic		X		X	X	
B	ILLINOIS FINANCE AUTHORITY CP 07	52-1297563	45200MC28	04-19-2007	10,000,000	Construction and Renovation		X		X	X	
C	ILLINOIS FINANCE AUTHORITY CP 07	52-1297563	45200MC36	04-19-2007	31,000,000	Construction and Renovation		X		X	X	
D	ILLINOIS FINANCE AUTHORITY 09D	86-1091967	45200FZR3	08-20-2009	35,000,000	Construction, Equipment and Capita		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	29,000,000	10,000,000	31,000,000	35,000,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	162,000	46,068	142,812	283,697
8	Credit enhancement from proceeds	23,780	15,517	48,103	35,495
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	28,814,220	9,938,415	30,809,085	34,680,808
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2006	2008	2008	2013
		Yes / No	Yes / No	Yes / No	Yes / No
14	Were the bonds issued as part of a current refunding issue?	No	No	No	No
15	Were the bonds issued as part of an advance refunding issue?	No	No	No	No
16	Has the final allocation of proceeds been made?	Yes	Yes	Yes	No
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Yes	Yes	Yes	Yes

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?	X		X		X		X	
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X		X		X			X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?	X		X		X			X
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		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X	X	
b	Name of provider	0		0		0		Wells Fargo Bank	
c	Term of hedge								32 4 %
d	Was the hedge superintegrated?								X
e	Was the hedge terminated?								X

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2C	CUSIP# 45200MWS9, CONSTRUCTION - PEDIATRIC ER/CLINIC, ISSUANCE DATE OF 9/25/2005, 9/29/2010 CUSIP# 45200MC28, CONSTRUCTION AND RENOVATION, ISSUANCE DATE OF 4/19/2007, 4/19/2012 CUSIP# 45200MC36, CONSTRUCTION AND RENOVATION, ISSUANCE DATE OF 4/19/2007, 4/19/2012 CUSIP# 45200FZR3, CONSTRUCTION, EQUIPMENT AND CAPITAL, ISSUANCE DATE OF 8/20/2009, 8/20/2014 CUSIP# 45200FZT9, CONSTRUCTION, EQUIPMENT AND CAPITAL, ISSUANCE DATE OF 8/20/2009, 8/20/2014 CUSIP# 45200FZV4, CONSTRUCTION, EQUIPMENT AND CAPITAL, ISSUANCE DATE OF 8/20/2009, 8/20/2014 CUSIP# 45200FZX0, CONSTRUCTION, EQUIPMENT AND CAPITAL, ISSUANCE DATE OF 8/20/2009, 8/20/2014 CUSIP# 45200F6J3, CONSTRUCTION, EQUIPMENT AND CAPITAL, ISSUANCE DATE OF 11/9/2010, 11/9/2015 CUSIP# 45200F6G9, CONSTRUCTION, EQUIPMENT AND CAPITAL, ISSUANCE DATE OF 11/9/2010, 11/9/2015 CUSIP# 45203HAH5, CONSTRUCTION, EQUIPMENT AND CAPITAL, ISSUANCE DATE OF 5/20/2011, 5/20/2016 CUSIP# 45203HAZ5, CONSTRUCTION, EQUIPMENT AND CAPITAL, ISSUANCE DATE OF 5/20/2011, 5/20/2016 CUSIP# 45203HJJ2, REDEEM EARLIER BOND (2001 SERIES), ISSUANCE DATE OF 6/02/2012, 6/28/2017

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

Employer identification number
36-3488183

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY 2009D	86-1091967	45200FZT9	08-20-2009	35,000,000	Construction, Equipment and Capita		X		X		X
B	ILLINOIS FINANCE AUTHORITY 09E	86-1091967	45200FZV4	08-20-2009	60,000,000	Construction, Equipment and Capita		X		X		X
C	ILLINOIS FINANCE AUTHORITY 09E	86-1091967	45200FZX0	08-20-2009	10,000,000	Construction, Equipment and Capita		X		X		X
D	ILLINOIS FINANCE AUTHORITY 09B	86-1091967	45200FX20	04-08-2010	85,785,000	Redeem Earlier Bonds (1994 & 1998)	X			X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	0	0
2	Amount of bonds legally defeased	0	0	0	23,730,000
3	Total proceeds of issue	35,000,000	60,000,000	10,000,000	75,194,738
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	283,697	486,338	81,057	914,738
8	Credit enhancement from proceeds	35,495	60,848	10,141	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	34,680,808	59,452,814	9,908,802	0
11	Other spent proceeds	0	0	0	74,280,000
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2013	2013	2013	2010

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 470 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								0 470 %
7	Does the bond issue meet the private security or payment test?	X		X		X		X	
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?							X	
c	No rebate due?	X		X		X			
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X			X
b	Name of provider	Wells Fargo		Wells Fargo		Wells Fargo		0	
c	Term of hedge	32 4 %		32 4 %		32 4 %			
d	Was the hedge superintegrated?		X		X		X		
e	Was the hedge terminated?		X		X		X		

Part IV **Arbitrage** (Continued)

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

Part V **Procedures To Undertake Corrective Action**

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

Employer identification number
36-3488183

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY 09A	86-1091967	45200FX46	04-08-2010	69,045,000	Redeem Earlier Bonds (1994 & 1998)		X		X		X
B	ILLINOIS FINANCE AUTHORITY 10A	86-1091967	45200F6J3	11-09-2010	46,250,000	Construction, Equipment and Captia		X		X		X
C	ILLINOIS FINANCE AUTHORITY 10B	86-1091967	45200F6G9	11-09-2010	46,250,000	Construction, Equipment and Capita		X		X		X
D	ILLINOIS FINANCE AUTHORITY 11A	86-1091967	45203HAH5	05-20-2011	46,250,000	Construction, Equipment and Capita		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	24,194,894	0	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	89,965,722	46,250,000	46,250,000	46,250,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	2,644,599	2,644,599	2,536,628
7	Issuance costs from proceeds	845,723	470,234	450,333	413,179
8	Credit enhancement from proceeds	0	17,600	17,601	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	43,117,567	43,137,767	43,300,193
11	Other spent proceeds	89,119,999	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2010	2013	2013	2013

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X			X		X	X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 470 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5		0 470 %						
7	Does the bond issue meet the private security or payment test?	X		X		X		X	
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?	X							
c	No rebate due?			X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X		X		X	
b	Name of provider	0		Wells Fargo		Wells Fargo		Wells Fargo	
c	Term of hedge				32 4 %		32 4 %		32 4 %
d	Was the hedge superintegrated?				X		X		X
e	Was the hedge terminated?				X		X		X

Part IV **Arbitrage** (Continued)

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

Part V **Procedures To Undertake Corrective Action**

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

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

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Schedule K (Form 990)

Department of the Treasury
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Name of the organization
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Employer identification number
36-3488183

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY 11B	86-1091967	45203HAZ5	05-20-2011	46,250,000	Construction, Equipment and Capita		X		X		X
B	ILLINOIS FINANCE AUTHORITY 2012A (2001)	86-1091967	45203HJJ2	06-02-2012	80,945,011	Redeem Earlier Bonds (2001 Series)		X		X		X
C	ILLINOIS FINANCE AUTHORITY 13a	86-1091967		01-24-2013	75,000,000	Construction, Equipment and Capita		X		X		X
D	ILLINOIS FINANCE AUTHORITY 15	86-1091967	45203HV90	03-12-2015	24,579,646	Partial Redemption of Bonds (2009C		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	46,250,000	80,945,011	75,000,000	24,579,646
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	2,536,628	0	0	0
7	Issuance costs from proceeds	413,719	1,270,423	342,423	384,652
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	43,299,875	0	74,657,577	0
11	Other spent proceeds	0	79,674,588	0	24,194,894
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2013	2012	2015	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?	X		X		X		X	
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?					X		X	
b	Exception to rebate?								
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X	X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	Wells Fargo		0		0		0	
c	Term of hedge	32 4 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						

Part IV **Arbitrage** (Continued)

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

Part V **Procedures To Undertake Corrective Action**

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

Employer identification number
36-3488183

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ILLINOIS FINANCE AUTHORITY 2016A	86-1091967	45204ENW4	11-02-2016	22,641,914	Partial Redemption of Bonds (2009B		X		X		X
B	ILLINOIS FINANCE AUTHORITY 2016B	86-1091967	45204ENW4	11-02-2016	178,143,217	Redemption of Bonds (2009C and 201		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0		
2	Amount of bonds legally defeased	0	0		
3	Total proceeds of issue	27,641,914	178,143,217		
4	Gross proceeds in reserve funds	0	0		
5	Capitalized interest from proceeds	0	0		
6	Proceeds in refunding escrows	0	0		
7	Issuance costs from proceeds	213,091	1,862,421		
8	Credit enhancement from proceeds	0	0		
9	Working capital expenditures from proceeds	0	0		
10	Capital expenditures from proceeds	0	0		
11	Other spent proceeds	0	0		
12	Other unspent proceeds	0	0		
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?	X		X					
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

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

Part IV **Arbitrage** (Continued)

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

Part V **Procedures To Undertake Corrective Action**

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

Employer identification number
36-3488183

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SEE SCHEDULE L PART V					

Part V Supplemental Information

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

Return Reference	Explanation
Form Sch L Part IV	TRUSTEE JAMES D ABRAMS WAS AN OFFICER, DIRECTOR, AND OWNER OF MEDLINE INDUSTRIES, INC , WHICH WAS A VENDOR OF UCMC IN FY17, UCMC PURCHASED $1,894,230 IN GOODS FROM MEDLINE EITHER DIRECTLY OR THROUGH CARDINAL HEALTH UNDER AN ARM'S LENGTH WRITTEN ARRANGEMENT THE TRANSACTION WAS FOR THE PURCHASE OF GOODS IN THE ORDINARY COURSE OF BUSINESS MR ABRAMS RECEIVED NO COMPENSATION FROM UCMC AND DOES NOT SHARE IN UCMCS REVENUES TRUSTEE KENNETH S POLONSKY AND TRUSTEE ROBERT J ZIMMER WERE EMPLOYED BY UNIVERSITY OF CHICAGO, A RELATED ORGANIZATION TRUSTEE KURT JOHNSON WAS EMPLOYED AS PRESIDENT BY INGALLS MEMORIAL HOSPITAL, A RELATED ORGANIZATION TRUSTEE ROBERT J ZIMMER WAS THE PRESIDENT OF THE UNIVERSITY OF CHICAGO AND ITS BOARD AS WELL AS ON THE BOARD OF FERMI RESEARCH ALLIANCE, ARGONNE NATIONAL LABORATORY, AND MARINE BIOLOGICAL LABORATORY, ALL RELATED ORGANIZATIONS TO UCMC

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

Employer identification number
36-3488183

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part I LINE 1 AND PART III Line 1	OUR MISSION IS TO PROVIDE SUPERIOR HEALTH CARE IN A COMPASSIONATE MANNER, EVER MINDFUL OF EACH PATIENT'S DIGNITY AND INDIVIDUALITY TO ACCOMPLISH OUR MISSION, WE CALL UPON THE SKILLS AND EXPERTISE OF ALL WHO WORK TOGETHER TO ADVANCE MEDICAL INNOVATION, SERVE THE HEALTH NEEDS OF THE COMMUNITY AND FURTHER THE KNOWLEDGE OF THOSE DEDICATED TO CARING OUR PURPOSES ARE TO ASSIST AND AID THE SICK, INJURED AND CONVALESCENT, TO PREVENT AND CURE DISEASE AND SUFFERING, TO PROVIDE HEALTH CARE, ADVICE AND SERVICES, TO TRAIN AND EDUCATE, AND ASSIST IN ANY MANNER IN THE EDUCATION OR TRAINING OF, PERSONS IN OR ASSOCIATED WITH THE MEDICAL PROFESSION OR ASSOCIATED WITH ANY ASPECT OF HEALTH CARE, TO ENGAGE IN MEDICAL AND BASIC BIOLOGICAL RESEARCH, TO BUILD, MAINTAIN AND CONDUCT, AND TO ASSIST IN ANY MANNER IN BUILDING, MAINTAINING AND CONDUCTING, HOSPITALS, CLINICS, DISPENSARIES, SANATORIA AND RESEARCH AND EDUCATIONAL INSTITUTIONS, AND TO PROVIDE A SETTING APPROPRIATE FOR EDUCATION, TRAINING AND RESEARCH ACTIVITIES IN MEDICINE AND THE HEALTH SCIENCES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4a	THE UNIVERSITY OF CHICAGO MEDICAL CENTER ("UCMC") IS A NATIONALLY RECOGNIZED LEADER IN PAT IENT CARE, RESEARCH AND MEDICAL EDUCATION RENOWNED FOR TREATING SOME OF THE MOST COMPLEX MEDICAL CASES, UCMC BRINGS THE VERY LATEST MEDICAL TREATMENTS TO PATIENTS IN CHICAGOS SOUT H SIDE COMMUNITY, AND THROUGHOUT THE WORLD IN THIS WAY, UCMC FURTHERS ITS COMMITMENT TO P ATIENT CARE, CLINICAL PRACTICE AND COMMUNITY HEALTH UCMC PARTNERS WITH THE UNIVERSITY OF CHICAGO PHYSICIANS AND THE PRITZKER SCHOOL OF MEDICINE TO EDUCATE THE NEXT GENERATION OF P HYSICIANS AND OTHER HEALTH CARE PROFESSIONALS THE MEDICAL CENTER IS A LEADING PROVIDER OF COMPLEX CARE IN THE STATE OF ILLINOIS AND UCMC IS THE LARGEST PROVIDER OF MEDICAID SERVIC ES (BY ADMISSIONS AND PATIENT DAYS) ON THE SOUTH SIDE OF CHICAGO AND ONE OF THE LARGEST IN THE STATE OF ILLINOIS UCMC PROVIDES A SUBSTANTIAL AMOUNT OF CARE FOR WHICH IT DOES NOT R ECEIVE PAYMENT FOR FISCAL YEAR 2017, UCMC PROVIDED $ 17,683,000 IN CHARITY CARE AND INCUR RED LOSSES ON GOVERNMENT PROGRAMS OF $167,517,000, AND INCURRED UNCOMPENSATED CHARGES-OR B AD DEBT-OF $28,948,000 UCMC ALSO INCURRED $67,955,000 IN UNREIMBURSED EDUCATION EXPENSES DURING FY 2017 AND PROVIDED RESEARCH SUPPORT OF $48,000,000 AND $5,417,000 FOR OTHER PROGR AMS ADULT PATIENT CARE IN THE CENTER FOR CARE AND DISCOVERY ("CCD") AND BERNARD A MITCHE LL HOSPITAL IN FEBRUARY 2013, UCMC OPENED THE CENTER FOR CARE AND DISCOVERY, A NEW 10-STOR Y HOSPITAL THAT SERVES AS THE NEW CORE OF THE UCMC CAMPUS THE NEW HOSPITAL IS 1 2 MILLION SQUARE FEET AND CONTAINS 240 SINGLE-OCCUPANCY INPATIENT ROOMS, INCLUDING 52 INTENSIVE CAR E BEDS, 21 OPERATING ROOMS WITH LEADING-EDGE TECHNOLOGY, AND 7 ADVANCED IMAGING SUITES FOR INTERVENTIONAL PROCEDURES THE CCD PROVIDES A HOME FOR COMPLEX SPECIALTY CARE WITH A FOCU S ON CANCER, GASTROINTESTINAL DISEASE, NEUROSCIENCE, ADVANCED SURGERY, AND HIGH-TECHNOLOGY MEDICAL IMAGING THE FACILITY IS DESIGNED FOR FAMILY-CENTERED CARE AND IMPROVED COMMUNICA TION AMONG ALL MEMBERS OF THE PATIENTS CARE TEAMS BERNARD A MITCHELL HOSPITAL ("MITCHELL "), WHICH WAS BUILT IN 1983, CONTINUES TO OPERATE 228 INPATIENT BEDS AND INCLUDES THE EMER GENCY DEPARTMENT AND ARTHUR RUBLOFF INTENSIVE CARE TOWER MITCHELL ALSO HOUSES THE UNIVERS ITY OF CHICAGO MEDICAL CENTER BURN AND ELECTRICAL TRAUMA UNITS AND INTENSIVE CARE UNITS FO R TRANSPLANTATION, NEUROLOGY AND NEUROSURGERY, CARDIOTHORACIC CARE, GENERAL SURGERY, AND G ENERAL MEDICINE PATIENTS UCMC HOUSES ONE OF ONLY TWO BURN UNITS IN CHICAGO, AT WHICH UCMC PROVIDES CARE TO CRITICALLY-INJURED ADULT AND PEDIATRIC PATIENTS, MANY OF WHOM SPEND MONT HS IN THIS INTENSIVE CARE FACILITY IN ADDITION, DURING FY 2016, UCMC UNVEILED ITS GET CAR E PLAN TO DRAMATICALLY INCREASE ACCESS TO NECESSARY CARE FOR OUR COMMUNITY UNDER GET CARE , UCMC RECEIVED REGULATORY APPROVAL TO MAKE A $269 MILLION INVESTMENT IN ITS FACILITIES SE RVING THE SOUTH SIDE COMMUNITY SPECIFICALLY, UNDER THE PLAN, UCMC RELOCATED AND EXPANDED ITS ADULT EMERGENCY DEPARTMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4a	IN FY 2017 SO IT IS IN CLOSER PROXIMITY TO THE CCD, IN ORDER TO REDUCE WAIT TIMES AND SER VE MORE PATIENTS WE WILL ALSO ADD LEVEL 1 ADULT TRAUMA CARE TO THE SOUTH SIDE OF CHICAGO CURRENTLY, THERE IS NO LEVEL 1 ADULT TRAUMA SERVICE ON THE SOUTH SIDE DESPITE APPROXIMATE LY 50% OF TRAUMA CASES IN THE CITY ORIGINATING IN THIS AREA THE FINAL COMPONENT OF THE GE T CARE PLAN WILL SEE UCMC REDEVELOP MITCHELL HOSPITAL INTO A DEDICATED CANCER CARE FACILIT Y, WHICH DISPROPORTIONATELY AFFECTS PEOPLE IN THE SOUTH SIDE COMMUNITY THE MEDICAL CENTER OFFERS WORLD-CLASS TRANSPLANTATION PROGRAMS IN SEVERAL AREAS, INCLUDING TRANSPLANTATION O F THE LIVER, KIDNEY, PANCREAS, LUNG, HEART, BONE MARROW AND OTHER TISSUES, MULTIPLE-ORGAN TRANSPLANTATION, AND RESEARCH IN TRANSPLANT IMMUNOLOGY UCMC PERFORMED 165 ORGAN TRANSPLAN TS IN FY 2017 AND 184 BONE MARROW OR STEM CELL TRANSPLANT PROCEDURES FOR THE TREATMENT OF VARIOUS CANCERS FOR BOTH ADULT AND PEDIATRIC PATIENTS UCMC ADMITTED OR OBSERVED ALMOST 32 ,000 ADULT PATIENTS IN FISCAL YEAR 2017 WITH CLOSE TO 480,000 ADULT AND PEDIATRIC VISITS T O ITS OUTPATIENT AMBULATORY CARE FACILITIES IN ADDITION, UCMCS MITCHELL HOSPITAL CONTAINS STATE-OF-THE-ART OBSTETRICAL AND GYNECOLOGICAL FACILITIES AND HAS A LEADING PROGRAM IN RE PRODUCTIVE ENDOCRINOLOGY AND INFERTILITY THE FACILITIES INCLUDE EIGHT LABOR ROOMS, THREE DELIVERY ROOMS, AND TWO BIRTHING ROOMS, AS WELL AS A 17-BED GYNECOLOGY UNIT AND FOUR OBSTE TRIC OPERATING ROOMS UCMCS EMERGENCY DEPARTMENT IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK AND IN FY 2017, UCMC PROVIDED OVER 63,500 ADULT ED VISITS, MAKING IT ONE OF BUSIEST EMERGENCY ROOM ON CHICAGOS SOUTH SIDE IN ADDITION, UCMC SERVES AS A RESOURCE HOSPITAL FOR ONE OF T HE EMERGENCY MEDICAL SYSTEM ("EMS") REGIONS IN ILLINOIS UCMC IS ONE OF FOUR RESOURCE HOSP ITALS IN CHICAGO AND REPRESENTS CHICAGO SOUTH AS A RESOURCE HOSPITAL, UCMC HAS AUTHORITY AND RESPONSIBILITY OVER THE ENTIRE EMS REGIONAL SYSTEM, INCLUDING THE CLINICAL ASPECTS, OP ERATIONS AND EDUCATIONAL PROGRAMS UCMC PROVIDES THE ENTIRE BUDGET FOR ITS PARTICIPATION A S A RESOURCE HOSPITAL AND SPENDS NEARLY $250,000 PER YEAR ON THIS SERVICE AS A RESOURCE H OSPITAL, UCMC ALSO IS RESPONSIBLE FOR REPLACING MEDICAL SUPPLIES AND PROVIDING FOR EQUIPME NT EXCHANGE IN PARTICIPATING EMS VEHICLES UCMC SPENDS APPROXIMATELY $30,000 PER YEAR ON R EPLACEMENT AND RESTOCKING

990 Schedule O, Supplemental Information

Return Reference	Explanation
CHICAGO COMER CHILDRENS HOSPITAL	AS A MAJOR TERTIARY REFERRAL CENTER, THE UNIVERSITY OF CHICAGO COMER CHILDREN'S HOSPITAL S EES CHILDREN WITH MEDICAL PROBLEMS THAT RANGE FROM SOME OF THE MOST COMMON TO SOME OF THE MOST COMPLEX IN ITS 155 BED, SEVEN-STORY FACILITY, WHICH OPENED IN FEBRUARY 2005 FAMILIES OF THESE PEDIATRIC PATIENTS CAN STAY AT THE 30,000 SQUARE-FOOT RONALD MCDONALD HOUSE ON C AMPUS, WHICH UCMC BUILT AND OPENED IN DECEMBER 2007 NEARLY 6,300 CHILDREN WERE ADMITTED O R OBSERVED AS PATIENTS TO COMER CHILDRENS HOSPITAL IN FISCAL YEAR 2017 FROM THE CHICAGO AR EA, THE MIDWEST, AND AROUND THE WORLD IN FY 2017, UCMCS OUTPATIENT CLINICS ACCOMMODATED O VER 41,000 SPECIALTY PEDIATRIC VISITS IN ITS AMBULATORY CARE FACILITY AND OVER 32,500 VISI TS WERE MADE TO THE COMER PEDIATRIC EMERGENCY ROOM ADDITIONALLY, IN AN EFFORT TO ENSURE P ATIENTS AND THEIR FAMILIES WHO ARE RECEIVING CARE AT COMER CHILDREN'S HOSPITAL DO NOT SUFF ER FROM HUNGER OR THE INABILITY TO PURCHASE FOOD, THE COMER FOOD PANTRY ALLEVIATES FOOD IN SECURITY FOR PATIENT FAMILIES AT THE COMER CHILDREN'S HOSPITAL COMER CHILDREN'S HOSPITAL IS STAFFED BY APPROXIMATELY 140 PHYSICIANS FROM THE DEPARTMENT OF PEDIATRICS AT THE UNIVER SITY, AS WELL AS SPECIALTY NURSES AND CARING SUPPORT STAFF THE TEAMS OF HEALTHCARE PROFES SIONALS-INCLUDING MEDICAL STUDENTS, RESIDENTS AND FELLOWS-WORK TOGETHER TO PROVIDE GENERAL AND SPECIALTY MEDICAL CARE FOR NEWBORNS TO YOUNG ADULTS AT COMER CHILDREN'S HOSPITAL AND THROUGH ITS OUTPATIENT CLINICS, CHILDREN AND TEENS RECEIVE ADVANCED THERAPIES IN ALL CLIN ICAL AREAS COMER CHILDREN'S HOSPITAL IS A PEDIATRIC LEVEL-I TRAUMA CENTER THAT TREATS CHI LDREN WITH SEVERE INJURIES FOR EMERGENCY TRAUMA CARE UCMC ALSO CARES FOR CRITICALLY ILL A ND INJURED CHILDREN IN ITS TECHNOLOGICALLY ADVANCED PEDIATRIC INTENSIVE CARE UNIT ("PICU") THE 30-BED PICU IS FULLY EQUIPPED TO TREAT CHILDREN WITH MULTIPLE TRAUMAS, COMPLEX MEDIC AL PROBLEMS, AND CONDITIONS REQUIRING MAJOR SURGERY, INCLUDING CARDIAC, TRANSPLANT, AND NE UROSURGERY IN ADDITION, 47 DESIGNATED TERTIARY CARE (LEVEL III) BEDS IN THE NEONATAL INTE NSIVE CARE UNIT AND 24 CONVALESCENT (LEVEL II) BEDS IN THE TRANSITIONAL CARE UNIT PROVIDE PREMATURE AND CRITICALLY ILL INFANTS WITH THE MOST ADVANCED MEDICAL CARE AND LIFE SUPPORT SYSTEMS AT THE COMER CHILDREN'S HOSPITAL, INFANTS WHO SPEND TIME IN THE NICU RECEIVE SPEC IALIZED FOLLOW-UP CARE AFTER THEY ARE DISCHARGED AT ITS CENTER FOR HEALTHY FAMILIES ("CENT ER") THE CENTER USES A MULTIDISCIPLINARY CARE APPROACH THAT INCLUDES GENERAL PEDIATRICIAN S, NEONATOLOGISTS, NURSE EDUCATORS, PEDIATRIC SOCIAL WORKERS, REGISTERED DIETITIANS, OCCUP ATIONAL THERAPISTS, PHYSICAL THERAPISTS, SPEECH THERAPISTS AND HOME HEALTH NURSES THE CEN TER ALSO DRAWS ON THE EXPERTISE OF OTHER PEDIATRIC SPECIALISTS AS NEEDED THE TEAM ADDRESS ES A HOST OF CONCERNS, INCLUDING MEDICAL AND PHYSICAL NEEDS, DEVELOPMENT, MOTOR SKILLS, SP EECH, GROWTH, NUTRITION, AND THE HOME ENVIRONMENT TEAM MEMBERS ARE AVAILABLE BY PAGER 24 HOURS A DAY AND ALSO TEACH PAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
CHICAGO COMER CHILDRENS HOSPITAL	ENTS HOW TO GIVE MEDICATIONS, MONITOR SYMPTOMS, AND TAKE OTHER STEPS TO MEET THEIR CHILDS SPECIAL NEEDS SOMETIMES, TEAM MEMBERS EVEN VISIT THE CHILDS HOME TO HELP PARENTS AND CARE GIVERS ADAPT TO THE PHYSICAL AND EMOTIONAL ENVIRONMENT TO SUPPORT THE CHILDS NEEDS COMER CHILDRENS HOSPITAL SERVES AS THE CENTER OF A REGIONAL PERINATAL NETWORK THAT IS RESPONSIBL E FOR THE ADMINISTRATION AND IMPLEMENTATION OF THE ILLINOIS DEPARTMENT OF PUBLIC HEALTHS ("IDPH") REGIONALIZED PERINATAL HEALTH CARE PROGRAM IN THIS ROLE, UCMC PROVIDES TWELVE ARE A HOSPITALS WITH CONSULTATION AS WELL AS TRANSPORT SERVICES FOR BABIES BORN IN NETWORK HOS PITALS, MORE THAN ONE-THIRD OF THEM CONSIDERED HIGH-RISK THE NETWORK IS COMMITTED TO REDU CING FETAL AND INFANT MORTALITY THROUGHOUT THE SURROUNDING URBAN, SUBURBAN, AND RURAL COMM UNITIES UCMC ALSO PROVIDES LEADERSHIP IN THE DESIGN AND IMPLEMENTATION OF IDPHS CONTINUOU S QUALITY IMPROVEMENT PROGRAM AND PARTICIPATES IN CONTINUING EDUCATION FOR OTHER HEALTH PR OFESSIONALS Form 990 Part VI Line 2 TRUSTEE PATRICK KELLY HAD A BUSINESS RELATIONSHIP WIT H TRUSTEE RODNEY L GOLDSTEIN TRUSTEE CRAIG J DUCHOSSOIS HAD A BUSINESS RELATIONSHIP WIT H TRUSTEE PATRICK KELLY THE FOLLOWING UCMC TRUSTEES ARE ALSO ON THE UNIVERSITY OF CHICAGO BOARD OR A UC OFFICER ANDREW M ALPER CRAIG J DUCHOSSOIS JAMES S FRANK RODNEY L GOLDS TEIN RACHEL KOHLER EMILY NICKLIN KENNETH POLONSKY PAULA WOLFF PAUL YOVOVICH ROBERT J ZIMM ER PAUL YOVOVICH ROBERT J ZIMMER

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 4	On October 1, 2016, UCMC acquired Ingalls Health System (IHS) through an affiliation and member substitution As a result of this transaction, IHS became a wholly owned subsidiary of UCMC through the newly created CHHD of UCMC Form 990 Part VI Line 6 THE SOLE MEMBER OF UCMC IS THE UNIVERSITY OF CHICAGO, A NOT-FOR-PROFIT ENTITY UCMC PROVIDES HEALTHCARE, RESEARCH, AND EDUCATION PRIMARILY ON THE UNIVERSITY CAMPUS, AND THE BULK OF ITS MEDICAL STAFF MEMBERS ARE UNIVERSITY OF CHICAGO FACULTY UCMC IS THE SOLE MEMBER OF UCMC COMMUNITY PHYSICIANS UCMC IS ALSO THE SOLE MEMBER OF UNIVERSITY OF CHICAGO CARE NETWORK, LLC, WHICH IN TURN IS THE SOLE MEMBER OF BOTH UCM CARE NETWORK MEDICAL GROUP, INC AND UCM CARE NETWORK AFFILIATED PHYSICIANS, LLC

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part XI Line 9	NET EQUITY TRANSFER TO UNIVERSITY OF CHICAGO ($71,750,000) CHANGE IN ACCRUED PENSION BENEFITS OTHER THAN NET PERIODIC BENEFIT COSTS $2,266,095 EFFECTIVE PORTION OF CHANGE IN VALUATION OF DERIVATIVES $44,862,775 CONTRIBUTIONS OF CHHD UNRESTRICTED ASSETS $309,740,300 CONTRIBUTIONS of CHHD TEMP RES ASSETS $4,035,000 CONTRIBUTIONS of CHHD PERM RES ASSETS $9,087,000 PRIOR PERIOD ADJUSTMENT $305,759 HEDGE EFFECTIVENESS $2,095,409 LOSS ON EXTINGUISHMENT OF DEBT ($27,028,300) ROUNDING ADJUSTMENT $5,700 ---------- Total $273,619,738

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Program support services TOTAL FEES 166209594

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Physician services TOTAL FEES 63499864

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Fee for services TOTAL FEES 23641823

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Collection fees TOTAL FEES 7802039

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Outside Lab Tests TOTAL FEES 5071259

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Claims Expense TOTAL FEES 3918777

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Security services TOTAL FEES 3646716

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Laundry services TOTAL FEES 3076121

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Bank fees TOTAL FEES 891831

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION Billing services TOTAL FEES 685119

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
University of Chicago Medical Ctr

Employer identification number
36-3488183

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) UCM Care Network LLC 5841 S Maryland Avenue Chicago, IL 60637 47-4222269	Healthcare	IL			UCMC
(2) UCMC Community Physicians LLC 5481 S Maryland Avenue Chicago, IL 60637	Phys Servs	IL	6,979,594	10,347,233	UCMC
(3) UCMCN ACO LLC 5841 S Maryland Avenue Chicago, IL 60637	Hlth Services	IL			UCMC
(4) Univ Of Chi Med Care Netw Aff Phys LLC 5841 S Maryland Avenue Chicago, IL 60637 47-4233918	Hlth Services	IL			UCMC

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) INGALLS SAME DAY SURGERY CTR 6701 W 159TH ST TINLEY PARK, IL 60452	SURGERY CENTER	IL	NA	RELATED							No	

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

See Additional Data Table

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
Form Sch R Part I	FOR PURPOSES OF COMPLETION, THE RELATED ORGANIZATIONS LISTED BELOW ARE DISREGARDED ENTITIES OF THE UNIVERSITY OF CHICAGO, A 501(C)(3) ORANIZATION, WITH LINE 2 (SCHOOL) PUBLIC CHARITY STATUS THE FOLLOWING RELATED ORGANIZATIONS' DIRECT CONTROLLING ENTITY IS THE UNIVERSITY OF CHICAGO THE UNIVERSITY OF CHICAGO IS A RELATED ENTITY TO THE UNIVERSITY OF CHICAGO MEDICAL CENTER MAROON INVESTMENTS, LLC 5801 S ELLIS AVENUE CHICAGO, IL 60637 PRIMARY ACTIVITY - HOLDING COMPANY LEGAL DOMICILE - DELAWARE THEORY AND COMPUTING SCIENCE BLDG TRUST 51-6596577 5801 S ELLIS AVENUE CHICAGO, IL 60637 PRIMARY ACTIVITY - RESEARCH BLDG LEGAL DOMICILE - ILLINOIS UCHICAGO ARGONNE LLC 68-0628477 5801 S ELLIS AVENUE CHICAGO, IL 60637 PRIMARY ACTIVITY - MANAGE LAB LEGAL DOMICILE - ILLINOIS UCHICAGO IMPACT LLC 61-1682394 5801 S ELLIS AVENUE CHICAGO, IL 60637 PRIMARY ACTIVITY - EDU CONSLTING LEGAL DOMICILE - ILLINOIS UCHICAGO TRADING (CAYMANS) 30-0517735 5801 S ELLIS AVENUE CHICAGO, IL 60637 PRIMARY ACTIVITY - INVESTING LEGAL DOMICILE - ILLINOIS UNIVERSITY OF CHICAGO FOUNDATION LIMITED (UK) 98-0525557 ST FL ALDER CASTER 10 NOBLE LONDON, UK 60637 PRIMARY ACTIVITY - FUNDRAISING LEGAL DOMICILE - UNITED KINGDOM HARPER COURT HOLDINGS LLC 98-0525557 5801 S ELLIS AVENUE CHICAGO, IL 60637 PRIMARY ACTIVITY - PROPERTY HLDG LEGAL DOMICILE - ILLINOIS

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

Additional Data

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

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 5555 S Woodlawn Avenue Chicago, IL 60637 36-3485244	Tech Transfer	IL	501(c)(3)	Line 12A, I	UNIV CHICAGO		No
(1) 180 W Washington St Suite 1000 Chicago, IL 60602 31-1607193	Hlth Access	IL	501(c)(3)	Line 10	UNIV CHICAGO		No
(2) 1313 E 60th Street Chicago, IL 60637 36-2167012	Pol Res Ctr	IL	501(c)(3)	Line 7	N/A		No
(3) 5801 S Ellis Avenue Chicago, IL 60637 23-7136019	Supp Research	IL	501(c)(3)	Line 12a, I	UNIV CHICAGO		No
(4) 5535 S Ellis Avenue Chicago, IL 60637 36-3203660	Supp the Arts	IL	501(c)(3)	Line 12a, I	UNIV CHICAGO		No
(5) PO Box 500 Batavia, IL 60510 57-1239010	Manage Lab	IL	501(c)(3)	Line 7	NA		No
(6) 33 N Lasalle St Ste 2131 Chicago, IL 60602 46-6789522	Supp Edu Res	IL	501(c)(3)	12D, III	N/A		No
(7) ONE INGALLS DRIVE HARVEY, IL 60426 36-3189150	SUPPORT	IL	501(c)(3)	7	UCHHD	Yes	
(8) ONE INGALLS DRIVE HARVEY, IL 60426 36-3239703	AMBULATORY	IL	501(c)(3)	Line 12A, I	UCHHD	Yes	
(9) ONE INGALLS DRIVE HARVEY, IL 60426 36-3367939	HEALTHCARE	IL	501(c)(3)	10	IMH	Yes	
(10) 5801 S Ellis Avenue Chicago, IL 60637 36-6111317	Prop Holdg	IL	501(c)(2)		UNIV CHICAGO		No
(11) 55 E Monroe Avenue Chicago, IL 60603 36-2167808	So Sci Srvys	IL	501(c)(3)	Line 7	NA		No
(12) 401 N Michigan Ave C/O Invst Offic Chicago, IL 60611	Investing	CJ			UNIV CHICAGO		No
(13) 71 W 156TH STREET HARVEY, IL 60426 36-4132865	HEALTHCARE	IL	501(c)(3)	10	UCHHD	Yes	
(14) 1511 E 53rd Street Chicago, IL 60615 36-2226282	Comm Srvs	IL	501(c)(3)	Line 7	UNIV CHICAGO		No
(15) ONE INGALLS DRIVE HARVEY, IL 60426 36-2170866	HOSPITAL	IL	501(c)(3)	3	UCHHD	Yes	
(16) 5730 S Ellis Avenue Chicago, IL 60637 36-3155157	Supp Library	IL	501(c)(3)	Line 12a, I	UNIV CHICAGO		No
(17) 7 MBL Street Woods Hole, MA 02543 04-2104690	Res & Edu	MA	501(c)(3)	Line 7	UNIV CHICAGO		No
(18) 5801 S Ellis Avenue Chicago, IL 60637 36-1655190	Social Club	IL	501(c)(7)		UNIV CHICAGO		No
(19)	Fundraising	HK			UNIV CHICAGO		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(21) 1212 E 59th Street Chicago, IL 60637	Social Club	IL			UNIV CHICAGO		No
(1)	Research	BG			UCH RS INTL		No
(2) 5801 S Ellis Avenue Chicago, IL 60637 26-2741573	Research	IL	501(c)(3)	Line 12a, I	UNIV CHICAGO		No
(3) ONE INGALLS DRIVE HARVEY, IL 60426 36-3181170	MANAGEMENT	IL	501(c)(3)	Line 12A, I	UCMC	Yes	
(4) 8201 South Cass Avenue Darien, IL 60561 81-2126789	Title Hold	IL	501(c)(3)	12, III	UCMC	Yes	
(5) 5841 S Maryland Ave MC 1086 Chicago, IL 60637 82-1736040	Title Hold	IL	501(c)(3)	12, III	UCMC	Yes	
(6)	Education	SN			UNIV CHICAGO		No
(7)	Education	UK			UNIV CHICAGO		No
(8) 5801 S Ellis Avenue Chicago, IL 60637 36-6056201	Supp Research	IL	501(c)(3)	Line 12a, I	UNIV CHICAGO		No
(9)	Education	FR			UNIV CHICAGO		No
(10) 5801 S Ellis Avenue Chicago, IL 60637 36-4225812	Education	IL	501(c)(3)	Line 2	UNIV CHICAGO		No
(11) 5801 S Ellis Avenue Chicago, IL 60637 36-6108743	Prop Hldg	IL	501(c)(2)		UNIV CHICAGO		No
(12) 5801 S Ellis Avenue Chicago, IL 60637 36-3999692	Medical Trust	IL	501(c)(3)	Line 12a, I	UNIV CHICAGO		No
(13) 5801 S Ellis Avenue Chicago, IL 60637 36-3020034	Malprac Tr	IL	501(c)(3)	Line 12a, I	UNIV CHICAGO		No
(14) 5801 S Ellis Avenue Chicago, IL 60637 36-2177139	Education	IL	501(c)(3)	Line 2	NA		No
(15)	Fundraising	IN			UNIV CHICAGO		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE LEAD TRUST (1) 5801 S ELLIS AVENUE CHICAGO, IL 60637	CHAR LEAD TRUST	IL	univ of chicago	Trust	0	0			No
(1) CHARITABLE REMAINDER TRUSTS (80) 5801 S ELLIS AVENUE CHICAGO, IL 60637	CHAR RMDR TRUST	IL	univ of chicago	Trust	0	0			No
(2) INGALLS CASUALTY INSURANCE LTD ONE INGALLS DRIVE HARVEY, IL 60426 98-0485714	LIAB INSURANCE	CJ	UCHHD	C Corp	3,063,231	15,170,482	100 000 %	Yes	
(3) INGALLS HEALTH COUNCIL ONE INGALLS DRIVE HARVEY, IL 60426 27-3226539	PURCHASING GROUP	IL	UCHHD	C Corp	0	0	100 000 %	Yes	
(4) INGALLS PROVIDER GROUP ONE INGALLS DRIVE HARVEY, IL 60426 36-3485578	INSURANCE SERVICE	IL	IMH	C Corp	11,131,307	4,044,665	100 000 %	Yes	
(5) MEDCENTRIX INC ONE INGALLS DRIVE HARVEY, IL 60426 36-3374228	BILLING & MGMT	IL	UCHHD	C Corp	4,782,041	10,562,256	100 000 %	Yes	
(6) POOLED INCOME FUND (1) 5801 S ELLIS AVENUE CHICAGO, IL 60637	POOLED INCO FUND	IL	univ of chicago	Trust	0	0			No
(7) UCHICAGO (Beijing) Consulting Co Ltd Unit 1-10 Culture PL Of Renmin Uni Beijing CH	Consulting	CH	univ of chicago		0	0			No
(8) UChicago Center in India Private Limited Unit 5-10 Grd FL Dlf Capital Point New Delhi IN	Consulting	IN	univ of chicago		0	0			No
(9) UCM Care Network Medical Group Inc 5841 S Maryland Avenue Chicago, IL 60637 47-4221241	Health Services	IL	UCMC	C Corp	4,566,313	2,470,087	100 000 %	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	UCMC Title Holding Corporation	d	1,007,585	FMV
(1)	UCMC Title Holding Corporation	k	17,207,585	FMV
(2)	UCM Community Health & Hospital Division	o	114,000	FMV
(3)	UCMC Title Holding Corporation	r	618,297	FMV
(4)	UCMC Title Holding Corporation	r	16,379,878	FMV
(5)	UCMC Title Holding Corporation II	r	1,107,683	FMV
(6)	UCMC Title Holding Corporation	s	410,474	FMV