efile GRAPHIC print - DO NOT PROCESS As Filed Data -

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.

OMB No. 1545-0047

DLN: 93493194017512

2020

Open to Public

Department of the

Treasu	•	ue Servic	e l	ror matractions and the	e ideese ii	ormacioni		Inspection
				ing 09-01-2020 , and ending 08-	31-2021			
B Che	ck if app	plicable:	C Name of organization Children's Hospital of Chicago Medica	Center		D Employer i	identifi	cation number
	dress ch	-	· · · · · · · · · · · · · · · · · · ·	Center		36-335700	04	
	me chai tial retu	-	% BRENDA DAVIS Doing business as					
		terminated	t d			E Talanhana n		
	nended		225 E CHICAGO AVÈ BOY 282	il is not delivered to street address) Room/s	suite	E Telephone n	umber	
⊔ Ар	plication	n pending		TID on foresion months and		(312) 227	-7133	
			City or town, state or province, count Chicago, IL 606112991	ry, and ZIP or foreign postal code		G Gross receip	nto ¢ ET	7.761.062
			F Name and address of principal	officer	H(a)			,761,963
			Thomas P Shanley MD	omeer.	П(а)	Is this a group retur subordinates?	n for	□Yes ☑ No
			225 E CHICAGO AVE BOX 282 Chicago, IL 606112991		Н(b)	Are all subordinates		Yes No
	x-exem	pt status		nsert no.) 4947(a)(1) or 527		included? If "No," attach a list.	(600	
1 W	ehsite	• • N///	vw.luriechildrens.org	15ert 110.)	 	Group exemption nu	•	•
		21 P VVV	www.narreermareris.org					
K For	n of org	janizatior	n: 🗹 Corporation 🔲 Trust 🔲 Assoc	ation Other ►	L Year o	of formation: 1984	State o	of legal domicile: IL
		_						
Pa	arti		nmary escribe the organization's mission or	most significant activities:				
				Γ EDUCAT'L PRGMS, SCI RESEARCH, F	HEALTHCA	RE FACILITIES & CH	ARITA	BLE & EDUCAT'L
ce	A.	CTIVITI	ES DEVOTED TO HEALTH & WELFAR	E OF INFANTS & CHILDREN.				
naf	=							
Activities & Governance	-							
\mathfrak{F}				ontinued its operations or disposed of body (Part VI, line 1a)			ets. 3 	68
ಸ ್	1						4	66
ige G							5	234
Ę								68
ĕ			·	//////////////////////////////////////			7a	C
	b N	Net unre	elated business taxable income from	Form 990-T, line 39			7b	C
						Prior Year	Ī	Current Year
Qı.	8 0	Contribu	itions and grants (Part VIII, line 1h)			7,578,466	5	10,161,00
J. G	9 F	Program service revenue (Part VIII, line 2g)					7	47,600,958
Rəvenue			ent income (Part VIII, column (A), lir	() (
	1		venue (Part VIII, column (A), lines 5				0	
	_			t equal Part VIII, column (A), line 12)		50,855,093	+	57,761,963
	1		and similar amounts paid (Part IX, co	, ,,		0	-	
	1		paid to or for members (Part IX, col	efits (Part IX, column (A), lines 5–10)		39,752,283)	39,769,104
Expenses	1		onal fundraising fees (Part IX, colum	, , , , , , , , , , , , , , , , , , , ,		39,732,263	-	39,709,10
8	1		draising expenses (Part IX, column (D), li				+	
滋	1		openses (Part IX, column (A), lines 1	·		15,840,600	1	16,245,638
	1		penses. Add lines 13–17 (must equa			55,592,883	+	56,014,742
	19 F	Revenue	e less expenses. Subtract line 18 fro	m line 12		-4,737,790	ז	1,747,22:
% & ⊗					Beg	inning of Current Year	r	End of Year
Net Assets or Fund Balances		F. L. 1	(D+ V 1: +6)			44 404	+-	24446=
Ass 1 Ba	1		sets (Part X, line 16)			11,134,709	_	24,114,054
Neg E			bilities (Part X, line 26) ets or fund balances. Subtract line 2:			6,457,749 4,676,960	+	17,689,873 6,424,183
	rt II		nature Block	i ilom mie 20		4,070,900	1	0,424,18.
Unde	r penal	ties of p	perjury, I declare that I have examir	ned this return, including accompanyin				
	ledge a nowled		ef, it is true, correct, and complete.	Declaration of preparer (other than of	ficer) is ba	ased on all information	on of w	hich preparer has
arry K	. 10 44160	age. Ik						
		Signa	ture of officer			2022-07-12 Date		
Sign		,				Date		
Here	-		DA DAVIS INTERIM SR. VP/CFO or print name and title					
		<u> </u>	Print/Type preparer's name	Preparer's signature	Date	☐ PTII		
Paid	b				· -		622613	
	a parei	r	Firm's name FRNST & YOUNG US LLF			Firm's EIN ►		
	Onl	⊢	Firm's address ► 155 N Wacker Drive			Phone no. (312) 879	 9-2000	
		- 1				1		

Chicago, IL 60606

May the IRS discuss this return with the preparer shown above? (see instructions)

☑ Yes ☐ No

Form	990 (2	020)				Page 2
Pa	rt III	Statement of Program So	ervice Accomplisi	nments		
		Check if Schedule O contains a	response or note to a	any line in this Part III		🗹
1	Briefly	describe the organization's miss		•		
JNIV RESE ALLIE	ERSITY ARCH I D HEAL	FEINBERG SCHOOL OF MEDICIN NTO THE PREVENTION, CAUSES	IE, THIS COMMITMEN AND TREATMENT OF CY FOR CHILDREN AS	IT DRIVES US TO BE A DISEASES THAT AFFI A CHARITABLE ORGA	VIATRIC TEACHING FACILITY FOR N A LEADER IN: - PEDIATRIC HEALTH ECT CHILDREN - EDUCATION FOR F INIZATION, WE SERVE CHILDREN A	CARE DELIVERY - HYSICIANS, NURSES AND
2	Did th	e organization undertake any sig	nificant program serv	vices during the year	which were not listed on	
-		ior Form 990 or 990-EZ?	, -	- ,		☐ Yes ☑ No
		s," describe these new services o				
3		e organization cease conducting		changes in how it con	ducts any program	
_		es?	-	-	adets, any program	☐ Yes ☑ No
		s," describe these changes on Sc				
4	Descri Sectio	be the organization's program se	ervice accomplishmen iizations are required	to report the amount	e largest program services, as mea of grants and allocations to others,	
4a	(Code:) (Expenses \$	52,864,382	including grants of \$	0) (Revenue \$	47,600,958)
	See Ad	ditional Data				
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4 c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d		program services (Describe in S	•			
	(Expe	nses \$ 0	including grants of	\$	0) (Revenue \$	0)
4e	Total	program service expenses ►	52,864,3	82		

	State of Paragraph			- age 5
Par	tiv 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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part 2	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? <i>If "Yes," complete Schedule D,</i> 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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	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	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥦	11b		No
	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 2	11c		No
	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 2	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, 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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III	19		No

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Nο

20a

20b

21

	990 (2020)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part II	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
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? <i>If "Yes," complete Schedule M</i>	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	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			✓
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0	\square	Yes	No

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

1b

1c

	Statements Berneling Other IDC Filings and Toy Compliance (continued)			Page 5		
	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes			
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		No		
	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)? If "Yes," enter the name of the foreign country: •CJ	4a	Yes			
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 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		
С	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).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
	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					
e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No		
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.					
а	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:					
	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders					
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
	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.					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	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					
	Enter the amount of reserves on hand	14a		No		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b				
	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	15 16		No No		
	If "Yes," complete Form 4720, Schedule O.			140		

orm	990 (2020)			Page (
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to i	lines V
Se	ction 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 68			
	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 66			
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		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	2.)	
			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	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	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?			
а	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	
	ection 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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 🗹 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.			

See instructions for the order in which to list the persons above.

(A)

Name and title

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

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

✓

(F)

Estimated

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

• 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.

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

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

(B)

Average

• 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.

hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual trustee or director Highest compensatemployee Former organizations MISC) MISC) related Institutional Trustee below dotted organizations employee line) Ē See Additional Data Table

(A)

Name and title

Part VII

amount of other

(C)

Compensation

Form 990 (2020)

1,552,360

118,500

Description of services

BILLING SERVICES

Cleaning Services

(E)

Reportable

compensation

Page 8

-61	ection B. Indonendent Contract												
5	Did any person listed on line 1a receiverservices rendered to the organization										5		No
4	For any individual listed on line 1a, is organization and related organization individual	s greater than \$	150,00	0? <i>If</i>	"Yes	," co	omple: •	te Sc	chedule J for such		4	Yes	
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule 3</i>			ee, k	ey e	mplo •	oyee,	or hi	ghest compensated	employee on	3	Yes	
												Yes	No
2	Total number of individuals (including of reportable compensation from the	ı but not limited organization ►	to thos 52	e liste	ed al	bove	e) who	rece	eived more than \$10	00,000			
							▶		5,517,196	6,211,281		1	1,194,926
	Fotal from continuation sheets to Pa	· · · · · art VII, Section	 А.				•						
41. 6	Sub-Total						<u> </u> ▶			T			
											_		
											_		
											+		
											_		
See	Additional Data Table												
				Ť,			P. C.						
			trustee 'r	Institutional Trustee		oyee	Highest compensated employee						
		organizations below dotted line)	Individual trustee or director	Institutio	Officer	Key employee	ighest o	Former	MISC)	MISC)		relate organiza	
		any hours for related		direct	or/t	rust	ee)		from the organization (W-2/1099-	organizations (W-2/1099-		from t organizati	the on and
	nours per week (list				is both an officer and a					from related	'	emount o compens	

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

S	ection B. Independent Contrac
1	Complete this table for your five high
	from the organization. Report compe

1	Complete this table for your five higher from the organization. Report compen
	Name

est compensated independent contractors that received more than \$100,000 of compensation nsation for the calendar year ending with or within the organization's tax year. (A) Name and business address

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

CONIFER PHYSICIAN SERVICES INC, 8151 183rd St TINLEY PARK, IL 60487

GUERRERO CLEANING SERVICES,

2629 N Monitor Avenue CHICAGO, IL 60639

compensation from the organization ▶ 2

(B)

Average

hours per

		(2020)	- f F							Page 9
Part	VIII				resno	inse or note to an	y line in this Part VIII			П
		CHECK II SCHE	uuie	O CONTAINS A	respo	inse of flote to an	(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 b	n Federated campaigns n Membership dues c Fundraising events			.a .b			revenue		312 - 314
S, C	d	Related organization		<u> </u>	.d	8,712,423				
Contributions, Gift and Other Similar		Government grants (.e	1,448,582				
ns. Sim	f	All other contribution	s, gift	s, grants,						
er (and similar amounts above			Lf					
를 돌	g	Noncash contribution: lines 1a - 1f:\$	s incl		.g					
nou	h	Total. Add lines 1a	a-1f			•				
<u> </u>						Business Code	10,161,005			
où.	2a	NET PATIENT REVEN	UES			621111	29,619,156	29,619,156		
mever	b	MEDICAID				621111	9,652,662	9,652,662		
vice R		MEDICAL ADMIN & TI				621111	4,408,385	4,408,385		
Program Service Revenue	d	MISC. OPERATING RE	EVEN	UE		621111	3,920,755	3,920,755		
Progra	e	·								
_	f	All other program	serv	ice revenue.						
	g	Total. Add lines 2	2a-2	f	>	47,600,958	3			
		Investment income similar amounts)			nds, i	nterest, and othe	r	0		
		Income from invest			npt bo	and proceeds	`	0		
	5	Royalties					•	0		
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental	6b							
		expenses Rental income	ОВ							
		or (loss)	6с		0		0			
	١ (d Net rental income	e or (0		
	7a	Gross amount from sales of	7a	(i) Securit	ies	(ii) Other				
		assets other than inventory	, a							
	b	Less: cost or other basis and sales expenses	7b							
		Gain or (loss)	7 c							
		d Net gain or (loss) Gross income from fu						0		
Other Revenue			d on I	of line 1c).	8a		0			
Re		Less: direct expen	ises		8b		0			
her		Net income or (los			ng eve	ents 🕨		0		
₽ O	9a	Gross income from See Part IV, line 19	gami	ng activities.						
	 	Less: direct expen			9a 9b		0			
		c Net income or (los				es >		0		
						<u> </u>				
	10	aGross sales of inve returns and allowa	entor ances	ry, less	10a		0			
	ŀ	Less: cost of good	ls sol	d	10b		0			
	_	Net income or (los	ss) fr	om sales of i	nvent	ory ►		0		
		Miscellaneo	us R	evenue		Business Code				
	11	La								
	ŀ	·								
		All other revenue								
		Total. Add lines 1				•		0		4
	12	2 Total revenue. S	ee ir	structions .	•	• • • •	57,761,96	3 47,600,958	3	0 0

Р	art IX Statement of Functional Expenses				rage 10
	Section 501(c)(3) and 501(c)(4) organizations must c		=		mn (A). □
	Check if Schedule O contains a response or note to ar not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	САРОПОСС	general expenses	одранове
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,362,840	2,246,748	116,092	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	82,095	78,061	4,034	
7	Other salaries and wages	30,800,955	29,287,625	1,513,330	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9	Other employee benefits	4,520,832	4,362,468	158,364	
	Payroll taxes	2,002,382	1,940,029	62,353	
11	Fees for services (non-employees):				
a	ı Management	0			
b	Legal	594		594	
	Accounting	14,400		14,400	
	Lobbying	0			
	Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	0			
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,899,927	2,889,259	10,668	
12	Advertising and promotion	0			
13	Office expenses	205,427	205,336	91	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	1,873,046	1,869,700	3,346	
	Travel	12,402	11,802	600	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	380,248		380,248	
23	Insurance	1,548,974	1,261,456	287,518	
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 VACCINES	4,936,893	4,936,893		
	b PLAN TAX	1,443,802	1,443,802		
	c OTHER	2,929,925	2,331,203	598,722	
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	56,014,742	52,864,382	3,150,360	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2020)

11

Liabilities

Fund Balances

ō 29

Assets 30

27

28

31

32

33

Page 11

995,249

1,417,706

10,727,222

24,114,054

8,915,097

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0

0

0

8,774,776

17.689.873

6.424,181

6,424,181

24,114,054

Form 990 (2020)

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

		Beginning of year		End of year
1	Cash-non-interest-bearing	3,545,638	1	5,114,1
2	Savings and temporary cash investments	0	2	
_			_	

Pledges and grants receivable, net . . . 3.621.930 Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

5,328,817 0 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 0 6

0 Notes and loans receivable, net 7 Assets 0 8 422.819 Inventories for sale or use 0 Prepaid expenses and deferred charges . 9 108,067

2,849,931

1,319,657

134,791

1,417,706

1,094,987

11,134,709

6,457,749

10c

11

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0

0 28

6.457.749

4,676,960

4,676,960

11,134,709

10a Land, buildings, and equipment: cost or other 10a 3.845,180 basis. Complete Part VI of Schedule D

10b

12 Investments—other securities. See Part IV, line 11 . 13 Investments—program-related. See Part IV, line 11 . 14 Intangible assets . . . Other assets. See Part IV, line 11 . . .

Investments—publicly traded securities .

b Less: accumulated depreciation

15 16 **Total assets.** Add lines 1 through 15 (must equal line 33) . 17 Accounts payable and accrued expenses . 18 Grants payable .

19 Deferred revenue . . . 20 Tax-exempt bond liabilities . . . 21

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

22 23 Secured mortgages and notes payable to unrelated third parties . . .

24 Unsecured notes and loans payable to unrelated third parties . and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Total liabilities and net assets/fund balances

25 Other liabilities (including federal income tax, payables to related third parties,

26 Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Organizations that follow FASB ASC 958, check here <a> \square and

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

3a

3b

Yes

Yes Form 990 (2020)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 36-3357004

Name: Children's Hospital of Chicago Medical Center

Form 990 (2020)

Form 990, Part III, Line 4a:

CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER (THE "MEDICAL CENTER"), AN ILLINOIS NOT-FOR-PROFIT CORPORATION, ENGAGES IN BUDGET APPROVAL, ASSET MANAGEMENT, RESOURCE ALLOCATION, INVESTMENT OVERSIGHT AND STRATEGIC PLANNING FOR AFFILIATES. AFFILIATES INCLUDE ORGANIZATIONS FOR WHICH THE MEDICAL CENTER IS A CONTROLLING MEMBER. CURRENTLY, THE MEDICAL CENTER HAS THE FOLLOWING AFFILIATES: ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO, ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO FOUNDATION. STANLEY MANNE CHILDREN'S RESEARCH INSTITUTE, LURIE CHILDREN'S MEDICAL GROUP, LLC, LURIE CHILDREN'S PRIMARY CARE, LLC, PEDIATRIC FACULTY FOUNDATION, INC, LURIE CHILDREN'S HEALTH PARTNERS CARE COORDINATION, LLC, ALMOST HOME KIDS, LURIE CHILDREN'S HEALTH PARTNERS CLINICALLY INTEGRATED NETWORK LLC, CHILDREN'S HOSPITAL OF CHICAGO FACULTY PRACTICE PLAN, INC. (THE "FACULTY PRACTICE PLAN"), LURIE CHILDREN'S PEDIATRIC ANESTHESIA ASSOCIATION, LURIE CHILDREN'S SURGICAL FOUNDATION, INC. AND CMMC INSURANCE CO, LTD. LURIE CHILDREN'S MEDICAL GROUP, LLC ("MEDICAL GROUP") IS AN ILLINOIS LIMITED LIABILITY COMPANY WHOSE SOLE MEMBER IS THE MEDICAL CENTER. BY VIRTUE OF THE MEDICAL CENTER'S TAX-EXEMPT STATUS, THE MEDICAL GROUP IS CONSIDERED TO BE AN ORGANIZATION DESCRIBED UNDER SECTION 501(C)(3) OF THE CODE. THE MEDICAL GROUP EMPLOYS PATHOLOGISTS, RADIOLOGISTS, PSYCHIATRISTS AND DENTISTS WHO PRACTICE AT ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO ("LURIE CHILDREN'S"). THE MEDICAL GROUP'S PATHOLOGISTS COMPRISE THE LURIE CHILDREN'S DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE, WHICH PROVIDES COMPREHENSIVE SERVICES IN BOTH ANATOMIC AND CLINICAL PATHOLOGY, UTILIZING EXTENSIVE EXPERTISE AND STATE-OF-THE-ART TECHNOLOGY. CONSULTATIVE SERVICES ARE PROVIDED ACROSS THE COUNTRY IN COLLABORATION AND COORDINATION WITH LURIE CHILDREN'S MEDICAL, SURGICAL AND ANCILLARY DEPARTMENTS. THE CHILDREN ENCOMPASS A CROSS-SECTION OF DIAGNOSES AND THE DEPARTMENT ASSISTS IN THE DIAGNOSIS AND MANAGEMENT OF ACUTE AND CHRONIC DISEASES. THE MEDICAL GROUP PSYCHIATRISTS PRACTICE WITHIN LURIE CHILDREN'S PRITZKER DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL HEALTH, WHICH OFFERS CHILDREN AND THEIR FAMILIES SPECIALIZED SERVICES IN PEDIATRIC MENTAL HEALTH. CLINICIANS IN THE DEPARTMENT PROVIDE STATE-OF-THE-ART PSYCHIATRIC AND PSYCHOLOGICAL SERVICES, EDUCATION, AND ADVOCACY. THE MEDICAL GROUP PSYCHIATRISTS PROVIDE NATIONAL LEADERSHIP IN THE EDUCATION OF MENTAL HEALTH CARE PROFESSIONALS AND ADVANCEMENT OF KNOWLEDGE THROUGH RESEARCH. THE MEDICAL GROUP PSYCHIATRISTS TREAT CHILDREN OF ALL AGES AND FROM EVERY SOCIOECONOMIC BACKGROUND FOR A WIDE VARIETY OF PROBLEMS, INCLUDING ADJUSTMENT DISORDERS, EMOTIONAL PROBLEMS RELATED TO PEDIATRIC DISORDERS, PSYCHOSES, MOOD DISORDERS, ANXIETY, DEVELOPMENTAL DELAYS, BEHAVIOR DISORDERS, ADHD, AUTISM SPECTRUM DISORDERS, AND LEARNING DISABILITIES. THE MEDICAL GROUP DENTISTS PROVIDE COMPREHENSIVE AND PREVENTIVE ORAL HEALTH CARE FOR INFANTS, CHILDREN, ADOLESCENTS, AND PATIENTS OF LURIE CHILDREN'S WITH SPECIAL HEALTHCARE NEEDS, LURIE CHILDREN'S DENTISTRY SERVICE PROVIDES A CHILD-CENTERED ENVIRONMENT AND A COMPREHENSIVE PROGRAM EMPHASIZING TOTAL HEALTH AND PREVENTION. THE MEDICAL GROUP DENTISTS PROVIDE CARE RELATED TO INFANT ORAL HEALTHCARE WITH PARENT EDUCATION; NURSING AND BABY BOTTLE CARIES; DENTAL CARIES; ORAL TRAUMA, ANXIOUS CHILD; COMPREHENSIVE ORAL HEALTHCARE FOR PATIENTS OF THE LURIE CHILDREN'S MEDICAL SPECIALTIES (INCLUDING HEMATOLOGY, ONCOLOGY, INFECTIOUS DISEASE, ALLERGY, CARDIOLOGY, NEUROLOGY AND SERVICES TO ADDRESS CLEFT LIP AND PALATE); AND SERVICES REQUIRING SEDATION AND GENERAL ANESTHESIA. RADIOLOGISTS EMPLOYED BY THE MEDICAL GROUP STAFF LURIE CHILDREN'S DEPARTMENT OF MEDICAL IMAGING, WHICH SERVES PEDIATRIC PATIENTS IN A MANNER AIMED TO HELP MINIMIZE RADIATION DOSE USED DURING EACH PROCEDURE. THE DEPARTMENT PERFORMS MORE THAN 115.000 PROCEDURES EACH YEAR. HELPING LURIE CHILDREN'S SPECIALISTS CARE FOR THEIR PATIENTS WITH THE BEST IMAGING PROCEDURES POSSIBLE. ALL OF THE RADIOLOGISTS ARE BOARD CERTIFIED WITH SUBSPECIALTY TRAINING IN PEDIATRIC RADIOLOGY, INTERVENTIONAL RADIOLOGY AND/OR NEURORADIOLOGY. CHILDREN COME FROM AROUND THE WORLD FOR OUR NATIONALLY RECOGNIZED CARDIAC IMAGING PROGRAM. THE MEDICAL GROUP PHYSICIANS ARE MEMBERS OF THE FACULTY PRACTICE PLAN AT LURIE CHILDREN'S. WHICH REPRESENTS THE LARGEST PROVIDER OF PEDIATRIC MEDICAID SERVICES IN ILLINOIS. THE MEDICAL CENTER THROUGH ITS MANAGEMENT AND THE MEDICAL GROUP'S SERVICES ASSISTS LURIE CHILDREN'S, WHICH, OWNS AND OPERATES THE ONLY FULL-SERVICE, INDEPENDENT, SELF-GOVERNING PEDIATRIC HOSPITAL IN ILLINOIS, WITH 364 LICENSED BEDS AS WELL AS A FULL RANGE OF INPATIENT AND OUTPATIENT CARE AND RELATED ANCILLARY SERVICES. THIS NOT-FOR-PROFIT. TERTIARY CARE HOSPITAL. FOUNDED IN 1882. PROVIDES PATIENT CARE 24 HOURS-PER-DAY, 7 DAYS-PER-WEEK AND PROVIDES MORE PEDIATRIC HEALTHCARE THAN ANY OTHER HOSPITAL PROVIDER IN ILLINOIS IN NEARLY EVERY PEDIATRIC MEDICAL AND SURGICAL SPECIALTY. AS A MAJOR ACADEMIC TERTIARY CARE MEDICAL CENTER, LURIE CHILDREN'S HAS SERVED PATIENTS FROM 50 STATES, AND MORE THAN 30 COUNTRIES IN FY21. LURIE CHILDREN'S IS A DESIGNATED LEVEL I PEDIATRIC TRAUMA CENTER FOR THE CITY OF CHICAGO, WITH A LEVEL III NEONATAL NURSERY THAT SERVES AS A REGIONAL REFERRAL CENTER IN THE STATE OF ILLINOIS PERINATAL NETWORK, LURIE CHILDREN'S ABILITY TO TREAT THE MOST CRITICALLY ILL INFANTS IN ITS NEONATAL INTENSIVE CARE UNIT ("NICU") IS DEMONSTRATED BY STATISTICS WHICH SHOW THAT OVER HALF OF ALL TRANSPORTS INTO ITS NICU WERE FROM OTHER LEVEL III NURSERIES IN METROPOLITAN CHICAGO. IN 2020-21 U.S. NEWS & WORLD REPORT RANKINGS, LURIE CHILDREN'S CONTINUES TO BE THE TOP RANKED CHILDREN'S HOSPITAL IN ILLINOIS AND RANKS IN ALL 10 FEATURED SPECIALTIES. IN 2020-21, LURIE CHILDREN'S RANKED IN THE TOP 10 HOSPITALS ACROSS THE NATION FOR CARDIOLOGY AND HEART SURGERY (8TH), UROLOGY (7TH), AND NEONATOLOGY (8TH). LURIE CHILDREN'S IS THE HOME TO THE WORLD'S FIRST PEDIATRIC CENTER FOR AUTONOMIC MEDICINE AND WAS THE FIRST PEDIATRIC HOSPITAL IN ILLINOIS TO PERFORM THE BERLIN HEART PROCEDURE. A BREAKTHROUGH TECHNOLOGY THAT HELPS CHILDREN AWAITING HEART TRANSPLANTS.

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

and Independent Contractors

Chief Financial Officer

Ex-Officio Director untl 12/20

Ex-Officio Director untl 12/20

Ex-Officio Director untl 12/19

......

Derek S Wheeler

Matthew Davis MD

Erik C King MD

Physician

Cynthia K Rigsby MD

Patrick M Magoon

	any nours	and	a dir	ecto	or/tr	ustee,	,	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Elizabeth J Perlman MD Ex-Officio Director untl 12/20	40.0	Х						2,362,840	0	49,452	
Thomas P Shanley MD Ex-Offc Dir/Pres & CEO LCH	1.0	х		х				0	1,308,983	255,824	
Marieta Reynolds MD	1.0	Х						0	983,705	37,500	

Thomas P Shanley MD	1.0	V	,,		0	1 200 002
Ex-Offc Dir/Pres & CEO LCH	45.0	×	^		0	1,308,983
Marleta Reynolds MD	1.0					
		Х			0	983,705
Ex-Officio Director untl 12/20	44.0					·
John T Walkup MD	40.0					
				X	882,359	
Physician	1.0				•	

46.0 1.0

43.0 1.0

44.0 1.0

42.0 40.0

> 2.0 1.0

40.0

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Ex-Offc Dir/Pres & CEO LCH	45.0							
Marleta Reynolds MD	1.0	V				0	003 705	
Ex-Officio Director untl 12/20	44.0	^				0	983,705	
John T Walkup MD	40.0				>	882,359	0	
Physician	1.0				^	002,339	0	
Ron Blaustein	1.0							
			1	ΙX		I 0	683.008	

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119,525

173,903

105,072

135,002

37,500

64,477

32,790

730,586

682.661

706,765

614,188

0

627,658

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

	any nours	and	a dir	ecto		ustee)	′ I	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Jared R Green MD Physician	40.0					х		568,077	0	53,904
Martha C Saker MD Physician	40.0					×		540,074	0	31,424
Fatema Zanzi SENIOR VP, CHF LEGAL OFFICER	1.0			х				0	501,385	68,569
Susan Palasis MD Physician	40.0					×		536,188	0	29,984
Carl S Allegretti	1.0		\Box				\Box		1	

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1.0 1.0

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1.0 1.0

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1.0 1.0

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SENIOR VP, CHF LEGAL OFFICER
Susan Palasis MD
Physician
Carl S Allegretti
l

Director

Director

Sarah Baine

Director until 12/3/20

Jack R Callison Jr

Kevin M Connelly

Lester Crown

Pedro Dejesus

Director

Director

Director until 12/3/20

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	formulated		a un			usice	′	/W 2/1000	(W 2/1000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
James F Derose Director	1.0	Х						0	0	0
Christopher Deveny Director	1.0	х						0	0	0
William J Devers Jr Director until 12/3/20	1.0	х						0	0	0
Labeed S Diab Rph Director until 11/16/20	1.0	Х						0	0	0
Dennis J Drescher	1.0	х						0	0	0

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1.0 1.0

1.0 1.0

1.0

2.0 1.0

1.0

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Χ

Χ

Director until 12/3/20
Labeed S Diab Rph
Director until 11/16/20
Dennis J Drescher
Director

Lilia Arrovo Flores

Melvin Gray

Director

Director

Jed Hoyer

...... Director

David A Helfand

Director until 12/3/20

Christopher M Keogh

Director until 10/23/20

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

	any hours	and	a dir	recto	or/tr	ustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Jonathan R Levin	1.0										
Director	1.0	X						U	U	0	
Sharon L Manne Phd	1.0										
Director until 11/1/20	1.0	X						U	U	0	
Andrew J Mckenna	1.0	Х						0	0	0	
Director & Vice Chair	1.0	_		<u> </u>	<u> </u>					_	
David Neithercut	1.0								0		
Director until 7/1/21	1.0	X						U	U	0	
Leslie H Newman	1.0										

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Director until 12/3/20

Joshua J Prangley

Mohan P Rao Phd

Betsy B Rosenfield

Zaldwaynaka Scott

Christopher S Segal

Director

Director

Director

Director

Director

(A) (E) (B) (C) (D) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless hours per compensation compensation amount of other person is both an officer week (list from related from the compensation

!	any hours	and	a dir	ecto	r/tr/	ustee)	,	organization	organizations (W- 2/1099- MISC)	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)		organization and related organizations
William Silverstein Director	1.0	Х						o	0	0
John H Simpson Director	1.0	Х						0	0	0
Eric S Smith Director	1.0	Х						0	0	0
H Thomas Watkins III	1.0	Х						0	0	0

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Director	
Eric S Smith	
Director	•
H Thomas Watkins III	
Director	•
Linda S Wolf	Τ

Director until 12/3/20

Charles W Douglas

Donald J Edwards

Director

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Stephen W Beard

Allan Bulley III

John J Allen

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list compensation from the from related and a director/trustee) any hours organization organizations from the

	famulahad		u un	CCCC		ascec,		(1) 2 (1000	(M. 3/1000	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
John S Gates Jr	1.0										
Director until 7/27/21	1.0	Х						0	0	0	
Veronica Gomez	1.0										
Director	1.0	Х						0	0	0	
Lauren Gorter	1.0	Х						0	0	0	
Director until 12/3/20	2.0										

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Veronica Gomez					
Director					
Lauren Gorter					
Director until 12/3/20					
W Bruce Johnson					
Director until 12/3/20					

Anthony K Kesman

Susan L Lees

Craig C Martin

William J Mckenna

Director until 12/3/20

Director

Director

Director

John C Moore

Robert S Murley

Director/Vice Chair

Director until 12/3/20

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related from the compensation

	any hours	and	a dir	ecto	or/tr	ustee))	organization	organizations	from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
Daniel J Murphy Director	1.0	Х						0	0	0	
Andrew N Reyes Director	1.0	х						0	0	0	
J Christopher Reyes Director/Vice Chair untl 12/20	1.0	Х						0	0	0	
John W Rutledge Director	1.0	Х						0	0	0	
Karen Sauder Director/Vice Chair	1.0	X						0	0	0	
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John W Rutledge	
Director	
Karen Sauder	
Director/Vice Chair	

Smita N Shah

Gregory D Smith

Lyndon A Taylor

Robert L Verigan

Director

Liam Walsh

Director until 12/3/20

Director until 12/3/20

Director until 5/7/21

Director until 12/3/20

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(A) Name and Title (D) (E) (B) (C) (F) Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other

and Independent Contractors

Alan Chapman

Eleanor O Clarke

Susan B Depree

Director until 12/3/20

Director until 12/3/20

Director until 12/3/20

	week (list any hours					office (ustee		from the organization	from related organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Robin G Zafirovski Director until 12/3/20	2.0	Х						0	0	0	
Peter B Bensinger Jr Director	2.0	Х						0	0	0	
Alfreda Bradley-Coar Director	1.0	Х						0	0	0	
Michael T Promfield	1.0										

		l X		l	ı u	1 (1)	
Director	2.0	,			Ç	J	
Alfreda Bradley-Coar	1.0						
Director	1.0	X			0	0	
Michael T Bromfield	1.0	¥			0	0	
Director until 12/3/20	2.0					5	
Kevin W Burke	1.0	×			0	0	

Director	1.0						
Michael T Bromfield	1.0	V					
Director until 12/3/20	2.0	Х			0	U	
Kevin W Burke	1.0				0	0	
Director	1.0	^				0	
Brendan F Carroll	1.0						

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Director	1.0						_
Michael T Bromfield	1.0	×			0	0	0
Director until 12/3/20	2.0	Χ)	
Kevin W Burke	1.0	×			0	C	0
Director	1.0	^				3	
Drandan E Carrell	1.0						

		Χ			0	0	0
Director until 12/3/20	2.0						
Kevin W Burke	1.0						
		X			0	0	0
Director	1.0						
Brendan F Carroll	1.0						_
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Director	4.0						

	2.0						
Kevin W Burke	1.0	×			0	0	0
Director	1.0	^			Ů	J	
Brendan F Carroll	1.0	×			0	0	0
Director	1.0	^					

Brendan F Carroll	1.0	x			0	C	0
Director	1.0	,			, and the second	,	
Gregory C Case	1.0	¥			0	0	0
Director until 12/3/20	1.0						

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(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

	any hours	and	a dir	ecto	r/tr	ustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Michael C Evangelides Director	2.0	Х						0	0	0	
Kristin Finney-Cooke Director	1.0	Х						0	0	0	
Esther T Franklin	1.0	Х						0	0	0	

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Director	2.0
Kristin Finney-Cooke	1.0
Director	1.0
Esther T Franklin	1.0
Director	1.0
David A Garfield	1.0
Director	1.0

Michael P Goldman

David D Grumhaus Jr

Director until 12/3/20

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Director

Director

Director

Director

Director

John J Greisch

Bruce R Hague

James P Hickey

Mark A Hoppe

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

	any nours and a director/trustee)					,	,	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Julie M Howard Director until 12/3/20	1.0	Х						0	0	0	
Martin Kaplan Director	1.0	х						0	0	0	
Michael M Larsen Director	1.0	х						0	0	0	
Roxanne Martino Director & Chair	2.0	Х						0	0	0	
Deidra Merriwether	1.0										

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Director
Roxanne Martino
Director & Chair
Deidra Merriwether

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Director

Director

Thomas E O'Neill

Nancy A Pacher

Brian D Price

Bruce S Saltzberg

Director

Director

Director

Karuna Rawal

Director until 5/11/21

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organizations

	any hours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Ravindra Simhambhatla Director	1.0	Х						0	0	0	
Honey Jacobs Skinner Director	1.0	Х						0	0	0	
Stephen A Smith Director	1.0	Х						0	0	0	
W Buannan Conith	1.0										

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Director	1.0					
Stephen A Smith	1.0	X			0	
Director	1.0				Ĭ	
W Brennan Smith	1.0	×			0	
Director	1.0				Ů	
Thomas S Souleles	1.0					

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and Independent Contractors

Director & Vice Chair

Monsignor Kenneth J Velo

Director until 12/3/20

Edward J Wehmer

James H Wooten Jr

Director until 12/3/20

T Randall Kinsella MD

Ex-Officio Director untl 01/21

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Barbara Sullivan

Director

Director

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

	any hours	and	a dir	ecto	r/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Eric G Neilson MD Ex-Officio Director untl 12/20	2.0	Х						0	0	0
James Olson MD Director/President-Med/Dental	1.0	х						0	0	0
Kristi L Stathis Ex-Officio Director untl 12/20	3.0	Х						0	0	0
Shelley Patenaude	1.0	х						0	0	0

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Ex-Officio Director untl 07/21 Elizabeth A Engelmann

Director

Director

Director

Director

Michael S Hollander

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Suzet McKinney

Janet L Malzone

Maureen Seaman

Ex-Officio Director

Sherman Wright

Director until 12/3/20

and Independent Contractors (A) Name and Title

hours pe week (lis any hour for relate organizatio below dott line)

(B)

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Position (person and a d ons ed 1.0 Χ 1.0

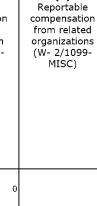
tha ers	n (do in on on is a dir	e b bot
Individual trustee	Institutional Trustee	Officer

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

(C)

ox, unless th an officer tor/trustee) Highest cor employee XeV. employee

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Christopher Merrill

Director until 12/3/20

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493194017512
SCI		ULE A	- Dublic (Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
	m 99			rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form		2020		
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	nue Service ne organiza spital of Chicac	tion go Medical Center				Employer identific	ation number
Cilliar	211 3 110						36-3357004	
	rt I		for Public Charity State				See instructions.	
1 ne c	rganiz		a private foundation because	•	•		(A)(:)	
		•	onvention of churches, or as					
2			scribed in section 170(b)(,			
3		·	or a cooperative hospital serv	_			-	
4	Ш	A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(III). E	nter the hospital's
5			ation operated for the benefit (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).	
7			ation that normally receives a 'O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in
8			ty trust described in section	•	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. So					ege or university or a
10	✓	from activit investment	ation that normally receives: ties related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to ceres taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ation organized and operated	l exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operated cly supported organizations on through 12d that describes	described in section 5	i09(a)(1) or se c	ction 509(a)(2). See section 509(a	
а		organizatio	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	appoint or elect a majo				
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally integrated. A sorganization(s) (see instructi	supporting organizatio				ted with, its
d		functionally	on-functionally integrated integrated integrated. The organization (a). You must complete Par	n generally must satis	fy a distribution	requirement and		
e			box if the organization receiver or Type III non-functionally			RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter	the number	of supported organizations				<u> </u>	
g			ing information about the su	· · · · · · · · ·	т'			
	(i) N	Name of supported of the second of the secon		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota			tion Act Notice, see the Ir		Cat. No. 11285		Schedule A (Form 9	000 ==\ 255

Sch	nedule A (Form 990 or 990-EZ) 2020						Page 2
P	Part II Support Schedule for	Organizations	Described in S	ections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	Section A. Public Support Calendar vear		I		I		
	(or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
6	shown on line 11, column (f) Public support. Subtract line 5 from						
	line 4.						
S	Section B. Total Support	T	ı			1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7							
8							-
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9							
_	activities, whether or not the						
	business is regularly carried on				1		
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						_
11							
12	10 Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for t						zation check
	this box and stop here	=			•		zation, check
	Section C. Computation of Publi				<u> </u>		
	Public support percentage for 2020 (li			column (f))		14	
	Public support percentage for 2019 Sc					15	
	a 33 1/3% support test—2020. If the						hox
100	and stop here. The organization qual						
b	33 1/3% support test—2019. If th	ne organization did	not check a box of	n line 13 or 16a,	and line 15 is 33 i		k this
_	box and stop here. The organization						
17 a	a 10%-facts-and-circumstances tes	t—2020. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization	n meets the "facts	-and-circumstanc	es" test, check thi	s box and stop h e	e re. Explain	
	in Part VI how the organization meets			-			. 🗆
_	organization						▶□
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organis						
	Explain in Part VI how the organization						
	supported organization						▶□
18		on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	17b, check this box	k and see	
	instructions						▶□
					Schodu	le A (Form 990 o	r 990-F7\ 2020

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Ρ	art III Support Schedule fo	or Organization	ns Described in	Section 509(a)(2)						
	(Complete only if you						Part II. If				
	the organization fails	to qualify under	the tests listed	below, please co	omplete Part II.))					
Se	ction A. Public Support Calendar year	<u> </u>	T								
	(or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	3,555,582	8,619,173	8,293,950	7,578,466	10,161,005	38,208,176				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	39,641,023	40,740,484	43,423,537	43,276,627	47,600,958	214,682,629				
3	organization's tax-exempt purpose 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	43,196,605	49,359,657	51,717,487	50,855,093	57,761,963	252,890,805				
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. Add lines 7a and 7b										
8	Public support. (Subtract line 7c from line 6.)						252,890,80				
Se	ction B. Total Support		'	'	•	•					
	Calendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
	(or fiscal year beginning in) ▶	` '	` '		` '	` '					
9 L0a	Amounts from line 6 Gross income from interest,	43,196,605	49,359,657	51,717,487	50,855,093	57,761,963	252,890,805				
.va	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,						(
С	1975. 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							(
13	Total support. (Add lines 9, 10c, 11, and 12.).	43,196,605	49,359,657	51,717,487	50,855,093	57,761,963	252,890,805				
14	First 5 years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organ	_				
	check this box and stop here						▶ 🗆				
	ection C. Computation of Public					T T					
15	Public support percentage for 2020 (•			15	100.000 %				
16	Public support percentage from 2019					16	100.000 %				
<u>Se</u> 17	ection D. Computation of Inves	020 (line 10c, colu	mn (f) divided by	line 13 column (f	·))	17	0.00				
1/											

19a 331/3% support tests—2020. 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—2019. 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 ▶ □

Page 4

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5b 5c

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9b

9c

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10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

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10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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.					
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).					
	111 Section 303(8)(1) 01 (2).					
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and					
	3c below.					
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the					
	determination.					
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?					

	m seed on session session (2).	2				
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and					
	3c 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.					
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.					

	the public support tests under section 509(a)(2)? If res, describe in Part VI when and now the organization made the			
	determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported			

С	the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?				
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported				
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.				
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support				
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b				

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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pā	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in 11a above?	11a		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
	VI.			
5	ection B. Type I Supporting Organizations		Yes	No
1	Did the officers, 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	163	140
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.			
_	ection C. Type II Supporting Organizations			
	ection c. Type 11 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		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of th 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? 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 line 2 above, did the organization's supported organizations have a significant	2		
,	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		
S	ection 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 instruct	ions):		
	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.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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 line 2a 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 lines 3a and 3b 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? If "Yes" or "No" 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? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 Add lines 1 through 3 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) 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	1 b		
С	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 0.015 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 0.035	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		
		1		

5 Income tax imposed in prior year 5 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9	Distributable amount for 2020 from Section C, line 6	9	

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 2020 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
4 Distributable assessment from 2020 forms Continue Colline C				

7 Total annual distributions. Add lines 1 through 6.				7	
Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions				8	
9 Distributable amount for 2	020 from Section C, line 6			9	
10 Line 8 amount divided by L	ine 9 amount			10	
Section E - Distrib (see instr		(i) Excess Distributions	(ii) Underdistributi Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 20	20 from Section C, line 6				
2 Underdistributions, if any, f (reasonable cause required See instructions.					
3 Excess distributions carryov	ver, if any, to 2020:				
a From 2015					
b From 2016					

9 Distributable amount for 2020 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018			•	
e From 2019				

f Total of lines 3a through e

instructions)

g Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see

4 Distributions for 2020 from Section D, line 7:

c Excess from 2018.

e Excess from 2020.

d Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

\$		
Applied to underdistributions of prior years		
b Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
7 Excess distributions carryover to 2021. Add lines		

See instructions.		
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
7 Excess distributions carryover to 2021. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2016		
h Eycess from 2017		

Schedule A (Form 990 or 990-EZ) (2020)

Schedule A (Form 990 or 990-EZ) 2020 Page 8						
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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As Filed Data -

DLN: 93493194017512

OMB No. 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Open to Public Inspection

Intern	nal Revenue Service	<u>rm990</u> for instructions and the latest infor	mation. Inspection
	me of the organization		Employer identification number
Chii	ldren's Hospital of Chicago Medical Center		36-3357004
Pa		vised Funds or Other Similar Funds o	r Accounts.
	Complete if the organization answered "	, , ,	
		(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 advorganization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the dor private benefit?	nor or donor advisor, or for any other purpose co	
Pa	rt III Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the or	ganization (check all that apply).	
	Preservation of land for public use (e.g., recreat	tion or education) \square Preservation of an \square	historically important land area
	Protection of natural habitat	Preservation of a co	ertified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization held	l a qualified conservation contribution in the form	m of a conservation
-	easement on the last day of the tax year.	ra qualifica conscivation contribution in the for	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements .		2b
С	Number of conservation easements on a certified hist	oric structure included in (a)	2c
d	Number of conservation easements included in (c) acceptracture listed in the National Register	quired after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transfe tax year ▶	rred, released, extinguished, or terminated by t	he organization during the
4	Number of states where property subject to conserva	ation easement is located >	
5	Does the organization have a written policy regarding and enforcement of the conservation easements it has		of violations, Yes No
6	Staff and volunteer hours devoted to monitoring, insp	pecting, handling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin \$ \\$	ng, handling of violations, and enforcing conserv	ration easements during the year
8	Does each conservation easement reported on line 20 and section $170(h)(4)(B)(ii)$?		70(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for consequenting	he footnote to the organization's financial state:	nse statement, and
Par	the organization's accounting for conservation easem rt III Organizations Maintaining Collection	_{lents.} ns of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "		on online Assets.
1a	If the organization elected, as permitted under FASB historical treasures, or other similar assets held for p Part XIII, the text of the footnote to its financial state	ublic exhibition, education, or research in furthe	
b	If the organization elected, as permitted under FASB historical treasures, or other similar assets held for p 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, hist following amounts required to be reported under FAS	orical treasures, or other similar assets for finan	
а	Revenue included on Form 990, Part VIII, line 1	-	▶\$
b	Assets included in Form 990, Part X		> \$
	•		

Sche	edule D (Form 990) 2020					Page 2
Par	t III Organizations Maintaining Co	llections of Art, H	istorical T	reasures,	or Other Similar As	sets (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):					
а	Public exhibition		d 🗌	Loan or ex	change programs	
b	Scholarly research		е 🗌	Other		
С	Preservation for future generations					
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.					
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?					
Pa	rt IV Escrow and Custodial Arrange Complete if the organization answ X, line 21.		n 990, Parl	: IV, line 9,	or reported an amou	ınt on Form 990, Part
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?					
b	f "Yes," explain the arrangement in Part XIII and complete the following table:				A	mount
c	Beginning balance					
d	Additions during the year					
е	Distributions during the year					
f	Ending balance				1f	
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1, for escro	v or custodia	I account liability?	☐ Yes ☐ No
b						
Part V Endowment Funds.						
	Complete if the organization answ					
1a	Beginning of year balance	(a) Current year	(b) Prior ye	ar (c) IW	o years back (d) Three yea	ars back (e) Four years back
	Contributions					
	Net investment earnings, gains, and losses					
	Grants or scholarships					
	Other expenditures for facilities					
Ū	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment					
b	Permanent endowment ▶					
С	Term endowment ▶					
	The percentages on lines 2a, 2b, and 2c shou	ıld 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)
	(ii) Related organizations					3a(ii)
b	If "Yes" on 3a(ii), are the related organization	·		₹?		3b
4	Describe in Part XIII the intended uses of the		ment funds.			
Pa	rt VI Land, Buildings, and Equipme Complete if the organization answ		n 990. Parl	: IV. line 11	.a. See Form 990. Pa	rt X. line 10.
	Description of property (a) Cost or ot (investme	her basis (b) Cost o	or other basis (Accumulated depreciation	(d) Book value
1 a	Land					
b	Buildings			71,707	15,334	56,373
c	Leasehold improvements					
d	Equipment		1,9	35,564	1,118,380	817,184
e	Other		1,8	37,909	1,716,217	121,692
Tota	al. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part)	X, column (E), line 10(c).) >	995,249

	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV line	11h See Form 900	Part Y line 12	
	(a) Description of security or category (including name of security)	(b) Book	(c) Meth	Part X, line 12. od of valuation: of-year market val	ie
) Financial	derivatives	value			
	delivatives				
)					
:)					
)					
)					
)					
5)		1			
H) 		1			
	(h) must equal Form 000 Part V cel. (P) line 12.)				
art VIII	Investments—Program Related.	<u> </u>			
	Complete if the organization answered 'Yes' on Form 990, (a) Description of investment	Part IV, line	(b) Book value		f valuation: -year market
)				Van	
)					
)					
)					
ı					
)					
•					
)					
)					
0)					
	(b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		•		
	Complete if the organization answered 'Yes' on Form 990, F (a) Description	Part IV, line	11d. See Form 990, P	art X, line 15. (b) Book	value
	CELLANOUS EXPENSES				499,852 8,100
DUE TO/F	ROM				901,145
)RIGHT OF)	055				9,318,125
)					
)					
)					
)					
0)					
	onn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.			>	10,727,222
Part X	Complete if the organization answered 'Yes' on Form 990, F	Part IV, line	11e or 11f.See Forn		ie 25.
.	(a) Description of liability			(b) Book value	
	ncome taxes RM OPERATING LEASE			8,774,776	
)					
)					
)					
)					
i)					
')					
3)					
)					
	(b) must equal Form 990, Part X, col.(B) line 25.) r uncertain tax positions. In Part XIII, provide the text of the footnot	te to the ora:		8,774,776 ements that repor	ts the organiza
	positions under FIN 48 (ASC 740). Check here if the text of the foot				c. organiza

1

2

h

3

1 2

а

3

4

b

Page 4

4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a							
b	Other (Describe in Part XIII.)	4b							
c	Add lines 4a and 4b	•						4c	
5	Total revenue. Add lines ${\bf 3}$ and ${\bf 4c.}$ (This must equal Form 990, Part I, line 12.)							5	
Par	Reconciliation of Expenses per Audited Financial Statem	ents	Wi	th E	χpe	ense	s per R	eturi	n.

2a

2h

2c

2d

2a

2b 2c 2d

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

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments

Other (Describe in Part XIII.)

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

2e 3

2e 3

4b Other (Describe in Part XIII.) Add lines **4a** and **4b** 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

5

Add lines 2a through 2d . .

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.

Explanation

Return Reference

Schedule D (Form 990) 2020

<u> </u>	orm 990) 2020 Supplemental Info	Page 5	
Return Reference		Explanation	
			Schedule D (Form 990) 2020

Farms 000\	State	ement of A	Activities	Outside the Un	ited States	OMB No. 1545-0047
Form 990)	·	lete if the organi Go to www.irs.	line 14b, 15, or 16. nformation.	2020 Open to Public		
Department of the Treasury Internal Revenue Service						Inspection
lame of the organization Children's Hospital of Chica	ago Madical C				Employer ide	ntification number
children's Hospital of Chica	ago Medicai C	enter			36-3357004	
	nformation Part IV, line		Outside the	United States. Comple	ete if the organization	answered "Yes" on
1 For grantmakers	. Does the or	ganization mai	ntain records to	substantiate the amoun	t of its grants and	
other assistance, t	he grantees'	eligibility for th	ne grants or assi	stance, and the selection	n criteria used	
to award the grant	s or assistan	ce?				☐ Yes ☐ No
2 For grantmakers outside the United		Part V the orga	anization's proce	edures for monitoring the	e use of its grants and o	ther assistance
3 Activites per Region	. (The followin	ng Part I, line 3	table can be dupl	icated if additional space i	s needed.)	
• •						
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents and independent contractors in the region	fundraising, program	(e) If activity listed in (d) is program service, describe specific type of service(s) in the region	a (f) Total expenditures for and investments in the region
Central America and	the	offices in the	employees, agents and independent contractors in the	region (by type) (such as, fundraising, program services, investments, grants to recipients located in the	program service, describe specific type of	for and investments
	the	offices in the	employees, agents and independent contractors in the	region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program service, describe specific type of service(s) in the region	for and investments in the region
Central America and	the	offices in the	employees, agents and independent contractors in the	region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program service, describe specific type of service(s) in the region	for and investments in the region
Central America and Caribbean		offices in the	employees, agents and independent contractors in the	region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program service, describe specific type of service(s) in the region	for and investments in the region 5,236,25
Central America and		offices in the	employees, agents and independent contractors in the	region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program service, describe specific type of service(s) in the region	for and investments in the region

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

recipients cash grant disbursement noncash of noncash valuati assistance assistance (book, F	nedule F (Form 990) 2020						Page
a) Type of grant or assistance (b) Region (c) Number of recipients (d) Amount of cash grant (d) Amount of disbursement (f) Amount of noncash assistance (book, F				ed States. Complete it	f the organization ar	nswered "Yes" on Form	990, Part IV, line 16
		(c) Number of	(d) Amount of	(e) Manner of cash disbursement	noncash	of noncash	(h) Method of valuation (book, FMV, appraisal, other)

Sche	dule F (Form 990) 2020	•	Page 4
Pai	rt IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	Yes	☑ No

Schedule F	(Form 990) 2020	Page 5								
Part V	amounts of investm method); and Part :	ation required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; nents vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide								
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. 190 Schedule F, Supplemental Information										
R	eturn Reference	Explanation								

990 Schedule F, Supplemental Information								
Return Reference	Explanation							
FORM 990, SCHEDULE F, PART I,	TOTAL EXPENDITURES THE EXPENDITURES REPORTED IN PART I, LINE 3 ARE BASED ON SELF INSURANCE							

PREMIUMS PAID/ACCRUED.

LINE 3

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 934931									
Sch	nedule J	C	ompensat	ion Information	01	1B No.	1545-0	0047	
(Fori	m 990)	► Complete if the ore	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.						
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	o <u>v/Form990</u> for	instructions and the latest inforr	nation.	pen i Insc	to Pul ectio		
Nar	me of the organiza				Employer identificat				
Chil	dren's Hospital of Ch	nicago Medical Center			36-3357004				
Pa	rt I Questi	ons Regarding Compensa	ition						
							Yes	No	
1 a				f the following to or for a person liste y relevant information regarding the					
	First-class	or charter travel		Housing allowance or residence for	personal use				
		companions	님	Payments for business use of perso					
		nification and gross-up payment	_	Health or social club dues or initiation					
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauf	ffeur, chef)				
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1 b			
2				or allowing expenses incurred by all	1-3	2			
	airectors, truste	es, officers, including the CEO/	Executive Directo	r, regarding the items checked on Lir	ne Ia?				
3				ed to establish the compensation of the	he				
				not check any boxes for methods CEO/Executive Director, but explain i	in Part III.				
	,	-		, , ,					
		ation committee	✓	Written employment contract					
		ent compensation consultant of other organizations	7	Compensation survey or study Approval by the board or compensa	tion committee				
		or other organizations	ت	Approval by the board of compensa	idon committee				
4	During the year, related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-cor	itrol payment? .			4a		No	
b	Participate in, o	r receive payment from, a supp	lemental nonqual	ified retirement plan?		4b	Yes		
С			,	nsation arrangement?		4c		No	
	Ir "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	plicable amounts for each item in Part	τ 111.				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9.					
5	, ,,,		, ,	the organization pay or accrue any					
	compensation co	ontingent on the revenues of:							
а	The organization	1?				5a		No	
b						5b	Yes		
	,	5a or 5b, describe in Part III.							
6		ed on Form 990, Part VII, Section Ontingent on the net earnings o		the organization pay or accrue any					
а	-	1?				6a		No	
b	, -					6b		No	
-	-	6a or 6b, describe in Part III.	A 15 4 17.1	All a constant of the constant	J				
7	payments not de	escribed in lines 5 and 6? If "Ye	s," describe in Pa	the organization provide any nonfixe rt III		7		No	
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do		8		No	
9				presumption procedure described in		9		140	
For F	Paperwork Redu	ction Act Notice, see the Ins	structions for Fo	orm 990. Cat No ^a	50053T Schedule J		1 9901	2020	

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the	tota							
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(B)(i)-(D)	column (B) reported as deferred on prio Form 990
See Additional Data Table	_							
	+							
	-							
	T							

Schedule J (Form 990) 2020

Part III Supplemental Information

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

Return Reference

Explanation

FORM 990, SCHEDULE J, PART I, LINE 3

PURSUANT TO THE BYLAWS OF CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER ("MEDICAL CENTERTHE "ORGANIZATION"), THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF THE MEDICAL CENTERIS CHARGED WITH REVIEWING AND APPROVING SENIOR EXECUTIVE COMPENSATION FOR THE MEDICAL CENTER AND ITS AFFILIATES AND THE COMPENSATION FOR ANY PHYSICIAN WHO MEETS THE CRITERIA FOR REVIEW AND APPROVAL BY THE COMMITTEE. THE COMPENSATION COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT. THE COMPENSATION PHILOSOPHY IS SUBJECT TO PERIODIC REVIEW BY THE COMPENSATION COMMITTEE FOR CONTINUED APPROPRIATENESS IN THE CURRENT MARKET. WITH THE ASSISTANCE OF INDEPENDENT COMPENSATION CONSULTANTS AND INFORMATION FROM A VARIETY OF SOURCES (SPECIFIED ON SCHEDULE J), THE COMPENSATION COMMITTEE CONFIRMED THE TOTAL AMOUNTS TO BE PAID WERE REASONABLE AND COMPARABLE TO AMOUNTS PAID BY SIMILARLY SITUATED ORGANIZATIONS TO INDIVIDUALS IN FUNCTIONALLY SIMILAR POSITIONS. LEGAL COUNSEL PERIODICALLY ADVISES THE COMPENSATION COMMITTEE WITH RESPECT TO FEDERAL TAX REQUIREMENTS IN SETTING COMPENSATION AND THE ESTABLISHMENT OF THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" UNDER THE FEDERAL TAX LAW INTERMEDIATE SANCTIONS RULES. THE PROCESS FOLLOWED BY THE COMPENSATION COMMITTEE, INCLUDING A DESCRIPTION OF THE DATA RELIED UPON AND THE COMPENSATION COMMITTEE'S DECISIONS, WAS THOROUGHLY AND CONTEMPORANEOUSLY DOCUMENTED. THE COMPENSATION COMMITTEE HAS EXPRESSLY REVIEWED THE REASONABLENESS OF ALL SUCH PAYMENTS, AND HAS CONCLUDED, AS THE RESULT OF A PROCESS THAT IS DESIGNED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS, THAT ALL SUCH AMOUNTS ARE REASONABLE AND DO NOT EXCEED FAIR MARKET VALUE FOR THE SERVICES PROVIDED. THE COMPENSATION COMMITTEE IS COMPRISED OF MEMBERS OF THE MEDICAL CENTER BOARD OF DIRECTORS WHO HAVE BEEN DETERMINED TO BE DISINTERESTED (WHICH MEANS NO COMMITTEE MEMBER HAS A CONFLICT OF INTEREST) FOR THESE PURPOSES. THE COMPENSATION COMMITTEE CONDUCTS AN ONGOING, REGULAR REVIEW OF THE DISINTERESTED STATUS OF ITS MEMBERS, AND WILL TAKE APPROPRIATE ACTION WITH RESPECT TO ANYONE HAVING AN INTEREST WITH RESPECT TO ONE OR MORE EXECUTIVES SO AS TO PRESERVE THE DISINTERESTED STATUS OF THE COMMITTEE AND, AS A RESULT, THE APPLICATION OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS. FORM 990, SCHEDULE J, PART I, QUESTION 4B ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO ("LURIE CHILDREN'S") MAINTAINS A DEFINED BENEFIT SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("DB SERP"), WHICH WAS EFFECTIVE ON JANUARY 1, 2001, AND IS CLOSED TO NEW PARTICIPANTS. THE DB SERP IS A DEFERRED COMPENSATION PLAN THAT ASSISTS IN PROVIDING COMPETITIVE TOTAL RETIREMENT BENEFITS TO A VERY LIMITED GROUP OF EXECUTIVE-LEVEL EMPLOYEES OF "LURIE CHILDREN'S" (INCLUDING ONE OR MORE PERSONS LISTED IN THIS FORM 990). THESE BENEFITS ARE PROVIDED IN EXCHANGE FOR ALL OF THE EMPLOYEE'S YEARS OF SERVICE TO THE ORGANIZATION, AND THE COST OF THE BENEFITS WILL VARY FROM YEAR TO YEAR BASED ON INTEREST RATES, AGE, AND OTHER FACTORS. THE AMOUNTS ARE AT RISK AND WILL NOT BE PAID UNLESS AND UNTIL THE EMPLOYEE HAS PROVIDED SUBSTANTIAL FUTURE SERVICES TO THE ORGANIZATION. BENEFITS UNDER THE DB SERP VEST AT AGE 62, AND ARE FORFEITED IF THE EMPLOYEE LEAVES THE ORGANIZATION VOLUNTARILY BEFORE AGE 62 (EXCEPT UNDER THE SOLE DISCRETION OF THE LURIE CHILDREN'S BOARD, AND ONLY IF THE PARTICIPANT HAS REACHED AT LEAST AGE 55 WITH AT LEAST 10 YEARS OF SERVICE). PARTICIPANTS WHO VOLUNTARILY LEAVE THE ORGANIZATION BEFORE AGE 55 FORFEIT THEIR ENTIRE DB SERP BENEFIT UPON. TERMINATION. LURIE CHILDREN'S ALSO MAINTAINS A DEFINED CONTRIBUTION SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("DC SERP"), WHICH WAS ESTABLISHED ON JANUARY 1, 2017 AND IS A NONQUALIFIED DEFERRED COMPENSATION PLAN FOR CERTAIN EMPLOYEES IN EXECUTIVE POSITIONS, WHO ARE NOT PARTICIPANTS IN THE DB SERP. THE BENEFITS IN THE DC SERP ARE IN THE FORM OF A FIXED ANNUAL CONTRIBUTION RATE AND AN EARNINGS CREDIT. EACH YEAR'S CONTRIBUTION AND EARNINGS ARE AT RISK AND WILL BECOME FULLY VESTED AND TAXABLE ONLY AFTER FIVE YEARS OF FUTURE EMPLOYMENT SERVICE, OR UPON REACHING AGE 62 WITH AT LEAST THREE YEARS OF SERVICE. SEVERAL LISTED PERSONS IN THIS FORM 990 PARTICIPATE IN THE DC SERP. AND THE UNVESTED CONTRIBUTIONS MADE FOR THEM ARE INCLUDED IN SCHEDULE J, PART II, COLUMN (C). THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE DB SERP AND RECEIVED A VESTED PAYMENT (EARNED OVER MANY YEARS OF EMPLOYMENT) DURING 2020 WHICH IS REPORTED IN COLUMN B (III): ELIZABETH PERLMAN \$1,689,711 SCHEDULE J, PART I, QUESTION 5B ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO ("LURIE CHILDREN'S"), A RELATED ORGANIZATION, ALSO PROVIDES ANNUAL INCENTIVE COMPENSATION TO SENIOR MANAGEMENT UNDER A SENIOR MANAGEMENT INCENTIVE COMPENSATION PLAN. THESE AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B (II). THE PLAN IS DESIGNED TO OFFER OPPORTUNITIES FOR ADDITIONAL COMPENSATION TIED TO PERFORMANCE AGAINST PRE-DETERMINED FINANCIAL, PATIENT SATISFACTION, PATIENT SAFETY AND INDIVIDUAL GOALS APPROVED IN ADVANCE BY THE MEDICAL CENTER BOARD'S COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE HAS EXPRESSLY REVIEWED THE REASONABLENESS OF ALL SUCH PAYMENTS AND HAS CONCLUDED, AS THE RESULT OF A PROCESS THAT IS DESIGNED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER FEDERAL TAX LAW, THAT ALL SUCH AMOUNTS ARE REASONABLE AND DO NOT EXCEED FAIR MARKET VALUE FOR THE SERVICES PROVIDED. FORM 990, SCHEDULE J, PART II THE FOLLOWING INDIVIDUALS ARE NOT COMPENSATED BY THE REPORTING ORGANIZATION FOR HIS OR HER SERVICE AS A DIRECTOR OR OFFICER. RATHER, THE COMPENSATION REPORTED ON FORM 990, PART VII AND ON SCHEDULE J. PART II REFLECTS COMPENSATION PAID BY LURIE CHILDREN'S SURGICAL FOUNDATION, INC. FOR THE INDIVIDUAL'S SUBSTANTIAL AND FULL-TIME SERVICES AS AN EMPLOYEE. FOR MORE DETAILS, PLEASE REFER TO THE 2020 FORM 990 OF LURIE CHILDREN'S SURGICAL FOUNDATION, INC., FEIN 83-1650513. ERIK C. KING, MD MARLETA REYNOLDS, MD THE FOLLOWING INDIVIDUALS ARE NOT COMPENSATED BY THE REPORTING ORGANIZATION FOR HIS OR HER SERVICE AS A DIRECTOR OR OFFICER, RATHER, THE COMPENSATION REPORTED ON FORM 990, PART VII AND ON SCHEDULE J, PART II REFLECTS COMPENSATION PAID BY PEDIATRIC FACULTY FOUNDATION FOR THE INDIVIDUAL'S SUBSTANTIAL AND FULL-TIME SERVICES AS AN EMPLOYEE. FOR MORE DETAILS, PLEASE REFER TO THE 2020 FORM 990 OF PEDIATRIC FACULTY FOUNDATION, FEIN 36-3279680. DEREK S. WHEELER MATTHEW DAVIS, MD THOMAS P. SHANLEY, MD THE FOLLOWING INDIVIDUALS ARE NOT COMPENSATED BY THE REPORTING ORGANIZATION FOR HIS OR HER SERVICE AS A DIRECTOR OR OFFICER. RATHER, THE COMPENSATION REPORTED ON FORM 990, PART VII AND ON SCHEDULE J, PART II REFLECTS COMPENSATION PAID BY ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO ("LURIE CHILDREN'S") FOR THE INDIVIDUAL'S SUBSTANTIAL AND FULL-TIME SERVICES AS AN EMPLOYEE. FOR MORE DETAILS, PLEASE REFER TO THE 2020 FORM 990 OF LURIE CHILDREN'S, FEIN 36-2170833. FATEMA ZANZI PATRICK M. MAGOON RON BLAUSTEIN THOMAS P. SHANLEY, MD Schedule J (Form 990) 2020

Software ID:

Software Version:

EIN: 36-3357004

Name: Children's Hospital of Chicago Medical Center Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (E) Total of columns (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (F) Compensation in other deferred benefits (B)(i)-(D) column (B) (i) Base Compensation (ii) (iii) reported as deferred on compensation Other reportable Bonus & incentive prior Form 990 compensation compensation 1Matthew Davis MD (i) Ex-Officio Director untl 12/20 (ii) 682,385 276 95,963 39,039 817,663 1Erik C King MD Director 706,765 37,500 744,265 2Patrick M Magoon (i) Ex-Officio Director untl 12/19 440,031 168,420 5,737 13,954 18,836 646,978 3Elizabeth J Perlman MD (i) 566,663 102,371 1,693,806 23,642 25,810 2,412,292 1,410,720 Ex-Officio Director untl 12/20 4Marleta Reynolds MD (i) Ex-Officio Director untl 12/20 983,705 37,500 1,021,205 5Thomas P Shanley MD Ex-Offc Dir/Pres & CEO LCH 944,298 230,296 361,847 2,838 25,528 1,564,807 6Fatema Zanzi SENIOR VP, CHF LEGAL OFFICER 369,648 131,387 350 66,405 2,164 569,954 7Ron Blaustein Chief Financial Officer 469,832 759 212,417 141,231 32,672 856,911 8Derek S Wheeler Ex-Officio Director untl 12/20 730,356 230 83,224 835,658 21,848 9John T Walkup MD (i) 576,210 51,399 254,750 106,649 12,876 1,001,884 Physician 10Cynthia K Rigsby MD 568,341 56,878 2,439 25,138 39,339 692,135 Physician 11 Martha C Saker MD 427,293 111,152 1,629 23,884 7,540 571,498 Physician 12Susan Palasis MD (i) 440,666 92,960 2,562 566,172 10,304 19,680 Physician 13Jared R Green MD (i) 458,300 109,408 369 10,304 43,600 621,981 Physician

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Schedule L (Form 990 or 990	-F7)			ns with li				\F- *	\FL 24			1545-00		
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Department of the Trea		·Go to www i		ch to Form 99 $^\circ m$ 990 for inst			forma	tion)nen i	o Pub	lic	
Internal Revenue Servi		do to <u>www.</u>	1319017101	101 III30	i decions and	the latest m						ection		
Name of the orga Children's Hospital		^enter					Eı	mplo	yer ide	entifica	ation n	umber		
Cilidren's Hospital	or emeago Medical	center					36	5-335	7004					
	ss Benefit Tra	,				•		_						
	ete if the organiz Name of disqua			Relationship be					escript					
t (a) Name of disquamied person				organization				ansacti		Y		No		
							_							
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	nount of tax incu					ons during the	year ı	under	_					
3 Enter the ar	nount of tax, if a	ny, on line 2, a	bove, reim	bursed by the o	organization			: :		\$ —— \$				
Down TT Low		Fuere Teles	antad Da											
Con	ans to and/or aplete if the orga	nization answe	ered "Yes" o	n Form 990-EZ	, Part V, line 3	38a, or Form 99	90, Pa	rt IV,	line 26	; or if	the org	anizatio	n	
	orted an amount	on Form 990,	Part X, line	5, 6, or 22	1	· ·	· ·							
(a) Name of interested person				Loan to or from the (e) Original (f) Balance organization?				(g) In (h) default? Approve						
	_				amount		1 1		1	oard or nmittee?				
			То	From	1		Yes	No	Yes	No	Yes	No		
Total .				<u>.</u>	\$	•			•	•				
	nts or Assista		_											
(a) Name of inter	plete if the org	ganızatıon an b) Relationship			990, Part IV, of assistance	(d) Type	of 200	ctano		(a) Du		f assista		
(a) Name of filter		nterested perso		(c) Amount	or assistance	(u) Type	UI a55	Staric	.=	(e) ru	i pose o	1 4551516	ince	
		organizat	ion											
									-+					
						1								

(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) John Ford DDS	FAMILY MEMBER OF DIRECTOR	82,095	EMPLOYMENT	organia rever Yes	No	

			Yes	No
FAMILY MEMBER OF DIRECTOR	82,095	EMPLOYMENT		No

Explanation

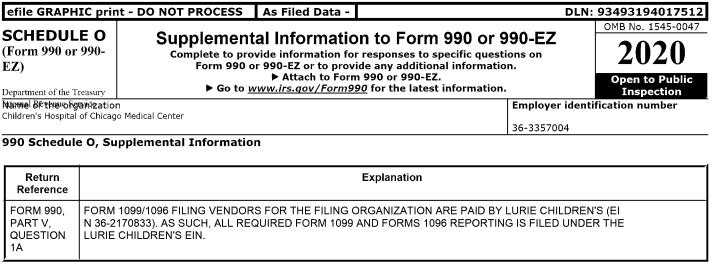
Schedule I. (Form 990 or 990-F7) 2020.

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

Return Reference

Supplemental Information

Part V



Return Explanation
Reference

FORM 990, ALLOCATION OF SALARY EXPENSES LURIE CHILDREN'S PAYS AND ISSUES FORMS W-2 TO EMPLOYEES WHO WORK FOR CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER. THE ALLOCATION OF THE SALARY COSTS ARE DISCLOSED ON FORM 990, PART IX, STATEMENT OF FUNCTIONAL EXPENSES.

Return

Reference	
FORM 990,	DESCRIPTION OF RELATIONSHIPS *JACK R. CALLISON AND ROXANNE MARTINO HAVE A BUSINESS RELATION AND ROXANNE MARTINO
PART VI,	NSHIP *CRAIG C. MARTIN HAS A BUSINESS RELATIONSHIP WITH LESTER CROWN *JOHN S. GATES JR. HA
QUESTION 2	S A BUSINESS RELATIONSHIP WITH J. CHRISTOPHER REYES, JOHN COONEY AND LESTER CROWN. *ALLAN
	BULLEY III HAS A BUSINESS RELATIONSHIP WITH ANDREW J. MCKENNA. *ALLAN BULLEY III HAS A BUS
	INESS RELATIONSHIP WITH DONALD J. EDWARDS. *ALLAN BULLEY III HAS A BUSINESS RELATIONSHIP W
	ITH GREGORY C. CASE. *ALLAN BULLEY III HAS A BUSINESS RELATIONSHIP WITH MELVIN GRAY. *ALLA
	N BULLEY III HAS A BUSINESS RELATIONSHIP WITH THOMAS S. SOULELES. *BRUCE R. HAGUE HAS A BU
	SINESS RELATIONSHIP WITH J. CHRISTOPHER REYES. *ANDREW J. MCKENNA HAS FAMILY AND BUSINESS
	RELATIONSHIPS WITH WILLIAM J. MCKENNA. *ANDREW N. REYES HAS BUSINESS AND FAMILY RELATIONSH
	IPS WITH J. CHRISTOPHER REYES. *ANDREW J. MCKENNA, WILLIAM J. DEVERS, AND J. CHRISTOPHER R
	EYES HAVE BUSINESS RELATIONSHIPS.

Explanation

Return Reference	Explanation
FORM 990, PART VI, QUESTION 11B	DESCRIPTION OF THE PROCESS USED BY MANAGEMENT OR THE GOVERNING BODY TO REVIEW THE FORM 990 A FULL COPY OF THE ORGANIZATION'S FORM 990 WAS PROVIDED TO EACH MEMBER OF THE MEDICAL CEN TER BOARD'S AUDIT AND COMPLIANCE COMMITTEE FOR REVIEW AND APPROVAL, AS WELL AS THE RESPECT IVE FILING ORGANIZATION'S BOARD FOLLOWING APPROVAL BY THE COMMITTEE. THE AUDIT AND COMPLIAN NCE COMMITTEE IS THE COMMITTEE OF THE MEDICAL CENTER BOARD CHARGED WITH THE OVERSIGHT OF A UDIT AND TAX MATTERS FOR THE PARENT AND AFFILIATES. DURING A SPECIAL AUDIT AND COMPLIANCE COMMITTEE MEETING, AND BEFORE FORM 990 WAS FILED, THE AUDIT AND COMPLAINCE COMMITTEE WAS P ROVIDED A REVIEW OF FORM 990 BY THE CHIEF FINANCIAL OFFICER ("CFO"). THE CFO AND OUTSIDE T AX ADVISOR ALSO RESPONDED TO THE AUDIT AND COMPLIANCE COMMITTEE MEMBERS' QUESTIONS AND AFF ORDED THEM THE OPPORTUNITY FOR DETAILED DISCUSSION OF FORM 990, PRIOR TO THE AUDIT AND COMPLIANCE COMMITTEE TAKING ACTION TO APPROVE THE FILING OF FORM 990. AS PART OF ITS ANNUAL R ETURN PREPARATION PROCESS, THE ORGANIZATION, ON AN ONGOING BASIS, CONSULTED ITS TAX CONSUL TING FIRM AND OUTSIDE TAX LEGAL COUNSEL, BOTH OF WHICH POSSESS EXPERTISE IN HEALTH CARE AN D TAX-EXEMPT RETURN PREPARATION, TO ADVISE AND ASSIST IN THE PREPARATION OF FORM 990. THES E ADVISORS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER MEMBERS OF THE ORGANIZATION'S TEAM ASSEMBLED TO PARTICIPATE IN THE PREPARATION OF FORM 990. PRIOR TO P RESENTING FORM 990 TO THE MEDICAL CENTER BOARD'S AUDIT AND COMPLIANCE COMMITTEE, THE ORGAN IZATION'S TEAM, INCLUDING ITS ADVISORS, MET FREQUENTLY TO DISCUSS AND REVIEW DRAFTS OF THE FORM. AND APPROVAL, FORM 990 WAS PROVIDED TO THE FILING ORGANIZATION'S BOARD OF DIRECTORS.

Return Reference	Explanation
FORM 990, PART VI, QUESTION 12C	DESCRIPTION OF THE PROCESS USED TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST ON AN AN NUAL BASIS THE MEDICAL CENTER AND ITS AFFILIATES ("CORPORATION") PROVIDE A COMPREHENSIVE Q UESTIONNAIRE TO ITS BOARD MEMBERS, SENIOR MANAGEMENT AND PURCHASING PERSONNEL POSING QUEST IONS ABOUT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. THE MEDICAL CENTER INITIATES FOLLOW UP CONTACT TO THOSE WHO DO NOT RESPOND AND TO CLARIFY RESPONSES, WHERE NECESSARY. THE MEDI CAL CENTER REVIEWS EACH DISCLOSURE AND PROVIDES A SUMMARY OF RELEVANT DISCLOSURES FOR THE REVIEW AND APPROVAL OF ITS NOMINATING AND GOVERNANCE COMMITTEE. PURSUANT TO THE CONFLICTS OF INTEREST POLICY OF THE CORPORATION, DIRECTORS, OFFICERS, PHYSICIAN LEADERS, AND OTHERS WHO ARE SUBJECT TO THE POLICY ARE REQUIRED TO PROMPTLY AND FULLY DISCLOSE IN WRITING ANY A CTUAL, APPARENT OR POTENTIAL CONFLICT OF INTEREST TO THE PRESIDENT OF THE CORPORATION AND CHIEF LEGAL OFFICER. DISCLOSURES ARE PROVIDED TO THE NOMINATING AND GOVERNANCE COMMITTEE OF THE CORPORATION WHICH CONSIDERS ALL CONFLICTS OF INTEREST ISSUES AND, IF APPROPRIATE, PROVIDES SUCH WRITTEN DISCLOSURES FOR THE DIRECTORS AND/OR BOARD COMMITTEES CONSIDERING THE PROPOSED TRANSACTION OR OTHER APPROPRIATE PARTIES. IN ADDITION, ON AN ANNUAL BASIS, THE CORPORATION SURVEYS EACH INDIVIDUAL SUBJECT TO THE POLICY AS TO THE EXISTENCE OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. THE CORPORATION WILL NOT ENTER INTO AN AGREEMENT, TRANSACTIO NOR OTHER APRADRANCE COMMITTEE OF THE CORPORATION'S BOARD OF DIRECTORS DETERMINE BY A MAJORITY VOTE THAT APPROPRIATE SAFEGUARDS TO PROTECT THE CHARITABLE MISSION OF THE CORPORATION HAVE BEEN IMPLEMENTED. THE SUBJECT INTERESTED PERSON MAY NOT BE PRESENT WHEN THE VOTE IS TAKEN. IF IT IS DETERMINED THAT A CONFLICT OF INTEREST EXISTS, A DISINTERESTED PERSON OR COMMITTEE OF DISINTERESTED MEMBERS OR OF THE CORPORATION HAVE BEEN IMPLEMENTED. THE SUBJECT INTERESTED THE CHARITABLE MISSION OF THE CORPORATION OR ARRANGEMENT, WHEN THE CORPORATION CAN ORD RENED THAT A CONFLICT OF INTEREST. THE CARPOPOSED

Return Reference	Explanation
FORM 990, PART VI, QUESTIONS 15A AND 15B	DESCRIPTION OF THE PROCESS BY WHICH THE COMPENSATION OF CERTAIN EXECUTIVES WAS DETERMINED THE AUTHORITY TO REVIEW AND APPROVE EXECUTIVE COMPENSATION HAS BEEN DELEGATED TO THE COMPENSATION COMMITTEE OF CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER BOARD OF DIRECTORS ("COMPENSATION COMMITTEE"). THE COMPENSATION COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENS ATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICE R. THE COMPENSATION COMMITTEE. WITH THE ASSISTANCE OF A COMPENSATION CONSULTANT AND INFORMATION FROM A VARIETY OF EXTERNAL SOURCES (SPECIFIED ON SCHEDULE J), THE COMPENSATION COMMITTEE. WITH THE ASSISTANCE OF A COMPENSATION CONSULTANT AND INFORMATION FROM A VARIETY OF EXTERNAL SOURCES (SPECIFIED ON SCHEDULE J), THE COMPENSATION COMMITTEE CONFIRMED THE TOTAL AMOUNTS TO BE PAID WERE REASONABLE AND COMPARABLE TO AMOUNTS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY SIMILAR POSITIONS. LEGAL COUNSEL AD VISES THE COMPENSATION COMMITTEE WITH RESPECT TO FEDERAL TAX REQUIREMENTS IN SETTING COMPENSATION AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS. THE PROCESS FOLLOWED BY THE COMPENSATION COMMITTEE; INCLUDING A DESCRIPTION OF THE DATA RELIED UPON A ND THE COMPENSATION COMMITTEE HAS EXPRESSLY REVIEWED THE REASONABLENESS OF ALL SUCH PAYMENT S, AND HAS CONCLUDED, AS THE RESULT OF A PROCESS THAT IS DESIGNED TO QUALIFY FOR THE REBUT TABLE PRESUMPTION OF REASONABLENESS UNDER FEDERAL TAX LAW, THAT ALL SUCH AMOUNTS ARE REASONABLE PRESUMPTION OF REASONABLENESS OF CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER BOARD OF DIRECTORS WHO HAVE BEEN DETERMINED TO DISINTERESTED FOR THESE PURPOSES. THE COMPENSATION COMMITTEE IS COMPRISED OF MEMBERS OF CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER BOARD OF DIRECTORS WHO HAVE BEEN DETERMINED TO DISINTERESTED FOR THESE PURPOSES. THE COMPENSATION COMMITTEE CONDUCTS AN ONGOING AND PERIODIC REVIEW OF THE DISINTERESTED STATUS OF

Return Explanation

990 Schedule O, Supplemental Information

FORM 990,
PART VI,
QUESTION

19

AVAIL OF GOV DOCS, CONFLICT OF INT POLICY, & FIN STMTS TO GEN PUBLIC THE ORGANIZATION'S FI
NANCIAL STATEMENTS ARE PUBLICLY AVAILABLE ONLINE AT WWW.DACBOND.COM. THE ORGANIZATION'S AR
TICLES OF INCORPORATION AND ANNUAL REPORTS ARE AVAILABLE THROUGH THE ILLINOIS SECRETARY OF
STATE. THE ORGANIZATION ALSO MAKES ITS GENERAL GOVERNING DOCUMENTS AVAILABLE TO THE GENER
AL PUBLIC UPON REQUEST.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

(Form 990)

Children's Hospital of Chicago Medical Center

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

2020

DLN: 93493194017512OMB No. 1545-0047

Open to Public Inspection

Employer identification number

36-3357004

Department of the Treasury	► Go to <u>www.irs.gov/Form990</u> for instructions and the la
Internal Revenue Service	
Name of the organization	

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state End-of-year assets Direct controlling Total income or foreign country) entity 10,704,519 MEDICAL CTR (1) LURIE CHILDREN'S MEDICAL GROUP LLC HEALTH CARE 32,182,415 225 E CHICAGO AVE CHICAGO, IL 60611 36-4187449 (2) Lurie Children's Health Prtnrs Care Crdn COORDINATD CR ΙL 596,987 0 Medical Ctr 225 E CHICAGO AVENUE BOX 301 CHICAGO, IL 60611 35-2503476 (3) LURIE CHILDREN'S PRIMARY CARE LLC HEALTH CARE ΙL 17,839,117 13,199,526 | MEDICAL CTR 225 E CHICAGO AVE CHICAGO, IL 60611 32-0476042 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 (g) Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity Section 512(b) (13) controlled or foreign country) (if section 501(c)(3)) entity entity? No Yes For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2020

one or more related organizations trea (a)	·	(b)	(c)	(d)	(e))	(f)	(g)	(H	1)	(i)	(j)	(k)	,
Name, address, and EIN of related organization		Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predom income(r unrela excluded tax ur sections	inant elated, ited, d from ider s 512-	Share of total income		Dispropi allocal	rtionate		Gener mana parti	ral or iging	Percent owners	tage
									Yes	No	_	Yes	No		
(1) LC CIN LLC 225 E Chicago Ave Chicago, IL 606112991 90-1025439		CONTRACTING SVCS	IL	MEDICAL CTR	RELATED		-6,687,985	0		No	0	Yes		94.54	42 %
Part IV Identification of Related Organiza because it had one or more related or							nization ans	swered "Ye	s" on	Form	990, Part I	V, lin	e 34		
(a) Name, address, and EIN of related organization	(b) Primary activity	Le dom (state o	icile		(d) controlling ntity	(C co	(e) e of entity rp, S corp, r trust)	(f) Share of total income		(g) e of end year assets	-of- Perd	Percentage Sect ownership (b		(i) Section (b)(1 contro entit	n 512 L3) olled
(1)CMMC INSURANCE CO LTD	SELF INSURANCE	C	1	MEDIC	AL CTR	CORRO	RATION	112,608	<u> </u>	25,009,	265 100	000 %		Yes Yes	No
225 E CHICAGO AVE CHICAGO, IL 60611 98-1049532	SELF INSURANCE		,	MEDIC	AL CIK	CORPO	RATION	112,000		23,009,	203 100.			ies	

Schedule R (Form 990) 2020					
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)	1 b		No		
c Gift, grant, or capital contribution from related organization(s)	1 c	Yes			
d Loans or loan guarantees to or for related organization(s)	1d		No		
e Loans or loan guarantees by related organization(s)	1e		No		
f Dividends from related organization(s)	1 f		No		
g Sale of assets to related organization(s)	1 g		No		
h Purchase of assets from related organization(s)	1h		No		
i Exchange of assets with related organization(s)	1 i		No		
j Lease of facilities, equipment, or other assets to related organization(s)	1 j		No		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No		
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11		No		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No		
o Sharing of paid employees with related organization(s)	10		No		
p Reimbursement paid to related organization(s) for expenses	1 p		No		
q Reimbursement paid by related organization(s) for expenses	1 q		No		
r Other transfer of cash or property to related organization(s)	1r		No		
s Other transfer of cash or property from related organization(s)	1 s	Yes			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					
(a) (b) (c) Name of related organization Transaction Amount involved Method of determ	(d) ining amount	involved	t		

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.

was not a related organization. See instructions regarding exclusion	TOT CERTAIN IIIV	resument p	artifierships.										
(a) Name, address, and EIN of entity	(b) Primary activity		sections 512-		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partnerî	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
			'							Schedul	e R (Form	1 990	0) 2020

chedule R (For	m 990) 2020	Page 5	5					
Part VII	Supplemental Information							
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).						
Return Reference		Explanation						

Software ID: **Software Version:**

EIN: 36-3357004

Name: Children's Hospital of Chicago Medical Center

TRANSITION CR

RESEARCH

FUNDRAISING

HLTH CRE/RSCH

INSURANCE

HOSPITAL

SUPPORTING ORG

HEALTH CARE

HLTH CRE/RSCH

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Public charity

status

(if section 501(c)

(3))

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225 E CHICAGO AVE Chicago, IL 60611 36-3357005

225 E CHICAGO AVE Chicago, IL 60611 36-3357006

225 E CHICAGO AVE Chicago, IL 60611 36-3279680

225 E CHICAGO AVE Chicago, IL 60611 36-6638400

225 E CHICAGO AVE CHICAGO, IL 60611 36-2170833

CHICAGO, IL 60611 36-3393780

225 E CHICAGO AVE Chicago, IL 60611 37-1838535

225 E CHICAGO AVE Chicago, IL 60611 83-1650513

737 NORTH MICHIGAN AVE 2040

36-3822010

(g)

Section 512

(b)(13)

controlled entity?

No

Yes

(f)

Direct controlling

entity

Medical Ctr

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations									
(a)	(b)	(c)							
Name, address, and EIN of related organization	Primary activity	Legal domicile							

Form 990, Schedule R, Part II - Identification of Related
(a)
Name, address, and EIN of related organization