

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 09-01-2020, and ending 08-31-2021

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

C Name of organization
CHILDREN'S HOSPITAL OF CHICAGO FACULTY PRACTICE PLAN INC
% DR ELIZABETH J PERLMAN MD
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
225 E Chicago Box 282
City or town, state or province, country, and ZIP or foreign postal code
CHICAGO, IL 60611

D Employer identification number
36-3393780
E Telephone number
(312) 227-6410
G Gross receipts \$ 32,383,552

F Name and address of principal officer:
JOHN T WALKUP MD
737 N MICHIGAN AVE STE 2040
CHICAGO, IL 606112991

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ www.luriechildrens.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1986

M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
CHARITABLE ACTIVITIES TO ASSIST ANN & ROBERT H. LURIE'S CHILDREN'S HOSPITAL OF CHICAGO'S RESEARCH AND EDUCATIONAL PROGRAMS.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	175,624	2,200,244
9 Program service revenue (Part VIII, line 2g)	8,945,252	23,261,536
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,119,446	2,597,421
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,726,668	134,002
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,966,990	28,193,203
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,691,390	7,392,075
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	925,582	861,800
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,571,987	13,411,238
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,188,959	21,665,113
19 Revenue less expenses. Subtract line 18 from line 12	4,778,031	6,528,090
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	18,745,783	22,288,566
21 Total liabilities (Part X, line 26)	4,321,251	1,335,944
22 Net assets or fund balances. Subtract line 21 from line 20	14,424,532	20,952,622

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2022-07-12
BRENDA DAVIS INTERIM SR. VP/CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
Check if self-employed PTIN P01622613
Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ _____
Firm's address ▶ 155 N Wacker Drive Phone no. (312) 879-2000
Chicago, IL 60606

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

CHARITABLE ACTIVITIES TO ASSIST ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO'S RESEARCH AND EDUCATIONAL PROGRAMS.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 7,588,320 including grants of \$ 7,392,075) (Revenue \$ 23,395,538)
See Additional Data


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

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 7,588,320

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		No
b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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		No
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		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		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)		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		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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V 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 2a 0
2b 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
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a No
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a No
4b If "Yes," enter the name of the foreign country: 4b
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
5c 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
6b 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).
7a 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
7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c No
7d If "Yes," indicate the number of Forms 8282 filed during the year 7d
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
9a Did the sponsoring organization make any taxable distributions under section 4966? 9a
9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter:
10a Initiation fees and capital contributions included on Part VIII, line 12 10a
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
11a Gross income from members or shareholders 11a
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
13a Is the organization licensed to issue qualified health plans in more than one state? 13a
13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
13c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
 Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024-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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:
DR ELIZABETH J PERLMAN MD 737 N MICHIGAN AV STE 2040 CHICAGO, IL 60611 (312) 227-6412

Part VII

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Elizabeth J Perlman MD EX-OFF DIR/CHR DEPT PATH/LAB	1.0 42.0	X						0	2,362,840	49,452
(2) Santhanam Suresh MD EX-OFF DIR/SR. VP until 01/21	1.0 40.0	X						0	1,212,055	140,641
(3) Marleta Reynolds MD EX-OFF DIR/CHF OF SURGERY	1.0 44.0	X						0	983,705	37,500
(4) John T Walkup MD EX-OFF DIR/HEAD CHILD/ADOL PSY	1.0 40.0	X						0	882,359	119,525
(5) Derek S Wheeler EX-OFFICIO DIRECTOR/CMO	1.0 43.0	X						0	730,586	105,072
(6) Matthew Davis MD EX-OFF DIR/CHR OF PEDIATRICS	1.0 44.0	X						0	682,661	135,002
(7) Erik C King MD EX-OFF DIR/PRES LCSF/PHYSICIAN	1.0 42.0	X						0	706,765	37,500
(8) Cynthia K Rigsby MD EX-OFF DIR/DEPT HEAD, MED IMAG	1.0 41.0	X						0	627,658	64,477
(9) Richard M Dsida MD Interim Pres LCPAA begn 2/1/21	1.0 40.0	X						0	528,243	37,728
(10) Estella Alonso MD Physician	1.0 40.0	X						0	390,368	28,510

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

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

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	0	9,107,240	755,407

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE,		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	2,200,244				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f		2,200,244				
Program Service Revenue	2a OPERATING REV - LURIE CHILDREN'S	Business Code					
		900099	9,115,027	9,115,027			
	b HEALTH INSURANCE INCOME	900099	14,146,509	14,146,509			
	c						
	d						
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		23,261,536					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,492,552			2,492,552	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	(ii) Personal				
		6b Less: rental expenses					
		6c Rental income or (loss)	0	0			
		d Net rental income or (loss)		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7b Less: cost or other basis and sales expenses					
		7c Gain or (loss)	104,869				
		d Net gain or (loss)		104,869			104,869
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	0				
		b Less: direct expenses	8b	0			
		c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities. See Part IV, line 19	9a	0				
b Less: direct expenses		9b	0				
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	10a	0					
	b Less: cost of goods sold	10b	0				
	c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code					
11a OTHER OPERATING REVENUE	900099	134,002	134,002				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		134,002					
12 Total revenue. See instructions		28,193,203	23,395,538	0	2,597,421		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,392,075	7,392,075		
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	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	713,013	126,322	586,691	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	42,619	8,524	34,095	
9 Other employee benefits	41,387	22,673	18,714	
10 Payroll taxes	64,781	12,956	51,825	
11 Fees for services (non-employees):				
a Management	0			
b Legal	5,825		5,825	
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12 Advertising and promotion	0			
13 Office expenses	10,402		10,402	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	130,492	25,770	104,722	
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	499		499	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HEALTH INSURANCE EXPENSE	13,146,184		13,146,184	
b CREDENTIALING FEES	38,315		38,315	
c PURCHASE SERVICES	52,851		52,851	
d MISCELLANEOUS	26,670		26,670	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	21,665,113	7,588,320	14,076,793	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash—non-interest-bearing	0	1	0	
	2 Savings and temporary cash investments	2,480,439	2	4,379,095	
	3 Pledges and grants receivable, net	0	3	0	
	4 Accounts receivable, net	1,198,024	4	0	
	5 Loans and other 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	0	5	0	
	6 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	
	7 Notes and loans receivable, net	0	7	0	
	8 Inventories for sale or use	0	8	0	
	9 Prepaid expenses and deferred charges	35,948	9	180,678	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b Less: accumulated depreciation	10b	0	10c	0
	11 Investments—publicly traded securities	15,031,372	11	17,728,793	
	12 Investments—other securities. See Part IV, line 11	0	12	0	
	13 Investments—program-related. See Part IV, line 11	0	13	0	
	14 Intangible assets	0	14	0	
	15 Other assets. See Part IV, line 11	0	15	0	
16 Total assets. Add lines 1 through 15 (must equal line 33)	18,745,783	16	22,288,566		
Liabilities	17 Accounts payable and accrued expenses	4,321,251	17	1,335,944	
	18 Grants payable	0	18	0	
	19 Deferred revenue	0	19	0	
	20 Tax-exempt bond liabilities	0	20	0	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0	
	22 Loans and other 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	0	22	0	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0	
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	25	0	
	26 Total liabilities. Add lines 17 through 25	4,321,251	26	1,335,944	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	14,424,532	27	20,952,622	
	28 Net assets with donor restrictions	0	28	0	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	14,424,532	32	20,952,622		
33 Total liabilities and net assets/fund balances	18,745,783	33	22,288,566		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,193,203
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,665,113
3	Revenue less expenses. Subtract line 2 from line 1	3	6,528,090
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,424,532
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	20,952,622

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 36-3393780

Name: CHILDREN'S HOSPITAL OF CHICAGO FACULTY
PRACTICE PLAN INC

Form 990 (2020)

Form 990, Part III, Line 4a:

PROGRAM SUPPORT FOR SALARIES AND RESEARCH TO RELATED ENTITIES.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL OF CHICAGO FACULTY PRACTICE PLAN INC

Employer identification number
36-3393780

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 1
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) ANN & ROBERT H LURIE CHILDREN'S HOSPITAL OF CHICAGO	362170833	3	Yes		7,392,075	0
Total	1				7,392,075	0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (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 shown on line 11, column (f). . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning 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.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% 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

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

Part IV Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
		1	Yes
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
		2	No

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
		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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
		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? <i>If "Yes" or "No" provide details in Part VI.</i>		
		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 the role played by the organization in this regard.</i>		
		3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	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 (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). 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	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(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-- <i>explain in Part VI</i>). 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			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a 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, <i>explain in Part VI</i> . 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.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization CHILDREN'S HOSPITAL OF CHICAGO FACULTY PRACTICE PLAN INC

Employer identification number 36-3393780

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: (1) LURIE CHILDREN'S 225 E CHICAGO AVE CHICAGO, IL 606112991, 36-2170833, 501(C)(3), 7,392,075, MISSION SUPPORT.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
FORM 990, SCHEDULE I	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS AND PHILANTHROPIC FUNDS: THE ORGANIZATION MONITORS ALL EXPENDITURES FROM ITS GRANTS BY FIRST RECEIVING WRITTEN REQUESTS FOR EACH DOLLAR DISTRIBUTED. NEXT, A SUMMARY OF EXPENSE IS RECEIVED AS THE MONIES ARE USED BY THE UNITS. FINALLY, ON AN ANNUAL BASIS THE EXECUTIVE DIRECTOR PROVIDES A REPORT BACK TO THE GOVERNING BOARD OF EACH UNIT'S USE; FOLLOWED BY A QUESTION AND ANSWER SESSION.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CHILDREN'S HOSPITAL OF CHICAGO FACULTY
PRACTICE PLAN INC

Employer identification number
36-3393780

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	Yes
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III Supplemental Information

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

Return Reference	Explanation
FORM 990, SCHEDULE J, PART I, LINE 3	<p>PURSUANT TO THE BYLAWS OF CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER ("MEDICAL CENTER"), THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OF THE MEDICAL CENTER IS 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 FOR THESE PURPOSES. THE COMPENSATION COMMITTEE CONDUCTS AN ONGOING, REGULAR REVIEW OF THE DISINTERESTED (WHICH MEANS NO COMMITTEE MEMBER HAS A CONFLICT OF INTEREST) 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 J. PERLMAN, MD \$1,689,711 SCHEDULE J, PART I, QUESTION 5B ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO ("LURIE CHILDREN'S"), A RELATED ORGANIZATION TO THE 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. ERIC 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 ESTELLA ALONSO, MD MATTHEW DAVIS, MD STEWART GOLDMAN, 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 CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER FOR THE INDIVIDUAL'S SUBSTANTIAL AND FULL-TIME SERVICES AS AN EMPLOYEE. FOR MORE DETAILS, PLEASE REFER TO THE 2020 FORM 990 OF CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER, FEIN 36-3357004. CYNTHIA K. RIGSBY, MD ELIZABETH J. PERLMAN, MD JOHN T. WALKUP, MD THE FOLLOWING INDIVIDUAL 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 PEDIATRIC ANESTHESIA ASSOCIATES 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 PEDIATRIC ANESTHESIA ASSOCIATES, FEIN 37-1838535. SANTHANAM SURESH, MD</p>

Additional Data

Software ID:

Software Version:

EIN: 36-3393780

Name: CHILDREN'S HOSPITAL OF CHICAGO FACULTY
PRACTICE PLAN INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Elizabeth J Perlman MD EX-OFF DIR/CHR DEPT PATH/LAB	(i)	0	0	0	0	0	0	0
	(ii)	566,663	102,371	1,693,806	23,642	25,810	2,412,292	1,410,720
1Erik C King MD EX-OFF DIR/PRES LCSF/PHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	706,765	0	0	37,500	0	744,265	0
2John T Walkup MD EX-OFF DIR/HEAD CHILD/ADOL PSY	(i)	0	0	0	0	0	0	0
	(ii)	576,210	51,399	254,750	106,649	12,876	1,001,884	0
3Matthew Davis MD EX-OFF DIR/CHR OF PEDIATRICS	(i)	0	0	0	0	0	0	0
	(ii)	682,385	0	276	95,963	39,039	817,663	0
4Cynthia K Rigsby MD EX-OFF DIR/DEPT HEAD, MED IMAG	(i)	0	0	0	0	0	0	0
	(ii)	568,341	56,878	2,439	25,138	39,339	692,135	0
5Derek S Wheeler EX-OFFICIO DIRECTOR/CMO	(i)	0	0	0	0	0	0	0
	(ii)	730,356	0	230	83,224	21,848	835,658	0
6Estella Alonso MD Physician	(i)	0	0	0	0	0	0	0
	(ii)	389,852	0	516	25,158	3,352	418,878	0
7Santhanam Suresh MD EX-OFF DIR/SR. VP until 01/21	(i)	0	0	0	0	0	0	0
	(ii)	784,849	425,000	2,206	119,070	21,571	1,352,696	0
8Marleta Reynolds MD EX-OFF DIR/CHF OF SURGERY	(i)	0	0	0	0	0	0	0
	(ii)	983,705	0	0	37,500	0	1,021,205	0
9Richard M Dsida MD Interim Pres LCPAA begn 2/1/21	(i)	0	0	0	0	0	0	0
	(ii)	462,287	63,750	2,206	15,675	22,053	565,971	0

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public Inspection**

Department of the Treasury

Name of the organization

CHILDREN'S HOSPITAL OF CHICAGO FACULTY
PRACTICE PLAN INC

Employer identification number

36-3393780

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 6	DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS THE MEMBERS ARE INDIVIDUALS WHO ARE MEDICAL AND DENTAL PRACTITIONERS WHO MUST MEET THE FOLLOWING CRITERIA: (1) A MEMBER OF THE LURIE CHILDREN'S MEDICAL/DENTAL STAFF WITH UNRESTRICTED PRIVILEGES; (2) A PRACTITIONER WHOSE MAJOR PROFESSIONAL ACTIVITY IS PERFORMED AT LURIE CHILDREN'S AND/OR ITS CLINICAL SATELLITE S; (3) A FACULTY MEMBER IN GOOD STANDING AT NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE; AND (4) AN EMPLOYEE OR CONTRACTED PROVIDER OF AN ECONOMIC UNIT OF THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 7A	DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS THE ORGANIZATION'S INDIVIDUAL MEMBERS WHO ARE ALSO MEMBERS OF THE MEDICINE AND SURGERY ECONOMIC UNITS HAVE THE POWER TO ELECT TWO OF THE VOTING MEMBERS OF THE BOARD OF DIRECTORS (ONE FROM THE DEPARTMENT OF MEDICINE AND ONE FROM THE DEPARTMENT OF SURGERY RESPECTIVELY).

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 7B	DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS THE INDIVIDUAL MEMBERS HAVE THE POWER TO APPROVE ANY CHANGE TO THE ORGANIZATION'S BYLAWS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 11B	<p>DESCRIPTION OF THE PROCESS USED BY MANAGEMENT OR THE GOVERNING BODY TO REVIEW THE FORM 990 THE ORGANIZATION'S FORM 990 WAS PROVIDED TO EACH MEMBER OF THE MEDICAL CENTER BOARD'S AUDIT AND COMPLIANCE COMMITTEE FOR REVIEW AND APPROVAL, AS WELL AS THE RESPECTIVE FILING ORGANIZATION'S BOARD FOLLOWING THE COMMITTEE'S APPROVAL. THE AUDIT AND COMPLIANCE COMMITTEE IS THE COMMITTEE OF THE MEDICAL CENTER BOARD CHARGED WITH THE OVERSIGHT OF AUDIT AND TAX MATTERS FOR THE PARENT AND AFFILIATES. DURING A SPECIAL AUDIT AND COMPLIANCE COMMITTEE MEETING, AND BEFORE FORM 990 WAS FILED, THE COMMITTEE WAS PROVIDED A REVIEW OF FORM 990 BY THE CHIEF FINANCIAL OFFICER ("CFO"). THE CFO AND OUTSIDE TAX ADVISOR ALSO RESPONDED TO THE AUDIT AND COMPLIANCE COMMITTEE MEMBERS' QUESTIONS AND AFFORDED 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 RETURN PREPARATION PROCESS, THE ORGANIZATION, ON AN ONGOING BASIS, CONSULTED ITS TAX CONSULTING FIRM AND OUTSIDE TAX LEGAL COUNSEL, BOTH OF WHICH POSSESS EXPERTISE IN HEALTH CARE AND TAX-EXEMPT RETURN PREPARATION, TO ADVISE AND ASSIST IN THE PREPARATION OF FORM 990. THESE 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 PRESENTING FORM 990 TO THE MEDICAL CENTER BOARD'S AUDIT AND COMPLIANCE COMMITTEE, THE ORGANIZATION'S TEAM, INCLUDING ITS ADVISORS, MET FREQUENTLY TO DISCUSS AND REVIEW DRAFTS OF THE FORM. SUBSEQUENT TO THE AUDIT AND COMPLIANCE COMMITTEE REVIEW AND APPROVAL, FORM 990 WAS PROVIDED TO THE RESPECTIVE FILING ORGANIZATION'S BOARD OF DIRECTORS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 12C	<p>DESCRIPTION OF THE PROCESS USED TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST ON AN ANNUAL BASIS THE MEDICAL CENTER AND ITS AFFILIATES ("CORPORATION") SUBMIT A COMPREHENSIVE QUESTIONNAIRE TO BOARD MEMBERS, SENIOR MANAGEMENT AND PURCHASING PERSONNEL REQUIRING DISCLOSURE OF ALL INTERESTS THAT COULD GIVE RISE TO ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. THE MEDICAL CENTER INITIATES FOLLOW UP CONTACT WITH THOSE WHO DO NOT RESPOND AND TO CLARIFY RESPONSES, WHERE NECESSARY. THE MEDICAL CENTER REVIEWS EACH DISCLOSURE AND PROVIDES A SUMMARY OF RELEVANT DISCLOSURES FOR THE REVIEW AND APPROVAL OF ITS 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 ACTUAL, 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 DISCLOSURE TO 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, TRANSACTION OR OTHER ARRANGEMENT INVOLVING A CONFLICT OF INTEREST UNLESS THE DISINTERESTED MEMBERS OF THE NOMINATING AND GOVERNANCE COMMITTEE OF THE CORPORATION'S BOARD OF DIRECTORS DETERMINE BY A MAJORITY VOTE THAT APPROPRIATE SAFEGUARDS TO PROTECT THE CHARITABLE MISSION OF THE CORPORATION HAVE BEEN IMPLEMENTED. THE SUBJECT INTERESTED PERSON MAY NOT BE PRESENT WHEN THE VOTE IS TAKEN. IF IT IS DETERMINED THAT A CONFLICT OF INTEREST EXISTS, A DISINTERESTED PERSON OR COMMITTEE OF DISINTERESTED MEMBERS MAY BE ASIGNED TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE CORPORATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT, WITH REASONABLE EFFORTS, FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION IS IN THE CORPORATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO THE CORPORATION, AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTIONS 15A & 15B	<p>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 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 FOR CONTINUED APPROPRIATENESS BY 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 ADVISES 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 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 UNDER FEDERAL TAX LAW, 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 CHILDREN'S HOSPITAL OF CHICAGO MEDICAL CENTER BOARD OF DIRECTOR WHO HAVE BEEN DETERMINED TO BE DISINTERESTED FOR THESE PURPOSES. THE COMPENSATION COMMITTEE CONDUCTS AN ONGOING AND PERIODIC REVIEW OF THE DISINTERESTED STATUS OF ITS MEMBERS, AND WILL TAKE APPROPRIATE ACTION WITH RESPECT TO ANYONE HAVING AN INTEREST WITH RESPECT TO ONE OR MORE EXECUTIVES SO AS TO PRESERVE THE APPLICATION OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, QUESTION 19	AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC THE ORGANIZATION'S FINANCIAL STATEMENTS ARE PUBLICLY AVAILABLE ONLINE AT WWW.DACBOND.COM. THE ORGANIZATION'S ARTICLES OF INCORPORATION AND ANNUAL REPORTS ARE AVAILABLE THROUGH THE ILLINOIS SECRETARY OF STATE. THE ORGANIZATION ALSO MAKES ITS GENERAL GOVERNING DOCUMENTS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
CHILDREN'S HOSPITAL OF CHICAGO FACULTY
PRACTICE PLAN INC

Employer identification number

36-3393780

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) LURIE CHILDRENS CIN 225 E CHICAGO AVE CHICAGO, IL 60611 90-1025439	CONTRACTING SVCS	IL	NA	RELATED	-193,070	52,154		No	0	Yes		2.729 %

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

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

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

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

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

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

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

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-3393780
Name: CHILDREN'S HOSPITAL OF CHICAGO FACULTY PRACTICE PLAN INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
7 S 721 ROUTE 53 NAPERVILLE, IL 60540 36-3822010	TRANSITION CR	IL	501(C)(3)	10	Medical Ctr		No
225 E CHICAGO AVE Chicago, IL 60611 36-3357005	RESEARCH	IL	501(C)(3)	4	Medical Ctr		No
225 E CHICAGO AVE Chicago, IL 60611 36-3357006	FUNDRAISING	IL	501(C)(3)	7	Medical Ctr		No
225 E CHICAGO AVE Chicago, IL 60611 36-3357004	HEALTH CARE	IL	501(C)(3)	10	NA		No
225 E CHICAGO AVE Chicago, IL 60611 36-3279680	HLTH CRE/RSCH	IL	501(C)(3)	10	Medical Ctr		No
225 E CHICAGO AVE Chicago, IL 60611 36-6638400	INSURANCE	IL	501(C)(3)	12 III-FI	MEDICAL CTR		No
225 E CHICAGO AVE CHICAGO, IL 60611 36-2170833	HOSPITAL	IL	501(C)(3)	3	MEDICAL CTR		No
225 E CHICAGO AVE Chicago, IL 60611 37-1838535	HEALTH CARE	IL	501(C)(3)	3	MEDICAL CTR		No
225 E CHICAGO AVE Chicago, IL 60611 83-1650513	HLTH CRE/RSCH	IL	501(C)(3)	3	MEDICAL CTR		No