

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning 07/01, 2004, and ending 06/30/2005

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

Please use IRS label or print or type. See Specific Instructions

C Name of organization

UNIVERSITY OF CHICAGO HOSPITALS

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

Room/suite

5841 SOUTH MARYLAND AVENUE MC 1086

City or town, state or country, and ZIP + 4

CHICAGO, IL 60637

D Employer identification number
36-3488183

E Telephone number

(773) 702-1998

F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? (If "No," attach a list. See instructions) ☐ Yes ☐ NoH(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

M Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website. ▶ HTTP://WWW.UCHOSPITALS.EDU/

J Organization type (check only one) ☒ 501(c)(3) ☐ 4947(a)(1) or 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 892,475,997.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	1,091,428.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c	710,825.		
d	Total (add lines 1a through 1c) (cash \$ 1,802,253. noncash \$ NONE)	1d	1,802,253.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	860,222,162.		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	1,735,231.		
5	Dividends and interest from securities	5	10,903,192.		
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	25,390.	
b	Less: cost or other basis and sales expenses	(B) Other	8b	269,125.	
c	Gain or (loss) (attach schedule)	17,698,665.	8c	-243,735.	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	17,454,930.	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 130,478. of STMT 2 contributions reported on line 1a)	STMT 3	9a	89,104.	
b	Less: direct expenses other than fundraising expenses		9b	94,180.	
c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c	-5,076.	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c		
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	892,112,692.		
13	Program services (from line 44, column (B))	13	751,754,841.		
14	Management and general (from line 44, column (C))	14	35,269,849.		
15	Fundraising (from line 44, column (D))	15	1,445,259.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	788,469,949.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	103,642,743.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	479,073,663.		
20	Other changes in net assets or fund balances (attach explanation)	STMT 4	STMT 5	20	-7,217,026.
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	575,499,380.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

SCANNED JUN 26 2006

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 7,338,542.	3,181,165.	4,157,377.	
26 Other salaries and wages	26 313,372,057.	299,755,539.	12,943,951.	672,567.
27 Pension plan contributions	27 11,782,567.	11,129,573.	628,285.	24,709.
28 Other employee benefits	28 32,275,989.	29,944,742.	2,264,765.	66,482.
29 Payroll taxes	29 22,534,582.	21,285,707.	1,201,617.	47,258.
30 Professional fundraising fees	30			
31 Accounting fees	31 266,766.	14,766.	252,000.	
32 Legal fees	32 1,414,069.	65,240.	1,348,829.	
33 Supplies	33 142,418,783.	142,161,451.	248,998.	8,334.
34 Telephone	34 6,463,381.	5,921,460.	541,921.	
35 Postage and shipping	35 1,535,051.	1,480,280.	54,538.	233.
36 Occupancy	36 8,368,205.	8,336,070.	32,135.	
37 Equipment rental and maintenance	37 19,564,097.	19,186,142.	377,955.	
38 Printing and publications	38 736,318.	446,339.	289,734.	245.
39 Travel	39 859,228.	630,309.	227,704.	1,215.
40 Conferences, conventions, and meetings	40			
41 Interest	41 9,191,700.	9,191,700.		
42 Depreciation, depletion, etc. (See STMT 5A)	42 43,626,374.	43,626,374.		
43 Other expenses not covered above (itemize) (See STMT 6)	43a 166,722,240.	155,397,984.	10,700,040.	624,216.
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 788,469,949.	751,754,841.	35,269,849.	1,445,259.

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)What is the organization's primary exempt purpose? **STMT 7**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a STMT 8	
(Grants and allocations \$ _____)	751,754,841.
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	751,754,841.

Part IV Balance Sheets (See page 25 of the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	15,417.	45	14,877.
	46 Savings and temporary cash investments	50,355,274.	46	46,716,323.
	47a Accounts receivable	47a 147,225,367.		
	b Less: allowance for doubtful accounts	47b 38,571,565.	101,417,559.	47c 108,653,802.
	48a Pledges receivable	48a 17,785,449.		
	b Less: allowance for doubtful accounts	48b	26,370,822.	48c 17,785,449.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	STMT 9 380,407.	50	338,269.
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	3,630,504.	52	6,114,519.
	53 Prepaid expenses and deferred charges	24,971,670.	53	29,690,349.
	54 Investments - securities (attach schedule) STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	426,763,599.	54	488,147,323.
	55a Investments - land, buildings, and equipment basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a 877,995,752.			
b Less: accumulated depreciation (attach schedule) STMT 5A	57b 412,851,200.	410,692,346.	57c 465,144,552.	
58 Other assets (describe STMT 11)	20,167,655.	58	13,040,839.	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,064,765,253.	59	1,175,646,302.	
Liabilities	60 Accounts payable and accrued expenses	82,549,080.	60	90,970,930.
	61 Grants payable		61	
	62 Deferred revenue	501,191.	62	387,615.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule) STMT 12	356,021,288.	64a	350,050,527.
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe STMT 13)	146,620,031.	65	158,737,850.
66 Total liabilities (add lines 60 through 65)	585,691,590.	66	600,146,922.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	424,471,519.	67	533,922,432.
	68 Temporarily restricted	48,938,266.	68	35,919,470.
	69 Permanently restricted	5,663,878.	69	5,657,478.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	479,073,663.	73	575,499,380.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,064,765,253.	74	1,175,646,302.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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Return (See page 27 of the instructions.)		Return	
a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	889,991,493.
b	Amounts included on line a but not on line 12, Form 990:	b	
(1)	Net unrealized gains on investments . . \$	(1)	
(2)	Donated services and use of facilities \$	(2)	
(3)	Recoveries of prior year grants \$	(3)	
(4)	Other (specify):	(4)	
	<u>STMT 14</u> \$ -852,106.		
	Add amounts on lines (1) through (4) ▶	b	-852,106.
c	Line a minus line b ▶	c	890,843,599.
d	Amounts included on line 12, Form 990 but not on line a:	d	
(1)	Investment expenses not included on line 6b, Form 990 . . . \$	(1)	
(2)	Other (specify):	(2)	
	<u>STMT 15</u> \$ 1,269,093.		
	Add amounts on lines (1) and (2) . . ▶	d	1,269,093.
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	892,112,692.
a	Total expenses and losses per audited financial statements ▶	a	787,712,023.
b	Amounts included on line a but not on line 17, Form 990:	b	
(1)	Donated services and use of facilities \$	(1)	
(2)	Prior year adjustments reported on line 20, Form 990 \$	(2)	
(3)	Losses reported on line 20, Form 990 \$	(3)	
(4)	Other (specify):	(4)	
	<u>STMT 16</u> \$ 94,180.		
	Add amounts on lines (1) through (4) . . ▶	b	94,180.
c	Line a minus line b ▶	c	787,617,843.
d	Amounts included on line 17, Form 990 but not on line a:	d	
(1)	Investment expenses not included on line 6b, Form 990 . . . \$	(1)	
(2)	Other (specify):	(2)	
	<u>STMT 17</u> \$ 852,106.		
	Add amounts on lines (1) and (2) . . ▶	d	852,106.
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	788,469,949.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions)

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? **▶** ☒ **Yes** ☐ **No**
If "Yes," attach schedule - see page 28 of the instructions **SEE STATEMENT 19**

Part VI Other Information (See page 28 of the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78 a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78 b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80 a	X
b If "Yes," enter the name of the organization <u>QV, INC.; UNIVERSITY OF CHICAGO AND QV COMPANIES AND SUBS</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt		
81 a Enter direct and indirect political expenditures. See line 81 instructions.	81 a	NONE
b Did the organization file Form 1120-POL for this year?	81 b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82 b	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85 a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85 b	N/A
c Dues, assessments, and similar amounts from members	85 c	N/A
d Section 162(e) lobbying and political expenditures	85 d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N/A
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86 a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86 b	N/A
87 501(c)(12) orgs. Enter a Gross income from members or shareholders	87 a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87 b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <u>NONE</u> , section 4912 <u>NONE</u> ; section 4955 <u>NONE</u>		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89 b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
d Enter Amount of tax on line 89c, above, reimbursed by the organization		NONE
90 a List the states with which a copy of this return is filed <u>NONE</u>		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90 b	5840
91 The books are in care of <u>RICHARD MILLER</u> Telephone no <u>773-702-1998</u> Located at <u>8201 CASS AVENUE; DARIEN, ILLINOIS</u> ZIP + 4 <u>60561</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Form 990 (2004)

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a STMT 20		1,358,398.		10,036,904.	488,148,323.
b					
c					
d					
e					
f Medicare/Medicaid payments					360,678,537.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,735,231.	
96 Dividends and interest from securities			14	10,903,192.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	17,454,930.	
101 Net income or (loss) from special events					-5,076.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue, a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		1,358,398.		40,130,257.	848,821,784.
105 Total (add line 104, columns (B), (D), and (E))					890,310,439.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	STMT 21

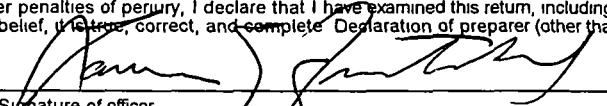
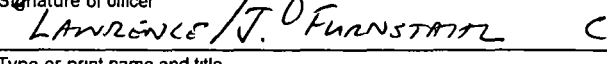
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	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.				
	 Signature of officer LAWRENCE J. FURNSTHAL CFO		Date MAY 12, 2006		
Paid Preparer's Use Only	Preparer's signature 		Date MAY 01 2006	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 PRICEWATERHOUSECOOPERS LLP 1301 K STREET NW, SUITE 800W WASHINGTON DC 20005		EIN ▶ 13-4008324 Phone no ▶ 202-414-1000		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

► **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2004

Name of the organization

Employer identification number

UNIVERSITY OF CHICAGO HOSPITALS

36-3488183

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>ROGER BECKER</u> 5841 S. MARYLAND AVE CHICAGO, IL 60637	DIR PLANNING DESIGN AND CONSTRUCTION 40 HRS/WK	231,064.	17,965.	NONE
<u>JANE MCATEE</u> 5841 S. MARYLAND AVE CHICAGO, IL 60637	ASSOCIATE GENERAL COUNSEL 40 HRS/WK	192,353.	18,995.	NONE
<u>MICHAEL HOLZHUETER</u> 5841 S. MARYLAND AVE CHICAGO, IL 60637	ASSOCIATE GENERAL COUNSEL 40 HRS/WK	195,883.	24,302.	NONE
<u>NANCY CALIGIURI</u> 5841 S. MARYLAND AVE CHICAGO, IL 60637	EXEC DIRECTOR, NURSING INFOMATICS 40 HRS/WK	194,248.	19,920.	NONE
<u>GWENDOLYN MOTON</u> 5841 S. MARYLAND AVE CHICAGO, IL 60637	OPERATING ROOM NURSE 40 HRS/WK	215,820.	11,997.	NONE
Total number of other employees paid over \$50,000 ►	2331			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>UNIVERSITY OF CHICAGO</u> 5841 S. MARYLAND AVE, CHICAGO, IL	PHYSICIAN SERVICES	52,903,874.
<u>KELLY SCOTT AND MADISON INC.</u> 5515 PAYSHERE CIRCLE, CHICAGO, IL 60674	MARKETING	3,030,540.
<u>SMITHGROUP, INC</u> 30 WEST MONROE, CHICAGO, IL 60603	ARCHITECTS	1,495,164.
<u>COIL, COUNTS, FORD & CHENEY, INC</u> 150 EAST HURON STREET, CHICAGO, IL 60611	MARKETING	754,148.
<u>MAYER, BROWN, ROWE & MAW</u> 190 S. LASALLE ST., CHICAGO, IL 60603	LEGAL SERVICES	521,950.
Total number of others receiving over \$50,000 for professional services ►	31	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2004

JSA

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>912,438</u> . (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1 X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☒ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. **NOT APPLICABLE**

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 **NOT APPLICABLE** 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26b

c Total support for section 509(a)(1) test Enter line 24, column (e) 26c

d Add: Amounts from column (e) for lines. 18 _____ 19 _____
22 _____ 26b _____ 26d

e Public support (line 26c minus line 26d total) 26e

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2003) _____ (2002) _____ (2001) **NOT APPLICABLE** (2000) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2003) _____ (2002) _____ (2001) _____ (2000) _____

c Add: Amounts from column (e) for lines. 15 _____ 16 _____
17 _____ 20 _____ 21 _____ 27c

d Add: Line 27a total _____ and line 27b total _____ 27d

e Public support (line 27c total minus line 27d total) 27e

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) 27f

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions.)**NOT APPLICABLE**(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)	31	

32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		

33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		

34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ a if the organization belongs to an affiliated group Check ☐ b if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is -			
The lobbying nontaxable amount is -			
Not over \$500,000 20% of the amount on line 40			
Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000 . . \$175,000 plus 10% of the excess over \$1,000,000	41		
Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000 \$1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
Lobbying nontaxable					
45 amount					
Lobbying ceiling amount					
46 (150% of line 45(e)) . .					
47 Total lobbying expenditures					
Grassroots nontaxable					
48 amount					
Grassroots ceiling amount					
49 (150% of line 48(e)) . .					
Grassroots lobbying					
50 expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . .	X		STMT 23
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		912,438.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			912,438.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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Form 990 - Part 1

Line 1d - Contributions, Gifts, and Grants

Names and addresses of donors who contributed \$5,000 or more to the organization during the tax year ended June 30, 2005.

NAME AND ADDRESS	DATE RECEIVED	AMOUNT RECEIVED	TOTAL RECEIVED
	09/27/04	1,920	
	04/26/05	5,445	7,365
	12/23/04	1,000	
	12/30/04	4,000	5,000
	11/16/04	7,500	7,500
	05/10/05	5,000	5,000
	01/18/05	10,000	10,000
	03/25/05	10,000	10,000
	12/09/04	25,000	
	01/13/05	50,000	75,000
	12/21/04	40,000	
	04/26/05	2,500	42,500
	04/26/05	2,500	2,500
	09/27/04	5,665	5,665
	06/27/05	6,000	6,000
	12/31/04	5,000	5,000
	12/17/04	6,250	
	06/23/05	750	7,000
	07/27/04	12,000	
	05/10/05	8,000	20,000

Form 990 - Part 1

Line 1d - Contributions, Gifts, and Grants

Names and addresses of donors who contributed \$5,000 or more to the organization during the tax year ended June 30, 2005.

NAME AND ADDRESS	DATE RECEIVED	AMOUNT RECEIVED	TOTAL RECEIVED
	11/16/04	5,000	5,000
	10/07/04	5,000	5,000
	08/03/04	25,000	
	08/30/04	1,000	
	04/26/05	1,000	27,000
	11/15/04	41,900	
	01/05/05	20,000	
	06/23/05	5,000	66,900
	12/23/04	1,250	
	12/14/04	1,500	2,750
	07/06/04	500	
	04/19/05	3,000	
	04/19/05	1,500	
	04/19/05	2,000	
	07/06/04	2,840	
	07/06/04	1,650	
	07/06/04	1,500	
	07/06/04	2,720	15,710
	12/08/04	2,500	2,500
	04/08/05	19,550	
	05/17/05	8,600	28,150
	09/28/04	5,000	5,000
	12/21/04	10,000	10,000
	06/30/05	15,000	15,000
	11/29/04	52	
	12/31/04	5,000	5,052
	12/31/04	5,000	5,000
	07/06/04	50,000	

Form 990 - Part 1

Line 1d - Contributions, Gifts, and Grants

Names and addresses of donors who contributed \$5,000 or more to the organization during the tax year ended June 30, 2005.

NAME AND ADDRESS	DATE RECEIVED	AMOUNT RECEIVED	TOTAL RECEIVED
	08/19/04	25,000	
	09/16/04	250	
	01/28/05	1,000	76,250
	02/02/05	5,000	5,000
	07/08/04	12,462	
	11/08/04	11,410	
	01/10/05	14,704	
	04/11/05	12,138	50,714
	06/29/05	5,000	5,000
	08/24/04	5,000	
	02/16/05	1,000	
	05/20/05	1,750	
	12/28/04	20,000	
	12/30/04	750	
	03/28/05	2,000	30,500
	07/20/04	50,000	50,000
	07/06/04	25,000	
	12/30/04	40,000	
	12/31/04	2,500	67,500
	09/30/04	5,500	5,500
	07/31/04	49,784	
	10/31/04	49,784	
	01/31/05	49,784	
	04/30/05	49,784	199,136
	12/29/04	5,000	5,000
	03/23/05	5,000	5,000
	10/27/04	10,000	10,000
	04/15/05	5,000	5,000
	03/07/05	35,000	
	03/07/05	25,000	
	03/07/05	20,000	80,000

Form 990 - Part 1

Line 1d - Contributions, Gifts, and Grants

Names and addresses of donors who contributed \$5,000 or more to the organization during the tax year ended June 30, 2005.

NAME AND ADDRESS	DATE RECEIVED	AMOUNT RECEIVED	TOTAL RECEIVED
	11/30/04	10,000	10,000
	12/31/04	7,500	7,500
	11/15/04	10,000	10,000
	11/09/04	10,000	10,000
	05/05/05	20,000	20,000
	09/27/04	8,016	8,016
	11/09/04	5,000	5,000
	12/31/04	5,000	
	02/11/05	5,000	
	01/12/05	20,000	30,000
	09/08/04	16,000	16,000
	11/12/04	5,000	5,000
	02/24/05	4,500	
	02/24/05	4,000	8,500
	04/11/05	25,000	25,000
	02/15/05	5,000	5,000
	09/27/04	10,000	
	09/27/04	3,016	13,016
	07/22/04	36,238	
	12/09/04	10,000	
	01/28/05	1,000	47,238

Form 990 - Part 1

Line 1d - Contributions, Gifts, and Grants

Names and addresses of donors who contributed \$5,000 or more to the organization during the tax year ended June 30, 2005.

NAME AND ADDRESS	DATE RECEIVED	AMOUNT RECEIVED	TOTAL RECEIVED
	11/09/04	5,000	
	05/27/05	500	5,500
	04/08/05	5,000	5,000
	09/21/04	8,925	
	10/06/04	2,000	
	06/24/05	10,500	21,425
	12/23/04	12,500	12,500
	04/14/05	5,000	5,000
	07/22/04	19,146	19,146
	02/07/05	250,554	250,554
	12/28/04	15,000	15,000
	05/11/05	11,231	11,231
	11/09/04	10,000	10,000
	07/26/04	2,500	
	07/31/04	2,500	
	07/31/04	500	
	07/31/04	500	
	09/24/04	1,000	
	09/24/04	600	
	01/11/05	2,000	
	01/11/05	1,500	
	01/11/05	500	
	01/27/05	1,000	
	05/12/05	1,000	
	05/12/05	500	14,100
	03/01/05	20,000	20,000
	06/20/05	5,000	5,000

Form 990 - Part 1

Line 1d - Contributions, Gifts, and Grants

Names and addresses of donors who contributed \$5,000 or more to the organization during the tax year ended June 30, 2005.

NAME AND ADDRESS	DATE RECEIVED	AMOUNT RECEIVED	TOTAL RECEIVED
	06/10/05	5,000	5,000
	05/02/05	5,000	5,000
	11/30/04	35,000	35,000
	05/06/05	10,000	10,000
	12/31/04	5,000	5,000
	10/08/04	5,000	5,000
	05/26/05	5,000	5,000
	10/20/04	10,000	10,000
	10/22/04	125	
	03/24/05	5,000	5,125
	07/31/04	20,000	
	09/16/04	5,500	25,500
	03/18/05	5,000	5,000
	12/08/04	5,000	5,000
	11/12/04	5,000	
	11/24/04	25,000	30,000
	06/20/05	5,000	5,000

Form 990 - Part 1

Line 1d - Contributions, Gifts, and Grants

Names and addresses of donors who contributed \$5,000 or more to the organization during the tax year ended June 30, 2005.

NAME AND ADDRESS	DATE RECEIVED	AMOUNT RECEIVED	TOTAL RECEIVED
	06/29/05	10,000	10,000
	12/14/04	9	
	03/25/05	5,000	5,009
	08/19/04	25,000	25,000
	11/13/04	10,000	10,000
	09/30/04	10,000	
	02/28/05	10,000	20,000
	10/13/04	2,750	
	12/03/04	2,500	
	12/23/04	4,000	
	03/31/05	2,750	
	05/12/05	2,500	
	06/14/05	3,000	17,500
	07/06/04	2,677	
	08/20/04	2,852	
	02/28/05	806	
	03/23/05	4,520	
	03/23/05	2,791	13,645
	11/09/04	10,000	10,000
	12/02/04	20,000	20,000
			18,750
			25,000
			38,100
			12,500

Form 990 - Part 1

Line 1d - Contributions, Gifts, and Grants

Names and addresses of donors who contributed \$5,000 or more to the organization during the tax year ended June 30, 2005.

NAME AND ADDRESS	DATE RECEIVED	AMOUNT RECEIVED	TOTAL RECEIVED
			10,000
			69,617
			80,000
			5,114
			35,000
			50,000
			<u>2,241,777</u>
		192,036	
	12/31/04	200,000	
	12/31/04	150,000	
	04/30/05	25,614	567,650
	08/31/04	21,375	
	09/30/04	64,125	
	12/31/04	19,225	
	03/31/05	19,225	
	03/31/05	19,225	143,175
GOVERNMENT CONTRIBUTIONS >\$5,000			710,825
TOTAL CONTRIBUTIONS < \$5,000			294,155
OTHER ADJUSTMENTS, PLEDGE WRITE-OFFS, AND MISCELLANEOUS CONTRIBUTIONS			<u>(1,444,504)</u>
TOTAL CASH CONTRIBUTIONS PER BOOKS			1,802,253

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ .
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only ☐ .

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	UNIVERSITY OF CHICAGO HOSPITALS	36-3488183
	Number, street, and room or suite no. If a P.O. box, see instructions	
	5841 SOUTH MARYLAND AVENUE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	CHICAGO, IL 60637	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► Richard Miller

Telephone No. ► 773-702-1998

FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐ .
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until FEBRUARY 15, 20 06 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20__ or
- ☒ tax year beginning JULY 1, 20 04 and ending JUNE 30, 20 05

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ N/A
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ N/A
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization UNIVERSITY OF CHICAGO HOSPITALS	Employer identification number 36-3488183
	Number, street, and room or suite no. If a P.O. box, see instructions 5841 SOUTH MARYLAND AVENUE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CHICAGO, IL 60637	

Check type of return to be filed (File a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **Richard Miller**

Telephone No. **773-702-1998**

FAX No.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) . If this is for the **whole group**, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4** I request an additional 3-month extension of time until **MAY 15**, 20 **06**
- 5** For calendar year , or other tax year beginning **JULY 1**, 2004, and ending **JUNE 30**, 2005.
- 6** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7** State in detail why you need the extension **TAXPAYER IS AWAITING ADDITIONAL INFORMATION FROM THIRD PARTIES WHICH IS NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN. ADDITIONAL TIME TO FILE IS REQUESTED.**
- 8a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions **\$ N/A**
- b** If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 **\$ N/A**
- c Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. **\$ N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **[Signature]** Title **TAX PREPARER** Date **2/2/2006**

Notice to Applicant—To Be Completed by the IRS

- ☒ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other

Director By Date **MAR 07 2006**

Alternate Mailing Address—Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name SCOTT GLENN C/O PRICEWATERHOUSECOOPERS, LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 1301 K STREET NW, SUITE 800W
	City or town, province or state, and country (including postal or ZIP code) WASHINGTON, DC 20005-3333

FORM 990, PART I, LINE 8 - GAIN ON SALE OF SECURITIES & OTHER ASSETS

LINE 8 (A) SECURITIES

<u>Description</u>	<u>Gain/ (Loss)</u>
SALE OF SECURITIES FROM ENDOWMENTS AND DESIGNATED FUNDS	<u>17,698,665</u>

LINE 8 (B) OTHER

<u>Description</u>	<u>Gain/ (Loss)</u>
PROCEEDS FROM RETIREMENT OF BEST SYSTEMS	25,390
LESS BASIS	<u>269,125</u>
NET LOSS ON RETIREMENT	<u>(243,735)</u>
LINE 8 (D) NET GAIN/(LOSS)	<u>17,454,930</u>

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

DESCRIPTION

AMOUNT

UNIV. CHICAGO CHILDREN'S
HOSPITAL GOLF CLASSIC
AMERICAN GIRL EVENT
COMER KIDS CLASSIC FUN RUN

87,104.

1,961.

41,413.

TOTAL

130,478.

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION -----	GROSS REVENUE -----	DIRECT EXPENSES -----	NET INCOME -----
UNIV. CHICAGO CHILDREN'S			
HOSPITAL GOLF CLASSIC	84,893.	79,262.	5,631.
AMERICAN GIRL EVENT	4,211.		4,211.
COMER KIDS CLASSIC FUN RUN		14,918.	-14,918.
TOTALS	89,104.	94,180.	-5,076.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====DESCRIPTION
-----AMOUNT
-----UNREALIZED GAIN ON INVESTMENTS
CHANGE IN VALUATION OF DERIVATIVE16,144,927.
950,000.

TOTAL

17,094,927.
=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====DESCRIPTION
-----AMOUNT

NET ASSETS RELEASED FOR OPERATING
PURPOSES
PAYMENT TO AFFILIATES
LESS: PARTNERSHIP GAIN
ADDITIONAL MIN. PENSION LIABILITY

1,984,400.
13,853,733.
2,370.
8,471,450.

TOTAL

24,311,953.
=====

UNIVERSITY OF CHICAGO HOSPITALS

36-3488183

FORM 990 LINE 42 AND 57

CONSTRUCTION IN PROGRESS	\$ 44,032,833
BUILDINGS	\$ 490,145,885
EQUIPMENT	\$ 295,896,784
EQUIPMENT CAPITAL LEASES	\$ 5,779,240
EQUIPMENT-CLOSING	\$ 9,027,329
BUILDING CAPITAL LEASES	\$ 6,717,305
LAND	\$ 26,396,376
	<hr/>
	\$ 877,995,752
LESS: ACCUMULATED DEPRECIATION	<hr/>
	\$ (412,851,200)
NET PROPERTY AND EQUIPMENT	<hr/>
	\$ 465,144,552
	<hr/>
CURRENT YEAR DEPRECIATION EXPENSE:	<hr/>
	\$ 43,626,374
	<hr/>

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
INSURANCE	22,076,160.	22,076,160.		
SECURITY	1,839,441.	1,839,441.		
CONSULTANTS	1,952,738.	1,563,258.	389,480.	
COMPUTATION FEES	285,627.	284,762.	865.	
COLLECTION AGENCY FEES	5,280,545.	5,280,545.		
LAUNDRY	1,697,531.	1,697,531.		
PROVISION FOR UNCOLLECTIBLES	50,677,253.	50,677,253.		
ILLINOIS MEDICAID PROVIDER TAX	14,611,671.	14,611,671.		
OTHER SERVICES	67,449,168.	57,367,363.	9,457,589.	624,216..
INVESTMENT MANAGEMENT FEES	852,106.		852,106.	
TOTALS	166,722,240.	155,397,984.	10,700,040.	624,216..

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

PROVIDING FOR THE HEALTH NEEDS OF THE COMMUNITY, INCLUDING THOSE
UNABLE TO PAY, IN ACCORDANCE WITH ITS CHARITABLE CARE POLICIES.

THE UNIVERSITY OF CHICAGO HOSPITALS
EIN: 36-3488183
FORM 990
Year Ended June 30, 2005

Part III-Statement of Program Service Accomplishments

The University of Chicago Hospitals' (UCH) policy is to treat patients in need of emergency or acute medical services regardless of race, creed, sex, national origin, disability, age or ability to pay.

UCH admitted 26,449 inpatients and provided outpatient treatment through 390,586 clinic visits and 77,783 emergency room visits during 2005.

UCH provides charity care to indigent individuals without insurance by foregoing charges for services and supplies rendered. In 2005, the estimated costs incurred for charity care were \$11,370,705.

UCH also provides care to persons covered by governmental programs that reimburse below cost. In 2005, the unreimbursed cost of treating Medicaid patients was \$38.7 million. Unreimbursed Medicare expenses were \$52.5 million.

The Hospitals' contributed \$500,000 toward the operating costs of the Friend Family Health Center in FY05. The Friend Family Health Center is a federally qualified health care center dedicated to providing primary care in the communities of Kenwood, Woodlawn, Hyde Park, and Englewood, primarily to low income individuals.

UCH also provides care to the community through a number of free and reduced price programs. These include:

- The Emergency Department, which is responsible for the education and medical supervision of over 400 paramedics in the Chicago Emergency Medical System. This department receives no reimbursement for such training. In addition, the UCH Emergency Department is responsible for the medical direction of all ambulances in the south region of the City of Chicago, the largest region in the city, for which it receives no reimbursement.
- The Hospitals' Regional Perinatal Network, which provides 11 area hospitals from the Loop in Chicago to the far south in the central Illinois city of Kankakee with consultation and transport services. The network is committed to reducing high fetal and infant mortality rates throughout the urban, suburban and rural communities, covering nearly 4,800 square miles.
- A burn unit, which loses a significant amount of money each year, but is continued in an effort to serve the needs of our community.
- An office of Community Affairs was created in 2002 to spearhead and develop new ways to engage with the surrounding community. The office put forth a five-year strategic plan that seeks interaction and partnership with residents at all levels including health education and outreach, employee tutoring and service opportunities, school touring of the Hospitals, and community-based participatory research.
- A Business Diversity Initiative that was also established in 2002. This program seeks to bring diverse businesses to all operations and capital projects for the Hospitals.

Partnerships with women and minority-owned businesses include construction, human resource consulting, and marketing. In FY05, over 29% of all construction spending (\$10.4 million) was directed to minority and women-owned firms.

- The University of Chicago Corner Children's Hospital Mobile Medical Van, which provides primary care to students at area schools since 2003. Through the van service, UCH provides health care at public and private schools on the Southside of Chicago in areas where children normally do not have ready access to primary care. Services provided include immunizations, well-child care, sick childcare, and chronic disease management including asthma. Over 1,300 patient visits occurred in FY05.
- The Health Communities Access Program (HCAP) initiative at the University of Chicago Hospitals. Initiated in 2004, HCAP links community residents who rely on the ER for primary care to local community-based health clinics where they not only access primary care but also a comprehensive scope of additional services such as mental health, pharmacy, and dentistry. Additionally, these clinics and UCH have created the Southside Health Consortium that is committed to establishing a stronger safety net for the uninsured and the underinsured on the Southside of Chicago. In FY05, at least 16 community-based health centers participated in the HCAP program. 3,242 patients were educated about the consortium, and 861 patients were linked to a primary care health center.
- A renewed focus on recruiting more volunteers from the community and a new initiative to link UCH employees to community-based volunteer opportunities. In FY05, 474 volunteers provided 39,000 hours of service to the University of Chicago Hospitals.
- The Community Fitness Program. This is a free program open to all ages that offers an interesting and educational quarter mile path walk inside one of the world's most famous museums, The Museum of Science and Industry, provides nutritional classes, and classes offering low-impact aerobics. To date, over 125 community residents participate weekly. The purpose of the program is to prevent health related issues in the community such as hypertension and diabetes by encouraging good fitness habits and integrating a regular exercise program.
- Safe Kids campaign, beginning in 1991, convenes and provides leadership for a citywide coalition that seeks to prevent childhood injury through education, safety demonstrations, and other advocacy efforts. The Coalition seeks to raise overall community awareness about injury occurrence and injury prevention, serves as a community-based resource for other organizations seeking to become involved in preventing childhood injury, and strives to affect and improve public policy regarding child safety.
- The Injury Free Coalition for Kids. This is a national program that helps create community-based coalitions that identify hotspots where unintentional injuries occur and work on solutions to prevent them. With a focus on two neighborhoods south of the Hospitals, the coalition has worked together to build a playground and is now looking at ways to prevent burns among children.
- The Pediatric Immunization Program (PIP), which had its inception in 1993. Originally constructed as an outreach program in the Robert Taylor Homes (subsidized housing), PIP sought to educate at-risk families about the need for immunizing their children and accessing well-child primary care on a regular basis. The program is based in the Department of Pediatrics at the University of Chicago Children's Hospital with firm networking ties to the City of Chicago Public Health Department, the Chicago

Department of Housing, the Center for Disease Control and Prevention in Atlanta, and many other community agencies.

- The University of Chicago Asthma Center, established in 1998. This initiative has provided health education and outreach in the surrounding Southside community in public housing projects, schools, health clinics and churches. They also focus on inpatient asthma education to ensure that patients who are discharged thoroughly understand asthma management and how to prevent a subsequent hospital admission. Currently, the Center also provides smoking cessation classes in partnership with the American Lung Association.
- Seminars in the surrounding community discussing how to prepare for adolescence in girls and how to understand risks for cervical cancer. A team of clinicians from the Hospitals' Department of Obstetrics and Gynecology conducts seminars in churches and schools reaching over 500 mothers and their daughters.
- The Hospitals' Office of Community Affairs sponsors significant public and health related events. We have offered screenings, expertise, and health education throughout the year on the south side of Chicago.
- The University of Chicago Hospitals sponsors: (1) health education classes on prenatal/family planning, teen pregnancy/parenting, cardiopulmonary resuscitation (CPR), Lamaze childbirth, basic baby care, and sexually transmitted diseases at no charge or at a reduced charge both within and outside the medical center; (2) diabetic breakfast/nutrition/perinatal education program for high risk Obstetrics (*OB*)/Gynecology patients once a week; OB self-care class once a week; car safety class once a month; labor preparation class once a month; breast feeding class once a month; birth control options class one a month, all offered at no charge to Medicaid patients; (3) support groups for: Families of High-Risk Newborns; Liver Transplant patients and families; Cancer Survivors and families of HIV/AIDS children; and (4) more than 30 free lectures a year to the general public on a variety of health issues, including diabetes, arthritis, various types of cancers, geriatric medicine, and Alzheimer's disease. The lectures are offered at a variety of times and locations. It is estimated that more than 2,000 persons attend these free seminars each year.

FORM 990, PART IV - RECEIVABLES DUE FROM OFFICERS, ETC.
=====

BORROWER: DARLENE LEWIS, VICE PRESIDENT AND CHIEF HUMAN RESOURCES OFFICER
ORIGINAL AMOUNT: 403,500.
INTEREST RATE: 2.010000
DATE OF NOTE: 09/06/2002
MATURITY DATE: 09/30/2005
REPAYMENT TERMS: MONTHLY PMTS OF PRINCIPAL & INTEREST OF \$2,600
SECURITY PROVIDED: DEED OF TRUST ON CONDOMINIUM
PURPOSE OF LOAN: CONDOMINIUM MORTGAGE
DESCRIPTION AND FMV CASH
OF CONSIDERATION:

BEGINNING BALANCE DUE	362,407.
ENDING BALANCE DUE	338,269.

TOTAL ENDING RECEIVABLES DUE FROM OFFICERS, ETC.	338,269.
--	----------

=====

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION	ENDING BOOK VALUE
BOARD DESIGNATED INVESTMENTS FOR RENEWAL, ENDOWMENT, AND ACADEMIC RENEWAL	318,170,100.
BOARD DESIGNATED ENDOWMENT IN TOTAL RETURN INVESTMENT POOL	150,017,430.
RESTRICTED AND OTHER	5,926,696.
SELF-INSURANCE FUND	9,775,764.
MUTUAL FUNDS	4,257,333.
TOTALS	488,147,323.

Investments

Investments in equity and debt securities are measured at fair value primarily based on quoted market prices. Investments in private equity limited partnerships are carried at cost. The fair value of an investment carried on a cost basis is not estimated if there are no identified events or changes in circumstances that may have a significant adverse effect on the fair value of the investment and it is not practicable to estimate that fair value. As there were no such events or changes, investments in private equity were not evaluated for impairment at June 30, 2005 or June 30, 2004. Investment income or loss (including realized gains and losses on investments, impairment losses, interest and dividends) is included in the excess of revenues over expenses unless the income or loss is restricted by donor or law. The change in net unrealized gains and losses on investments is excluded from the excess of revenues over expenses.

Investments Limited as to Use

Investments limited as to use primarily include assets held by trustees under debt and other agreements and designated assets set aside by the Board of Trustees for future capital improvements and other specific purposes, over which the Board retains control and may at their discretion subsequently use for other purposes.

FORM 990, PART IV - OTHER ASSETS
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
CSV INSURANCE	3,443,854.
BOND ISSUE COSTS	6,949,912.
OTHER RECEIVABLES	2,638,572.
SECURITY DEPOSITS	8,501.

TOTALS	13,040,839. =====

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES**Long-Term Debt**

Long-term debt as of June 30, 2005 . consists of the following:

	2005
Illinois Health Facilities Authority Bonds	
Revenue bonds, Series 2003 Serial Bonds, 4.0% to 5.0%, maturing from August 15, 2004 to August 15, 2014	\$ 60,740
Revenue bonds, Series 2001 Serial Bonds, 5.05%, maturing from August 15, 2005 to August 15, 2023	36,725
Revenue bond, Series 2001 Term Bond, 5.0%, maturing August 15, 2031	28,100
Revenue bond, Series 2001 Term Bond, 5.1%, maturing August 15, 2036	24,065
Variable Rate Demand Revenue Bonds, Series 1998, 2.3%, maturing through August 1, 2026	114,000
Adjustable Rate Revenue Bonds, Series 1994C, 2.2% at June 30, 2005, maturing through August 15, 2026	55,400
Illinois Educational Facilities Authority Bonds	
Commercial Paper Revenue Note, Series 1998 (pooled financing program), 2.5% at June 30, 2005, maturing November 1, 2028	27,866
Less unamortized (discount) premium	3,155
Total obligations	350,051

The carrying value of long-term debt does not differ materially from its estimated fair value as of June 30, 2005 and 2004, based on the quoted market prices for the same or similar issues.

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

Scheduled annual repayments for fiscal years 2006 through 2010 are as follows:

	2006	2007	2008	2009	2010	Thereafter
Revenue Bonds, Series 2003	\$ 4,900	\$ 5,325	\$ 5,135	\$ 5,845	\$ 5,615	\$ 33,920
Revenue Bonds, Series 2001	1,120	1,165	2,000	2,000	1,400	81,205
Revenue Bonds, Series 1998	1,100	900	1,400	1,000	1,600	108,000
Revenue Bonds, Series 1994C	-	-	-	-	-	55,400
Pooled Financing 1998	-	-	-	-	-	27,866
	<u>\$ 7,120</u>	<u>\$ 7,390</u>	<u>\$ 8,535</u>	<u>\$ 8,845</u>	<u>\$ 8,615</u>	<u>\$ 306,391</u>

In August 2003, the Illinois Health Facilities Authority ("IHFA") issued \$65,290 of fixed rate Revenue Refunding Bonds, Series 2003 on behalf of UCHHS in order to redeem Revenue Refunding Bonds, Series 1993A, 1993B-1, and 1993B-2. The Series 2003 is due between August 15, 2004 and August 15, 2014 and bear interest rates between 4% and 6%. The Series 2003, \$65,290 maturing through August 15, 2014, are subject to redemption after August 15, 2013.

In September 2001 the IHFA issued \$36,725 of Revenue Bonds Series 2001 (Serial Bond) and \$28,100 of Revenue Bonds Series 2001 (Term Bond 2031) and \$24,065 of Revenue Bonds Series 2001 (Term Bond 2036), (collectively, the "Series 2001 Bonds") on behalf of UCH for the construction and equipping of the new University of Chicago Comer Children's Hospital. The Series 2001 Serial Bonds, \$36,725 due August 15, 2023, and the Series 2001 Term Bond, \$28,100 due August 15, 2031, are subject to redemption after August 15, 2011. The Series 2001 Term Bond, \$24,065 due August 15, 2036, is subject to redemption after August 15, 2008.

In August 1998, the Illinois Health Facilities Authority ("IHFA") issued \$119,500 of Variable Rate Demand Revenue Bonds, Series 1998 (the "Series 1998 Bonds") on behalf of UCH to advance refund the Series 1994A and 1994B revenue notes. The variable rate of interest on the Series 1998 Bonds may be changed or converted to a fixed interest rate at any time subject to certain requirements set forth in the Bond Indenture. The Series 1998 Bonds may be redeemed at certain times prior to their maturity and at certain premiums, depending on the mode of interest that is in effect. In connection with the issuance of the Series 1998 Bonds, UCH had entered into an interest rate exchange agreement in which UCH paid a fixed rate of 4.5% and received a variable rate based upon the BMA index. The interest rate exchange agreement expired on September 1, 2004.

In June, 1994, IHFA issued \$55,400 of Adjustable Rate Revenue Bonds Series 1994C ("Series 1994C Bonds") (collectively the "Series 1994 Bonds") on behalf of UCH to redeem the outstanding adjustable rate Revenue Bonds, and to provide funding for the development of the Duchossois Center for Advanced Medicine (the "DCAM"). Interest on the Series 1994C Bonds is payable in one of seven variable modes of interest determination, as defined in the Series 1994 Bond Indenture ("Bond Indenture"). The variable modes of interest may be changed at any time at the discretion of UCH, subject to certain requirements set forth in the Bond Indenture. The Series 1994C Bonds may be subject to mandatory conversion to a fixed interest rate in certain circumstances, as defined in the Bond Indenture. The Series 1994C Bonds are subject to redemption under certain conditions as defined in the Bond Indenture. The Series 1994C Bonds may be redeemed with a descending premium beginning at 2%.

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

Each of the IHFA bond series is collateralized by accounts receivable and subject to certain restrictions. The Series 1994, Series 1998, Series 2001 and Series 2003 Bonds are guaranteed by a municipal bond insurance policy. The restrictions under the respective debt agreements include financial ratio requirements, the most restrictive of which is to maintain a minimum historical debt service coverage ratio of 1.1:1.

In November 1998 the Illinois Educational Facilities Authority issued \$27,866 of variable rate demand revenue bonds on behalf of UCH to finance a parking garage and additional clinic space in the DCAM. The bonds can be redeemed at any time without penalty. These bonds mature through November 2028. Payment on the bonds is collateralized by a letter of credit maturing November 2008. The letter of credit is subject to certain restrictions, which include financial ratio requirements and consent to future indebtedness.

Original issue discount related to the Series 2001 issue is \$1,080 and the original premium related to the Series 2003 issue is \$4,966, respectively. These amounts are amortized over the term of the bonds, and are included in interest expense in the accompanying statements of operations.

As of June 30, 2005 and 2004, the total principal amount of indebtedness considered to be legally extinguished and, therefore, excluded from notes and bonds payable was \$0 and \$105,400, respectively.

UCHHS paid interest of approximately \$11,800 and \$13,000 in 2005 and 2004, respectively.

UCHHS has a \$15,000 line of credit from a commercial bank. As of June 30, 2005 and 2004, no amount was outstanding.

FORM 990, PART IV - OTHER LIABILITIES
=====DESCRIPTION
-----ENDING
BOOK VALUE

DUE TO 3RD PARTY	44,451,678.
DUE TO UNIVERSITY OF CHICAGO	17,302,968.
SELF-INSURANCE LIABILITY	7,238,492.
CAPITAL LEASE OBLIGATION	5,776,257.
ACCRUED PENSION COST	4,688,898.
LT FUTURE SETTLEMENTS	58,081,000.
OTHER LONG TERM LIABILITIES	6,743,027.
MINIMUM PENSION LIABILITY	14,455,530.

TOTALS

158,737,850.
=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN
=====DESCRIPTION
-----AMOUNT

INVESTMENT MANAGEMENT FEES

-852,106.

TOTAL

-852,106.
=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS
=====

DESCRIPTION -----	AMOUNT -----
PARTNERSHIP GAIN	2,370.
SPECIAL EVENT EXPENSES	-94,180.
PERMANENTLY RESTRICTED CONTRIBUTIONS	6,400.
TEMPORARILY RESTRICTED CONTRIBUTIONS	1,354,503.

TOTAL	1,269,093.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN
=====DESCRIPTION
-----AMOUNT

SPECIAL EVENT EXPENSES

94,180.

TOTAL

94,180.
=====

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS
=====DESCRIPTION
-----AMOUNT

INVESTMENT MANAGEMENT FEES

852,106.

TOTAL

852,106.
=====

Form 990, PART V. COMPENSATION FOR OFFICERS, DIRECTORS & KEY EMPLOYEES

(A)	(B)	(C)	(D)	(E)
Name and Address	Title and Hours Worked/Week	Compensation	Contributions to Employee Benefit Plans	Expenses and Other Allowances
Ivy H. Bennett	Vice President and Chief Marketing Officer 40 HRS/WK	296,945	37,827	None
John A. Brandecker (Hired in CY2004)	Vice President and Director, Comer Children's Hospital 40 HRS/WK	99,709	17,634	None
Jeffrey A. Finesilver	Vice President and Director, Duchossois Center for Advanced Medicine 40 HRS/WK	335,097	46,535	None
Mayumi Fukui	Vice President, Managed Care 40 HRS/WK	307,589	44,499	None
Lawrence J. Furnstahl	Chief Financial Officer, Chief of Strategic Development, Treasurer 40 HRS/WK	835,750	88,313	None
D. Allan Gray	Vice President, Surgical Services 40 HRS/WK	357,325	51,054	None
Victoria L. Humphrey	Vice President, Materials Management 40 HRS/WK	309,951	46,113	None
Kenneth P. Kates	Executive Vice President and Chief Operating Officer 40 HRS/WK	650,137	95,661	None
Michael J. Koetting	Vice President, Planning, and Secretary of the Board 40 HRS/WK	291,391	39,600	None
Darlene Lewis	Vice President and Chief Human Resources Officer 40 HRS/WK	349,315	47,033	15,000
John P. Mordach	Vice President, Finance 40 HRS/WK	330,761	58,668	43,711
Michelle Obama (Appointed in CY2005)	Vice President, Community and External Affairs 40 HRS/WK	133,483	15,456	None
Jamie M. O'Malley	Vice President and Chief Nursing Officer 40 HRS/WK	361,414	52,492	None

Form 990, PART V. COMPENSATION FOR OFFICERS, DIRECTORS & KEY EMPLOYEES

(A)	(B)	(C)	(D)	(E)
Michael C. Riordan	President and Chief Executive Officer 40 HRS/WK	1,266,966	606,829	None
Michele M. Schiele	Vice President, Development 40 HRS/WK	See Stmt 19	See Stmt 19	See Stmt 19
Judy Schueler (Left Position in CY2004)	Executive Director and Chief Learning Officer, UCH Academy 40 HRS/WK	239,523	27,526	None
Susan S. Sher	Vice President, Legal and Governmental Affairs and General Counsel 40 HRS/WK	512,873	67,436	None
Mark A. Urquhart	Vice President, Support Services 40 HRS/WK	297,994	46,605	43,711
Eric B. Yablonka	Vice President and Chief Information Officer 40 HRS/WK	362,319	58,614	None
Totals		<u>7,338,542</u>	<u>1,447,895</u>	<u>102,422</u>

All officers may be contacted c/o University of Chicago Hospitals, 5841 South Maryland Avenue, Chicago, IL 60637 .

Amounts of compensation and contributions to employee benefit plans are reported for the calendar year 2004, which ended during the fiscal year July 1, 2004 through June 30, 2005. This method of reporting is in accordance with Treas. Reg. § 1.6033-2(a)(2)(ii)(h).

Amounts reported in column (E) for Expenses and Other Allowances include UCH's payment of advanced degree tuition.

Form 990, PART V, NON COMPENSATED TRUSTEES

Board of Trustees

Ms. Paula Wolff	Mr. Jafar M. Al-Sadir, M.D. (ex officio)
Mr. Paul F. Anderson	Ms. Anne L. Arvia
Mr. Robert H. Bergman	Mr. Edward McC. Blair, Jr.
Mrs. Ellen Block	Mr. Norman R. Bobins
Mr. Otis W. Brawley, M.D.	Ms. Debrorah A. Bricker
Mr. Kevin J. Brown	Mr. John Bucksbaum
Mr. Frank M. Clark	Mr. James S. Crown (ex officio)
Mr. Craig J. Duchossois	Mr. Allison S. Davis
Mr. Stanford J. Goldblatt	Mr. James S. Frank
Mr. Terence M. Graunke	Mr. Rodney L. Goldstein
Mr. William J. Hunckler III	Ms. Linda H. Heagy
Ms. Valerie B. Jarrett	Mr. Jeffery D. Jacobs
Mr. Kenneth Lehman	Mr. John R. Lumpkin, M.D., M.P.H
Mr. Barry L. MacLean	Mr. James L. Madara, M.D. (ex officio)
Dr. Dane A. Miller	Mr. Ralph G. Moore
Mr. Christopher J. Murphy III	Mr. Timothy K. Ozark
Mr. Lance Piccolo	Mr. Nicholas K. Pontikes
Mr. Quintin E. Primo III	Mr. Don M. Randel (ex officio)
Mr. James Reynolds, Jr.	Mr. Thomas A. Reynolds III
Mr. Michael C. Riordan (ex-officio)	Mr. Michael Rosenberg
Mr. Andrew M. Rosenfield	Mr. Richard P. Saller
Mr. Jeffrey T. Sheffield	Mr. Michael Tang
Ms. Christina M. Tchen	Mr. Terry L. Van Der Aa
Mr. Kelly R. Welsh	Mr. Jorge A. Solis
Mr. James C. Tyree	

Life Trustees

Mr. Marshall Bennett	Mrs. Lindy Bergman
Mr. Sidney Epstein	Mr. Robert T. Feitler
Mr. Jules F. Knapp	Mr. John D. Mabie
Mr. James T. Rhind	Mrs. Marjorie I. Mitchell
Mr. Robert G. Weiss	Mr. Robert G. Schloerb
Mr. Howard G. Krane	

All trustees may be contacted c/o University of Chicago Hospitals, 5841 South Maryland Avenue, Chicago, IL 60637

With the exception of Mr. Michael C. Riordan, none of the trustees received compensation or benefits from the University of Chicago Hospitals.

The Board of Trustees meets 4 times per year. Most trustees also are members of one or more committees which meet between 3 and 8 times per year.

FORM 990, PART V - COMPENSATION PROVIDED BY RELATED ORGANIZATION

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NAME AND ADDRESS -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
UNIVERSITY OF CHICAGO 36-2177139			
DON M. RANDEL 5841 S. MARYLAND AVENUE CHICAGO, IL 60637	443,807.	186,440.	2,500.
JAFAR M. AL-SADIR, M.D. 5841 S. MARYLAND AVENUE CHICAGO, IL 60637	230,183.	39,757.	NONE
JAMES L. MADARA 5841 S. MARYLAND AVENUE CHICAGO, IL 60637	1,049,888.	261,753.	NONE
RICHARD SALLER 5841 S. MARYLAND AVENUE CHICAGO, IL 60637	346,813.	53,113.	25,605.
MICHELE SCHIELE 5841 S. MARYLAND AVENUE CHICAGO, IL 60637	228,711.	49,375.	NONE
GRAND TOTALS	2,299,402.	590,438.	28,105.

FORM 990, PART VII - PROGRAM SERVICE REVENUE

DESCRIPTION -----	BUSINESS CODE ----	AMOUNT -----	EXCLUSION CODE ----	AMOUNT -----	RELATED OR EXEMPT FUNCTION INCOME -----
NET PATIENT REVENUE					467,131,562.
CAPITATION REVENUE					12,821,535.
RESTRICTED INCOME FOR OPERATING PURPOSES					1,984,400.
PHARMACY					3,674,200.
LAB SERVICES	621500	1,328,357.			882,170.
MEDICAL CENTER PARKING			03	5,018,509.	
CAFETERIA			03	5,018,395.	
OTHER OPERATING GAINS/LOSSES	525990	30,041.			1,654,456.
TOTALS		----- 1,358,398. =====		----- 10,036,904. =====	----- 488,148,323. =====

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES
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LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
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93 & 101	PROVIDING NEEDED EMERGENCY MEDICAL SERVICES TO ANY MEMBER OF THE COMMUNITY REGARDLESS OF THE INDIVIDUAL'S ABILITY TO PAY, AND PROVIDING NEEDED ACUTE MEDICAL SERVICES INCLUDING INPATIENT ROUTINE, INPATIENT ANCILLARY AND OUTPATIENT CARE, AS WELL AS PROVIDING LAB SERVICES TO MANY MEMBERS OF THE COMMUNITY WHO ARE UNABLE TO PAY THE FULL COST OF SUCH CARE, IN SUPPORT OF OUR MISSION TO PROVIDE HIGH QUALITY COST EFFECTIVE ACUTE CARE TO OUR COMMUNITY.
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SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

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DANE MILLER, PRESIDENT OF BIOMET, INC., IS A MEMBER OF THE BOARD OF TRUSTEES OF THE UNIVERSITY OF CHICAGO HOSPITALS. BIOMET, INC., IS IN THE BUSINESS OF MANUFACTURING AND SELLING MEDICAL IMPLANTS. THE HOSPITAL PURCHASED MEDICAL IMPLANTS FROM BIOMET, INC. ALL TRANSACTIONS BETWEEN BIOMET, INC., AND THE UNIVERSITY OF CHICAGO HOSPITALS WERE CONDUCTED IN THE ORDINARY COURSE OF BUSINESS BY DISINTERESTED PARTIES, AND WERE AT ARM'S LENGTH AND AT FAIR MARKET VALUE.

SEVERAL OF THE BOARD OF TRUSTEES OF THE UNIVERSITY OF CHICAGO ARE EMPLOYEES/OWNERS OF COMPANIES THAT PROVIDE PROFESSIONAL SERVICES TO THE UNIVERSITY OF CHICAGO HOSPITALS. FROM TIME TO TIME THE UNIVERSITY OF CHICAGO HOSPITALS MAY USE THESE ORGANIZATIONS. ALL TRANSACTIONS BETWEEN THE RESPECTIVE ORGANIZATIONS AND THE UNIVERSITY OF CHICAGO HOSPITALS WERE CONDUCTED IN THE ORDINARY COURSE OF BUSINESS BY DISINTERESTED PARTIES, AND WERE AT ARM'S LENGTH AND AT FAIR MARKET VALUE.

SCHEDULE A, PART VI-B - PAID STAFF OR MANAGEMENT
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THE UNIVERSITY OF CHICAGO HOSPITALS (UCH) EMPLOYS THE SERVICES OF CONTRACTUAL, REGISTERED LOBBYISTS AND SOME PORTION OF FULL-TIME UCH PERSONNEL FOR THE PURPOSE OF EDUCATING LOCAL, STATE AND FEDERAL ELECTED OFFICIALS AND APPOINTED POLICY MAKERS ABOUT THE DELIVERY OF HEALTH CARE SERVICES IN AN ACADEMIC MEDICAL RESEARCH ENVIRONMENT. ADVOCACY EFFORTS CONDUCTED BY CONTRACTUAL LOBBYISTS AND UCH STAFF ARE RELATED TO SECURING SUFFICIENT RESOURCES TO REALIZE THE HOSPITALS' PROGRAMMATIC, CLINICAL, RESEARCH, FUTURE CONSTRUCTION AND RENOVATION OBJECTIVES. LOBBYING ACTIVITIES ARE CONDUCTED IN ACCORDANCE WITH APPLICABLE LOCAL, STATE AND FEDERAL LAWS GOVERNING LOBBYING ACTIVITIES. CERTAIN FEDERAL-RELATED MATTERS WERE CONDUCTED THROUGH UCH'S MEMBERSHIP AND PARTICIPATION IN ITS NATIONAL TRADE ASSOCIATIONS, THE AMERICAN ASSOCIATION OF MEDICAL COLLEGES (AAMC) AND THE AMERICAN HOSPITAL ASSOCIATION (AHA). OTHER FEDERAL LOBBYING EFFORTS WERE CONDUCTED BY UCH PERSONNEL AND A CONTRACTUAL LOBBYIST.