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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
RUSH UNIVERSITY MEDICAL CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1700 WEST VAN BUREN STREET

City or town, state or country, and ZIP + 4
CHICAGO, IL 60612

D Employer identification number
36-2174823

E Telephone number
(312) 942-8054

G Gross receipts $ 2,042,755,032

F Name and address of Principal Officer
RICHARD CASEY
1700 W VAN BUREN ST STE 265
CHICAGO, IL 60612

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

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

H(c) Group Exemption Number ▶

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

J Web site: ▶ www rush edu

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1863

M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
See Schedule O

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	91
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	68
5	Total number of employees (Part V, line 2a)	5	9,700
6	Total number of volunteers (estimate if necessary)	6	710
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	718,947
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-68,766

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	110,182,641	90,256,517
9	Program service revenue (Part VIII, line 2g)	1,084,973,318	1,206,292,931
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	47,886,425	-17,444,142
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,275,353	10,507,452
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,245,317,737	1,289,612,758
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	394,500	9,155,595
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	621,023,368	672,300,815
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 5,996,653)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	500,791,936	552,459,445
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	1,122,209,804	1,233,915,855
19	Revenue less expenses Subtract line 18 from line 12	123,107,933	55,696,903

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	2,001,664,452	2,131,617,007
21	Total liabilities (Part X, line 26)	983,990,983	1,192,992,739
22	Net assets or fund balances Subtract line 21 from line 20	1,017,673,469	938,624,268

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

Please Sign Here

Signature of officer — Date: 2010-05-12

CATHERINE A JACOBSON SVP & CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4
DELOITTE TAX LLP
111 S WACKER
CHICAGO, IL 606064301

EIN ▶

Phone no ▶ (312) 486-1000

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

Rush's mission is to provide the very best care for our patients Our education & research endeavors, community service programs & relationships with other hospitals are dedicated to enhancing excellence in patient care for the diverse communities of the Chicago area, now & in the future

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 $ 849,003,217 including grants of $) (Revenue $ 1,048,473,970)

PATIENT CARE-Rush University Medical Center (Rush) is an academic medical center that brings together excellence in clinical care & research to address major health problems Patient care was provided to over 35,000 inpatients & at over 498,000 outpatient visits Rush offers various financial assistance programs to over 16,000 patients In the 2009 U S News & World Report America's Best Hospitals issue, Rush programs ranked in 9 of 16 categories For the past four years, the University Health System Consortium (UHC) ranked Rush among the top five centers in the nation in quality & safety Rush received Nursing Magnet status in 2002 & was recertified in 2006

4b (Code) (Expenses $ 43,179,201 including grants of $ 9,015,670) (Revenue $ 42,107,851)

EDUCATION-Rush University prepares the health care professionals of the future to provide the highest quality health care by using a unique & multidisciplinary practitioner-teacher model for health sciences education & research, while reflecting the diversity of our communities in its programs, faculty, students & services Rush has over 70 Graduate Medical Education (GME) programs & over 1,500 students Each of the four colleges - Rush Medical College, the College of Nursing, the College of Health Sciences & the Graduate College - supports the research & patient care endeavors of the Medical Center

4c (Code) (Expenses $ 115,455,789 including grants of $) (Revenue $ 97,825,505)

RESEARCH-As an academic medical center, Rush is committed to advancing medical knowledge through research Investigators at Rush are involved in more than 1,600 projects, including clinical studies to test the effectiveness & safety of new therapies & medical devices, as well as to expand scientific & medical knowledge Our research endeavors are dedicated to providing the very best care for our patients & enhancing excellence in patient care for the diverse communities of the Chicago area now & in the future

4d Other program services (Describe in Schedule O)

(Expenses $ 51,655,166 including grants of $ 139,925) (Revenue $ 17,885,605)

4e Total program service expenses $ 1,059,293,373 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	1,227		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	10		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	9,700		
b	If at least one is reported in 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 this return.*			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country CJ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	*Organizations that may receive deductible contributions under section 170(c).*					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	Yes	
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		No
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*					
a	Did the organization make any taxable distributions under section 4966?			9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		No
10	*Section 501(c)(7) organizations.* Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?			12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 91		
b	Enter the number of voting members that are independent . .	1b 68		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

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

☐ own website ☑ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

RICHARD CASEY
1700 W VAN BUREN STREET SUITE 153
CHICAGO, IL 000060439
(312) 942-8054

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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 Total ▶								17,482,837	0	3,360,597

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 744

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
POWERJACOBS 259 E ERIE ST CHICAGO, IL 60611	PROJECT MANAGEMENT	9,432,656
STRANDT PANN MARGOLIS 15 W HARRIS AVE LAGRANGE, IL 60525	MARKETING	3,882,661
AESCULAP INSTRUMENTS PO BOX 512451 PHILADELPHIA, PA 17175	EQUIP STERILIZATION	3,200,004
CROTHALL HEALTHCARE 955 CHESTERBROOK BLVD WAYNE, PA 19087	CLEANING & MAINT	2,625,809
ANDERSON RASOR PARTNERS 55 E MONROE STREET CHICAGO, IL 60603	LEGAL SERVICES	2,225,713

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 90

Part VIII **Statement of Revenue**

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,578,425			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	47,055,999			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	41,622,093			
	g	Noncash contributions included in lines 1a-1f $ 5,877,950					
	h	**Total (Add lines 1a-1f)**		90,256,517			
Program Service Revenue			Business Code				
	2a	HOSPITAL SERVICES	900,099	485,875,518	485,875,518		
	b	PHYSICIAN PRACTICES	900,099	177,231,547	177,231,547		
	c	RUSH UNIVERSITY TUITION	900,099	42,107,851	42,107,851		
	d	RESEARCH	900,099	97,825,505	97,825,505		
	e	MEDICARE/MEDICAID PAYMENTS	900,099	385,366,905	385,366,905		
	f	All other program service revenue		17,885,605	17,885,605		
	g	**Total. Add lines 2a-2f** ▶ $ 1,206,292,931					
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		16,693,361			16,693,361
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	11,184,549				
	b	Less rental expenses	13,276,744				
	c	Rental income or (loss)	-2,092,195				
	d	Net rental income or (loss)		-2,092,195		-50,545	-2,041,650
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	686,785,336	369,452			
	b	Less cost or other basis and sales expenses	720,666,450	625,841			
	c	Gain or (loss)	-33,881,114	-256,389			
	d	Net gain or (loss)		-34,137,503			-34,137,503
	8a	Gross income from fundraising events (not including $ 1,307,058 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000*	a	1,578,425			
	b	Less direct expenses	b	866,236			
	c	Net income or (loss) from fundraising events		440,822			440,822
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000*	a	20,590			
	b	Less direct expenses	b	42,422			
	c	Net income or (loss) from gaming activities		-21,832			-21,832
	10a	Gross sales of inventory, less returns and allowances	a	29,075,746			
	b	Less cost of goods sold	b	17,664,581			
	c	Net income or (loss) from sales of inventory		11,411,165			11,411,165
		Miscellaneous Revenue	Business Code				
	11a	REFERENCE LABS	621,500	116,030		116,030	
	b	PRINT SHOP	323,100	435,673		435,673	
	c	INVESTMENT PARTNERSHIPS	900,003	217,789		217,789	
	d	All other revenue					
	e	**Total. Add lines 11a-11d** $ 769,492					
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		1,289,612,758	1,206,292,931	718,947	-7,655,637

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	139,925	139,925		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	9,015,670	9,015,670		
3 Grants and other assistance to governments, organizations and individuals outside the U S 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	20,843,434	5,672,052	14,441,876	729,506
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	531,448,884	484,636,664		3,323,821
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,252,646	25,252,646		
9 Other employee benefits	59,732,439	44,760,250	14,168,864	803,325
10 Payroll taxes	35,023,412	35,023,412		
11 Fees for services (non-employees)				
a Management	0			
b Legal	3,181,543	307,276	2,874,267	
c Accounting	615,112	12,990	602,122	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	4,979,655	322,471	4,657,184	
13 Office expenses	10,010,733	6,967,589	2,697,638	345,506
14 Information technology	9,427,521	2,560,339	6,857,704	9,478
15 Royalties	0			
16 Occupancy	27,088,828	16,372,868	10,348,245	367,715
17 Travel	3,301,282	3,149,895	60,702	90,685
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	1,385,738	982,170	195,519	208,049
20 Interest	11,208,204	2,875,280	8,332,924	
21 Payments to affiliates	5,494,642	5,494,642		
22 Depreciation, depletion, and amortization	61,388,093	30,031,020	31,357,073	
23 Insurance	16,490,750	14,810,779	1,679,971	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BAD DEBT EXPENSE	44,025,614	40,715,629	3,309,985	
b MINOR EQUIPMENT PURCHASE	10,698,094	7,423,908	3,246,093	28,093
c DUES, TAXES, LICENSES	36,032,629	35,157,789	840,555	34,285
d COMMISSIONS & FEES	35,340,607	23,089,020	12,251,587	
e SUPPLIES	190,439,726	188,493,197	1,942,110	4,419
f All other expenses	81,350,674	76,025,892	5,273,011	51,771
25 **Total functional expenses.** Add lines 1 through 24f	1,233,915,855	1,059,293,373	168,625,829	5,996,653
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		111,918,280	1	159,549,440
	2	Savings and temporary cash investments		35,985,133	2	95,844,344
	3	Pledges and grants receivable, net		55,386,008	3	53,726,098
	4	Accounts receivable, net		180,177,240	4	193,081,018
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		16,083,417	8	15,384,863
	9	Prepaid expenses and deferred charges		13,234,078	9	16,006,936
	10a	Land, buildings, and equipment cost basis	10a 1,512,978,926			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 694,504,984	608,456,472	10c	818,473,942
	11	Investments—publicly traded securities		811,842,677	11	314,350,719
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		151,327,000	12	446,379,306
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	3,877,836
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		17,254,147	15	14,942,505
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		2,001,664,452	16	2,131,617,007
Liabilities	17	Accounts payable and accrued expenses		279,914,432	17	347,538,623
	18	Grants payable		23,577,993	18	23,618,939
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		214,978,867	20	363,962,153
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	375,083,058
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		465,519,691	25	82,789,966
	26	**Total liabilities.** *Add lines 17 through 25*		983,990,983	26	1,192,992,739
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		521,953,888	27	454,980,682
	28	Temporarily restricted net assets		287,514,663	28	278,559,594
	29	Permanently restricted net assets		208,204,918	29	205,083,992
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,017,673,469	33	938,624,268
	34	Total liabilities and net assets/fund balances		2,001,664,452	34	2,131,617,007

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 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 IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** 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 **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 36-2174823
Name: RUSH UNIVERSITY MEDICAL CENTER

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
HALL ADAMS JR , TRUSTEE	1 0	X						0	0	0
CONNIE BUSSE ASHLINE , TRUSTEE	1 0	X						0	0	0
ROBERT A BALK MD , TRUSTEE & DIVSION CHIEF, PULMO	40 0	X						275,762	0	43,511
JOHN M BOLER , TRUSTEE	1 0	X						0	0	0
SUSAN R BOTTUM , TRUSTEE	1 0	X						0	0	0
JOHN L BRENNEN , TRUSTEE	1 0	X						0	0	0
MARCA L BRISTO , TRUSTEE	1 0	X						0	0	0
WILLIAM G BROWN , TRUSTEE	1 0	X						0	0	0
PETER CB BYNOE ESQ , TRUSTEE	1 0	X						0	0	0
PASTORA SAN JUAN CAFFERTY , TRUSTEE	1 0	X						0	0	0
WH CLARK , TRUSTEE	1 0	X						0	0	0
E DAVID COOLIDGE III , TRUSTEE	1 0	X						0	0	0
SUSAN CROWN , TRUSTEE	1 0	X						0	0	0
ROBERT J DARNALL , TRUSTEE	1 0	X						0	0	0
ROBERT M DAVIS , TRUSTEE	1 0	X						0	0	0
HOWARD M DEAN , TRUSTEE	1 0	X						0	0	0
ROBERT DECRESCE MD MBA MPH , TRUSTEE	40 0	X						49,326	0	22,431
JORGE O GALANTE MD DMSc , TRUSTEE	1 0	X						0	0	0
RONALD J GIDWITZ , TRUSTEE	1 0	X						0	0	0
SUE LING GIN , TRUSTEE	1 0	X						0	0	0
ROBERT HIXON GLORE , TRUSTEE	1 0	X						0	0	0
WILLIAM M GOODYEAR , TRUSTEE	1 0	X						0	0	0
CATHERINE B GROTELUESCHEN MD , TRUSTEE	1 0	X						0	0	0
SANDRA P GUTHMAN , TRUSTEE	1 0	X						0	0	0
WILLIAM J HAGENAH , TRUSTEE	1 0	X						0	0	0
JOAN M HALL , TRUSTEE	1 0	X						0	0	0
WILLIAM K HALL , TRUSTEE	1 0	X						0	0	0
CHRISTIE HEFNER , TRUSTEE	1 0	X						0	0	0
ROBERT L HEIDRICK , TRUSTEE	1 0	X						0	0	0
RONALD M HEM , TRUSTEE	1 0	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
MARCIE B HEMMELSTEIN , TRUSTEE	1 0	X						0	0	0
JAY L HENDERSON , TRUSTEE	1 0	X						0	0	0
MARVIN J HERB , TRUSTEE	1 0	X						0	0	0
JOHN W HIGGINS , TRUSTEE	1 0	X						0	0	0
JERALD W HOEKSTRA , TRUSTEE	1 0	X						0	0	0
RON HUBERMAN , TRUSTEE	1 0	X						0	0	0
ANTHONY D IVANKOVICH MD , TRUSTEE	20 0	X						60,612	0	7,750
RICHARD M JAFFEE , TRUSTEE	1 0	X						0	0	0
JOHN E JONES , TRUSTEE	1 0	X						0	0	0
SILAS KEEHN , TRUSTEE	1 0	X						0	0	0
JOHN P KELLER , TRUSTEE	1 0	X						0	0	0
KIP KIRKPATRICK , TRUSTEE	1 0	X						0	0	0
HERBERT B KNIGHT , TRUSTEE	1 0	X						0	0	0
FRED A KREHBIEL , TRUSTEE	1 0	X						0	0	0
BEVERLEY J KROLL , TRUSTEE	1 0	X						0	0	0
KAREN VAN DYKE LAMB DNP RN , TRUSTEE	40 0	X						87,041	0	12,971
SHELDON LAVIN , TRUSTEE	1 0	X						0	0	0
BISHOP JEFFREY D LEE , TRUSTEE	1 0	X						0	0	0
AYLWIN B LEWIS , TRUSTEE	1 0	X						0	0	0
DONALD G LUBIN ESQ , TRUSTEE	1 0	X						0	0	0
JOHN W MADIGAN , TRUSTEE	1 0	X						0	0	0
JOHN H MCEACHERN JR , TRUSTEE	1 0	X						0	0	0
ANDREW J MCKENNA JR , TRUSTEE	1 0	X						0	0	0
MARY S MEYER MSN APN , TRUSTEE	1 0	X						0	0	0
WAYNE L MOORE , TRUSTEE	1 0	X						0	0	0
ROBERT S MORRISON , TRUSTEE	1 0	X						0	0	0
RICHARD M MORROW , TRUSTEE	1 0	X						0	0	0
ABBY MCCORMICK O'NEIL , TRUSTEE	1 0	X						0	0	0
AURIE A PENNICK , TRUSTEE	1 0	X						0	0	0
SHEILA A PENROSE , TRUSTEE	1 0	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
PERRY R PERO , TRUSTEE	1 0	X						0	0	0
CONSUELO WILSON PIERREPONT , TRUSTEE	1 0	X						0	0	0
STEPHEN N POTTER , TRUSTEE	1 0	X						0	0	0
KAREN C REID , TRUSTEE	1 0	X						0	0	0
JOHN W ROGERS JR , TRUSTEE	1 0	X						0	0	0
SHELI Z ROSENBERG , TRUSTEE	1 0	X						0	0	0
JOHN J SABL , TRUSTEE	1 0	X						0	0	0
JOHN M SACHS DDS , TRUSTEE	1 0	X						0	0	0
JOHN F SANDNER , TRUSTEE	1 0	X						0	0	0
GLORIA SANTONA ESQ , TRUSTEE	1 0	X						0	0	0
THE HONORABLE ANNE O SCOTT , TRUSTEE	1 0	X						0	0	0
CAROLE BROWE SEGAL , TRUSTEE	1 0	X						0	0	0
RICHARD SHARFSTEIN , TRUSTEE	1 0	X						0	0	0
ALEJANDRO SILVA , TRUSTEE	1 0	X						0	0	0
MICHAEL SIMPSON , TRUSTEE	1 0	X						0	0	0
MARY HUDSON SMART , TRUSTEE	1 0	X						0	0	0
HAROLD BYRON SMITH JR , TRUSTEE	1 0	X						0	0	0
DAVID B SPEER , TRUSTEE	1 0	X						0	0	0
CARL W STERN , TRUSTEE	1 0	X						0	0	0
S JAY STEWART , TRUSTEE	1 0	X						0	0	0
RICHARD L THOMAS , TRUSTEE	1 0	X						0	0	0
CHARLES A TRIBBITT III , TRUSTEE	1 0	X						0	0	0
KAREN B WEINSTEIN MD , TRUSTEE	1 0	X						0	0	0
JOHN R WILLIS , TRUSTEE	1 0	X						0	0	0
THOMAS J WILSON , TRUSTEE	1 0	X						0	0	0
JOHN A WING , TRUSTEE	1 0	X						0	0	0
ROBERT A WISLOW , TRUSTEE	1 0	X						0	0	0
BARBARA JIL WU PHD , TRUSTEE	1 0	X						0	0	0
LARRY J GOODMAN MD , PRESIDENT & CEO	40 0	X		X				1,241,190	0	466,281
MARGARET FAUT-CALLAHAN PHD CRNA , TRUSTEE	33 0	X						135,379	0	17,269

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
JAMES W DEYOUNG , TRUSTEE	1 0	X						0	0	0
JOHN H DICK , TRUSTEE	1 0	X						0	0	0
THOMAS A DONAHOE , TRUSTEE	1 0	X						0	0	0
BRUCE W DUNCAN , TRUSTEE	1 0	X						0	0	0
CHRISTINE A EDWARDS , TRUSTEE	1 0	X						0	0	0
W JAMES FARRELL , TRUSTEE	1 0	X						0	0	0
WADE FETZER III , TRUSTEE	1 0	X						0	0	0
LARRY FIELD , TRUSTEE	1 0	X						0	0	0
MARSHALL FIELD , TRUSTEE	1 0	X						0	0	0
ROBERT F FINKE , TRUSTEE	1 0	X						0	0	0
CYRUS F FREIDHEIM JR , TRUSTEE	1 0	X						0	0	0
WILLIAM J FRIEND , TRUSTEE	1 0	X						0	0	0
DAVID A ANSELL MD , VP & CHEIF MEDICAL OFFICER	40 0			X				462,254	0	71,182
CHARLES E BEHL , VP REVENUE CYCLE	40 0			X				367,588	0	70,951
MAX D BROWN JD , VP LEGAL AFFAIRS & GENERAL COU	40 0			X				488,288	0	111,134
PETER W BUTLER , EXEC VP & COO	40 0			X				891,235	0	384,332
PAUL M CARVEY PHD , DEAN, THE GRADUATE COLLEGE	40 0			X				373,525	0	110,925
J ROBERT CLAPP JR , SVP HOSPITAL AFFAIRS	40 0			X				523,768	0	169,423
R ANTHONY DAVIS , VP FINANCE	40 0			X				315,216	0	50,768
THOMAS A DEUTSCH MD , SVP & DEAN, RUSH MEDICAL COLLE	40 0			X				643,942	0	280,785
REBECCA DOWLING PHD RD , VP HOSPITAL OPERATIONS	40 0			X				183,053	0	17,098
MELANIE C DREHER PHD RN , DEAN, COLLEGE OF NURSING	40 0			X				335,678	0	29,721
BRUCE M ELEGANT , VP HOSPITAL OPERATIONS	40 0			X				296,962	0	80,608
BRENT ESTES , VP MANAGED CARE PROGRAMS & SER	40 0			X				343,060	0	45,643
LOIS K HALSTEAD PHD RN , VICE PROVOST, RUSH UNIVERSITY	40 0			X				206,794	0	44,768
BRADLEY G HINRICHS , VP HOSPITAL OPERATIONS	40 0			X				297,399	0	29,802
CATHERINE A JACOBSON , SVP STRATEGIC PLANNING & FINAN	40 0			X				714,134	0	215,316
JOAN E KURTENBACH , VP STRATEGIC PLANNING & MARKET	40 0			X				79,847	0	9,753
JANE G LLEWELLYN PHD RN CNAA , VP CLINICAL NURSING SERVICES	40 0			X				316,294	0	62,325
SHERI L MARKER , VP HUMAN RESOURCES	40 0			X				277,142	0	58,605

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
DIANE M MCKEEVER , SVP PHILANTHROPY	40 0			X				314,632	0	87,279
AVERY S MILLER , SVP CORP & EXTERNAL AFFAIRS	40 0			X				677,910	0	298,508
JAMES L MULSHINE MD , VP RESEARCH	40 0			X				378,666	0	73,388
JAIME B PARENT , VP INFORMATION TECHNOLOGY	40 0			X				132,771	0	14,166
TERRY PETERSON , VP GOVERNMENT AFFAIRS	40 0			X				267,993	0	23,739
DAVID C SHELLEDY PHD , DEAN, COLLEGE OF HEALTH SCIENC	40 0			X				228,616	0	21,547
BRIAN T SMITH , VP MEDICAL AFFAIRS-CLINICAL PR	40 0			X				371,967	0	66,171
SCOTT E SONNENSCHEIN , VP HOSPITAL OPERATIONS	40 0			X				291,482	0	48,757
LAC VAN TRAN , SVP INFORMATION SERVICES	40 0			X				449,046	0	96,522
MICK P ZDEBLICK , VP CAMPUS TRANSFORMATION	40 0			X				422,577	0	74,892
CLARENCE BROWN MD , PHYSICIAN	40 0					X		1,350,942	0	21,528
VASSILLIOS DIMITROPOULOS MD , PHYSICIAN	40 0					X		1,042,276	0	20,286
JONATHAN SOMERS MD , PHYSICIAN	40 0					X		955,032	0	34,671
HAREL DEUTSCH MD , PHYSICIAN	40 0					X		859,002	0	38,629
LORENZO MUNOZ MD , PHYSICIAN	40 0					X		774,436	0	27,162

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a HOSPITAL SERVICES	900,099	485,875,518	485,875,518		
b PHYSICIAN PRACTICES	900,099	177,231,547	177,231,547		
c RUSH UNIVERSITY TUITION	900,099	42,107,851	42,107,851		
d RESEARCH	900,099	97,825,505	97,825,505		
e MEDICARE/MEDICAID PAYMENTS	900,099	385,366,905	385,366,905		

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SCHEDULE C
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
RUSH UNIVERSITY MEDICAL CENTER	36-2174823

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

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

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

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

Part I-C **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	$
2	Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities	$
3	Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

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

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,136,257
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			1,136,257
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

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

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e g , recreation or pleasure)
- ☐ Preservation of an historically importantly land area
- ☐ Protection of natural habitat
- ☐ Preservation of certified historic structure
- ☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $ 125,039

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

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

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

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

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

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain why in Part XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	409,483,996				
b Contributions	4,774,281				
c Investment earnings or losses	-51,517,159				
d Grants or scholarships					
e Other expenditures for facilities and programs	20,999,242				
f Administrative expenses	1,939,118				
g End of year balance	339,802,758				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 2 %
- b Permanent endowment ▶ 98 %
- c Term endowment ▶

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		17,020,213		17,020,213
b Buildings		1,136,170,161	488,657,879	647,512,282
c Leasehold improvements				
d Equipment		359,788,552	205,847,105	153,941,447
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				818,473,942

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other ENDOWMENT TRUST	339,802,758	
Other RESTRICTED BUILDING	26,085,345	
Other DEBT SERVICE AND PROJECT FUNDS	66,122,406	
Other OTHER RESTRICTED ASSETS	14,368,797	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	446,379,306	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
JOINT VENTURES	6,360,515
BOND ISSUE COSTS	7,353,512
PROF BUILDING DECORATING	642,946
DEPOSITS	585,532
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
SWAP VALUATION	12,191,423
PENSION LIABILITIES	28,879,183
IMD LOAN	2,307,083
JOINT VENTURE LIABILITIES	2,764,478
SECURITIES LENDING LIABILITY	33,983,230
MOB LIABILITY	2,664,569
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	82,789,966

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Collections of Art, Historical Treasures, or Other Similar Assets	SCHEDULE D, PART III, LINE 4	Collection or rare medical books maintained as a source of research for those interested in 15th through 17th century medical writings and techniques
FIN 48	Schedule D, Part X	Audited financial statements did not include a FIN 48 footnote
ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	The endowments are used to fund professorships (42%), research (13%), free care (9%), student financial aid (8%), education (8%), scholarships and fellowships (5%) and other programs (15%)

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

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

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

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America and the Caribbean	0	0	Program Services	Charitable health care	92,550
East Asia and the Pacific	0	0	Program Services	Charitable health care	22,674
Europe (Including Iceland and Greenland)	0	0	Program Services	Charitable health care	597,695
Middle East and North Africa	0	0	Program Services	Charitable health care	35,052
North America	0	0	Program Services	Charitable health care	97,636
Russia and the Newly Independent States	0	0	Program Services	Charitable health care	7,960
South America	0	0	Program Services	Charitable health care	15,498
South Asia	0	0	Program Services	Charitable health care	1,340
Sub-Saharan Africa	0	0	Program Services	Charitable health care	2,976
Totals . . . . . ▶	0	0			873,381

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 if additional space is needed.

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

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	ReturnReference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 36-2174823
Name: RUSH UNIVERSITY MEDICAL CENTER

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total			▶			

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Neuro-BHVRL (event type)	(b) Event #2 Fashion Show (event type)	(c) Other Events 6 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	1,193,537	915,731	776,215	2,885,483
	2 Less Charitable contributions	1,159,137	51,848	367,440	1,578,425
	3 Gross revenue (line 1 minus line 2)	34,400	863,883	408,775	1,307,058
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes			4,600	4,600
	6 Rent/Facility costs	47,081	57,648	9,076	113,805
	7 Other direct expenses	20,720	290,099	437,012	747,831
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				866,236
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				440,822

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue			20,590	20,590
Direct Expenses	2 Cash prizes			5,000	5,000
	3 Non-cash prizes			37,422	37,422
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ___ % ☐ No	☐ Yes ___ % ☐ No	☑ Yes 100 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				42,422
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				-21,832

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities IL			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	Yes	
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		No
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		No

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**	100 %	

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

Name ▶ Susan Barett

Address ▶ 1725 W Harrison Street Suite 545
Chicago, IL 60612

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

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶ Sarah Sliva

Gaming manager compensation ▶ $ _____

Description of services provided ▶ Recordkeeping and bank deposit

☐ Director/officer ☑ Employee ☐ Independent contractor

17 Mandatory distributions

a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		No

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

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2*)						
b Unreimbursed Medicaid (from *worksheet 3, column a*)						
c Unreimbursed costs—other means-tested government programs (from *worksheet 3, column b*)						
d **Total** Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, & Collection Practices *(Optional for 2008)*

Section A. Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Mecicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V **Facility Information** *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Rush University Medical Center 1653 W Congress Parkway Chicago,IL 60612	X	X	X	X	X	X	X		
Rush Oak Park Hospital 520 S Maple Oak Park,IL 60304	X	X					X		

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

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

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

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

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

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

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? . . . . . ☑ Yes ☐ No

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Access Living115 W Chicago Ave Chicago,IL 60610	36-3310774	501(c)(3)	13,000				
National Kidney Foundation of Illinois215 W Illinois 1C Chicago,IL 60610	36-6009226	501(c)(3)	8,500				
Snow City Arts Foundation 1653 W Congress Pkwy 763 Chicago,IL 60612	36-4240513	501(c)(3)	35,000				

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 3

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Scholarships to Rush University	1068	7,504,799			
Employee Tuition Program	2487	1,379,496			
We Care	67	80,375			
Housing Grant Program	9	40,500			
Other Employee Grants	7	10,500			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Part I, Line 2		Rush provides grants and assistance to organizations that are recognized public charities and to individuals primarily associated with the medical field Rush maintains contact with the grantees through the performance of its exempt purpose

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
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			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in 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," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

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

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Part I, Line 1a		Housing allowance or residence for personal use - Rush owns the Sessions House, which is used by the President & CEO for Rush business activities Occasionally there is incidental personal use, the value of which is included in compensation Health or social club dues or initiation fees - Membership is maintained for the Senior Vice President of Philanthropy & Chief Development Officer at the University Club, the President & CEO at the Chicago Club, and the Vice President of Government Affairs at the Executive Club All memberships are used for Rush fundraising and/or business activities
Schedule J Part I, line 4b		Rush offers a Supplemental Employee Retirement Plan to all employees who participate in the executive benefits program and whose compensation exceeds the IRS allowable limit for a qualified pension plan The amount accrued in 2008 was included in income in Schedule J for the following individuals NAME SERP David A Ansell, MD $ 49,775 00 Charles E Behl $ 39,838 00 Max D Brown, JD $ 85,143 00 Peter W Butler $ 247,250 00 Paul M Carvey, PhD $ 69,814 00 J Robert Clapp, Jr $ 72,088 00 R Anthony Davis $ 20,345 00 Thomas A Deutsch, MD $ 166,842 00 Rebecca Dowling, PhD,RD $ 812 00 Bruce M Elegant $ 40,211 00 Brent Estes $ 12,367 00 Larry J Goodman, MD $ 271,470 00 Lois K Halstead, PhD,RN $ 26,834 00 Bradley G Hinrichs $ 9,599 00 Catherine A Jacobson $ 97,544 00 Joan E Kurtenbach $ 4,441 00 Jane G Llewellyn, PhD,RN,CNAA $ 40,934 00 Sheri L Marker $ 31,186 00 Diane M McKeever $ 51,288 00 Avery S Miller $ 201,640 00 James L Mulshine, MD $ 35,709 00 Jaime B Parent $ 7,721 00 Terry Peterson $ 10,344 00 David C Shelledy, PhD $ 1,436 00 Brian T Smith $ 29,623 00 Scott E Sonnenschein $ 12,863 00 Lac Van Tran $ 69,597 00 Mick P Zdeblick $ 41,771 00

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 36-2174823
Name: RUSH UNIVERSITY MEDICAL CENTER

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ROBERT A BALK MD	(I)	275,762	0	0	20,700	22,811	319,273	
	(II)	0	0	0	0	0	0	
LARRY J GOODMAN MD	(I)	814,421	358,146	68,623	447,710	18,571	1,707,471	
	(II)	0	0	0	0	0	0	
DAVID A ANSELL MD	(I)	361,396	77,780	23,078	66,475	4,707	533,436	
	(II)	0	0	0	0	0	0	
CHARLES E BEHL	(I)	235,599	118,966	13,023	56,538	14,413	438,539	
	(II)	0	0	0	0	0	0	
MAX D BROWN JD	(I)	340,572	85,327	62,389	98,943	12,191	599,422	
	(II)	0	0	0	0	0	0	
PETER W BUTLER	(I)	649,083	196,883	45,269	364,221	20,111	1,275,567	
	(II)	0	0	0	0	0	0	
PAUL M CARVEY PHD	(I)	288,434	61,512	23,579	91,414	19,511	484,450	
	(II)	0	0	0	0	0	0	
J ROBERT CLAPP JR	(I)	399,681	109,349	14,738	148,452	20,971	693,191	
	(II)	0	0	0	0	0	0	
R ANTHONY DAVIS	(I)	240,836	60,227	14,153	39,495	11,273	365,984	
	(II)	0	0	0	0	0	0	
THOMAS A DEUTSCH MD	(I)	485,254	132,104	26,584	261,314	19,471	924,727	
	(II)	0	0	0	0	0	0	
REBECCA DOWLING PHD RD	(I)	135,743	36,272	11,038	11,317	5,781	200,151	
	(II)	0	0	0	0	0	0	
MELANIE C DREHER PHD RN	(I)	228,749	55,378	51,551	19,150	10,571	365,399	
	(II)	0	0	0	0	0	0	
BRUCE M ELEGANT	(I)	264,460	16,648	15,854	59,361	21,247	377,570	
	(II)	0	0	0	0	0	0	
BRENT ESTES	(I)	273,969	63,990	5,101	26,617	19,026	388,703	
	(II)	0	0	0	0	0	0	
LOIS K HALSTEAD PHD RN	(I)	159,186	30,542	17,066	38,365	6,403	251,562	
	(II)	0	0	0	0	0	0	
BRADLEY G HINRICHS	(I)	215,544	51,406	30,449	23,399	6,403	327,201	
	(II)	0	0	0	0	0	0	
CATHERINE A JACOBSON	(I)	551,204	151,654	11,276	196,085	19,231	929,450	
	(II)	0	0	0	0	0	0	
JANE G LLEWELLYN PHD RN CNAA	(I)	254,451	38,799	23,044	54,734	7,591	378,619	
	(II)	0	0	0	0	0	0	
SHERI L MARKER	(I)	222,791	43,915	10,436	52,510	6,095	335,747	
	(II)	0	0	0	0	0	0	
DIANE M MCKEEVER	(I)	255,672	49,211	9,749	72,888	14,391	401,911	
	(II)	0	0	0	0	0	0	
AVERY S MILLER	(I)	465,074	156,824	56,012	285,389	13,119	976,418	
	(II)	0	0	0	0	0	0	
JAMES L MULSHINE MD	(I)	316,786	40,982	20,898	52,409	20,979	452,054	
	(II)	0	0	0	0	0	0	
TERRY PETERSON	(I)	208,833	51,870	7,290	17,244	6,495	291,732	
	(II)	0	0	0	0	0	0	
DAVID C SHELLEDY PHD	(I)	171,291	41,187	16,138	8,336	13,211	250,163	
	(II)	0	0	0	0	0	0	
BRIAN T SMITH	(I)	295,333	69,933	6,701	43,873	22,298	438,138	
	(II)	0	0	0	0	0	0	
SCOTT E SONNENSCHEIN	(I)	241,804	39,333	10,345	29,563	19,194	340,239	
	(II)	0	0	0	0	0	0	
LAC VAN TRAN	(I)	335,373	86,697	26,976	88,747	7,775	545,568	
	(II)	0	0	0	0	0	0	
MICK P ZDEBLICK	(I)	306,910	107,261	8,406	56,021	18,871	497,469	
	(II)	0	0	0	0	0	0	
CLARENCE BROWN MD	(I)	806,144	542,420	2,378	13,800	7,728	1,372,470	
	(II)	0	0	0	0	0	0	
VASSILLIOS DIMITROPOULOS MD	(I)	296,236	746,040	0	12,650	7,636	1,062,562	
	(II)	0	0	0	0	0	0	
JONATHAN SOMERS MD	(I)	955,032	0	0	16,100	18,571	989,703	
	(II)	0	0	0	0	0	0	
HAREL DEUTSCH MD	(I)	662,624	196,378	0	12,650	25,979	897,631	
	(II)	0	0	0	0	0	0	
LORENZO MUNOZ MD	(I)	566,691	207,745	0	6,900	20,262	801,598	
	(II)	0	0	0	0	0	0	
MARGARET FAUT-CALLAHAN PHD CRNA	(I)	135,379	0	0	8,461	8,808	152,648	
	(II)	0	0	0	0	0	0	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Illinois Finance Authority Series 2009A Fixed	86-1091967	45200FTX7	02-10-2009	171,147,519	Construction of Healthcare related		X		X
B	Illinois Finance Authority Series 2008A Variable	86-1091967	45200FSE0	12-09-2008	50,000,000	Construction of Healthcare related		X		X
C	Illinois Finance Authority Series 2006B Fixed	86-1091967	45200BG36	05-28-2008	69,037,010	Construction of Healthcare related		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
See Additional Data Table					

Additional Data

Software ID:
Software Version:
EIN: 36-2174823
Name: RUSH UNIVERSITY MEDICAL CENTER

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction $	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
3M Corp	Farrell & Morrison on BOD	645,017	Sale of goods		No
Abbott Laboratories	Farrell on BOD	2,028,614	Sale of goods		No
Aon	Morrison, Rogers and	3,670,085	Insurance		No
Aon - continued	Santona on BOD		Insurance		No
Baxter Healthcare Corp	Davis is an officer	6,018,808	Sale of goods		No
ComEd	Thomas on BOD	194,925	Utilities		No
Mayer Brown LLP	Finke Senior Partner	351,529	Legal Services		No
Navigant Consulting	Goodyear Chairman/CEO	137,385	Services		No
Northern Trust	Crown, Tribbett III,	779,122	Services		No
Northern Trust - continued	Lavin & Smith on BOD		Services		No
Northern Trust - continued	Potter is an officer		Services		No
Sonnenschein Nath Rosenthal	Lubin Partner	260,664	Legal Services		No
Stericylce Inc	Hall on BOD	329,145	Services		No
University Anesthesiologists	Ivankovich is a Partner	199,118	Services		No
University Pathologists	DeCresce is 10% owner	219,529	Services		No
William Blair Company LLC	Brennen and Coolidge III	143,606	Services		No
William Blair Company LLC - conti	are officers		Services		No
Winston Strawn	Edwards is Partner	80,480	Legal Services		No
Waste Management	Cafferty on BOD	858,447	Services		No
WW Grainger Inc	Hall & Smith on BOD	266,682	Sale of goods		No
Richard Davis	Brother of R A Davis	267,044	Employment		No
Pamela Moles Mulshine	Spouse of Mulshine	62,455	Employment		No
Christina Munoz-Dimitropoulos	Spouse of Dimitropoulos	79,591	Employment		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		1,642	Fair Market Value
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	44	5,698,509	FAIR MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles	X	10	2,590	Fair Market Value
19	Food inventory	X	2	63	Fair Market Value
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe Gift Certificates)	X	31	3,366	Fair market value
26	Other (describe Event Tickets)	X	13	1,264	Fair Market Value
27	Other (describe)				
28	Other (describe)				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes", describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes", describe in Part II			
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION FOR FORM 990		Form 990, Part I, Line 1 The mission of Rush University Medical Center is to provide the very best care for our patients Our education & research endeavors, community service programs & relationships with other hospitals are dedicated to enhancing excellence in patient care for the diverse communities of the Chicago area, now & in the future Form 990, Part III, Line 4d Other program services - Rush provides various services for the benefit of its patients & visitors such as parking & food service Rush sponsors a number of programs in the community focused on improving health, expanding education in health-related careers, community-based research to reduce health disparities & initiatives to provide economic development & job creation Rush programs impacted tens of thousands of lives in FY '09 Form 990, Part IV, Line 12 & Part XI, Line 2 Rush is audited during the audit of the consolidated financial statements Separate unconsolidated audited financial statements for Rush are not issued Form 990, Part VI, Section A, Line 1a The Executive Committee, between meetings of the Trustees, shall have and exercise all of the authority of the Voting Trustees in the management of the corporation except to the extent, if any, that such authority shall be limited by resolution of the Voting Trustees and except for (a) amending the Articles of Incorporation, (b) amending, altering or repealing the by-laws, (c) adopting a plan of merger or consolidation with another corporation, (d) authorizing the sale, lease, exchange or mortgage of all or substantially all of the property or assets of the Corporation, (e) authorizing the voluntary dissolution of the Corporation, (f) adopting a plan for the distribution of the assets of the Corporation, (g) electing, appointing or removing any Trustee or officer of the Corporation, or (h) amending, altering or repealing any resolution of the Voting Trustees which by its terms provides that it shall not be amended, altered or repealed by the Executive Committee The delegation of authority to the Executive Committee shall not operate to relieve the Voting Trustees or any single Voting Trustee of any responsibility imposed upon him or her by law The Executive Committee shall consist of not fewer than 22 and not more than 28 Voting Trustees, including the Chairman, the Vice Chairmen and the President The Voting members of the Executive Committee shall be elected at the annual meeting of the Voting Trustees, provided that any vacancy occurring or existing in the Executive Committee may be filled by an election held at any regular or special meeting of the Voting Trustees Members of the Executive Committee shall serve until their successors have been elected Form 990, Part VI, Section A, Line 2 - Thomas A Donahoe, James W DeYoung and William J Hagenah serve on a common board - Thomas A Donahoe, William K Hall and Michael Simpson serve on a common board - John W Higgins and Bruce W Duncan had a business relationship - Robert L Heidrick, Robert J Darnall and Perry R Pero serve on a common board - Sheldon Lavin and Donald G Lubin Esq serve on a common board - Ronald M Hem, Herbert B Knight and John H McEachern, Jr are on the board of Rush Copley Medical Center - Susan Crown, Sheldon Lavin, Harold Byron Smith, Jr and Charles A Tibbett, III serve on a common board of which Stephen N Potter is an officer - Larry J Goodman, M D , Herbert B Knight, W H Clark, John H McEachern, Jr and Howard M Dean are on the board of Rush Copley Health Care Systems - Larry J Goodman, M D , William G Brown, Perry R Pero, Connie Busse Ashline, Jerald W Hoekstra and Karen C Reid are on the board of Riverside Rush Corp - E David Coolidge III, John R Willis and John L Brennen had a business relationship - Jerald W Hoekstra, Karen C Reid and Connie Busse Ashline serve on the board of Riverside Health Care - Fred A Krehbiel and Donald G Lubin Esq serve on a common board - Harold Byron Smith, Jr , Susan Crown, and Robert S Morrison serve on a board of a company of which David B Speer is the CEO - John W Rogers, Jr and Sue Ling Gin serve on a common board - Robert A Wislow and Peter C B Bynoe had a business relationship - Robert S Morrison, John W Rogers, Jr and Gloria Santona Esq serve on a common board - Robert S Morrison and W James Farrell serve on a common board - W James Farrell serves on a common board of a company of which Thomas J Wilson is the President & CEO - Alejandro Silva is on the board of a company of which Ron Huberman is the president - Ronald M Hem, Herbert B Knight and John H McEachern, Jr are on the board of Copley Memorial Hospital - Carole Browe Segal and Robert A Wislow had a business relationship - Sheila A Penrose and John W Rogers, Jr are on the board of a company of which Gloria Santona Esq serves as EVP & general counsel - Catherine Jacobson, J Robert Clapp, Peter Butler, Thomas Deutsch, MD, Avery Miller, David Ansell, MD, Anthony D Ivankovich and Brent Estes serve on the board of Rush Health Associates - Catherine Jacobson, Larry Goodman, MD, Peter Bynoe and Perry R Pero serve on the board of the Core Foundation - Catherine Jacobson , Larry Goodman, MD, Peter Butler, J Robert Clapp and Diane McKeever serve on the board of Room Five Hundred - Catherine Jacobson , Larry Goodman, MD, Peter Butler, and Max D Brown serve on the board of RUMC Insurance Company - Pastora San Juan Cafferty and John W Higgins served on a common board - William M Goodyear and John R Willis had a business relationship - Robert A Wislow served on a board of which Sandra P Guthman was the CEO and Chairman - Thomas A Donahoe, Kip Kirkpatrick and Jay L Henderson had a business relationship - Marshall Field served on a board of a company of which Aurie A Pennick is the Executive Director & Treasurer - William K Hall and Harold Byron Smith, Jr served on a common board Form 990, Part VI, Section A, Line 10 The information is compiled and reviewed internally by corporate finance The return is reviewed by Deloitte Tax LLP before being submitted to the Audit Committee of the Board of Directors of Rush for review and approval The approved return is signed by the CFO of Rush and the Tax director of Deloitte Tax A copy of the return is distributed to the Trustees prior to filing Form 990, Part VI, Section B, Line 12c Rush mails a conflict of interest policy and questionnaire at the end of each fiscal year (July 1 to June 30) to 1) officers and "key employees," 2) trustees and 3) certain individuals within the Department of Research Affairs to disclose potential conflicts These responses are compiled and the information is shared with senior management and to the Audit Committee of the Board of Directors of Rush The information is disclosed on the 990 as required Form 990, Part VI, Section B, Line 15a The Compensation and Human Resources Committee uses an independent review , comparability data and contemporaneous substantiation to establish compensation packages for officers All officer compensation packages are approved by the Compensation and Human Resources Committee Form 990, Part VI, Section C, Line 18 The Form 990 information is made available upon request through the Media Relations Office of the Public Relations department and/or Legal Affairs The Form 990 is also available on Guidestar Form 990, Part VI, Section C, Line 19 Rush does not make its governing documents or conflict of interest policy available to the public The financial statements are available through the Illinois Attorney General's Office Form 990, Part VII, Section A, Line 1a Dr Robert Balk, past president of the medical staff, Dr Anthony Ivankovich, past president of the medical staff, Margaret Faut-Callahan, past president Nurses Alumni Association, Karen Lamb, past president Nurses Alumni Association, and Robert DeCresce, current president of medical staff, are employees and also trustees because of the positions that they hold in the medical and nursing staff organizations Dr Larry Goodman is an officer, as well as a trustee They are compensated for their employment role They do not receive compensation for being a trustee

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
RUSH UNIVERSITY MEDICAL CENTER

Employer identification number
36-2174823

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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
Health Delivery Management LLC 1700 W Van Buren Street Chicago, IL 60612 36-4085751	Healthcare	IL	28,193,752	6,806,228	RUMC
Vyridian Revenue Management LLC 820 W Jackson Blvd Chicago, IL 60607 36-4208577	Billing Serv	IL	5,600,776	442,130	RUMC

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
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
Circle Imaging Partners LP 1725 W Harrison Street Chicago, IL60612 36-3539382	Healthcare	IL	Circle Imaging	Related	7,179,758	3,756,362		No			No
Oak Park Imaging 610 South Maple Street Oak Park, IL60304 36-4437483	Healthcare	IL	NA	Related	829,960	855,953		No			No
Rush Wood Imaging 1212 Naper Blvd Naperville, IL60540 36-3906074	Healthcare	IL	Barrington Biom	Related				No			No
Rush Surgicenter Off Bldg LP 1725 West Harrison Street Chicago, IL60612 36-3853026	Healthcare	IL	Rush University	Related	6,347,696	5,499,182		No		Yes	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Room Five Hundred 1700 West Van Buren Street Chicago, IL60612 23-7139832	Dining Room	IL	RUMC	C CORP	1,994,725	94,214	100 %
Rush University Medical Center Insurance PO Box 1051 Grand Cayman, Cayman Islands CJ	Insurance	CJ	RUMC	C CORP	49,939	24,938,927	100 %
Rush Copley Medical Group (Copley Serv) 2000 Odgen Ave Aurora, IL60504 36-3235315	Healthcare	IL	Copley Memorial	C CORP	6,439,851	3,402,401	100 %
Rush Health Associates 1653 W Congress Pkwy Chicago, IL60612 36-3972171	Healthcare	IL	RUMC	C CORP	2,689,857	171,172	50 %
Rush Senior Care Inc 1653 W Congress Pkwy Chicago, IL60612 36-4348993	Healthcare	IL	RUMC	C CORP	100	100	100 %

Part V Transactions with Related Organizations

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
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 **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 36-2174823
Name: RUSH UNIVERSITY MEDICAL CENTER

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 501(c)(3))	(F) Direct Controlling Entity
Copley Memorial Hospital Inc 2000 Ogden Ave Aurora, IL60504 36-2170840	Healthcare	IL	501(c)(3)	3	RCMC
Copley Ventures 2001 Ogden Ave Aurora, IL60504 36-3370216	Healthcare	IL	501(c)(3)	3	RCMC
Rush Copley Foundation 2002 Ogden Ave Aurora, IL60504 36-3093877	Healthcare	IL	501(c)(3)	7	RCMC
Rush Copley Health Care System Inc 2000 Ogden Ave Aurora, IL60504 36-3584043	Healthcare	IL	501(c)(3)	11	RUMC
Rush Copley Medical Center Inc 2000 Ogden Ave Aurora, IL60504 36-3193787	Healthcare	IL	501(c)(3)	11a	RCHC System
Rush North Shore Health Services 9600 Gross Point Road Skokie, IL60076 36-3284157	Healthcare	IL	501(c)(3)	11a	RUMC
Rush North Shore Medical Center 9600 Gross Point Road Skokie Skokie, IL60076 36-2383234	Healthcare	IL	501(c)(3)	3	RNSH Service
Rush Oak Park Hospital 520 S Maple Ave Oak Park, IL60304 36-2183812	Healthcare	IL	501(c)(3)	3	Synergon Hea
Rush System for Health 1653 W Congress Parkway 305 Kingsto Chicago, IL60612 36-4046278	Healthcare	IL	501(c)(3)	11c	RUMC
Rush Self-Insurance Trust 1700 W Van Buren St Chicago, IL60612 36-6673233	Insurance	IL	501(c)(3)	11c	RUMC
Core Foundation 2020 W Harrison St Chicago, IL60612 36-3991833	Real Estate	IL	501(c)(3)	11a	NA
Synergon Health System Inc 520 S Maple Ave Oak Park, IL60304 36-3739067	Healthcare	IL	501(c)(3)	3	RUMC
RiversideRush Corp 350 N Wall St Kankakee, IL60901	Healthcare	IL	501(c)(3)		RUMC
RMLHP Corporation 5802 S County Line Road Hinsdale, IL60521 36-4160869	Healthcare		501(c(3)	11b	RUMC&LUMC
RML Health Providers LP 5801 S County Line Road Hinsdale, IL60521 36-4113692	Healthcare		501(c)(3)	3	RMLHP Corp
Riverside Health System 351 N Wall St Kankakee, IL60901 36-3167726	Healthcare		501(c)(3)	11c	Riverside
Oakwood Corporation 352 N Wall St Kankakee, IL60901 36-3166804	Mental Health		501(c)(3)	11b	Riverside
Riverside Medical Center 353 N Wall St Kankakee, IL60901 36-2414944	Healthcare		501(c)(3)	3	Riverside
Riverside Senior Living Center 354 N Wall St Kankakee, IL60901 36-3671744	Healthcare		501(c)(3)	9	Riverside
Riverside Medical Health Care Foundation 355 N Wall St Kankakee, IL60901 36-3166033	Development		501(c)(3)	11b	Riverside

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	Rush University Master Retirement Trust	p	2,737,019
(2)	Rush University Master Retirement Trust	q	26,687,973
(3)	Circle Imaging	o	270,306
(4)	Circle Imaging	p	1,528,946
(5)	Circle Imaging	i	346,761
(6)	Circle Imaging	c	2,214,286
(7)	Rush Surgi-center	c	1,087,500
(8)	Rush Surgi-center	o	32,249
(9)	Rush Surgi-center	p	125,833
(10)	Rush Surgi-center	i	600,373
(11)	Oak Park Imaging	o	702
(12)	Oak Park Imaging	i	181,253
(13)	Oak Park Imaging	c	373,800
(14)	Copley Memorial Hospital	a	1,939,960
(15)	Copley Memorial Hospital	d	3,936,525
(16)	Copley Memorial Hospital	j	14,616
(17)	Copley Memorial Hospital	l	700
(18)	Copley Memorial Hospital	o	3,000
(19)	Copley Memorial Hospital	p	83,450
(20)	Rush Copley Foundation	o	6,000
(21)	Rush North Shore Medical Center	a	249,361
(22)	Rush North Shore Medical Center	j	82,457
(23)	Rush North Shore Medical Center	l	150
(24)	Rush North Shore Medical Center	o	813
(25)	Rush North Shore Medical Center	r	14,964
(26)	Rush North Shore Medical Center	n	2,224,344
(27)	Rush Oak Park Hospital	j	9,605
(28)	Rush Oak Park Hospital	l	8,000
(29)	Rush Oak Park Hospital	o	10,682
(30)	Rush Oak Park Hospital	p	2,018,555

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(31)	Rush Oak Park Hospital	n	462,838
(32)	Rush System for Health	l	121,648
(33)	Rush System for Health	o	222,512
(34)	CORE Foundation	p	9,094
(35)	CORE Foundation	n	375,109
(36)	Rush University Medical Center Insurance Co	q	5,090,000
(37)	Rush Health Associates	b	610,463
(38)	Rush Health Associates	o	670,000
(39)	Rush Health Associates	r	6,369,695
(40)	Rush Health Associates	l	3,865,854
(41)	Rush Health Associates	o	9,925
(42)	Rush Health Associates	p	6,743,128
(43)	Hospice Partners	c	100,258
(44)	Rush Health Providers	o	136
(45)	Circle Imaging Management Co	o	1,931,947
(46)	Riverside Medical Center	l	400